

Ulla Hellstrand Tang

Title of the lecture:

Clinical person-centered guidelines for persons with diabetes and a high risk of developing foot ulcers – hindrances and possibilities



Brief introduction about the presentation:

- 1) The prevention and care of diabetic foot ulcers (DFU) are unequal in Sweden, depending on differences in allocated resources and competencies. Therefore, the Swedish government commissioned the Swedish Association of Local Authorities and Regions (SALAR) to develop a Swedish person-centred care guideline (PCCG) for persons with diabetes mellitus at high risk of developing DFUs. This abstract presents the process and outcome of this task and the possibilities and hindrances when implanting the guidelines in the 21 independent regions in Sweden.
- 2) According to a development framework from SALAR, a care flow map was set in consensus by the interprofessional team, consisting of consultants in endocrinology, infectious medicine, orthopedics, general practice, nurses, an orthotist and prosthetist, a patient representative and podiatrists. Then, “patients’ experiences and needs” were collected and based on these, a PCCG harmonizing with the guidelines from The International working Group on the Diabetic Foot (IWDF), scientific evidence and best practice was formed. It was then referred for review by healthcare professionals (HCP), the patient’s organisations, stakeholders and citizens.
- 3) Patients with peripheral neuropathy, angiopathy, foot deformities, skin pathologies are included and remain in the PCCG until bilateral major amputation, terminal care or death. All patients should have a written agreement stating their rights and obligations. This PCCG focuses more on defining the needs for skills rather than formal competencies. It will be evaluated using pre-defined indicators.
- 4) This, the first Swedish PCCG, supporting HCP to endorse an equal good care and improve quality of life for persons at high risk of developing DFU, was released in 2022. Currently all, 21 regions, formulates their regional PCCG. The questions is, will the regional PCCGs be similar, ensuring equal and good care for all, regardless of where the patient lives?

Brief presentation of the speaker: Ulla Hellstrand Tang, PhD and överortopedingenjör.

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