

Improving Ulcer Preventative Offloading Care for the At-Risk Diabetic Foot – An Integrated approach

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Background:

- There were 1,297 hospital stays for diabetic foot ulcer management in Ireland in 2008 with a cost estimated at €23,489.63 per stay.
- Once foot ulcers are healed, pressure relieving measures such as orthoses should be prescribed to reduce reoccurrence risk (1,2).
- An audit of orthoses service delivery highlighted clinical risks with outsourcing it that including long waits, uncontrolled costs and inadequate follow up.
- Locally, offloading services have been delivered by multiple private providers without any clear governance structure.



Aim:

To implement the National Integrated Model of Care for the Diabetic Foot (3) locally.

Objectives:

- Set up governance structures for the At-Risk Diabetic Foot
- Achieve 60% cost saving in orthoses provision
- Reduce wait time to 6 weeks
- Reduce number of patient journey steps from 6 to 3
- Improve patients' average Foot Function Index by 40%
- Improve patient experience
- Achieve direct cost savings

Methods:

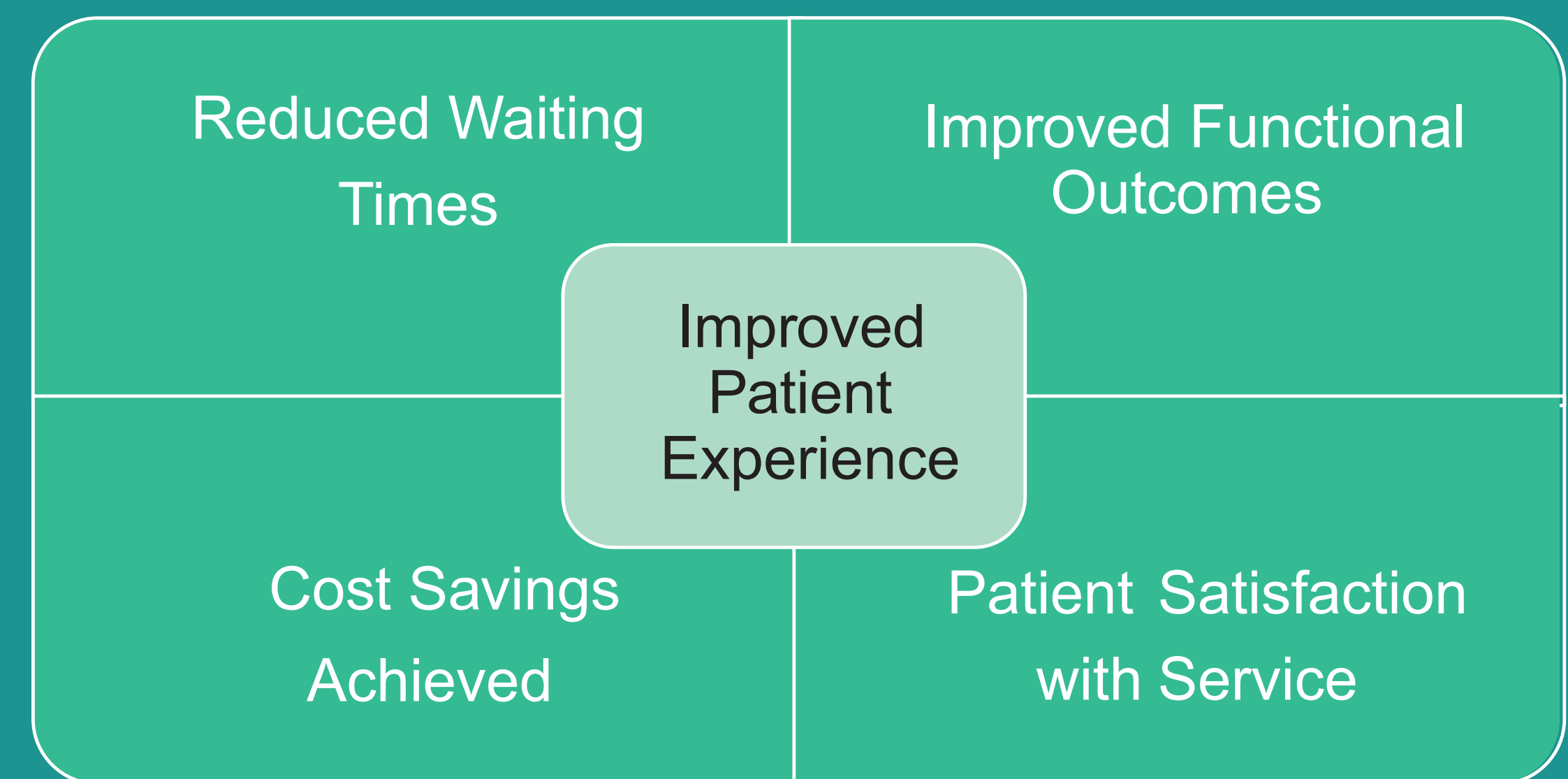
- Audit carried out of previous service
- A working group was set up to monitor change implementation.
- Consultation carried out with Stakeholders
- A Service Model was designed and implemented with Offloading Pathways.
- Data to evaluate results was collected between December 2016 and August 2017
- A total of 21 patients were evaluated.
- HSE Change Model was employed to implement the project.

Results:

I tended not to walk at all before my orthotics, now I am quite comfortably doing 6km, I find great support in them and am absolutely thrilled!

I can do more walking so my blood sugars are going down and its helping my weight....

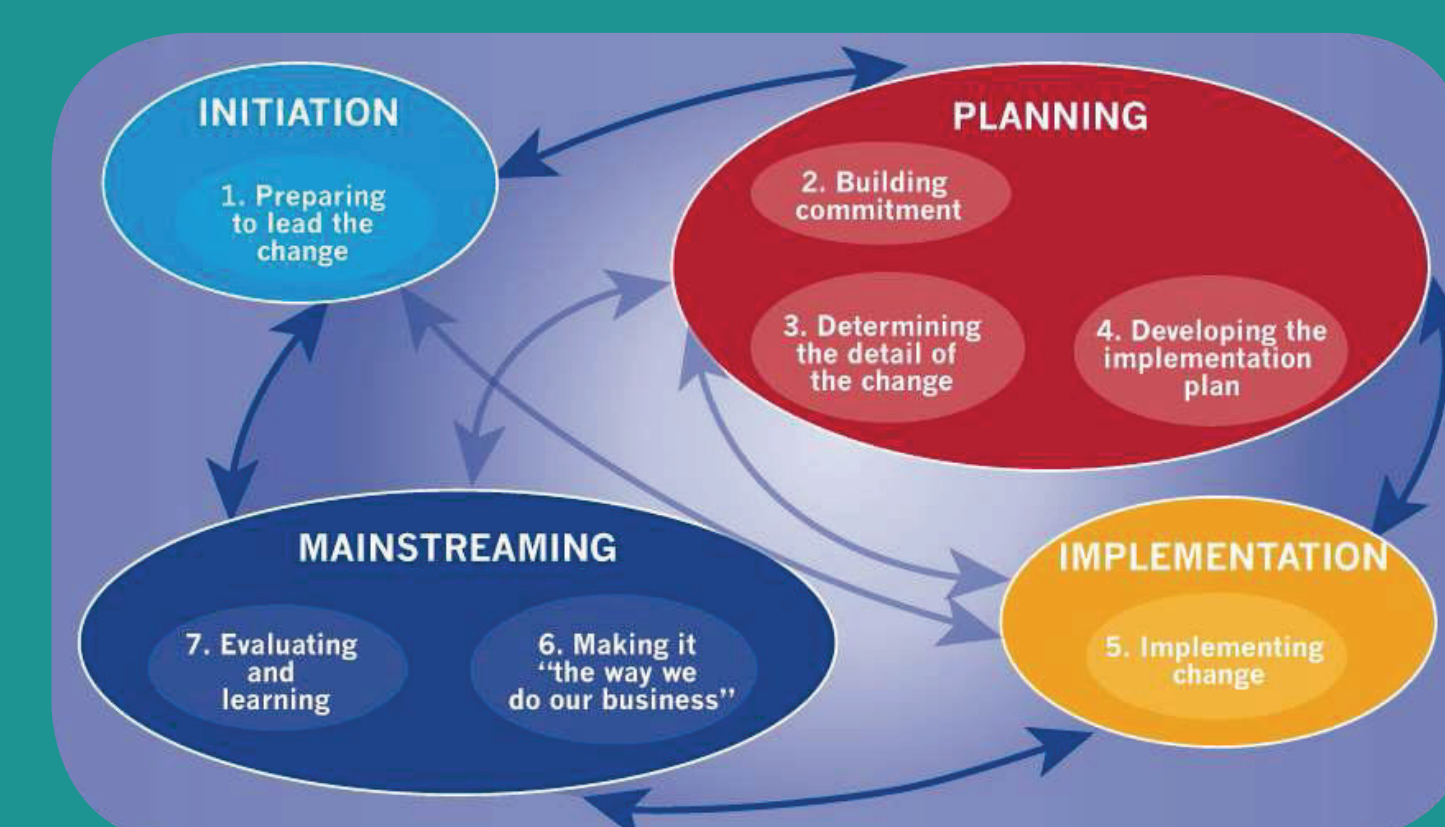
I'm walking up and down the Pier again, I haven't been walking for months..I can get down to the church now..I don't know myself!



MEASURE	BEFORE	AFTER	Interpretation
Wait Time for service	40weeks	6weeks	34weeks improvement in wait time
Patient Journey Steps	6 steps	3 steps	Patient journey reduced by 3 steps
Average Foot Function Index	60%	13.6%	46.4% improvement in pain and disability
Direct Cost Saving	€6,105	€1,945	€4,160 saving in cost of orthotics

Conclusions:

- The benefits of transferring the provision of At-Risk Foot orthoses to the HSE was recognised as governance could be provided by the Senior Podiatrist enhancing patient safety, experience and outcomes whilst reducing waiting times and cost.
- Challenges included managing an increase of administration to an already busy clinical caseload.
- A gap in the service was realised where there was no access to musculoskeletal specialist podiatrist within the team.



HSE Change Model (4)

References:

1. Ulbrecht JS., Hurley T., Mauger D.T., Cavanagh P. R. 2014. Prevention of Recurrent Foot Ulcers With Plantar Pressure-Based In-Shoe Orthoses: The CareFUL Prevention Multicenter Randomized Controlled Trial
2. Apelqvist, J., Bakker, K., van Houtum, W.H., NabuursFranssen, M.H., Schaper, N.C. and International Working Group on the Diabetic Foot (2000) International consensus and practical guidelines on the management and the prevention of the diabetic foot. Diabetes/Metabolism Research and Reviews, 16, S84-S92.
3. Model of Care for the Diabetic Foot, 2011. National Diabetes Programme, Clinical Strategy and Programmes Directorate
4. HSE Change Management Resources, December 2014

