

RR&D 04485R

Diabetic Foot Ulcer Treatment and Amputation Prevention in Non-Tertiary VA Care Facilities

Gayle E. Reiber, MPH, PhD

VA Puget Sound Health Care System, Seattle; Seattle, WA

Funding Period: July 2006 - June 2008

Background/Rationale

There are over 1,000,000 veterans with diabetes receiving VA care. During their lifetimes, 15% will develop foot ulcers. Care for these patients is fragmented and in some settings dysfunctional. While reasonable guidelines for care of these complex ulcer patients have been published, their implementation has been hampered by many issues. Therefore, the overall aim of this pilot project is to determine the feasibility of implementing a Chronic-Care-Model-based system of "good wound care" to treat diabetic foot ulcers.

Objectives

Primary Objective 1: To determine the feasibility, acceptability, and safety of delivering a package of Good Wound Care to diabetic patients with foot ulcers at the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Washington.

Primary Objective 2: To compare the delivery of the components of good wound care in diabetic patients receiving foot ulcer care at Walla Walla VA Medical Center for 12 months prior to and for 12 months during implementation of a package of good wound care for diabetic foot ulcers.

Secondary Objective 1: To compare the differences in time to healing, re-ulceration and amputation in diabetic foot ulcer patients receiving wound care at Walla Walla VA Medical Center between the 12-month comparison period and the 12-month intervention period.

Research Plan

To conduct a retrospective medical records review of foot ulcer patients at Walla Walla VA Medical Center for FY 2004. To implement a prospective package of good wound care for diabetic foot ulcer patients over a one-year period from October 1, 2006-September 30, 2007.

Methodology

For one year, diabetic foot ulcer patients at Walla Walla VA received a package of good wound care supported by a CPRS template, provided by a team of trained health care professionals with expert consultation and care coordination, and tele-wound support.

Findings

To date we have trained involved Walla Walla Foot Ulcer care professionals, established a mechanism for tertiary care consultation and referral for complex patients, organized the clinic for foot ulcer care, ordered the necessary supplies and equipment, drafted the CPRS template, and prepared the multisite providers at Walla Walla VAMC for the onset of this clinical service. Accounting for competing risks, the intervention group had significantly shorter times to healing and a greater percentage of healed ulcers ($p=0.002$) comparing the 2003 to the 2007 period. The amputation rate was 23.4% in 2003 and 12.5% in 2007.