**DASHI: Diabetes Audit – a Snapshot of Hospital Inpatients**

**Aim**: To determine the prevalence of diabetes and associated complications and to assess inpatient diabetes care provided at a tertiary hospital.

**Methods:** A cross-sectional study conducted on one day at our hospital, including all adult inpatients, to determine the prevalence and management of diabetes. Descriptive statistics were reported as means with standard deviation or medians with interquartile range, as appropriate. Unpaired two-sided t-tests compared continuous data, and chi-squared tests compared categorical data.

**Results:** Diabetes status and patient demographics were obtained for 346 inpatients. Diabetes prevalence was 40.2% (59% of First Nations patients, 25% of non-Indigenous patients), finding 2% type 1, 93% type 2, 4% gestational and 1% other diabetes. Median age was 55 years, mean Hba1c 7.6% and median diabetes duration 10 years. Complication rates were 80% overall; macrovascular 54%, microvascular 69%. First Nations patients, compared to non-Indigenous, had higher incidence of end stage kidney disease (20.7% vs 6.4%, p = 0.037) with trend towards higher rates of macrovascular (59% vs 45%, p = 0.11) and microvascular complications (85% vs 38%, p = 0.18). Hypoglycaemia occurred at 3.6 events per 100 bed-days; 13% of patients experienced errors (defined as unactioned hyperglycaemia/hypoglycaemia or inappropriately withheld antihyperglycemics). Endocrinology referral rates were 34% of patients meeting criteria. “Good diabetes days” (defined as appropriate monitoring frequency, maximum one hyperglycaemic and no hypoglycaemic measurements in a calendar day) occurred at 41.5 per 100 bed-days.

**Conclusion:** High rates of diabetes and complications at our hospital, particularly amongst First Nations patients, has implications for healthcare costs, morbidity and mortality. Shortcomings of inpatient care included low referral rates for endocrinology review and suboptimal glycaemic management (measured by “good diabetes days”). This study adds to growing literature on inpatient diabetes prevalence and management and provides a foundation for quality improvement by benchmarking against current local and national standards.