

Improving the Quality of Inpatient Podiatry Services

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Introduction

Poor foot hygiene and foot care has been identified as a problem in long stay hospital environments. A 2014 sampling exercise identified that a significant minority of our service users in the ELFT forensic inpatient service (John Howard Centre and Wolfson House) have moderate to severe foot heath conditions.

Service users with untreated diabetes are a particular high risk group. Diabetes can reduce the blood supply to a person’s feet and cause a loss of feeling (peripheral neuropathy). Individuals with diabetes are 15 times more likely to have a limb amputated due to gangrene. An on-site podiatry service was established at John Howard Centre using the CHN podiatry service.

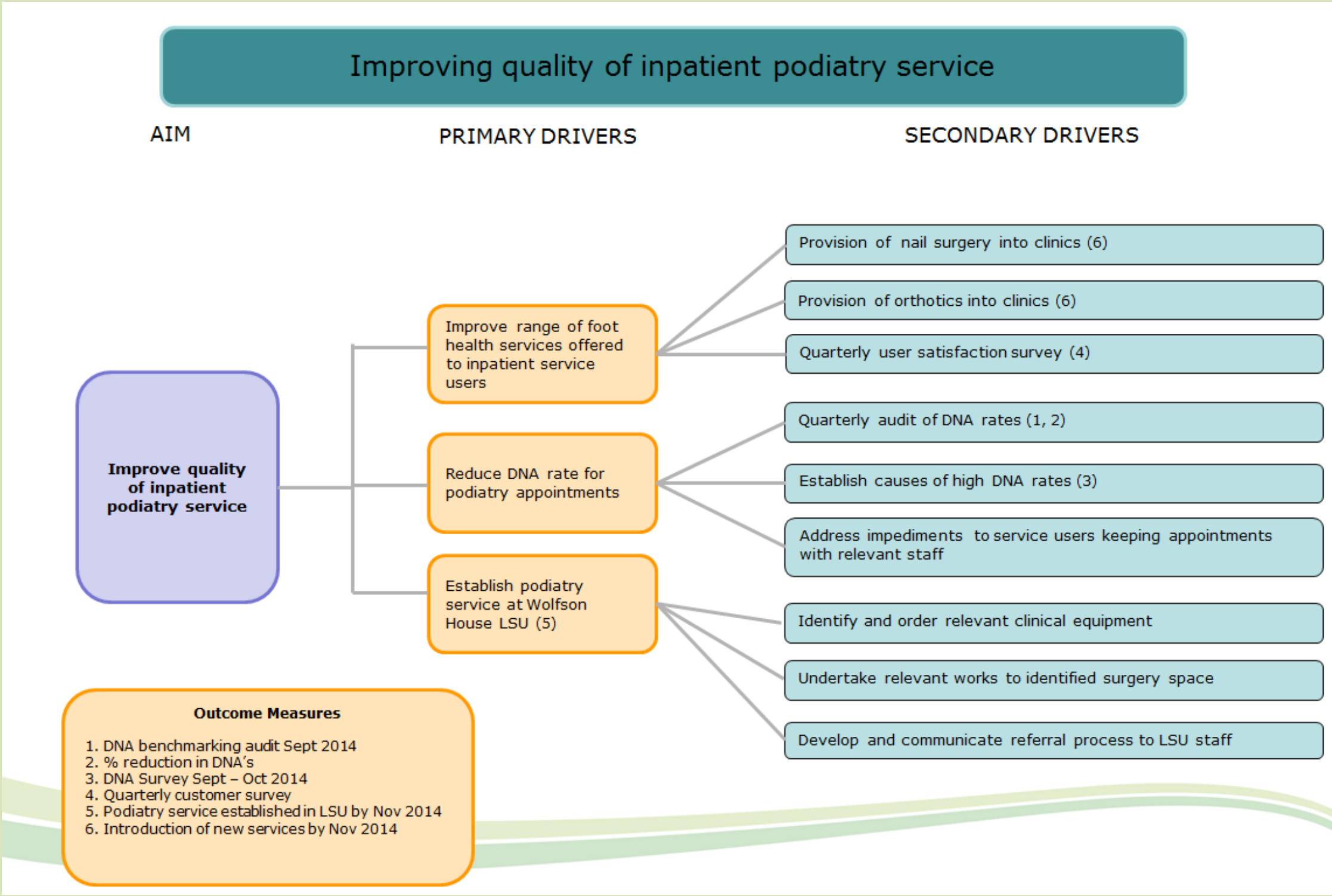
However, a number of potential improvements to the service were identified in consultation with the podiatrist, clinical staff and service users; these included reducing the appointment DNA rate from over 50%, introducing a wider range of foot health services and opening a clinic at Wolfson House so that Wolfson-based patients could be seen on site rather than having to be escorted to the John Howard Centre. Reducing the DNA rate and basing a clinic at Wolfson would eliminate need for unnecessary staff escorts.

Introducing additional foot health services should reduce the need for patients to attend external clinics. If successful, these goals should generate discreet cost savings over the longer term.



Identified improvement goals for QI project

- Improve the range of foot health services offered to inpatient service users, to include nail surgery and orthotic service, by November 2014
- Reduce the DNA rate for podiatry appointments to less than 20% by Jan 2015
- Establish podiatry service at Wolfson House



Outcomes

The aim to reduce nail surgery and an orthotic service was achieved in November 2014. The cost of introducing this service has been minimal as these services are carried out within the existing podiatry schedule. As of the end of January 2015, three patients who would otherwise have needed to be referred for external treatment received the appropriate care within the podiatry clinic.

The aim to establish a podiatry service at Wolfson House was accomplished in Jan 2015 , the first monthly clinic taking place on 22nd Jan 2015. Some works were required to create a suitable clinic space and approximately £700 was spent on fixed equipment. However, it is estimated that each clinic will save approximately 10-12 staff hours (that is, the staff time that would otherwise have been spent escorting the Wolfson patients to the John Howard Centre for their podiatry appointment). This staff time can be utilised with service users for improved therapeutic benefit.

Reducing the DNA rate to below 20% has proved a more difficult goal to meet. Several interventions were implemented to simplify the referral process, the timetabling of appointments and the flexibility to change these. By Jan 2015, these had largely eliminated those DNA's that resulting from staff escort failures. However, these changes did not address DNA's caused service users declining to attend the appointment on the day. Consultation is underway with service user representatives to establish what interventions may help address this problem. However, the DNA range has reduced significantly and is currently in the 20% - 30% range.

