



The use of a 'traffic light' audit tool to self assess against NICE guidance

Aim: To audit our PCT Diabetes Foot Service against NICE guidance, identify specific areas for improvement and implement changes to achieve this.

Method: Our High Risk Foot Team developed a self-audit process, focussed on scoring ourselves against 16 key recommendations taken from the NICE 2004 guidance on the Prevention and Management of Foot Problems. In August 2006, nine Podiatrists took part including manager, clinical lead, specialist and general Podiatrists. We used a 'traffic light' scoring method where 'green' signified we had full evidence available to demonstrate the recommendation was being met. 'Amber' signified some evidence was available and 'red' signified we had no significant evidence. We then identified the current colour status of each recommendation based on the majority choice by the 9 participants. The results would identify the priority recommendations to be focussed on to achieve NICE recommendations and our subsequent annual plan would be adjusted to include these priorities.

Results: Three recommendations came up as 'red' i.e. we had no significant evidence that we were meeting them. The three areas were:

1. *All people with new foot ulcers referred to Multidisciplinary Diabetes Foot Team within 24 hours*
2. *For all people with new foot ulcers - peripheral vascular disease assessment and referral of all who may benefit from vascular surgery to Vascular Consultant*
3. *For all people with new foot ulcers - try to optimise glycaemic control and control of risk factors for cardiovascular disease/coronary heart disease*

Results of NICE self score exercise

General Podiatry Teams	Current Status	
1. All patients checked annually (pulses, sensation, deformity, footwear)	green	6
2. All patients with low risk are provided with education, foot care plan and annual recall	green	7
3. All patients with increased risk are managed by Foot Protection Team every 3 - 6 months	amber	5
4. All patients with high risk are managed by Foot Protection Team every 1 - 3 months	amber	4
5. All new foot ulcers referred to MD Diabetes Foot Team within 24 hours	red	8
MD Diabetes Foot Team		
All patients with foot ulcer receive the following minimum assessments / interventions by MD Team:		
1. PVD assessment and referral of all who may benefit from vascular surgery to Vascular Consultant	red	5
2. Wound management to include:		
Close monitoring of wounds and appropriate dressings	green	8
Significant debridement as required	green	8
Management of infection using intensive systemic antibiotics where indicated	green	8
3. Pressure relief via total contact casts and other specialist methods	amber	8
4. Try to optimise glycaemic control and control of risk factors for CVD / CHD	red	6
5. Manage as 'high risk' when ulcer is healed	green	7
Both		
After ulcer heals:		
All patients with high risk are managed by Foot Protection Team every 1 - 3 months	green	5
Special arrangements ensured for access to FPT for those people with disabilities or immobility	amber	5
If suspected Charcot neuroarthropathy:		
1. Refer to MD Team immediately for immobilisation and offloading	amber	7
2. MD Team provides immobilisation and long term offloading	amber	5

Recommendations adapted from NICE 2004

Discussion: Identification of these 3 areas has informed our annual plan for the team. Changes to strengthen ourselves in these areas have included:

1. *The development of a new 24 hour referral/triage pathway for all people with diabetes and new foot ulcers*
2. *The development of a focussed vascular assessment session and rapid referral pathway for all people with diabetes and foot ulcers who have indicators of peripheral vascular disease*
3. *The revision of the standard foot ulcer assessment form to include the identification of CVD/CHD risk factors and departmental training in the Podiatrists role in the management of these factors.*

We will re-audit our service against the same 16 recommendations in August 2007 to determine the effect the changes.

Conclusion: Engaging in an activity to self-score our PCT Diabetes Foot Service against NICE recommendations using a simple 'traffic light' tool, highlighted priority area for improvement and informed our team on where to focus changes in our annual plan.