**CHANGE ANALYSIS TABLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROCESS UNDER REVIEW: | | | | | | |
|  | Best practice | Actual Practice | Was there divergence (y/n) | Did the divergence lead to sub-standard care (y/n) | Priority to address | Changes required |
| Step 1 |  |  |  |  |  |  |
| Step 2 |  |  |  |  |  |  |
| Step 3 |  |  |  |  |  |  |

**EXAMPLE CHANGE ANALYSIS TABLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROCESS UNDER REVIEW: | | | | | | |
|  | Best practice | Actual Practice | Was there divergence (y/n) | Did the divergence lead to sub-standard care (y/n) | Priority to address | Changes required |
| Step 1 | Annual foot check completed | Last foot check missed as didn’t receive reminder | Yes | Yes | 3 | Send appointment reminder via letter and text message |
| Step 2 | Patient checks feet and shoes outside of annual foot check | Patient has family member check feet, but socks not removed | Yes | Yes | 2 | Information packs on how to complete foot checks provided at annual checks |
| Step 3 | Patient knows to take notice of any loss of feeling in feet | Patient did not notice loss of feeling in feet | Yes | Yes | 1 | Review patient education at annual foot checks to ensure this is discussed. Ensure local diabetes education programmes include a section on looking after your feet. |