P222

Diabetes related excess bed occupancy in 156 724 admissions to a large UK Acute Trust: impact of the diabetes inpatient specialist nurse (DISN)

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Aim: There are no adequate UK diabetes inpatient data adjusted for confounding variables of age, seasonal variation, case mix, and overall Trust bed occupancy.

Methods: We analyzed data on 156 724 admissions (15 241 or 9.72% with diabetes) in 24 consecutive quarters (1.10.1998–30.9.2004) to the Norfolk and Norwich University Hospital. In the last 8 quarters, two diabetes inpatient diabetes specialist nurses (DISN) supported inpatient care. 'Normal' length of stay (LOS) was defined as median and 90th centile for each age band, quarter and specialty.

Results: Over 24 quarters, 41 620 excess bed days were incurred by diabetes patients with LOS beyond the non diabetic 90th centile, most (66.8%) under 75 years old. 18.1% of the total diabetes population were admitted in the last year, and one third of these seen by the DISN. The DISN were associated with significant falls in total, surgical, orthopaedic and acute medical LOS (reduction LOS 0.98 to 1.21 days; all $P < 0.02$) but only in those under 75 years old, a projected saving of 2144 bed days per annum.

Conclusions: These data support the role of the DISN in reducing excess diabetes bed occupancy in inpatients <75 years old. LOS ratios (diabetes: non diabetes) as suggested in the NSF are too crude a measure of excess diabetes bed occupancy.