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Implementation of Routine Foot Assessment in the Adult Hemodialysis Population: An Evidence Based Approach to Improved Outcomes

BACKGROUND
- Individuals with co-existing ESRD and DM, PVD, or neuropathy have a greater risk for foot ulceration and lower extremity amputation (LEA) (Kaminski et al., 2012; McDougall et al., 2008).
- Regular foot screenings, preventive education, and treatment for patients with ESRD may potentially reduce the risk of foot ulceration and LEAs (Kaminski et al., 2012).
- Daily foot inspections by the patient and visual foot checks performed routinely by a nurse, advanced practice nurse, or nephrologist improved patient awareness, satisfaction and outcomes in the dialysis population (Crozier, 2004).
- Foot ulcers are a contraindication to being placed on the renal transplant waiting list or receiving a kidney transplant.

LOCAL CONTEXT
- The St Joseph Chronic Renal team identified the absence of a formal foot care program in chronic dialysis patients.
- 140 - 155 hemodialysis adult patients monthly.

PURPOSE
- The purpose of this project was to:
  • increase caregiver knowledge of early detection and prevention of foot ulcers.
  • reduce hospitalization due to complications from foot ulcers.
  • increase patient involvement in self-care and assessment.

METHODS
- Evidence-based, quality improvement project.
- Setting: SJO Chronic Renal Center.
- Knowledge was assessed at baseline and every 6 months through questionnaires given to nurses and patients.
- Baseline data was used to identify knowledge deficits to be included in education.
- Foot check data was entered into the EHR.
- Patient outcomes were obtained through EHR audits.

RESULTS AND OUTCOMES
- At the start of this program, the number of patients with foot problems was 28% (N=149).
- At t = 6 months, this number decreased to 19% (N=141).
- At project initiation, we found that only 50% of patients with foot problems were being followed by primary care or podiatrists.
- 100% of patients have access to monthly foot checks; 8-12% of patients refused foot checks.

IMPLICATIONS / NEXT STEPS
- Continue to monitor ongoing foot problems closely.
- Implement home foot checks and monitor results.
- Analysis of data over time may further elucidate the efficacy of this formal foot check program through parameters such as staff knowledge, patient and family knowledge, patient compliance with self-care at home and percentage of patients being followed by PCP or podiatry.

CONCLUSION
- Standardized days for foot checks ensured compliance.
- Acceptance and participation by patients is essential to project success.

REFERENCES
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