

Swiss Interprofessional Guidance of Good Practice of Acute and Complicated Diabetic Foot Syndromes – a National Project

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Background

Diabetic foot syndromes (DFS) have multiple negative outcomes in a patient population marked with co-morbidities and frailty. Their management requires a quality of care consisting of evidence-based, practical guidance tools for primary care providers together with the implementation of an interprofessional care system including nationally standardized diagnose-relevant best practice recommendations. In order to address this gap, the interprofessional non-profit association QualiCCare invited all relevant stakeholders to participate in the creation of national guidances for the timely and quality treatment of acute and complicated diabetic foot syndromes and ulcers (DFU). All addressed national societies accepted to collaborate.

Methods

The goal was to have all relevant professions work together to establish nationally validated recommendations, so QualiCCare officially invited all professional societies to delegate a representative, while ensuring a balanced mix in regards to gender and language representation. The experts worked in subgroups of 6–8 persons on specific topics according to their expertise and preference. In a second step, the results from these subgroups were discussed and validated in the plenary. Parallel to working on the specific diagnostic topics, three levels of DFS care provision were defined according to the severity (and urgency) of the syndrome, the need and the availability of resources in Switzerland. In order to test the practicality and feasibility of the implementation broadly, we chose to pilot the guidances in three Swiss regions representing very different settings in regards to available resources, context and language.

Results

Twenty experienced stakeholders from 12 different professions issued four protocols for various aspects of DFS between March 2018 and January 2020 and defined criteria for the triage and treatment in primary care as well as the timely referral of patients with DFS and DFU to interprofessional footcare centers. The resulting guidances were endorsed by all involved national professional societies.

We propose a framework for primary care, specialized footcare networks as well as interprofessional footcare centers. The piloting of the proposed concepts is in preparation.

Conclusion

We provide evidence-based tools for Swiss primary care providers and specialists while increasing the accessibility for patients to specialized care of DFS.

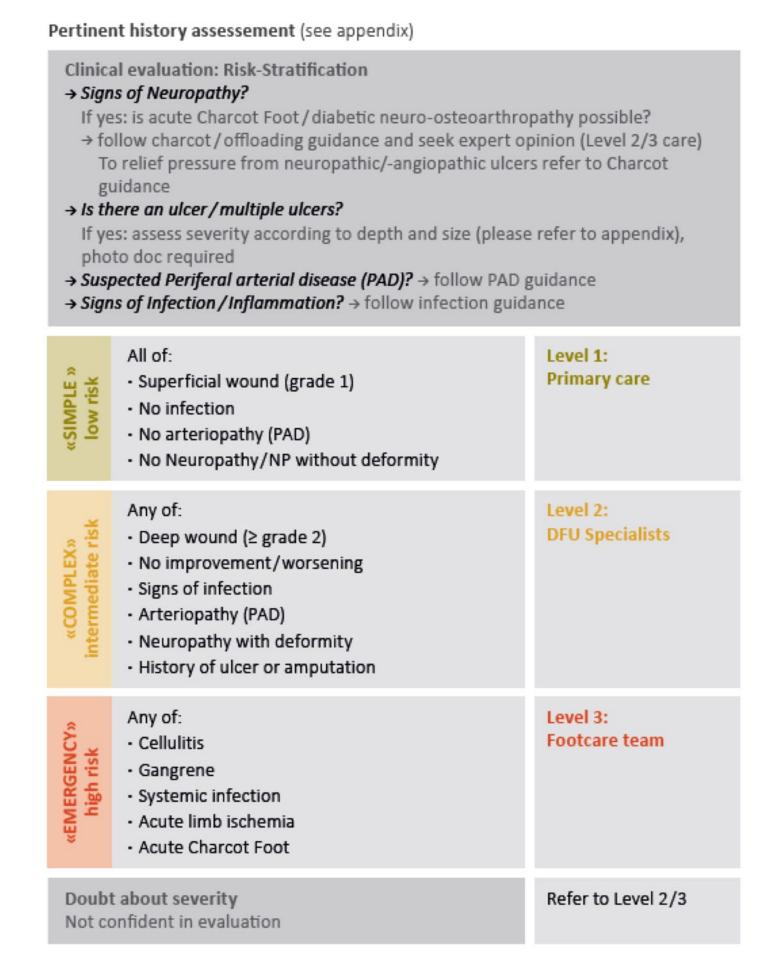
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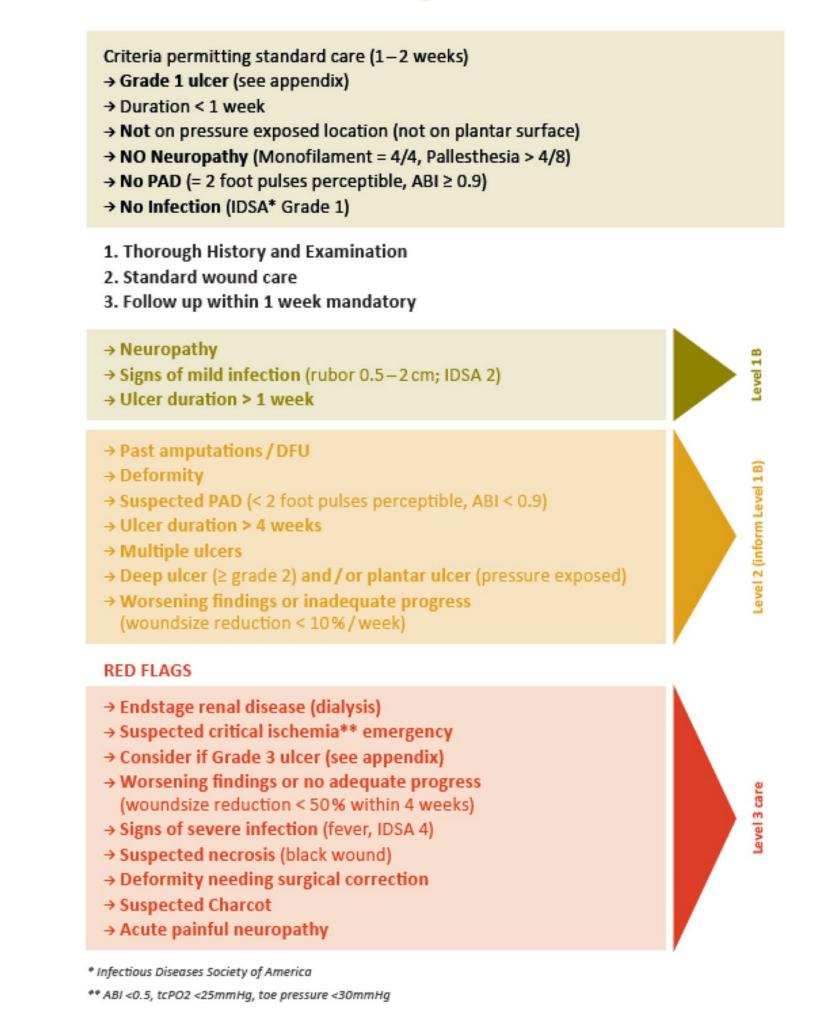
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Diabetic Foot Syndrome (DFS) – First Line Management Guidance according to Risk



Level 1 A – DFS Management



Level 2 – DFS Management



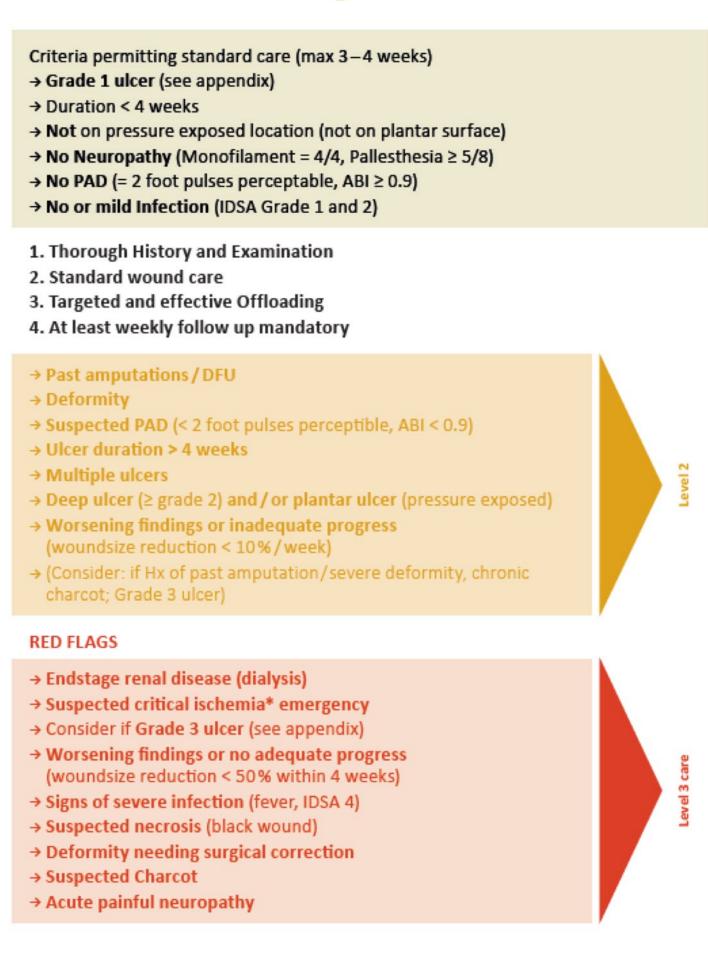
Diabetic Foot Syndrome (DFS) – First Line Management according to Risk

«SIMPLE» low risk	Level 1: Primary care 1 A: Pharmacist, medical technician, Podiatrist, nurse, woundcare nurse 1 B: GP	Standard Wound Care possible
«COMPLEX» intermediate risk	Level 2: Off-site network of DFS Specialists GP, angiologist, diabetologist, infectiologist, interventional radiologist, technical orthopaedist, orthopaedic surgeon, podiatrist, specialized woundcare nurse, vascular surgeon & others as needed	Need for structured care plan: Diagnostic workup Efficient OFFLOADING Appropriate treatment of Arteriopathy (PAD) Infection Specialized wound care
«EMERGENCY» high risk	Level 3: On-site IP footcare team On-site interprofessional diabetic foot care team, comprising outpatient and inpatient management	Need for emergency care plan Same as Level 2, plus: Fast-track Revascularization Orthopedic surgery i.v. antibiotics Strict offloading
Doubt about severity Not confident in evaluation		Refer to Level 2/3
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PRACTICAL GUIDANCE

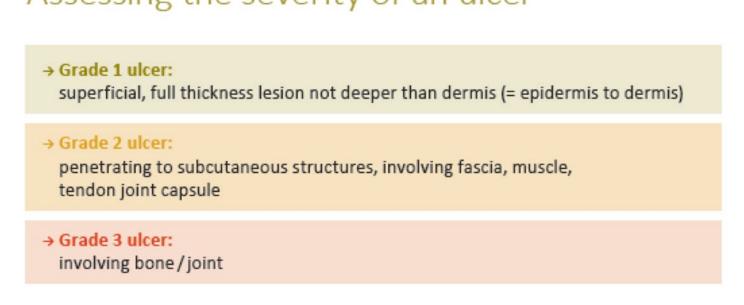
Level 1B – DFS Management

any of the criteria listed above under COMPLEX and EMERGENCY, definitions see next pages



* ABI <0.5, tcPO2 <25mmHg, toe pressure <30mmHg

Appendix Assessing the severity of an ulcer*



Pertinent History

→ Diabetes: type, duration, level of control, treatment, complications → Co-morbidities: cardiovasc. disease, incl. PAD revascularization, renal function, visual impairement, smoking history, obesity → Ulcer History: past ulcer, amputations, location, number of ulcers, cause, duration, treatment → Social situation: (housing conditions, mobility, support)