



Bright idea

Adapting the Ipswich Touch Test to increase foot risk assessments at the Royal Free Hospital

The Royal Free London NHS Foundation Trust has created a new foot risk assessment tool based on the Ipswich Touch Test. This new tool acts as a prompt for emergency department nurses to complete foot checks on admission. Since introduction of the tool, the percentage of people with diabetes who received a foot risk assessment increased from 6.5% in 2013 to 40% in 2015.

The case for change

From 2011 to 2013, National Diabetes Inpatient Audit¹ (NaDIA) data showed a significant decrease in the percentage of people with diabetes who received a foot risk assessment within 24 hours of admission to the hospital.²

The inpatient podiatry team were also observing that people with diabetes were not having foot dressings removed to allow for the review of foot ulcers at the point of admission. This frequently delayed the creation of care plans and increased length of stay.

The inpatient podiatry team reviewed processes and found that foot checks were a missing component of the patient documentation. The nursing team notes pro forma contained a place to record the Waterlow Score³, but not whether a foot check had been completed. Medical teams also had no pro forma for any element of diabetes care.

This footcare review was part of the Trust's patient safety programme⁴ diabetes work stream, which also focussed on improving the management of diabetic ketoacidosis.⁵

NaDIA foot risk assessment measures

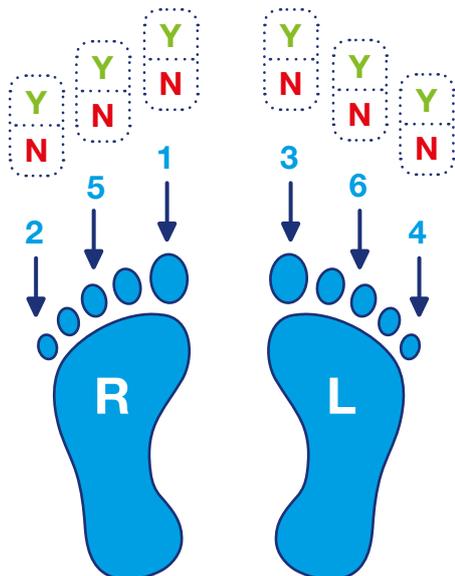
| Audit year | Percentage of people with diabetes who received a foot risk assessment within 24 hours of admission | | Percentage of people with diabetes who received a foot risk assessment during stay | |
|------------|---|-----------------|--|-----------------|
| | Royal Free Hospital | England average | Royal Free Hospital | England average |
| 2011 | 19.5 | 22.3 | 19.5 | 26.8 |
| 2012 | 24.2 | 30.1 | 28.4 | 35.5 |
| 2013 | 6.5 | 37.5 | 6.5 | 43.7 |

Focus point

Ipswich Touch Test

Designed by Dr Gerry Rayman and the diabetes team at Ipswich Hospital, The Ipswich Touch Test is a novel test for neuropathy that is simple, safe and easily taught. The test involves lightly and briefly (one to two seconds) touching the tips of the first, third and fifth toes of both feet with the index finger to detect a loss in sensation.

Step 1: Assess sensation for all patients with diabetes on admission with the Ipswich Touch Test



Patient's right foot, your left side.

Patient's left foot, your right side.

- Remove socks and fully expose feet.
- Tell the patient you will touch their feet. Confirm with the patient right and left, by firmly touching each leg and saying "this is your right", "this is your left".
- Inform the patient you are going to touch their feet and ask them to say right or left when they feel you touching them on each side.
- Ask them to close their eyes.
- Lightly touch the toes for approximately two seconds following the sequence shown in the image.
- Circle **Y** for each correct response or **N** for no response or incorrect responses.

Ipswich Touch Test N score (ITTNS) =

Step 2: Identify risk factors

- | | |
|---|--|
| <input type="checkbox"/> ITTNS score of 2 N or more | <input type="checkbox"/> Acute confusion |
| <input type="checkbox"/> Any cause peripheral neuropathy | <input type="checkbox"/> CVA |
| <input type="checkbox"/> Previous ulcer/amputation/foot infection | <input type="checkbox"/> Decreased GCS |
| <input type="checkbox"/> Visual impairment | |
| <input type="checkbox"/> Renal failure | |
| <input type="checkbox"/> Dementia | |

Number of risk factors identified (risk score) =

.....

Date:

If risk score is 1 or more, continue to step 3.

Step 3: High risk foot care steps (for risk score of 1 or more)

- Elevate feet using appropriate device eg Prevalon Boot.
- Daily moisturise feet using emollients.
- Daily inspect feet thoroughly, including heels and areas in between toes.

Developing the tool

The diabetes multidisciplinary team (MDT) agreed to focus on increasing the number of foot risk assessments completed by nurses at point of admission in the emergency department (ED). The ED was prioritised as this was where the largest number of referrals for inpatients with foot related conditions came from.

Inpatient podiatry and the diabetes specialist nurse (DSN) worked together to create a new tool to prompt ED nurses to complete foot risk assessments. The tool adapted the Ipswich Touch Test to include two

new steps: identifying risk factors, and steps for high risk footcare.

Introduced in 2015, the tool is now inserted into patient notes when a person with diabetes is admitted.

Having this assessment tool included in patient notes also allows wards to easily check if a foot risk assessment took place as part of the admissions process. If this did not occur, this assessment sheet prompts ward staff to complete the assessment.

Putting the tool into practice

A number of engagement and education activities were developed to support healthcare professionals to put the new tool into practice:

- 1 10 point training programme.**⁶ This training included foot risk assessments and was delivered to all ED and ward nurses by diabetes specialist nurses (DSN).
- 2 Diabetes inpatient training.** This training includes foot risk assessments and is delivered every three to six months as part of the trust's nursing training programme.

- 3 Consultant diabetologist support in ED.** The consultant diabetologist's work plan includes spending one hour a day in urgent care, which helps to increase engagement with ED staff, raise the profile of diabetes and foot risk assessments, and provides ED staff with real time support.
- 4 Daily ward rounds.** DSNs visit wards and the ED daily to improve cross-team working and continually promote the importance of foot risk assessments on admission.
- 5 Wards have a named DSN.** Each ward has a poster of their assigned DSN so that staff know who to contact with questions or concerns.

Lessons learned

- 1** Nurses often experience 'aide-mémoire overload'. Involving ED nurses at every stage of the project helped to develop a practical, easy to use foot risk assessment tool that could be integrated into existing processes.
- 2** Including the assessment tool as a blank document in patient notes ensured staff had a clear prompt to complete the foot risk assessments.
- 3** Monitoring of referral rates to inpatient podiatry supported the development of a business case for additional inpatient podiatry staff. This ensured the inpatient podiatry team had adequate capacity to meet the demand resulting from more foot risk assessments taking place.



'Aide-mémoire overload'

Outcomes

NaDIA data shows the percentage of people with diabetes who received a foot risk assessment increased from 6.5% in 2013 to 40% in 2015. This increase resulted in the Royal Free Hospital performing above the England average for both NaDIA foot risk assessment measures in 2015.

The number of referrals to the inpatient podiatry team also increased by 29.56%, from 159 in January to June 2015, to 206 in January to June 2016.



Has this resource helped you to improve diabetes care? You can share your work with others or get more information by emailing sharedpractice@diabetes.org.uk

References

- 1 NaDIA hospital level and national findings available at: <http://digital.nhs.uk/diabetesinpatientaudit>
- 2 It is likely that this decrease was linked to the Royal Free Hospital becoming a vascular hub in 2013, which resulted in an increase in the number of people with diabetes.
- 3 More information available at: www.judy-waterlow.co.uk/index.htm
- 4 More information available at: http://s3-eu-west-1.amazonaws.com/files.royalfree.nhs.uk/Patient_safety/PSP_improvement_plan_headed_paper.pdf
- 5 More information available at: www.royalfree.nhs.uk/news-media/news/diabetes-improvement-pilot/
- 6 Developed by Ruth Miller, DSN and Diabetes UK Clinical Champion. More information available at: <http://diabetes10point.co.uk>