

Better together: enhancing outcomes through orthotic- podiatry collaboration

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Pathways

- Podiatry based in Community
- Orthotics based in Acute
- Creates smooth links between Primary and Secondary care

Projects

Faster access to pressure redistribution for patients with high risk feet in the community setting



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Introduction

- A new service model was developed in Podiatry to treat patients with high risk feet.
- A need for pressure redistribution for this patient group was identified and the Orthotic Department was approached to fill the gap.
- Orthotics is an Acute service and were not in a position to fill this gap therefore a training plan was sought and developed collaboratively to allow the Podiatrists working in this setting to deliver this service to patients.

Aim

By November 2017, 90% podiatrists identified as delivering the Foot Protection Service are trained and have access to pressure redistribution devices.

Method

- A training package was developed between Podiatry and Orthotics to train Band 6 podiatrists who work in the Community setting to fit first line pressure redistribution footwear and devices for in bed to treat foot ulcers.
- The training consisted of presentations from Alastair Hunt and Catherine Exposito (Podiatrists) outlining the background and how pressure redistribution is so important in the healing of foot ulcers.
- I and my colleagues, Laura Barr, (Orthotists) discussed the governance issues around fitting Orthotic devices and the biomechanics involved in fitting these devices. It was important that the Podiatrists fitting these were aware of how they were affecting forces on the body during the gait cycle and how they, in turn can influence the pressure on the foot.
- The training was delivered in 3 half days in 3 sites. The New Victoria Hospital, Vale of Leven Health Centre and Stobhill Hospital to capture as many podiatrists as possible.



Results

- The aim of the project was to train the podiatry service to fit first line pressure redistribution footwear.
- 96% of Podiatrists eligible for the training were trained and are now fitting these devices in community clinics. To find out what impact this is having on patient care and patients receiving the devices faster is difficult to calculate as there was no such service previously and therefore the numbers are unknown.
- The Orthotic service can only determine how many referrals are being received from podiatrists in the community setting.
- With the training podiatrists can now fit these devices in the community setting and don't need to refer to the Orthotic Department.



Conclusion

- The aim of the project was to train the podiatry service to fit first line pressure redistribution footwear and devices for in bed to treat foot ulcers.
- Patients in the community setting are now receiving first line pressure redistribution footwear and devices for in bed to treat foot ulcers.
- The training package was developed between Podiatry and Orthotics to train Band 6 podiatrists who work in the Community setting to fit first line pressure redistribution footwear and devices for in bed to treat foot ulcers.
- The training was delivered in 3 half days in 3 sites. The New Victoria Hospital, Vale of Leven Health Centre and Stobhill Hospital to capture as many podiatrists as possible.

Acknowledgements

Nikki Munro
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Catherine Barr

CPR FOR FEET

CPR for Feet

C



Check both feet:

- ◆ Are there any breaks in the skin/areas of discoloration?
- ◆ Are there any ulcers present?
- ◆ Is neuropathy present?
- ◆ Is action required?

P



Protect feet if:

- ◆ Pressure damage/ulcer present or at risk due to:
- ◆ Neuropathy
- ◆ Previous ulcer/pressure damage or amputation
- ◆ Bed bound or fragile skin

R

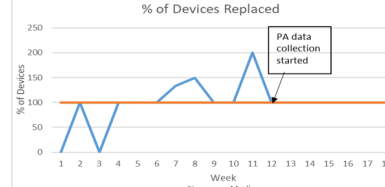


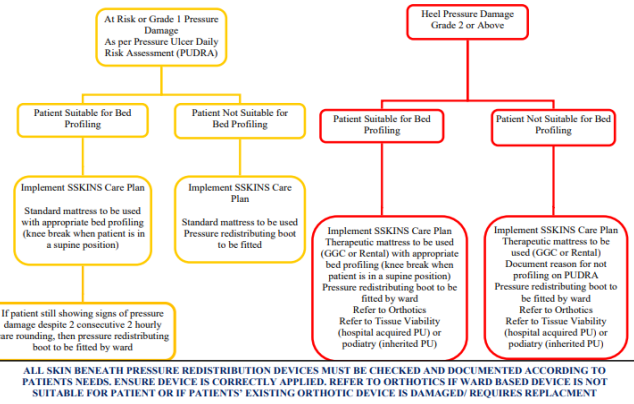
Refer all patients with a foot ulcer/pressure damage or other major concern to the podiatry department or Tissue Viability Link Nurse for treatment and reassessment of pressure relief requirements.

Tel:

SIFS FLASH REPORT

SIFS Cohort 29 Name: Gillian Harkin

AIM Statement	PDSA Cycle
More than 90% of pressure redistribution stock supplied by West quadrant podiatrists in NHSGGC for non-diabetic patients will be replaced by December 2022 in line with NHS "Better Procurement, Better Value, Better Care"	<p>For this cycle we looked at the process for non-diabetic stock. Data is collected on an ongoing basis with all devices supplied being recorded on a spreadsheet. For the current cycle it was agreed that the podiatry assistant (PA) would be responsible for recording this information instead of the podiatrist and using this to inform stock orders. This was implemented in August 2022.</p> <p>There was no increase in the number of orders placed after the change. This remained at 1 order per month.</p> <p>There was no notable change in the number of replaced devices recorded on the spreadsheet. Replacement rate was obtained by cross checking orders</p>
QI Tools/Change Ideas	
Process mapping was used to review existing process and develop an updated process. The following issues were identified; lack of clarity on individual responsibilities and duplication of work	
Measures	<p>Data</p> 
<p>Outcome: % of non-diabetic pressure redistribution stock replaced</p> <p>Process: % of total devices ordered recorded on audit spreadsheet</p> <p>Number of orders being placed per 4 weeks</p>	<p>number of devices supplied per week makes it difficult to over a short period of time.</p> <p>ECOS ordering system has made it difficult to track stock inventory.</p>
<p>For the devices to be marked as replaced when the order is being achieved without this step. Process adopted in an to expand to other areas in 2023.</p>	



ALL SKIN BENEATH PRESSURE REDISTRIBUTION DEVICES MUST BE CHECKED AND DOCUMENTED ACCORDING TO PATIENTS NEEDS. ENSURE DEVICE IS CORRECTLY APPLIED. REFER TO ORTHOTICS IF WARD BASED DEVICE IS NOT SUITABLE FOR PATIENT OR IF PATIENTS' EXISTING ORTHOTIC DEVICE IS DAMAGED/ REQUIRES REPLACEMENT

Communication

- Joint consultations
- Email
- Telephone
- Home visits



Case Studies



Delivering better health

www.nhsggc.org.uk

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References

- [Heel Pressure Redistribution Acute Inpatients \(Adults\) \(546\) | Right Decisions](#)
- [dfj17-1-16-8-1.pdf](#)