Table 1. Iterative refinement of the diabetes enhanced monitoring pathway using PDSA cycles

PDSA Cycle	Plan	Do	Study	Act
Cycle 1 (2022)	Implement JBDS-IP guidance for glycaemic monitoring and risk stratification (5)	Applied HbA1c and venous glucose criteria for risk assessment	Found venous glucose measurement burdensome for oncologists	Adjusted to accept any venous/capillary/at-home glucose reading
Cycle 2 (2022)	Optimise detection of "at-risk" patients	Lowered glucose threshold for referral from 12 to 11 mmol/L	Improved detection of intermediate-risk patients	Maintained new threshold
Cycle 3 (2022)	Tailor pathway by age	Patients <55 years to diabetes clinic; ≥55 years to GOLD clinic	Reduced diabetes team burden; improved geriatric management and expertise	Formalised age-based referral criteria
Cycle 4 (2022)	Anticipate high-risk hyperglycaemia.	Lowered high-risk glucose threshold from 20.1 to 15 mmol/L.	Increased early referrals to GOLD and diabetes team to avoid life-threatening complications	Maintained new threshold
Cycle 5 (2023)	Refine HbA1c referral criteria	Expanded intermediate-risk HbA1c range from 48-59 to 48–64 mmol/mmol.	Reduced unnecessary referrals to diabetes team for older individuals; maintained safe management	Updated referral criteria
Cycle 6 (2023)	Broaden high-risk criteria	Added history of steroid hyperglycaemia as high-risk criteria	Improved identification of cases who may need complex interventions	Updated referral criteria
Cycle 7 (2023)	Empower geriatrics team for medication management	Allowed GOLD team to initiate then to escalate gliclazide up to 320mg daily	Demonstrated safe and effective management without the need of diabetes team input.	Formalised geriatrics-led medication management.