Project Background

The Diabetes Foot Care Clinical Pathway Project was launched in Spring 2014. Since then hundreds of patients, clinicians, and diabetic foot care experts from Primary Care, Home Care, Acute Care, Long Term Care, Podiatric Surgeons, Orthopedic Surgeons, Rehabilitation Medicine, Wound Care Specialists and Alberta Health (AADL) have been consulted, interviewed and recruited to this initiative - intended to transform how diabetic foot ulcers are prevented, managed and treated across Alberta.

Spread the Pathway

The Project team is now entering Phase 2 of pathway implementation. This involves identifying three community based High Risk Foot Teams to serve patients from Chinook PCN (South Zone), Kalyna Country PCN (Central Zone) and Mosaic PCN (Calgary Zone).

Exploring Other Opportunities

* Expand foot and wound care support via Telehealth to bring care to remote communities.
* Embed pathway tools into Primary Electronic Medical Records.
* Partner with Alberta Health Aids to Daily Living (AADL) to develop new eligibility criteria for provincial therapeutic footwear policy that supports ulcer prevention.

Diabetes, Obesity and Nutrition Strategic Clinical Network™

Project Bulletin

Diabetes Can Knock You Off Your Feet

November, 2016

WWW.AHS.CA/DONSCN

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A1C Values Don’t Tell the Whole Story...

Development of peripheral neuropathy and peripheral artery disease increase the risk of diabetes foot ulcers and is not solely a result of poor glycemic control. In Alberta over 1/3 of all patients who developed a foot ulcer or had an amputation had good glycemic control with A1C values of <7%. Amputation rates are rising in the diabetes population and it is essential that every effort be taken to prevent foot problems and identify foot problems early. All people with diabetes, regardless of A1C level should have a diabetes foot exam at least annually.

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<th>Prior Year</th>
<th>Hb A1C</th>
<th>Diabetic Foot Ulcers</th>
<th>Lower Limb Amputations</th>
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<td>&lt;7%</td>
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Source AHS Data Integration and Measurement (DIMR)

Revisions to Pathway Resources

The Working Group and Steering Committee are reviewing the feedback from the pilot sites and making improvements to the pathway resources. The “Diabetes Assessment Form” is now called the “Diabetes Foot Screening Tool” which better reflects the purpose of this tool. The triage tool is more streamlined and clearly indicates what findings can be managed in Primary Care and what findings require care from a High Risk Foot Team. The revised tools have been submitted to AHS Forms Management for formatting and we anticipate the improved pathway resources to be ready by the end of 2016 for all providers to access from the DON SCN website. We are also working with the AHS Knowledge Management Infrastructure team to create interactive electronic versions of the pathway resources in 2017.
High Risk Foot Team (HRFT) Early Findings

The three Pilot sites High Risk Foot Teams (Brooks-South Zone, Slave Lake-North Zone and WestView-Edmonton Zone) are wrapping up their data collection and the early data shows:

- Largest category of patients referred were at moderate risk with sensation loss (risk of developing an ulcer) at 36% followed by patients at high risk (ulcer present or arterial compromise) at 27%.
- 79.5% of patients referred required preventive care (education and prescribe therapeutic foot wear where indicated ); 20.5% required treatment for a foot ulcer.
- Patient satisfaction results indicated that the majority:
  - had not received any diabetic foot care prior to this program (52%);
  - have made changes in their foot care routine since receiving the information (68%).
  - felt that care from HRFT was extremely helpful (74%)
  - were extremely satisfied with their experience with the HRFT (86%)
- Health care providers were very satisfied with the assessment form & guide and the referral process.
- Need for more standardized training & education on lower leg assessments, vascular care, ulcer care and how to advise patients on proper foot care.

For more information about the Diabetes Foot Care Clinical Pathway, please contact us at: DIABETESOBESITYNUTRITION.SCN@AHS.CA

Patient Experience While Being Cared for by HRFT

“I check my feet more often and wear better shoes...”

“Checked condition of my feet more often and apply creams and lotions to keep feet moisturized.”

“Without them, I would be greatly worse off.”

“It renewed my involvement in the need for proper foot care and awareness to any problems.”