



# Diabetes Foot Care Pathway

Preventing severe foot ulcers and amputations through improved screening, early intervention and integrated care

Our challenge	Results to date
<p><b>&gt;1,000</b> lower limb amputations each year in Alberta<sup>1</sup></p> <p><b>70%</b> are due to diabetic foot ulcers</p> <hr/> <p><b>85%</b> of diabetes-related amputations <b>are preventable</b></p>	<p>Total bed days for amputations<sup>2</sup></p> <p><b>reduced</b> <b>↓ by 1/2 ↓</b></p> <p>in zones implementing the pathway, and providing integrated care and limb-preserving approaches</p> <p>In zones without bundled services, the amputation rate</p> <p><b>↑ increased ↑</b> over the same period</p> <hr/> <p><b>Better screening and quality of care for at-risk Albertans</b></p> <hr/> <p><b>\$4 million</b> estimated savings<sup>3</sup> based on bed days alone (2017)</p> <hr/> <p><b>Improved health outcomes, quality of life and value</b></p>

## What was the issue?

Diabetes involves much more than blood sugar. People with diabetes have a greater risk of foot problems, such as numbness, cramps, sores and foot ulcers. Foot ulcers are a serious condition and account for 70% of lower limb amputations in Alberta.

Research shows that up to 85% of diabetes-related amputations are preventable<sup>4</sup> and can be avoided through proper self-care, screening and treatment. Most foot problems can be detected with a thorough physical exam; however, a 2014 survey revealed that diabetic foot screening was inconsistent, and many health care providers were uncertain about how to assess patient risk.

## What we did to address it

The Diabetes, Obesity and Nutrition SCN worked with stakeholders to develop a simple, standard approach to support foot screening in people with diabetes. Together, we created an integrated care pathway to prevent amputations through early detection and treatment. The team also worked with physician groups, surgeons and site leadership to better coordinate health services and improve communication between healthcare providers.

Recognizing a gap in current practice, the team developed a toolkit with easy-to-follow instructions on how to perform a thorough foot screen, assess patient risk, and refer patients for further care. The kit also includes information for patients about how to care for their feet and a list of foot care providers (e.g., nurses, podiatrists and footwear vendors).

Clinicians and operational leaders also led the work to set up High Risk Foot Teams in each zone. These teams provide specialized care for patients with, or at risk of developing, a foot ulcer.

Health partners across the province worked together to scale and spread the Diabetes Foot Care Pathway to every community and health region. Primary Care Networks

were instrumental in supporting this work, and physicians, clinicians and AHS zone operations played a key role in the successful implementation and uptake of the pathway across the province.

## How this work is making a difference

Since adding a foot screen as part of regular diabetes care, foot problems are being identified sooner and people are receiving treatment right away to prevent the problem from becoming more serious. This has led to a decrease in diabetic foot ulcers and lower limb amputations, and better health outcomes for people with diabetes. The High Risk Foot Teams have been a critical factor in this success and 86% of patients say they are extremely satisfied with their experience with the High Risk Foot Team.

The pathway has also reduced variation in practice and made it easier for patients to access the right care at the right time. Zones that have integrated services and have adopted limb-preserving approaches alongside the foot care pathway report a decrease in major amputations (lower limb) and higher rates of partial amputations (toe/lower foot). For patients, this means better mobility and quality of life. Fewer urgent cases and less-extensive surgeries also means cost savings for Alberta's health system.


Clinicians and frontline care providers are now more knowledgeable about diabetic foot screening and more confident in their ability to perform a thorough foot screen. This improves the quality of care they're able to provide to patients.


## What's next?

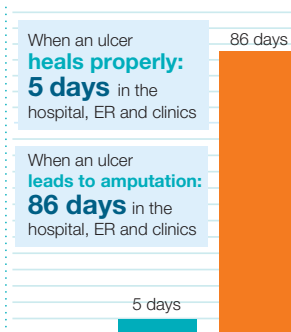
This pathway provides a model that can be adapted to other diabetes-related complications, such as eye damage, kidney and cardiovascular disease. By taking a preventative approach and improving routine screening practices, we're able to identify and respond to early signs of illness and provide patients the care they need quickly and efficiently.

# Diabetes in Alberta

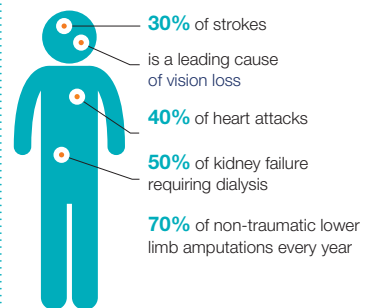
Source: Diabetes Canada (2018)

 Every **20 minutes** another Albertan is diagnosed with diabetes

Diabetes will cost Alberta **\$436 million** this year 



### Diabetes contributes to



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