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## Impacting diabetic foot care though comprehensive care management in home health

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**D**iabetes patients have a large potential to be susceptible to foot orders, so in theory home health team could positively impact that outcome. For patients with diabetes, Signature Health Services Home Health Nurses created a goal to prevent new diabetic foot ulcers in >95% of all home health patients (928) over a three year time period. Outcomes exceeded 97% during that time period. In addition, a threshold of 99% was met when measured on how often the home health team got doctor's orders specific to care of the diabetic patient, how often the team provided comprehensive foot care, and how often team taught patients about foot care. There are 11 components to the model of care that were applied to the diabetic patients who were admitted without diabetic foot wounds. The components include: (1) comprehensive assessment; (2) standardized collection of OASIS (The Outcome and Assessment Information Set); (3) complete access to diabetic educator; (4) engagement with teaching tools (in native language); (5) provision of glucometer in each patient home-provided; (6) HGA1C labs; (7) implementation of templates/clinical pathways; (8) support through RN case management model; (9) provision of telehealth nursing; (10) referral in home podiatrist's service and; (11) referral to visiting physician. Through quantitative study designed to improve clinical care, a multidisciplinary team significantly impacted care. Data was reviewed by quality team and professional advisory group as well as Board of Directors which showed the above noted thresholds.