

Evaluation of the Best Foot Forward health service model for prevention of leg ulcer recurrence



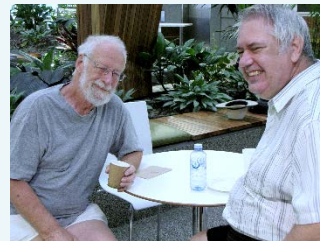
Kathleen Finlayson, RN, PhD

Christina Parker, RN, PhD

Helen Edwards, RN, PhD

Institute of Health and Biomedical Innovation

Queensland University of Technology



Background



- Chronic leg ulcers affect 1 – 3% of older adults
- Peripheral venous and/or arterial disease causes >80% of leg ulcers
- Slow and costly to heal
- Average duration 6 – 12 months
- Prolonged ill-health and loss of independence



Background



- 50% - 70% of leg ulcers recur after healing
- Highest risk is in the first three months
- Without intervention, 50% will recur in first year



How do we prevent recurrence?



- What is the evidence on preventive strategies?
- Who manages chronic peripheral venous and arterial disease?
- What CDM models of care are in place?
- Are they effective?



Risk factors for recurrence



- Past DVT
- Multiple previous ulcers
- Longer ulcer duration

- Haemosiderosis
- Erythema / venous eczema
- Reduced ankle ROM

- Inadequate compression
- Lower physical activity scores
- Social support / living alone
- Male gender
- Low Self-Efficacy



Evidence on Strategies for Prevention



Compression therapy

- Some compression is better than none (II)
- High level compression better than moderate level (II)
- Adherence is an issue

Surgery /sclerotherapy

- Surgery + compression for superficial insufficiency (II)
- Sclerotherapy (IV)
- Eligibility and access are issues

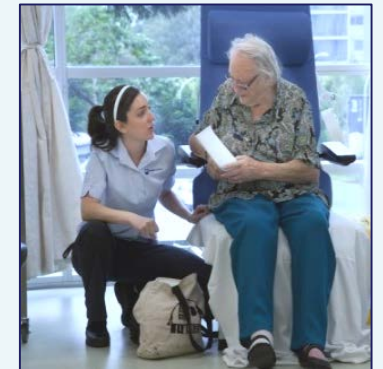


Evidence on Strategies for Prevention



Low level evidence or EO

- Calf muscle exercise
- Leg elevation
- Regular follow-up care



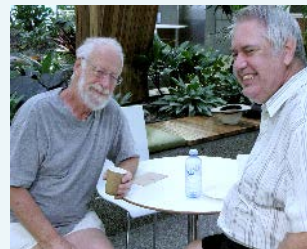
Model of care - Best Foot Forward Program



- Evidence that patients with chronic conditions who receive self-management support, evidence-base treatments, & regular follow-up have better outcomes

Aims:

- increase self-care knowledge & skills for managing peripheral vascular disease
- improve adherence to preventive strategies
- prevent leg ulcer recurrence



Methods



- Longitudinal study with service evaluation framework
- Sample:
 - All clients at a community wound clinic with a leg or foot ulcer
 - between Oct 2012 – Dec 2013
- Data:
 - Socio-demographic factors, medical history, health, lower limb assessment,
 - Client knowledge, self-management and satisfaction with the service



Model of care - Best Foot Forward Program



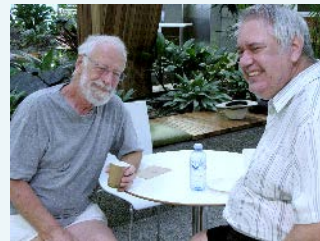
- Multi-faceted approach, led by clients
- Regular clinical check-ups (every 3 months)
 - assessment of peripheral vascular disease management
 - early detection and intervention
- Provision of optimal care & resources (compression, footwear)
- Philanthropic support



Model of care - Best Foot Forward Program



- Peer support /social activity
- Information and practical help - client involvement, ownership
 - From dieticians, vascular surgeons, exercise physiologists, NPs, podiatrists, OTs, pharmacologists, research scientists
 - Information sessions open to all clients, family, friends and carers



Best Foot Forward - Results



- 93 healed within the recruitment time, 39 patients agreed to participate in BFF
- Comparing non-attendees to attendees:
 - primary caregivers were significantly more likely to attend
 - women significantly more likely to attend
- Those in BFF reported improved self-care knowledge
- Improved adherence to treatments: 76% - 91%



Best Foot Forward - Results



- Mean time to ulcer recurrence (Kaplan-Meier survival analysis)
 - BFF program 63 weeks (95%CI 59–67)
 - Control group 19 weeks (95%CI 9–28) (p < 0.001)
- Controlling for confounders in a Cox regression model:
 - BFF program (p<0.001) &
 - Ulcer aetiology (p=0.006)influenced time to recurrence



Conclusions



- The evaluation demonstrates positive results
- Need for a larger, more rigorous study
- Consider incorporating long-term CDM models of care post-healing





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*Thank
You*

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