Improved diabetes foot screening and signposting to referral pathways on the haemodialysis unit

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### Background

The Joint British Diabetes Societies (JBDS) guidelines, published in 2016, defined for the first time national standards and markers of good quality diabetes care on the dialysis unit. JBDS and NICE recommended:

- Regular foot inspections and patient education on basic foot care.
- Ongoing involvement by podiatry of this high risk group.
- Timely referral for active diabetic foot problems to the diabetes foot multidisciplinary team.
- Supported by clear local pathways for cross-service integrated care, to improve foot disease management.

Evidence of how well diabetic foot disease is managed on dialysis units is limited. With shared experiences and data against standards we can re-define quality care, optimise outcomes of diabetic foot disease and demonstrate that care is being improved.

### Aims

- To audit current foot care standards, prior to implementation of JBDS recommendations.
- Identify diabetes prevalence in this representative cohort.
- Establish the history of foot disease (active and/or prior) ulceration and lower extremity amputation.
- Review current care against national standards. As a baseline, to demonstrate improved and evidenced based care.

### National Standards

**JBDS recommends**: All patients with diabetes on dialysis should receive foot care advice since diagnosis.

**NICE recommends**: Continued integrated foot care across all settings.

**NICE recommends**: Clear information and explanation on basic foot care should be provided at initial diagnosis, then regularly afterwards.

### Local Standard

- **Standard 1** – All diabetes patients on dialysis should have received foot care advice since diagnosis.
- **Standard 2** – All diabetes patients on dialysis should receive foot care
- **Standard 3** – All diabetes patients on dialysis should have received foot care monitoring.

### Methods

- **Setting**
  - The audit was undertaken in a community haemodialysis unit in the West Midlands.
- **Inclusion Criteria**
  - All patients with diabetes dialysing at the unit.
  - Data was collected via a questionnaire completed by the patient and dialysis nurse.
- **Data Collection**
  - Included demographics and risk factor profile, foot ulceration history, foot care provision, and foot education recall.

### Conclusions

- **52% of patients on dialysis had diabetes**
- **54.4% received no regular podiatry review with some receiving no regular foot care**
- **91% had a past or current ulceration**
- **Aim for DFU and LEA**
- **Recommendations**
  - Creation of local dialysis foot guidance including weekly foot inspections and improved pathway signposting.
  - Increase awareness of local foot referral pathways.
  - Improved pathways review, ideally on the dialysis unit as captive, frail, multi-morbid population often experience difficulty accessing community podiatry appointments.
  - Improved staff and patient awareness of basic foot care and risk of development of DFU and LEA.

### What has been done since the audit?

- **Feedback to Teams**: Renal MDT meeting, Diabetes Team meeting, Dialysis unit staff.
- **Launch of Weekly Diabetes Foot Check Guidelines at three dialysis units.**
- **Staff education by podiatrist and diabetes renal clinical nurse specialist, as part of launch.**
- **Improved signposting to existing local pathways through unit posters.**
- **Planned re-audit to review if care has been improved before launch to other dialysis units.**

### References


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