Royal Infirmary of Edinburgh   Diabetes Department

Western General Hospital   Metabolic Unit

SYSTEM FOR RECORDING AND MANAGING SPECIALIST DIABETES & ENDOCRINOLOGY REFERRALS

A uniform system for recording D&E on-call work now exists for both the RIE & WGH; it is expected that all on-call work will be logged on the system.

The purpose and potential benefits of this system:

1. Comprehensive lists of 'active' patients, organised by ward, can be easily generated, assisting the process of reviewing patients.
2. Reliable and contemporaneous information sharing between SpRs, consultants and nurse specialists (particularly useful for weekend 'cross-town' cover).
3. Monitoring of on-call workload, which can be used to defend protected time for SpR on-call (particularly relevant if the increasing profile of inpatient diabetes results in an increase in referrals).
4. Spreadsheet can form the basis of regular trainee – consultant discussion of inpatients.
5. Improved governance – clear record of advice given to GPs and patients.

On-call workload includes:

- Ward referrals for diabetes & endocrinology (including telephone advice)
- GP telephone calls
- Direct contact from patients

All these episodes should be recorded.

The excel spreadsheet

Two separate excel files are located in the shared 'diabetes G drive' for the RIE and WGH, respectively. If you don't currently have access to the 'G-drive', please complete an IT access request form for access to **'diabetes on 'RGH-Rumina.luht.scot.nhs.uk'(G:)'**

 Most of the fields are self-explanatory but notes are attached to the headings for clarification.

DSN/SpR: Was patient initially referred to SpR or DSN

Ward or OP: If a ward patient, enter ward number. If an emergency outpatient encounter (e.*g.* urgent insulin start), enter 'OP'. If a GP telephone call, enter 'GP'. If patient telephone call for diabetes advice, enter 'Pat'.

Main problem & background: should include a brief summary of the reason for referral (*e.g.* T2DM on met & SU. Recent course of prednisolone. BMs all >20)

Action taken (SpR): should include a summary of the advice given. Each update should be initialled and dated (*e.g.* Suggested increase dose of gliclazide (16/12 FG) Started tds novorapid 6 units (18/12 FG)

Action taken (DSN): as above but for DNS to record their input.

Referral date / Referral time: For the purposes of auditing activity it will be useful to document the date and approximate time of referrals/contact. Please ensure this field is completed.

Active / Complete: Whilst actively dealing with the patient, mark this field 'A'. When the episode is completed, mark this field 'C'. This is important as this list can be sorted by active/complete to generate a useful list of patients requiring review.

Date of final input: For the purposes of monitoring the on-call workload, it will be very useful to determine the duration of involvement with each case.

Follow-up: Where follow-up has been arranged, describe the arrangements in this field (*e.g.* OP clinic 3/12)

Printing a sheet to assist with on-call 'ward round'

To print out a sheet with active patients:

- Go to 'Data' then 'Sort'.
- Sort patients by 'Active/complete' (1st level) then 'Ward/OP' (2nd level).
- Now, select all the cells you want to print.
- Choose 'print' and then choose 'print selection'.
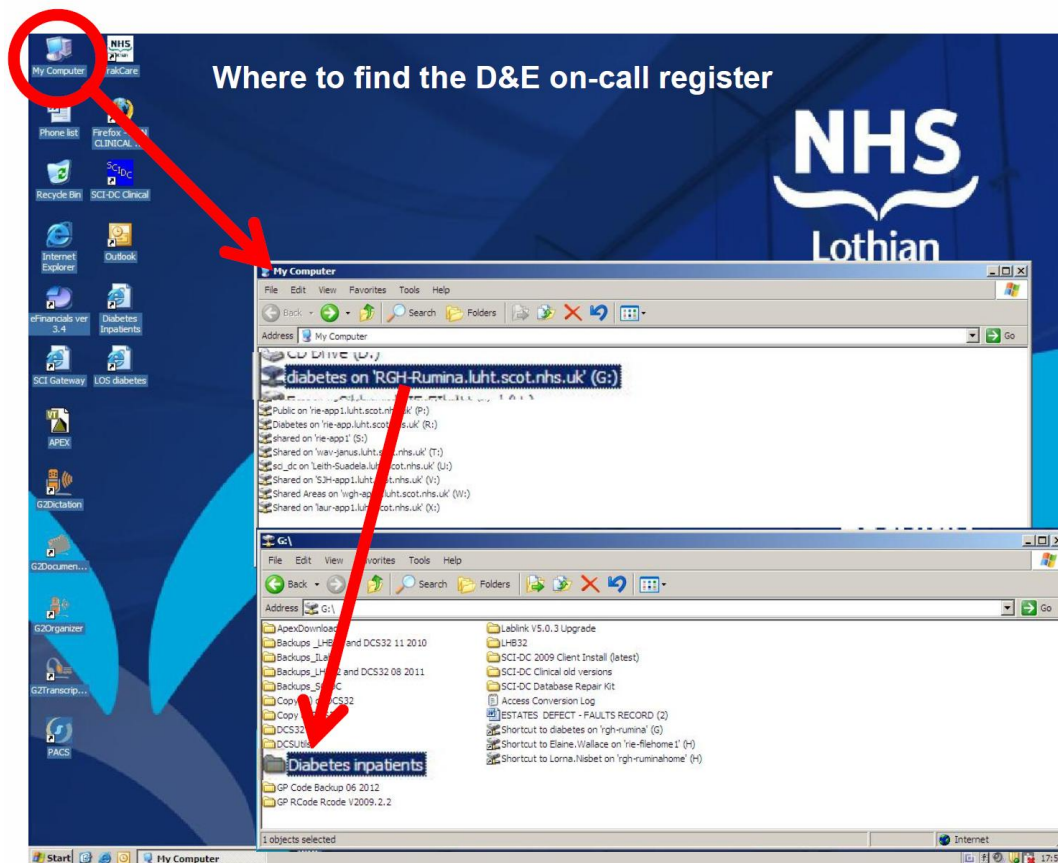
Whilst this process may seem like extra work, it has the potential to offer significant benefits and is also likely to be labour saving, once established. If you have any questions or comments, please speak to Fraser Gibb (RIE) or Stuart Ritchie (WGH).