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Diabetes-related foot care pathway

A guide for clinicians during and beyond COVID-19

During the pandemic, a statewide diabetes-related foot care pathway was developed along with this companion document which addresses clinical triage, available modalities and referral processes from primary to acute care, to the high-risk foot services (HRFS).

Diabetes and diabetes-related foot disease are a leading cause of hospitalisation and the principles contained within this document will be of assistance during the pandemic or at any time.

Purpose of this document

There are a range of HealthPathway regions that provide coverage across the state. HealthPathways are free, local web-based portals that have condition-specific referral pathways.

They are designed to improve the delivery of health services and are tailored towards local health services while improving collaboration between specialist services and primary care.

The document provides guidance on how to better support and manage the escalation of rapid, early care for people diagnosed with active foot disease or diabetes-related foot disease, and for those at high risk.

It will be a useful tool for the primary health care workforce, such as general practitioners, practice nurses, podiatrists and community health clinicians. The document contains links to key resources to support the triage, assessment, referral and treatment pathway, including modalities and patient resources to support consumer awareness during times of pandemic when normal care pathways are unavailable.

The prioritisation principles in this document should be used to support the adoption of the statewide HealthPathway to suit local primary healthcare and high-risk foot service settings.

Changes as result of COVID-19

The COVID-19 pandemic caused significant changes within the health care system and clinical practice due to an increased demand for more hospital beds and staff. The pandemic limited the health system's capacity because staff were redeployed, and constraints were placed on the availability of hospital beds. There were also large and rapid changes in demand for inpatient care.

Diabetes and diabetes-related foot disease are a leading cause of hospitalisations and people who have diabetes have a greater risk of complications if infected with COVID-19.[2]

Health care professionals working in multidisciplinary teams adhering to evidence-based diabetic foot disease (DFD) guideline recommendations can significantly reduce hospitalisation.

During the COVID-19 pandemic this became challenging due to the health system requiring additional physical resources to manage COVID-19.[1] It also had an impact when people with diabetes avoided the health system.

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Principles for managing diabetes-related foot disease and active foot disease in the community setting

- Take a risk-based approach to protect people living with diabetes and staff, balancing any urgent need for a face-to-face consultation against the risk of hospital-acquired COVID-19 transmissions.
- Prioritise early identification of the signs of diabetes related foot disease and any related complications to prevent unnecessary hospitalisation by deploying a rapid referral process from primary health care to high-risk foot services.
- Provide access to a local diabetes related foot care pathway to better support primary health care staff manage consumers who have feet that are at risk.
- Invest in systems that will provide effective communication with consumers, carers, and those involved in the multidisciplinary team. A team may include the consumer's general practitioner, practice nurse, community podiatrist, clinical pharmacist and HRFS clinicians, such as podiatrists, endocrinologists, vascular specialists, diabetes educators and ophthalmologists.
- Monitor and record the foot disease status of the person who has diabetes.
- Adhere to the COVID-19 Infection Prevention and Control Response and Escalation Framework – Chapter 3, linked here.

Key documents: standards, guidelines and frameworks

Links to available guidelines, standards, pathways and resources are provided in the below table.

NSW state-wide HealthPathway diabetes related foot care pathway	HealthPathways Community, a free, web-based portal designed to support primary care • Access login details as you do for your local health district (LHD). See your local primary health network or LHD HealthPathways • Access to clinical management and treatment options • Access to referral information into HRFS • Patient education resources
National integrated diabetes foot risk pathways NDSS Foot Forward for Diabetes	• Diabetes Foot Risk Stratification and Triage Pathway • Active Foot Disease Pathway
Identifying the at-risk foot Diabetic Foot Disease in the COVID Crisis	Australian Clinical Triage Guide Considerations for service type and frequency according to various factors, such as: • a person with diabetes limb and life-threatening status • staffing • resource availability • minimising the risk of COVID-19 infection
Modalities for consultation • telephone store-and-forward clinical and radiological images, videocalls • other remote monitoring methods, such as foot temperature and step activity monitoring	Australian Clinical Guide for using Telehealth This is for clinicians treating people with diabetes related foot disease during the COVID-19 pandemic. It should be used in conjunction the following key telehealth resources: • Australian Podiatry Association Telehealth Consultation Guide for Podiatrists for managing foot-related conditions • Australian Health Practitioner Regulation Agency (Ahpra) COVID-19 Telehealth guidance for practitioners • Privacy Checklist for Telehealth Services (Department of Health) • Medicare Benefits Schedule (MBS) COVID-19 Temporary MBS Telehealth Services fact sheet • ACI Telehealth Guide
SINBAD classification system for diabetic foot ulcer grading	The International Working Group on the Diabetic Foot (IWGDF) recommends the SINBAD system for communication among health professionals about the characteristics of a diabetes foot ulcer.[3] See pages 6–8
National HRFS accreditation and standards	National Association of Diabetes Centres collaborative interdisciplinary diabetes high-risk foot service standards
International Working Group on the Diabetic Foot (IWGDF) Guidelines	2019 IWGDF Guidelines

Document development

This document was developed by an expert advisory group (EAG) consisting of members of the Agency for Clinical Innovation (ACI) Diabetes and Endocrine Network COVID-19 Community of Practice; Sydney Local Health District and Central and Eastern Sydney Primary Health Networks HealthPathways; the ACI High Risk Foot Community of Practice; the ACI Primary Care Institute and the ACI Chronic Wound Management Taskforce.

EAG meetings were held from October 2020 to February 2021 to gather clinical expertise. Information was also drawn from evidence-based guidelines and a review of research, resources and information from across Australia, as well as from Diabetes Australia, the national body for representing consumers who have diabetes.

The document was developed at the beginning of the COVID-19 pandemic in NSW. It is a live and evolving document that should be regularly reviewed.

Reference

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2. Lazzarini PA, Van Netten JJ, Fitridge R, et al. Pathway to ending avoidable diabetes-related amputations in Australia. The Medical Journal of Australia 2018; 209(7): 288-90.

Research

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3. Rogers LC, Lavery LA, Joseph WS, Armstrong DG. All feet on deck – the role of podiatry during the COVID-19 pandemic: Preventing hospitalizations in an overburdened healthcare system, reducing amputation and death in people with diabetes. J Am Podiatr Med Assoc. [Internet] 2020. [cited 18 October 2020] Available from: https://meridian.allenpress.com/japma/article/doi/10.7547/20-051/436248/All-Feet-On-Deck-The-Role-of-Podiatry-During-the doi org/10.7547/20-051

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