**DDIP: Diabetes and Dialysis Improvement Project - A Quality Improvement Project to Improve Foot Health Outcomes in Diabetic Dialysis Patients**

**Background**

In our local population of 534 haemodialysis patients just over one third (n=185) are diabetic. There were 71 inpatient admissions related to diabetic foot complications 2016-17, ranging from cellulitis through to amputations. Diabetic foot complications in dialysis patients are associated with increased morbidity and mortality. With this in mind we wanted to look at how we could improve the care of our diabetic dialysis patients to help prevent diabetic foot complications and their associated morbidity.

**Questionnaire**

Diabetic patients were asked to fill in a questionnaire on dialysis about their diabetes care and complications. Just over a half completed the survey (n=94) and of these patients almost a third (n=30) had had some type of diabetic foot complication, ranging from an ulcer to an amputation. Only a small number of patients received no foot care (n=3) at all. Some patients commented that they are unable to get to other appointments such as diabetes checks as they come for dialysis three times a week.

**DDIP: Diabetes and Dialysis Improvement Project**

The aim of DDIP is to improve the care of the diabetic patients on dialysis, particularly with a focus towards improving foot health outcomes. The DDIP group is an inter-speciality, multi-disciplinary team made up of Diabetologists, Nephrologists, dialysis Nurses, Podiatrists from the diabetes service, dieticians and Care Support Workers from the dialysis units who have been meeting monthly.

The initial focus has been on the dialysis units within our city and so far we have:

* Created a DDIP sheet to prompt foot and eye checks, with use of our renal computer system for recording this data and our largest satellite unit has started implementing this
* Created a place within the renal computer system to easily identify a contact for the diabetic care of a patient
* Identified 1-2 foot champions within each unit, or per team in the larger units, to lead on visual foot inspections which will be performed bi-monthly
* Set up training sessions led by the podiatry service to teach dialysis staff about visual foot inspections
* Created education posters for staff and patients about diabetic foot concerns with easily accessible referral data which are currently being piloted

We are also liaising with the diabetic and podiatry teams close to our satellite units to improve the links with these services.

**Outcomes**

We hope to improve the recognition of diabetic foot complications to assist in early referral to podiatry, and in the long term reduce the number of amputations and the significant morbidity and mortality associated with this. We will be able to monitor this through auditing compliance with foot checks and annual review of the number of admissions for diabetic foot related complications in our dialysis population.