
CONFERENCE ABSTRACT

“Improving Ulcer Preventative Offloading Care for the At-Risk Foot – An Integrated Approach”

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Diabetic foot ulceration is a precursor to lower-extremity amputation. There were 1,297 hospital stays for diabetic foot ulcer management in Ireland in 2008 with a conservative cost estimated at €23,489.63 per stay. The National Integrated Model of Care for the Diabetic Foot recommends the use of pressure relieving / offloading measures such as Foot Orthoses to be prescribed as a preventative measure to reduce the development of foot ulcers. Offloading services have been delivered by multiple private providers without any clear governance structure.

A 6-month review was undertaken on how the service delivery for Foot Orthoses Care presently existed in our areas. Long waiting times (52 weeks), lack of clarity of procedures, clinical risk of a patient's condition deteriorating, lack of communication and collaboration between hospital referral and community care follow up and uncontrolled costs due to outsourcing to external companies were noted.

The aim of this project was to implement the National Integrated Model of Care for the Diabetic Foot in relation to Improving Ulcer Preventative Offloading Care. Objectives we're focused on reducing wait times, reducing patient journey steps, improving functional ability and mobility, satisfaction with the service and achieving cost savings. We achieved all our objectives, having an impact on both quality of life, wait time (9 weeks) and cost savings to the organisation. All without additional staffing or other resources to the service.

Our target population was the service user with at risk foot complications, focusing on prevention and management of foot ulcers through an integrated approach. 95% satisfaction with the service. Patient A: "Can't believe I got my insoles so quickly" Patient B: "Great care given in understanding my feet"

The project involved interdisciplinary, cross-divisional and cross-sectoral working to enable its implementation. The project involved collaborative work between primary and secondary care.

This service is on-going since 2016 and continues to develop in strength. This project is easily transferable and sustainable. It is not resource intensive and it has huge benefit for the service user, the staff and to the Health Service itself. The project has recently received strong recognition by receiving a specific Integration Fund from our budget holders with the aim of scaling and spreading this service model to other areas.

The impact and outcomes are positive. Our service delivers improved care experiences through an integrated care delivery model that has clear pathways and a governance structure. It is evidence based, measurable, has

clear systems for evaluating and monitoring and provides cost savings to the organisation. It has won numerous awards, most recently a national award on "Reshaping Care".

Future learning involves a need to explore opportunities for further reduction in cost and wait times by prescribing and making orthoses locally on the same day as the initial assessment. Continuous evaluation of the care delivery model is required to ensure reduced patient journey and continued improvement in care delivered close to home. The value of structured and supportive mentoring to the clinicians by local management was complimentary to the progress of this initiative.