Quality Management and Control

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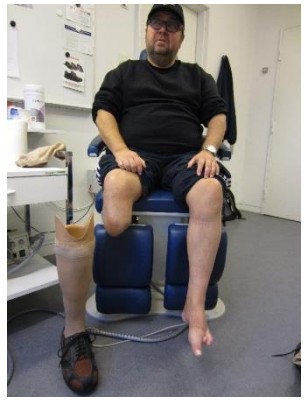
Background

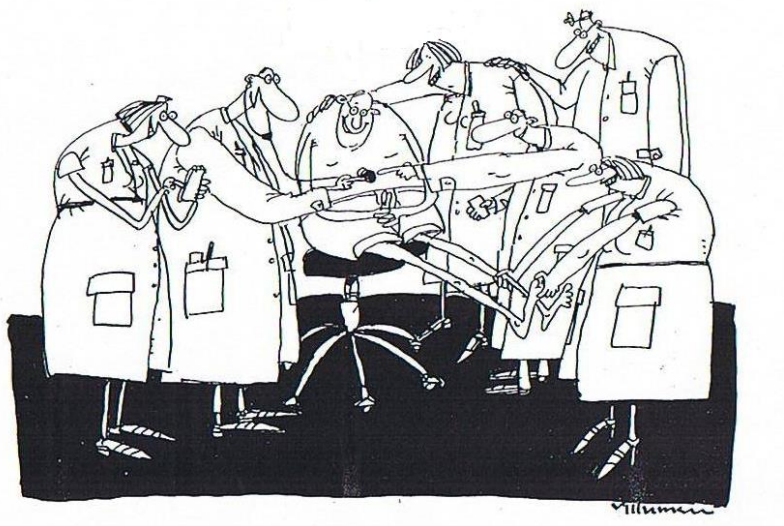
- Diabetic foot complications have life-long implications, and are costly both to the health care system and to the patients. Prevention and treatment in time is essential.
- Setting goals in the clinic is necessary for quality assurance
- Systematic registration of foot data is important for the outcome and for quality assurance
- Motivation☺



1. Van Netten JJ et al. Prevention of foot ulcers in the at-risk patient with diabetes: a systematic review. International Working Group on the Diabetic Foot (IWGDF) Diabetes Metab Res Rev. 2015 Sep 5. doi: 10.1002/dmrr.2701. [Epub ahead of print] PMID: 26340966
2. Schaper N. C. Lessons from Eurodiale. Diabetes Metab Res Rev 2012; 28(Suppl 1): 21-26
3. Apelqvist J. The foot in perspective. Diabetes Metab Res Rev 2008; 24(Suppl 1): S110-S115

Recognition of staff work reinforces quality

- All health care providers strive to deliver high quality care to their patients. The motivation of health professionals is crucial and must therefore be strengthened and supported by creating a culture where you work every day with the ambition of doing a job a bit better than you did yesterday, focusing on the effects and results for the patients.



Quality in foot care

- Quality is important
- Know your own data
- Set realistic goals (treatment delay, healing time, etc.)
- Free of foot complications
- Good quality of life
- Cost-effectiveness
- Attention to patient preference

Diabetic Foot and Clinical Outcome

Diabetic foot ulcers

- Major suffering: incapacity, dependence, fear, isolation, depression, amputation
- Reduced life expectancy
- Costly
- Wide variation in outcome: both between and within countries

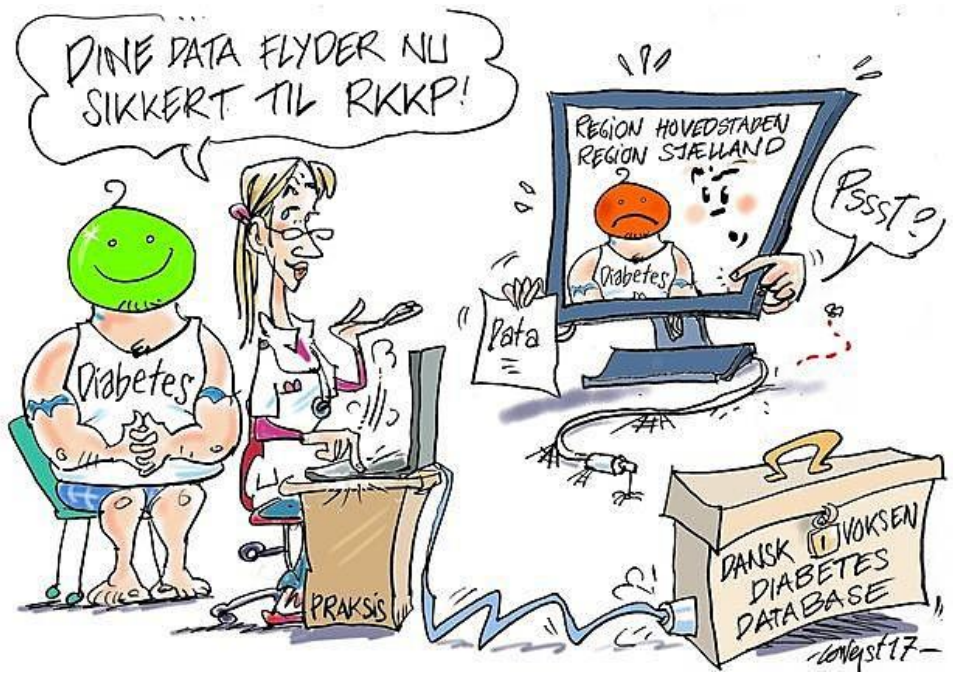
Prevention

- Primary prevention (first ever ulcer)
- Recurrence (new ulcer in same place)
- New ulcer episode (any new ulcer)

Record foot data - systematic and always

We need robust documentation to:

- Improve quality of our work
- Improve clinical outcome
- Focus on motivation
- Goal setting
- Show clinical activity
- Focus on health economies



Depending on the clinician!

Education and motivation of staff

- Instructions for the healthcare professionals “How to Register”
- Instructions in the form of guidelines should be both oral and written
- Education/training of new staff should be done step by step in a daily dialog with a skilled member of the team
- Educate new staff members why registration is important
- Keep “old members” of the staff motivated
- Regular audits and feedback to the staff
- Talk about the challenges and advantages of registering data

Clinical Practice

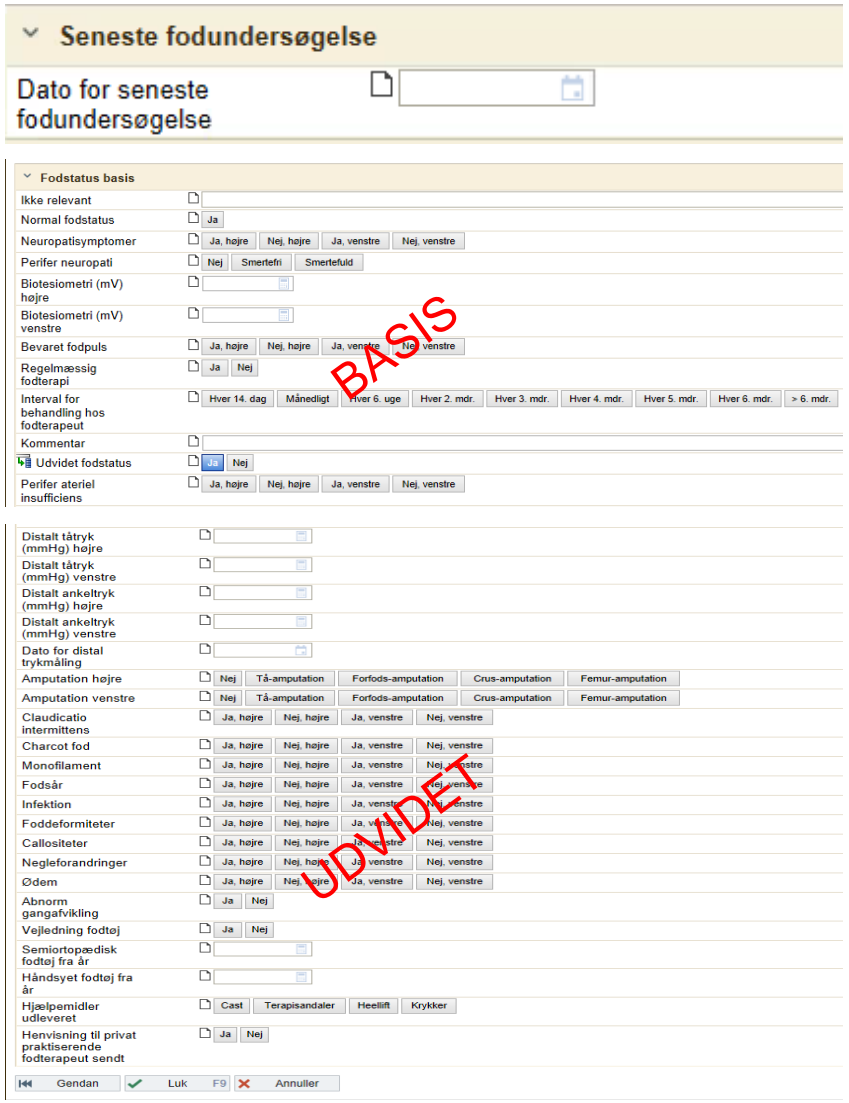
- The system must be simple, clear and easily understood by all health care professionals in the multi-disciplinary team and easily documented without the need for expensive equipment
  - Data/outcome could be used in benchmarking with other centres/hospitals
  - Data/outcome could optimise our daily work
  - Data registration should be systematically structured

Limitations:
The health care provider may not be involved in the choice of system and the possibilites

Examples of registration

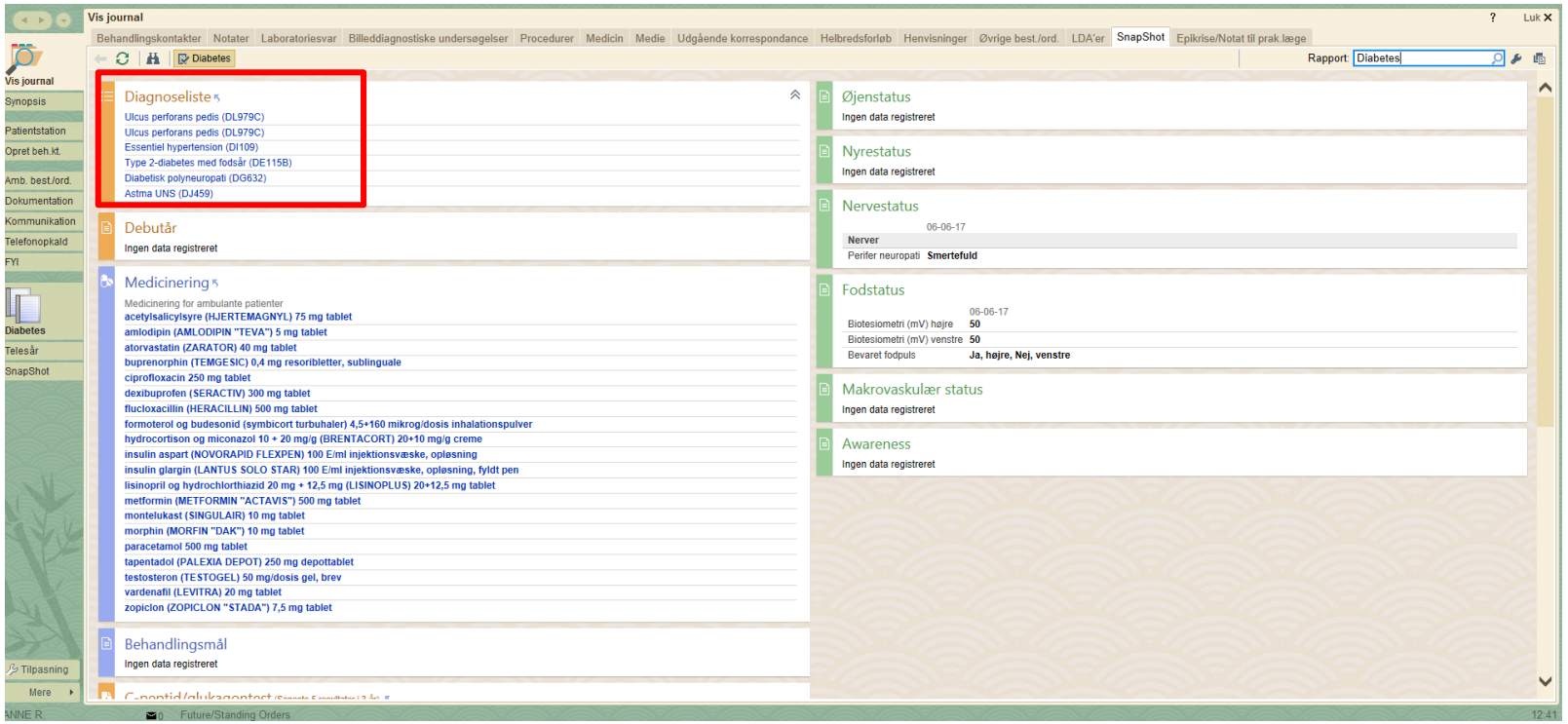
Systematic foot screening

- Foot data must be recorded in the electronic patient record
- Data can be used to improve quality
- Data is used in research
- Patients must be informed of the results of the examination



Ex. eletronic patient record

Registration of foot ulcer

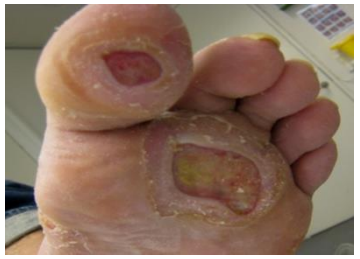


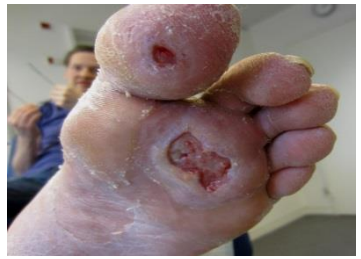
Classification of foot ulcers:

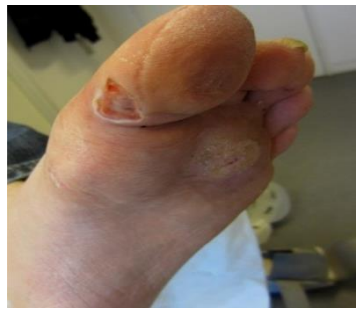
- **Neuropathic ulcers** (DL979A) with vibration threshold > 25mV and foot pulses
- **Neuroischaemic ulcers** (DL979C) with distal toe pressure between 41-70 mmHg and/or ankle pressure < 90 mmHg and vibration threshold > 25mV
- **Ischaemic ulcers** (DL979E) with distal toe pressure < 40 mmHg/ ankle < 75 mmHg

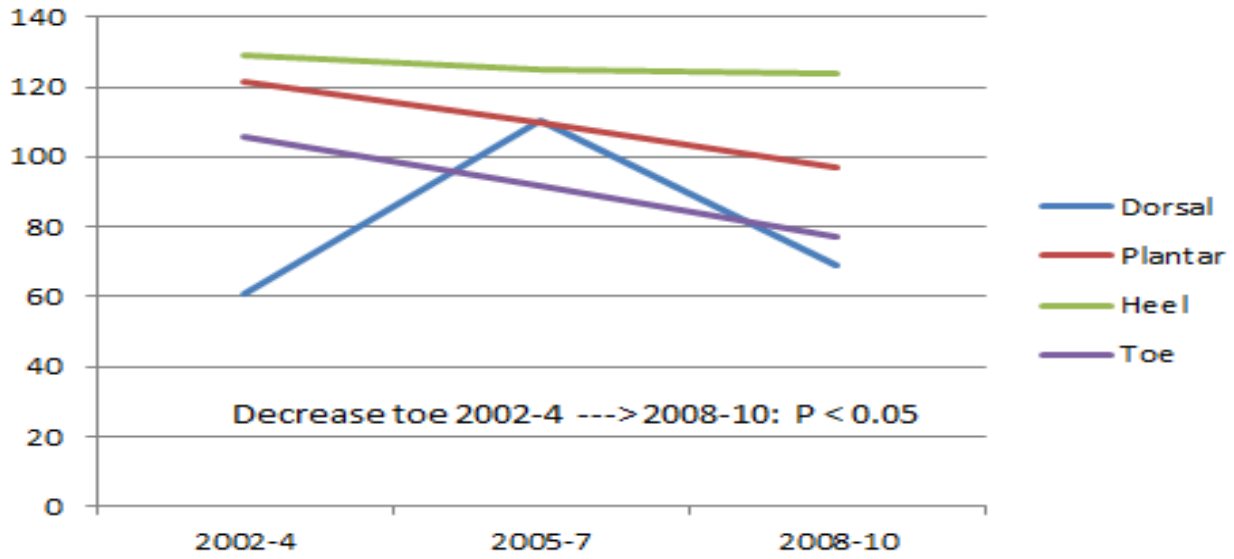
A Rasmussen et al. Decreasing incidence of foot ulcer among patients with type 1 and type 2 diabetes in the period 2001-2014. Diabetes Res Clin Pract. 2017 Aug;130:221-228. Doi: 10.1016/j.diabres.2017.05.025. Epub 2017 Jun 13. PMID: 28648855

Results of data: Focus on rapid wound healing









Procedure codes

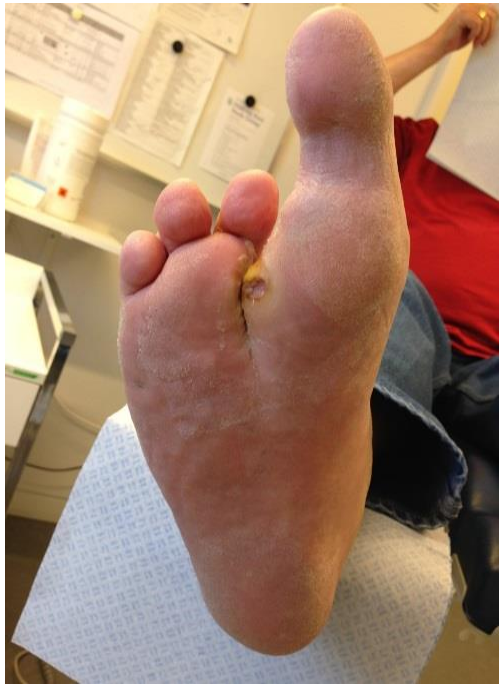
Ydelse	Kode
Alm besøg i fodklinikken (hver gang)	BLXB0
Når der er læge el. ort.kir. ind over	BVDY06
Vejledning, instruktion, undervisning og rådgivning af pt	BVDY0
Biothesiometri (fodstatus)	ZZ5104
Anden sårbehandling på UE	KQDB99
Podning (som tillægskode)	ZZ710A
Beskæring ingen sår	KQDA99
Kompressionsbehandling	BLPA80
Neglebehandling	KQDH20
Aircast/Terapisandaler/individuelle indlæg/Heellift når det udleveres	BLPA83
Behandling indlæg med forfodsafl. når der ikke udl. BLPA83	BLXB18B
Behandling indlæg med bagfodsafl. når der ikke udl. BLPA83	BLXB18C
Individuelt aflastning af tå med silikone	BLXB21
Individuelt aflastning af tå med skum og andet blødt materiale	BLXB22
Tenotomi udført af ort.kir.	KNHL39
Tillægskode i form af TUL1 el TUL2	
Fjernelse af tå negl	KQDH00
Telefonkonsultationer	BVAA33A
Skriftelig kommunikation	BVAC
Udlevering af skriftelig informatins materiale	BVAC0
Henvisning til andre instanser og myndigheder (fodterapi)	BVAC21
Tillægskoder som jeg ikke ved om vi får noget for?	
Ordination af håndsyet sko	XF23
Ordination af semiortopædiske sko	XF24
Kontrol af fodtøj	X08001
Charcot deformitet (kontrol) særydelse	64B

Monitoring data and feedback

- Regular checks of data registration by a skilled member of the team (ex. Team leader of the foot clinic)
- Conduct systematic audits
- Monitoring results is mandatory (ex. by the quality department and the team leader of the foot clinic)
- Feedback to the healthcare professionals (registrations without feedback is pointless)
- Set clear goals for the staff
- Present the data to the staff regularly
- Use the ideas from the user

Show the activity and data

- To the manager
- To colleagues
- To the healthcare politicians
- Use the data in research
  - Abstracts
  - Presentations at conferences
  - Publications

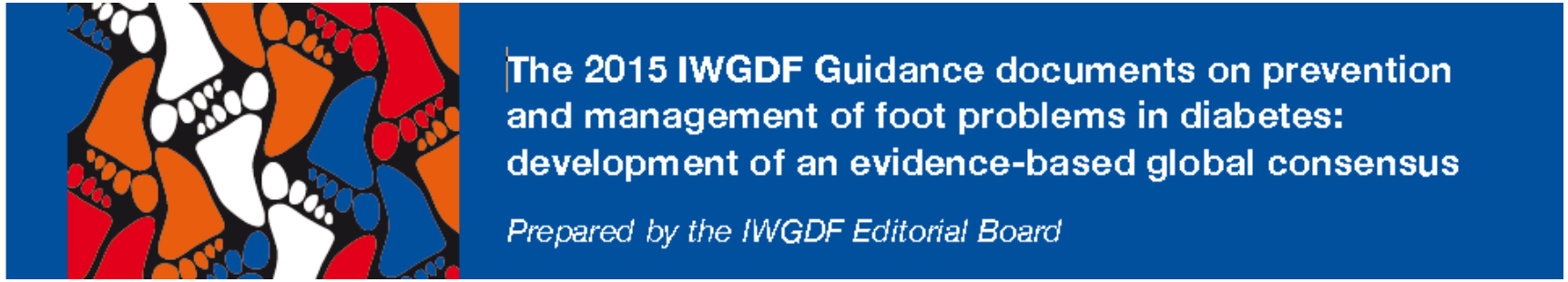


Limitations / challenges

- New electronic patient records
- Technical difficulties
- Extraction of data
- Proper and same coding by all health care provider
- Delegating
- Time consuming
- Change the registration form if it does not make sense

Use local and international guidelines

Version	Type	Titel	Status	Ændret dato	Ændret af	Næste revisionsdato
2	Vejledning	Charcotfod - diagnostisering og behandling på S...	Publiceret	06-02-2018	Laurette Sosniecki	05-02-2020
2	Vejledning	Den diabetiske fod på SDCC	Publiceret	06-02-2018	Laurette Sosniecki	05-02-2020
3	Instruks	Fodinspektion, Neuropati undersøgelse, Biothesi...	Publiceret	06-02-2018	Laurette Sosniecki	06-02-2020
2	Instruks	Fodsårsbehandling på SDCC	Publiceret	06-02-2018	Laurette Sosniecki	05-02-2020
2	Instruks	Fodtøj og aflastning på SDCC	Publiceret	05-02-2018	Laurette Sosniecki	05-02-2020
1	Instruks	Podning af sår på SDCC _ Lokale forhold	Publiceret	06-02-2018	Laurette Sosniecki	05-02-2020
2	Instruks	Vejledning i egenomsorg for fødder	Publiceret	06-02-2018	Laurette Sosniecki	05-02-2020



Van Netten JJ et al (IWGDF): Prevention of foot ulcers in the at-risk patient with diabetes: a systematic review. Diabetes/metabolism research and reviews, 2015 DOI: 10.1002/dmrr.2701

Few and ambitious goals that set direction for quality work and create motivation for all employees

Thanks for your attention