What treatment should patients expect when admitted to hospital?
What treatment should patients (people with diabetic foot disease) expect when admitted to hospital?
What treatment should patients (people with diabetic foot disease) expect when admitted to hospital?

“expect”:

(i) Wish for
(ii) Anticipate
Wishful thinking

1. Treatment will be good
2. Treatment will be prompt
3. Other problems will be cared for
4. Management will be courteous, compassionate and with respect for privacy
5. Follow-up will be effective
## Wishful thinking

Odds: 0 (No) 5 (Yes)

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<th>Description</th>
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<td>1</td>
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<td>Treatment will be prompt</td>
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Confidence and wishful thinking: The expectation gap

Why is there such a discrepancy between what someone could reasonably wish for and what they are most likely to get?
The expectation gap

Because hospital services can’t cope any more:

Loss of long stay care, decimation of social services, loss of GP out of hours service, inadequacy of NHS (re-) Direct, 4 hour casualty wait limit
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Loss of long stay care, decimation of social services, loss of GP out of hours service, inadequacy of NHS (re-) Direct, 4 hour casualty wait limit

have all led to a vast increase in emergency admissions
The expectation gap

Clinical care will only improve in today’s NHS if it is
(a) the subject of a protocol and
(b) if it is a condition of commissioning

and so this is what we have to do to close the gap:
make diabetic foot disease a defined target for both management and commissioning

A  Identification of patient risk status
    Provision of basic foot care advice
    Hotline access for new disease
B  Expert assessment of those At Risk
C  Expert assessment and management of new disease
D  Management of the person whose disease has recovered

A  Principles and requirements
B  Pathway of care for those admitted with active disease of the foot
C  Components of specialist OP care
D  Management of treated DFD
E  Prevention of new DFD in those admitted to hospital for other reasons
F  Ongoing audit

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- **Principles**
  1. DFD is important and amputation can be prevented
  2. History and examination of the foot is required
  3. Specialist advice should be sought
  4. Patient involvement in decision-making

- **Requirements**
  1. There must be an identified specialist (team)
  2. There must be a defined pathway of care
  3. Specialist (team) must be available
  4. Effective management is multidisciplinary
  5. Effective management requires support services

- Pathway of care for those admitted with DFD

  (i) Immediate care
  (ii) Second phase (4-48 hours)
  Both of these define who, where, what and how quickly?
  listing infection, critical ischaemia and off-loading, and
  emphasising early involvement of the specialist team
  (iii) Continuing specialist care
  Rehabilitation
  DM care, CVS risk reduction,
  Prevention and management of new DFD

- *Prevention of new DFD in people admitted for unrelated reasons*

  (i) All people with diabetes should have their feet examined and assessed for risk
  (ii) Acknowledgement that the risk of new DFD is appreciable
  (iii) There should be a defined policy to minimise the risk of new DFD
  (iv) This is especially true in those with CKD
  (v) This policy should be subject of ongoing audit

- **Ongoing audit**
  (i) **Outcome**
  Ulcer healing, and being ulcer-free (with feet intact)
  Functional outcome and feedback
  Survival
  Amputation (major)
  (ii) **Process**
  Admissions, length of stay
  Antibiotic use (MRSA, *C. difficile*)
  Specialist investigations
  Risk categorisation and Incidence
  Incidence of new DFD in hospital

- *Ongoing audit* is difficult, but possible:
  
  (i) Mandatory requirement of providers
  (ii) Data must be robust – collected by clinicians
  (iii) KISS – keep it simple, stupid
  (iv) Part of a country-wide, evolving programme

which will result in measures of performance and inequalities in performance and – by addressing them – ultimately make UK a world leader
Diabetes - put your feet first!

Everyone with diabetes
• should have their feet examined at least once a year,
• should be told if their feet are feet ‘At Risk’, and
• what to do to reduce the risk.

If you go into hospital for any reason
• Your feet must be examined and
• they should be protected if they are ‘At Risk’.

If you get any problem with your feet (new pain, inflammation, a sore),
• You should have it assessed by a doctor, nurse or podiatrist within 24 hours.
• If it does not settle rapidly, you should ask to be referred to an expert footcare team.
At the GP surgery

Name: 
Tel:

Podiatrist

Name: 
Tel:

At the Hospital

Name: 
Tel:

For more information on foot care:
www.diabetes.org.uk/
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Elimination of the expectation gap

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