

# Patient and Family Centred Care – Diabetes Foot Care Project

L Pinto, J Ross and the diabetes/foot care team, Aneurin Bevan Health Board

## Introduction:

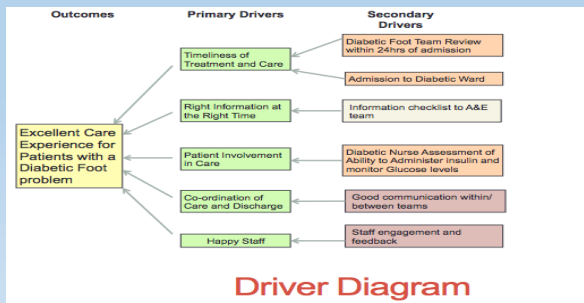
Acute foot problems are the most common reasons for diabetes related admissions to the hospital. They are also the most important causes of non-traumatic leg amputation. Managing diabetic foot complications costs the NHS over a billion pounds every year yet the outcomes and patient-experience have been found to be less than satisfactory when they are admitted to the hospital.

The diabetes foot care project was started with the aim of improving the care and the care experience for patients admitted with diabetic foot problems.

## Methods:

We started by assessing the current experience of patients by shadowing them during their admission. This informed the “ideal patient story” and we formulated a driver diagram to guide the project and worked through 3 project groups for admission, in patient care and discharge planning. Ten key measures were used to assess the quality of care.

We collected data between April and September 2013 on patients admitted to Nevill Hall Hospital with an acute diabetic foot infection.



## Results:

Data was collected on the key aspects of care of 18 patients between April and September 2013. The number of patients admitted with an acute diabetic foot problem ranged between 2 and 5 per month. Data was not available for the month of August.

All patients with an acute diabetic foot were admitted to diabetes ward from the 3<sup>rd</sup> month of the project, and all patients were allocated an “information buddy” and received regular information on their care from the 3<sup>rd</sup> month onwards. Antibiotic usage was timely and appropriate in all patients. The data on the measurements of the quality of care and patient experience is summarised in the table below.

Table:	April	May	June	July	September
Diabetes team review within 24 hours	50%	40%	100%	66%	100%
Admission to diabetes ward	25%	40%	100%	100%	100%
Regular information to patient	0%	40%	100%	100%	100%
Assessed for self administration of insulin	50%	100%	100%	100%	100%
Surgical review within 24 hours	100%	100%	50%	33%	100%
TVN/podiatry review within 48 hours	33%	100%	100%	100%	100%
Orthopaedic review within 48 hours	NA	100%	NA	0%	100%
Timely, appropriate antibiotics	100%	100%	100%	100%	100%
Patient satisfaction score	NA	90%	100%	80%	97%

## Discussion:

The project helped raise the profile of diabetes foot care within the hospital. The initial shadowing exercise highlighted some aspects of care that the patients considered important and we incorporated them in the driver diagram which guided the project. During the project the number of patients admitted to the diabetes ward improved together with improvements in timely review by specialist teams. Patient information and involvement in their care (e.g., by facilitating self-administration of insulin) improved during the project. The patient satisfaction score remained high. Staff surveys were carried out at the beginning and end of the project, which reflected improvements in staff engagement.

There were some challenges to overcome in terms of sustaining team motivation and regular data collection. There were also issues with timely surgical review, following the retirement of the vascular surgeon and the re-configuration of vascular surgical services in the Health Board. But overall the project did help to forge closer working of all the health care professionals involved in delivering acute diabetes foot care, and led to greater involvement of patients in their self-care and a high level of satisfaction with the care experience.

## Conclusion:

The PFCC foot care project helped improve most aspects of the care of patients admitted with acute diabetic foot problems at our hospital, and also highlighted areas that needed further work. There were important lessons learned during the project which we hope to incorporate in this and other areas of patient care.