HAC 2015 ABSTRACT for Oral Presentations

Presentation no.: SPP6.3

Presenting Author:

Project title
Service Enhancement for Diabetic Foot Patients with a Structured Screening & Educational Programme

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Keyword(s)
DM FOOT
diabetic
tfoot care

Approval by Ethics Committee: N

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Introduction
In Hong Kong, the pandemic of diabetic mellitus (DM) is increasing and affecting 5 to 10% of the population. Foot ulcer is one of the complications of DM. Once patients develop an ulcer, they always readmit with longer hospitalization for interventions, they carry a 10 to 30% chance of progressing to the amputation (Daniel et al, 2010). Therefore, it is crucial for people to be screened not only for wound or ulcers but also the risk factors. Through a structured foot screening and education program, patient at risk can be identified early, so that corresponding suggested interventions and referrals can be provided accordingly.

Objectives
1. To early identify risk factors for known/newly diagnosis diabetic patients through a structured foot screening programme. 2. To enhance patient service and safety with timely referrals to other specialties and/or allied health accordingly. 3. To raise patients’ awareness on DM foot care. 4. To provide continuity of DM foot care in nurse clinic.

Methodology
A structured foot screening and educational programme was conducted from September 2013 to January 2015 in QMH. All emergency admitted patients were screened for history of known/newly diagnosed DM. An Inlow 60-seconds diabetic foot screening tool was used by nurses under consent with logistic flow. Recommended subsequent screening intervals were categorized in four from 1 month to yearly. Different parameters of deficit were also identified. Patients were categorized into one of the five categories for suggested referrals such as Podiatrist, P&O, Vascular, Endocrine and/or O&T Foot Teams. With physician-nurse collaboration, timely and appropriate referrals as recommended without delay. Foot care education and patient satisfaction survey were conducted accordingly. Data and related variables were collected and analyzed statistically.

Result
350 known/newly diagnosis DM patients were recruited into the program from September 2013 to January 2015. There were 27.4% (96) and 72.6% (254) with and without foot ulcer respectively. In foot ulcer group, the mean time for suggested referred consultations from time of admission were 1.5 days (Podi); 2.2 days (VAS) and 2.5 days (Endo), an overall mean of 2.2 days. It was decreased by 42% when compared with 3.8 days before the program. The average length of stay was also decreased by 30.4% to 7.1 days as comparing with 10.2 days as before. In the non-ulcer group, there were 75%, 68% and 60% requiring at least one, two and three referrals respectively. The success of early detection for newly diagnosed DM was 21 (6%) patients with appropriate referrals. The average length of stay was decreased by 52.4% to 3.2 days when compared with 6.73 days before the intervention. There were 80% of patients were satisfied with, in particular for, the time spent in performing foot screening and the continuity care for providing follow up service in O&T nurse clinic.