



What Heals You?



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Case for change

High risk foot services (HRFS) are specialist multidisciplinary services designed to treat, manage and prevent foot ulcerations that commonly lead to lower limb amputation.

A service review found that amputation rates were increasing across the district. Wound outcomes and value-based measures, such as the psychological burden of a wound, were not being measured.

Addressing these points puts the patient at the centre of our care and provides valuable outcome measures for clinicians.



"I don't know how long this is going to take to heal and I am always worried about getting my foot chopped off"

Goal

To deliver a quality HRFS to patients with foot ulceration, that meets their needs and optimises their desired outcome, by December 2022.

Objectives

- Increase** the proportion of **patients achieving wound healing** at 20 weeks by December 2022
Neuropathic: 37% to 50%
Neuroischaemic: 0% to 10%
Ischaemic: 0% to 30%
- Reduce** the quarterly number of **foot ulcer related lower limb amputations** from an average of 26.75 to 20 by December 2022
- Increase** the percentage of **Podiatrists** reporting as being confident and skilled in the **utilisation of the PROMIS-29** in the HRFS from 25% to 90% by December 2021

Method

This project used the centre for healthcare redesign methodology.

Root cause analysis
Solutions brainstorming



Patient interviews (N = 7)
Patient surveys (N = 21)



Staff interviews (N = 9)



Data analysis
File audits (N = 20)
Minimum data set

Diagnostics

- 85%** of patients with an active wound remain not healed at 20 weeks
- 72%** of foot ulcer related amputations were not known to the HRFS
- HRFS referrals and information not found on local intranet or internet
- No access to specialist equipment in clinic to diagnose vascular disease
- 87%** of Podiatrists in the high risk foot service did not feel confident or supported in the use of patient reported measures in the clinical setting

Solutions

- Develop dataset that allows wound healing progress to be tracked
Implement case conference to discuss non healing wounds
- Develop website for HRFS
Promote awareness of HRFS in the community
- Develop resource pack specific to HRFS to support clinicians in use of patient-reported measures (PRMs)
Develop clinician supported workflow for PRMs
Provide training on the use of the PRMs system

Quick wins

- Specialist equipment purchased for all 3 HRFS in the district

Results (to date)

- Cultural shift in service delivery by measuring wound outcomes instead of occasions of service
- Minimum of 2 case conferences per week in place to discuss complex cases
- 16 hours** dedicated to case conference for each HRFS since go-live. **50%** of new wounds healed at 20 weeks in October 2021



- HRFS webpage development in progress

- Resource pack for HRFS team on the use of patient reported measures created

- Training conducted with **90%** of HRFS and confidence survey **pending** in December

- Refresher sessions scheduled for HRFS team in December 2021

Sustaining change

- Established strong support from the executive sponsor and HRFS team to carry the change
- Healing rates are being collected in monthly data and reported on at clinical and individual staff meetings
- Webpage access at a local level by nominated champions to modify or change information as required
- Shift from volume-based activity to value-based activity measurements

Conclusion

- COVID-19 pandemic was a known risk for the project and impacted the progress of many of the objectives. Outpatient clinics were scaled back and patients were hesitant to attend.
- A strong communication plan and stakeholder engagement was invaluable in navigating the process.
- The data collected in the project will inform new quality improvement projects within the HRFS.
- The redesign methodology allowed for collaboration between 3 HRFS with varying processes and structures. All stakeholders had input and feedback on the process to ensure the patient was placed at the centre of our care.

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