

Roles and Responsibilities of a High Risk Foot Team

Purpose

The purpose of this document is to guide healthcare providers who want to form a High Risk Foot Team (HRFT) and understand the roles and responsibilities of a HRFT.

What is a High Risk Foot Team?

A High Risk Foot Team is defined as a multidisciplinary team of health care providers that specializes in the assessment and management of patients living with diabetes who are at risk of a diabetic foot ulcer as well as patients who already have a foot ulcer.

It is recommended that High Risk Foot Teams be competent in performing a holistic assessment that addresses all barriers to healing, a comprehensive lower limb assessment and wound assessment, as well as wound care. Barriers to healing can include psychosocial issues, vascular supply, edema, pressure, moisture, nutritional status and dehydration, anemia, chronic disease, and medications. High Risk Foot Teams should make referrals to the appropriate services as needed for any concerns that can't be addressed within their immediate team.

High Risk Foot Teams can be located within a variety of settings such as an outpatient facility, an inpatient clinic or within an existing wound clinic that offers a comprehensive approach for patients at risk of developing a foot ulcer or for patients that may have a wound that is either chronic yet healable or non-healing. Some Primary Care Networks have also created High Risk Foot Teams.

High Risk Foot Teams should follow evidence-based clinical pathways to identify and address risks to developing a foot ulcer as well as determining why wounds are not healing. Individual treatment plans are then developed, utilizing the most effective technologies and treatments available.

Components of a High Risk Foot Team

1) Composition

It is recommended that the High Risk Foot Team have at least two different disciplines, such as a Nurse Practitioner or Physician, RN, LPN, Occupational Therapist, or Physiotherapist.

2) Referrals

The [Diabetes Foot Risk Assessment Triage Referral Form](#) can be used to guide referrals to a High Risk Foot Team. The [Diabetes Foot Care Referral Process Guidelines](#) can help guide referrals in



communities where there are no High Risk Foot Teams within travel distance. When referring the patient to a High Risk Foot Team, ensure you verify their specific referral criteria prior to making a referral. It is recommended to include the [Diabetes Foot Screening Tool](#) and the [Diabetes Foot Risk Assessment Triage Referral Form](#) with the referral.

3) Services

It is recommended that a High Risk Foot Team be able to provide the following services:

- Wound care
- Offloading devices
- Vascular assessment: Ankle-Brachial Pressure Index (ABPI)/Photoplethysmogram (PPG)

It is not mandatory to offer all the above services; for instance, some clinics do not offer wound care but have chosen to focus more on preventing wounds, assessing vascular status and prescribing footwear.

Generally, High Risk Foot Teams do not perform skin and nail care (nail trimming/callus management). Patients who require this service can be referred to a foot care provider, such as a podiatric physician (podiatrist), a foot care nurse, or other medically trained provider competent in providing skin and nail care in the community. Some Primary Care Networks across Alberta have decided to offer foot care as part of their services, some at no charge to the patient or a small fee to help offset costs. Contact your local PCN to inquire if they offer this service <https://albertafindadoctor.ca/pcn>.

Patients may require additional referrals, such as:

- Occupational Therapist or Orthotist
- Vascular Surgeon, Podiatric Surgeon
- Podiatric physician (podiatrist) or Foot Care Nurse
- Diabetes education
- Tobacco cessation programs

4) Skills and knowledge required

The skillsets to address moderate and high risk problems include:

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- Skin and Nail Care
 - Difficult to cut nails
 - Corn/callus management
- Wound Care
 - Draining fissures
 - Diabetic foot ulcers
- Debridement
 - Conservative sharp (removal of necrotic or devitalized tissue but not down to vital tissue)
 - Surgical (removal of necrotic or devitalized tissue down to vital tissues)
- Treat Infection
 - Topically
 - Systemically
- Lower Leg Assessment
 - Ankle-Brachial Pressure Index (ABPI)/Toe Brachial Pressure Index (TBPI), Photoplethysmogram (PPG) and/or wave forms
 - Edema management
- Monofilament Testing
- Gait Assessment
- Footwear Assessment, recommendations and referrals to offloading
 - AADL prescriber for therapeutic or custom footwear
- Offloading
 - Total Contact Casting (TCC)
 - Ankle-Foot Orthosis (AFO)
 - Crutches
 - Temporary inserts to redistribute pressure for wound healing

*It is also important that the High Risk Foot Teams develop a system to communicate back to primary care to ensure optimal care coordination and transition of care.

For more information and support please contact Diabetes, Obesity, Nutrition Strategic Clinical Network™ don.scn@ahs.ca

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