

CPR for Feet

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National campaign in Scotland

CPR for Feet

What is it?

It is a very simple system to make sure on admission to hospital or any care setting every patient:

1. Have their feet **C**hecked
2. If their feet are at risk, they are **P**rotected
3. If they are discovered to have an existing problem, then they are **R**eferred appropriately

Why did we feel we needed such an initiative?

Scottish Diabetes Inpatient
audit of 1,048 inpatients revealed that;

- ▶ **2.4%** of in patients with diabetes developed a new foot lesion whilst in hospital
- ▶ **57%** of in patients had not had their feet checked
- ▶ **60%** who were discovered to be at risk of developing a foot ulcer did not have any pressure relief in place

**So what are we trying to avoid ?
Iatrogenic harm**



**We need to prevent the
preventable!!!**

Why do we need to be especially concerned about the heel?

- ▶ Pressure ulcers on heels are the second most common after the sacral area.....why?
- ▶ Thin subcutaneous tissue found on the heel between skin and bone provides little protection from forces such as pressure shear and friction



Who is “at risk”?

- ▶ Elderly
- ▶ Frail
- ▶ Immobile/bedbound/
chair bound
- ▶ Malnourished
- ▶ “Special risks” – diabetes, vascular disease, CVA, renal impairment, during surgery, post operative patients



Recent Guidelines in Scotland

- ▶ NHS Education for Scotland in partnership with Healthcare Improvement Scotland and the National Association of Tissue Viability Nurses Scotland have developed resources to help understand pressure ulcers - how they form, how they are treated and crucially how they can be prevented

Key Message

- ▶ The cost of prevention is less than the cost of treatment
- ▶ Decreasing the incidence of pressure ulcers releases staff resources and hospital beds

Why do we need CPR for Feet?

- ▶ Iatrogenic pressure damage/ulceration is;
- ▶ Unnecessary
- ▶ Delays discharge
- ▶ Is easily preventable
- ▶ Causes unnecessary distress to patients
- ▶ Costs our National Health Service vast sums of money
- ▶ Results in litigation

The introduction of CPR has been challenging

- ▶ My role as Diabetes Foot Coordinator for Scotland is 'advisory'
- ▶ I felt I needed some 'help'

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Help came on the 1st March 2017

Healthcare Quality & Improvement Directorate
Jason Leitch, National Clinical Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 5176
E: jason.leitch@gov.scot

NHS Board Chief Executives

Copy to: Medical Directors

1 March 2017

Dear Colleague

Reducing Unscheduled Bed Days through Improving Inpatient Care for Patients with Diabetes

Further to the update provided to the Chief Executives meeting on 31 January 2017, I am writing to:

- Request at least one senior nomination from your NHS Board area to provide local leadership to implement inpatient diabetes care programmes in non-diabetes wards (your nominee(s) should not be diabetes specialists); and
- Invite your nominees to a workshop on the range of work that has been taken forward to improve inpatient diabetes care and to provide tools to support local adoption.

Background

The 2016 Health and Social Care Delivery Plan includes a commitment to reduce unscheduled bed-days by up to 400,000 by 2018.

While 1 in 20 people have been diagnosed with diabetes, approximately 1 in 5 hospital inpatients have diabetes, and are largely cared for in non-diabetes inpatient areas. Around 40% will be insulin treated, which is consistently in the top 3 high risk medications for error and harm.

Complications of poor inpatient management of diabetes include hypoglycaemia, hyperglycaemic emergencies (diabetic ketoacidosis and diabetic coma) and foot ulceration, all of which are largely avoidable and associated with increased length of stay. Foot ulceration can lead to amputation and there have been instances of avoidable deaths in Scottish hospitals due to poor management of insulin.

There is the opportunity to reduce unscheduled bed days across NHS Boards through improving inpatient care for patients with diabetes who are being cared for in non-diabetes settings.

Improving Inpatient Care for Patients with Diabetes

There are a number of pieces of work underway with the aim of improving inpatient diabetes care in Scotland. This work has shown that it is possible to reduce length of stay and improve quality, efficiency, patient experience and patient safety. This work includes:

CPR for feet. To identify those patients at risk, protect them appropriately and improve the care and referral process for those suffering from active diabetic foot problems

A range of free to use resources, including eLearning packages (such as the safe use of insulin) have been developed to support both think, check, act and CPR for Feet.

In addition, I am pleased to inform you that the Scottish Government has agreed to fund 1,000 'hypo boxes', to be made available to acute wards across Scotland. Further details will be shared at the workshop.

Action

Could you please email details of your nominated lead(s) to hcis.diabetestca@nhs.net by 6 March 2017.

The workshop will take place on **Friday, 31 March (12:00-16:00)** in the Station Hotel, Perth. This workshop is being organised by Healthcare Improvement Scotland, but will include all the work that has been undertaken. To help with planning, it has been requested that nominees register for the workshop at <https://tinyurl.com/go22ob8>. If you have any questions about the workshop please email: hcis.diabetestca@nhs.net.

Yours sincerely

JASON LEITCH

This resulted in.....

Shona Robison MSP, the then Cabinet Secretary for Health and Sport, during the Patient Safety debate in the Scottish Parliament, referring to the CPR initiative to prevent hospital acquired foot ulceration and subsequently avoid harm to patients in hospital

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New pressure relieving/reducing range approved for use in NHS Scotland

- ▶ Introduced via the Clinical Advisory Panel (CAP) process in consultation with Infection Control, TVS's, Ward staff & Podiatry
- ▶ Legal process
- ▶ Award of the National contract
- ▶ Lowering of cost of devices
- ▶ Ensuring quality
- ▶ Evidence based and clinically effective
- ▶ Commitment to support each HB around the country with training
- ▶ Will save us as clinicians valuable time and the National Health Service £££

At risk and ambulatory HeelSafe

**At Risk
Bedbound, Frail/
Elderly, Diabetes/
Neuropathy, PVD**

**Patient is
ambulant**

Device fitted to Bed



Patient who is at risk and non-ambulant or current heel ulcer/pressure damage



Nationally approved pressure redistribution available.....

Barry Emms

Sales Director

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Mob: +44 (0)7506 712 839

Web: www.talarmade.com

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Some patients may be on 'therapy rental surfaces' or pressure reducing mattresses'

- ▶ These can be a fantastic 'aid' in the care of our patients
- ▶ They are pressure reducing/redistributing ...like a HeelSafe not pressure relieving
- ▶ This might be all a patient needs to prevent iatrogenic harm
- ▶ But may not be sufficient
- ▶ Especially in the patient who is currently suffering from pressure damage/ulceration

CPR posters and pressure relieving algorithms

- ▶ Ensure each ward/care setting has a CPR for Feet poster and a simple pressure relieving algorithm

CPR for Feet

C
Check



Check both feet:

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

P
Protect



Protect feet if

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

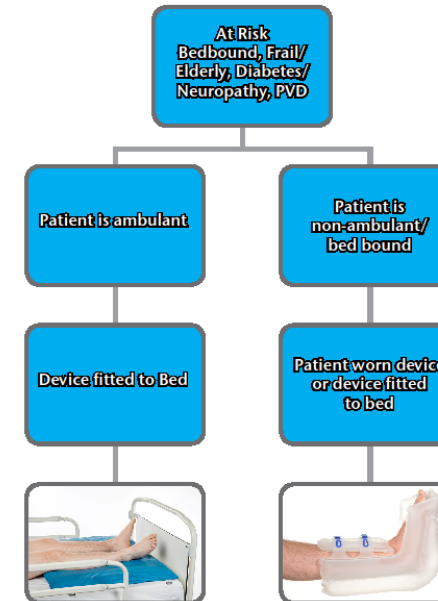
R
Refer



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

Tel

Foot / Heel Protection



All patients should be assessed for suitability of pressure relief and their needs should be reassessed daily

CPR badges



- Double card holders
- Name badge and CPR card
- Constant reminder
- Inspection mirror on back
- info@respond2pressure.co.uk

Training

- ▶ Get 'buy in' from Chief Nursing officer, TVN's and ward sisters in hospital settings
- ▶ Pressure 'champions' in every care setting
- ▶ Training carried at point of care delivery
- ▶ Encourage a culture of preventing avoiding pressure damage
- ▶ Encourage a culture of DATIX if damage does occur
- ▶ Not with a 'blame' culture but a culture of learning and improving

LEARNPRO MODULE

- ▶ Gives an overview of diabetes foot disease/risk
- ▶ Simple but with good practical information/ knowledge
- ▶ Case scenarios
- ▶ Touch the Toes test

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New on line training resource

- ▶ New Resource – CPR for Feet
- ▶ The resource: An instructive educational tool for clinical and social care staff engaging with patients and persons at risk

<https://learn.nes.nhs.scot/3704/rrheal/healthy-aging/cpr-for-feet>

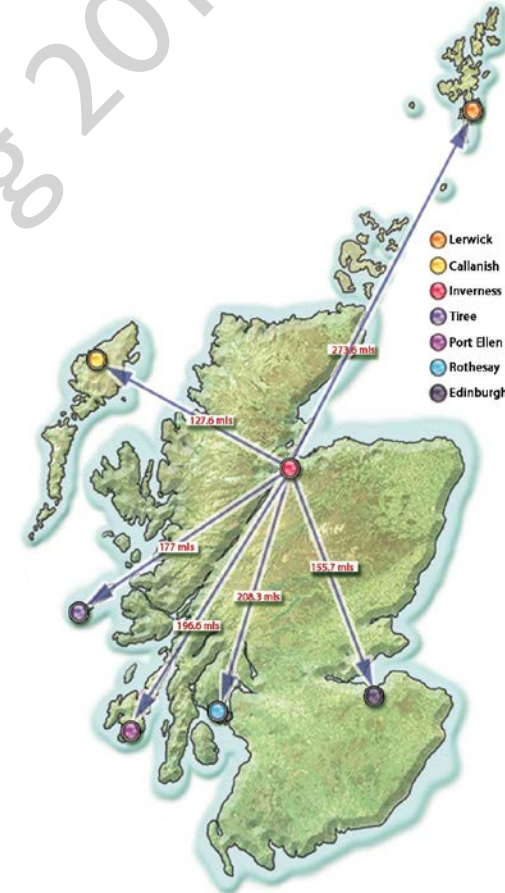
- ▶ Developed by SDFAG working alongside and supported by.....



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Rural Healthcare
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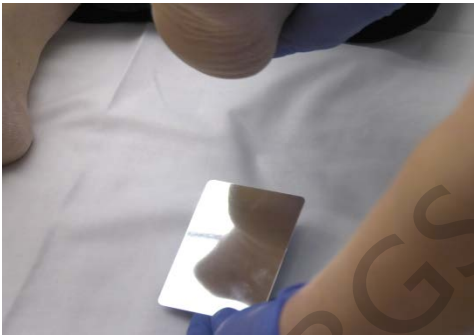
Learning Outcomes

Principle Aims of Learning Resource is to:

- ▶ Raise awareness of the importance of CPR for Feet
- ▶ How to apply CPR for Feet to individual patients/clients in a health and social care setting.



- ▶ **Scenario**
- ▶ **Case based**
- ▶ **Context rich**
- ▶ **Role modelled best practice**



In conclusion

- ▶ Not 'one size fits all'
- ▶ Or more accurately 'not one solution fits all'
- ▶ Hence we need a range of pressure relief solutions which provides us as clinicians with what we require to effectively manage our patients
- ▶ We **Can** now *Prevent the Preventable* and also treat our ulcerated patients effectively and appropriately

So think about introducing CPR for Feet

- ▶ Prevent avoidable harm
- ▶ Prevent litigation
- ▶ Save valuable budget
- ▶ Improve QOL for our patients

**And really just do what we should all
have been doing all along!!**

Thank you for listening and greetings from a 'sometimes sunny'
Scotland

