

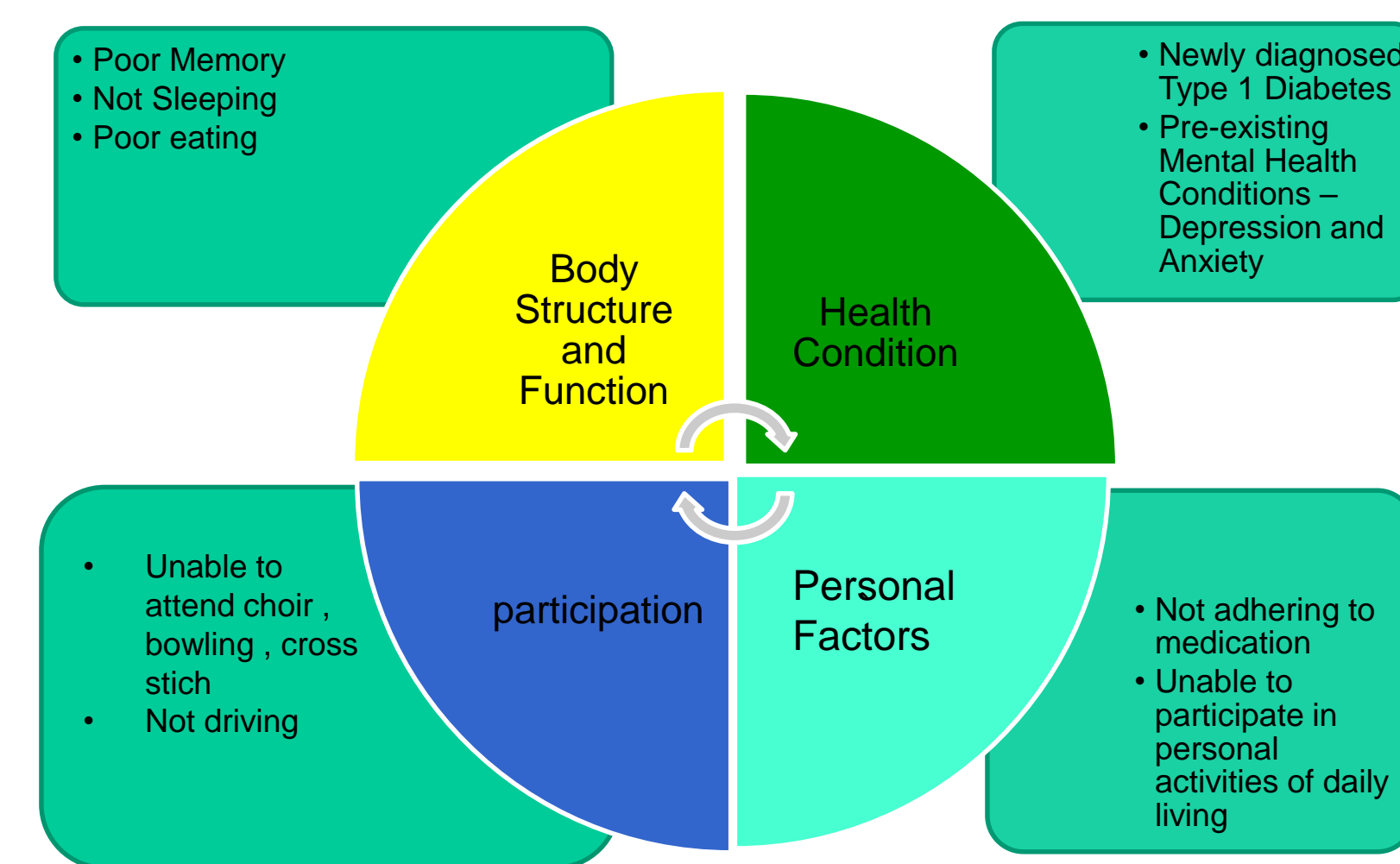
Diabetes Integrated Care MDT Clinic. Hospital-Hub Partnership in Action

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Background

The Diabetes integrated care team is striving to deliver the Sláintecare vision by providing the right care to the right person in the right place in a timely manner. We are presenting a case with Diabetes Mellitus (DM) that demonstrates the integration between the community specialist diabetes team and secondary care

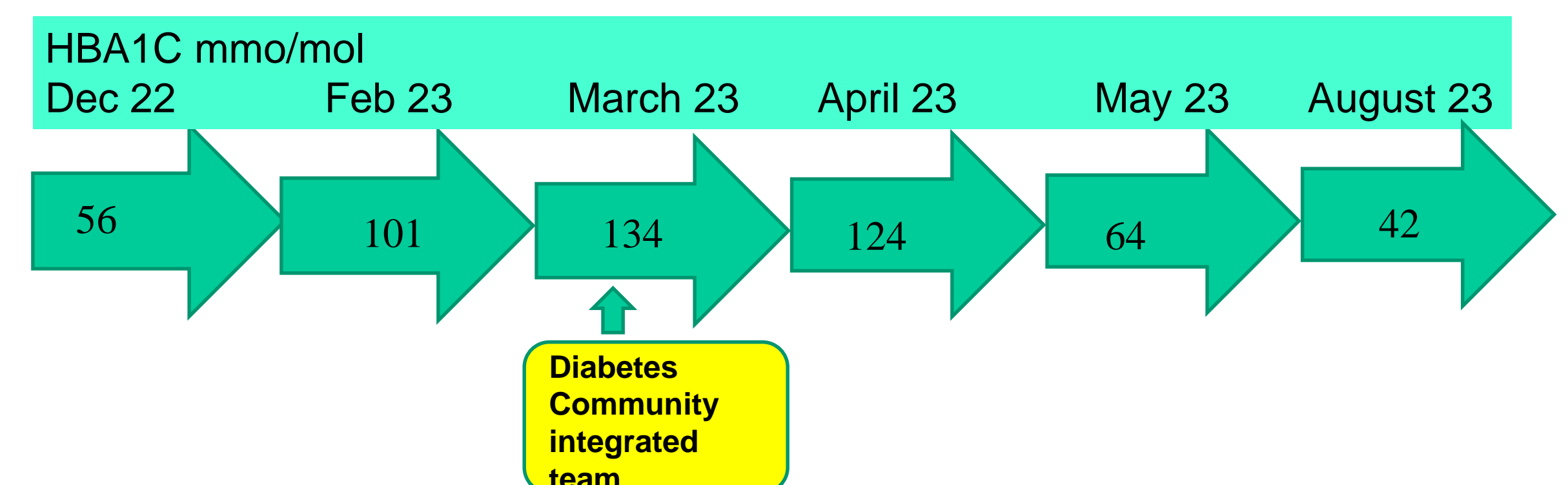


Significantly Reduced Quality of Life

Results

Marker	Before review by integrated diabetes community team	After review by integrated diabetes community team
Diabetes diagnosis	Type 2 Diabetes	Type 1 Diabetes
HbA1c	134 mmol/mol	42 mmol/mol
Capillary glucose level	13-23 mmol/l	5-7 mmol/l
Mental status	Non functioning, house bound, couldn't test capillary glucose, couldn't shower on her own	Sleep well, drive again, cooking, self administering insulin, returned to ladies bowling club, planning a trip to Galway
Emergency department presentations	3	0

Timeline



Conclusion

Benefit

- 1-Timely provision of the right care to the right person in the right place
- 2-multidisciplinary team
- 3-Placing the patient at the centre of care
- 4-Patient empowerment
- 5-Reduce/prevent presentations to A&E/ hospitals
- 6-Integration between community & hospital

Challenges

- 1-Lack of ICT support
- 2-Lack of psychological support in the HUB

References

Sláintecare implementation strategy and action plan 2021-2023

Case

- A 74 yrs. old female. Diagnosed with DM November 2022
- Hba1c of 56 mmol/mol.
- Background history: depression, chronic kidney disease, Hypertension, hypercholesteremia, asthma and non obstructive coronary artery disease
- Intolerant of metformin and canagliflozin
- Commenced on dulaglutide 0.75 mg SC weekly
- Presented to the Emergency department three times since diagnosis with DM (6/12/23,23/3/23,25/3/23)
- Referred to the community integrated diabetes care dietetic service end of March 2023
- Urgent swift referral by the dietician to the consultant endocrinologist given poor glycaemic control and anxiety
- Seen by consultant endocrinologist and Diabetes ANP urgently within 1 day of the referral
- Hba1c at review: 134 mmol/mol,
- Capillary glucose readings: between 13-23 mmol/l
- Extremely anxious, couldn't maintain eye contact and completely overwhelmed by diabetes diagnosis
- Assessed and started on basal insulin glargine
- Seen by senior psychologist urgently in the secondary care
- Subsequent diagnosis of type I DM was made
- HbA1c NOW: 42 mmol/mol
- Patient is now "able to sleep again", "drive again" and planning a trip to Galway with her partner after she was house bound with anxiety
- Zero presentation to the emergency department

Multidisciplinary team approach

