Putting feet first: Improving the provision of diabetic foot care at a remote ACCHS

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Background
Aboriginal people with type 2 diabetes mellitus (T2DM) are thirty-eight times more likely to have a diabetes related major amputation.[1] Routine preventative foot care as per NHMRC guidelines can reduce such complications.[2] Although published data on the provision of preventative foot care for Aboriginal people are not available, a recent study showed that only 19% of remote and rural practitioners were aware of what the NHMRC guidelines entail.[3] A remote Aboriginal Community Controlled Health Service (ACCHS) driven by the principles of clinical quality improvement, audited their current preventative foot care practices as part of a wider evaluation of diabetes management for their patients.

Aim
To improve access to needs-based preventative foot care for diabetes patients attending a remote ACCHS

Methods
In this retrospective internal clinical audit, fifty regular Aboriginal diabetic patients diagnosed before 2016 were randomly selected. Data was extracted from the electronic health record to determine the proportion of patients who received foot assessments (Standard 1) and were risk stratified (Standard 2) between 01/05/17 and 30/04/18. Missed appointments, time between referral and appointment and the presence of a GP management plan (GPMP) were also measured.

Results
Quantitative data, together with stakeholder input, readily helped elucidate both barriers to and enablers for optimal management. Insufficient access to visiting podiatry service, absence of a clear agreed clinical protocol based on risk stratification and an inadequate clinical coding and recall system within the practice software were determined to be important barriers. Interestingly, results demonstrated missed appointments were not the primary obstacle as is commonly presumed. The use of GP managements plans and a dedicated chronic disease co-ordinator were identified as important enablers, particularly in an environment with a very high turnover of staff. To address the identified barriers the practice (with partner support) is now considering training other healthcare workers to conduct foot assessments; and will develop a clear local protocol that can be imbedded (with decision support tools and new clinical codes) into its clinical software.

Conclusion
Clinical audits constitute an essential component of quality improvement. They encourage reflective systems thinking, help facilitate a common purpose amongst health professionals and provide an opportunity to translate best practice into a reality. ACCHSs embody the principles of quality improvement, allowing them to lead the way in the primary care sector despite the many challenges that come with providing care in remote Aboriginal Australia.

References

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