

## High Risk Foot Service

**Computer:** Welcome to your telehealth conference. You are now entering the meeting.

**Podiatrist – April:** Hi Nerida, again.

**Allied Health Assistant – Nerida:** Hi April. How are you? We've got Doug.

**Consumer – Doug:** How you going?

**Allied Health Assistant – Nerida:** Okay Doug. Do you want to take a seat for me? Just sit down. Pop your feet up.

**Consumer - Doug:** There.

**Allied Health Assistant - Nerida:** Okay, just going to put this arm thing down.

**Podiatrist - April:** Douglas, quick question. Can you tell me your full name please?

**Allied Health Assistant - Nerida:** What's your full name Doug?

**Consumer - Doug:** Douglas [bleep].

**Podiatrist - April:** Date of birth?

**Consumer - Doug:** [bleep]

**Podiatrist - April:** Alright. Thank you very much. And you're happy to have telehealth with me?

**Allied Health Assistant - Nerida:** Are you happy for the telehealth today?

**Consumer - Doug:** Yeah mate. Yeah.

**Podiatrist - April:** Yeah. My name is April. I'm the podiatrist. I'm at Royal.

**Allied Health Assistant - Nerida:** Okay Doug, I'm just going to lay the backrest down a little bit because we're going to do some toe pressures. Okay, so we need just to get...

**Consumer - Doug:** What?

**Allied Health Assistant - Nerida:** Some toe pressures.

**Consumer - Doug:** I'll go to sleep.

**Podiatrist - April:** We're just going to check your circulation, Doug.

**Allied Health Assistant - Nerida:** Okay, how does that feel? Is that comfortable?

**Consumer - Doug:** Yeah

**Allied Health Assistant - Nerida:** Okay, I'll take these off. Okay.

**Podiatrist - April:** So, we'll palpate pulses and then Dopplers.

**Allied Health Assistant - Nerida:** So palpate pulses first.

**Podiatrist - April:** And then monofilament. Is that palpable?

**Allied Health Assistant - Nerida:** No.

**Podiatrist - April:** Okay.

**Allied Health Assistant - Nerida:** Not palpable for the right.

**Podiatrist - April:** Yep.

**Allied Health Assistant - Nerida:** Ankle one, yes.

**Podiatrist - April:** So, strong?

**Allied Health Assistant - Nerida:** Faint. That's on the right.

**Podiatrist - April:** Yep.

**Allied Health Assistant - Nerida:** And the left TP is palpable. And once Jess takes off the dressing, I'll do the left.

**Clinical Nurse Consultant - Jess:** You've got your foot wet, haven't you?

**Consumer - Doug:** Yes. This morning.

**Allied Health Assistant - Nerida:** I think I can feel it - but it's just very, very faint on the DP.

**Podiatrist - April:** **Alright.** That's okay. Do you mind the iPad on the wave forms? Thank you very much. That's pretty much monophasic, isn't it? Okay.

Monophasic.

**Allied Health Assistant - Nerida:** Yeah. Doug, I'm just going to put this on your toe.

**Clinical Nurse Consultant - Jess:** Do you want me to help?

**Allied Health Assistant - Nerida:** Yeah, if you can hold the sensor there. Then we'll just check to make sure we've got a wave.

**Consumer - Doug:** [Mumble]

**Allied Health Assistant - Nerida:** Yeah, there we go. Nice.

**Clinical Nurse Consultant - Jess:** Can you see that, April?

**Podiatrist - April:** Yep.

**Allied Health Assistant - Nerida:** So that's good for you?

**Podiatrist - April:** Yep.

**Clinical Nurse Consultant - Jess:** What's that number?

**Allied Health Assistant - Nerida:** That one's 70.

**Podiatrist - April:** That's pretty good.

**Clinical Nurse Consultant - Jess:** Obviously due to amputations, we can only do the right.

**Podiatrist - April:** Yep.

**Allied Health Assistant - Nerida:** Would you like a monofilament done?

**Podiatrist - April:** Oh, yes please. Douglas, do you have any pins and needles? Any burning sensation? Any tingling on your feet?

**Clinical Nurse Consultant - Jess:** Any pins and needles? Burning?

**Consumer - Doug:** ... a bit, on the toes back there ... and pins and needles.

**Clinical Nurse Consultant - Jess:** Only in that left side or in the right side?

**Consumer - Doug:** It thinks I've got toes there sometimes.

**Clinical Nurse Consultant - Jess:** Yeah, the phantom pain. No changes?

**Consumer - Doug:** Nah.

**Clinical Nurse Consultant - Jess:** Alright. That sounds good.

**Allied Health Assistant - Nerida:** Okay. Doug, do you remember what this feels like? I'm just going to touch your hand. It's just like a bit of fishing line. Okay. Now what I'm going to do is I will get you to close your eyes and I want you to tell me when you can feel this touching your feet. Okay?

**Consumer - Doug:** Yes. You touched there.

**Allied Health Assistant - Nerida:** Where did I touch? Do you know where I touched?

**Podiatrist - April:** Again please.

**Consumer - Doug:** Hard to tell if I feel it.

**Allied Health Assistant - Nerida:** Can you still feel that at all?

**Consumer - Doug:** No.

**Allied Health Assistant - Nerida:** Okay. Close your eyes.

**Consumer - Doug:** Yeah, touched the ankle.

**Allied Health Assistant - Nerida:** He can feel on the right just above the ankle.

**Podiatrist - April:** Yeah. Short sock.

**Consumer - Doug:** That sides heaps higher.

**Allied Health Assistant - Nerida:** Yeah, so basically mid shin.

**Podiatrist - April:** Alright.

**Allied Health Assistant - Nerida:** On the left.

**Podiatrist - April:** Alright, we'll have a look at your wound now.

**Clinical Nurse Consultant - Jess:** Okay, just bringing it over. So now the camera is...So that's our wound today.

**Podiatrist - April:** That's looking really good. That superficial fibro, does it come off with a little bit of Prontosan at all?

**Clinical Nurse Consultant - Jess:** We have just a layer of blood there. In terms of this part here?

**Podiatrist - April:** Yeah.

**Clinical Nurse Consultant - Jess:** Normally there's a little bit of slough just in this corner here but this side hasn't had too much at all. But we can pop a little Prontosan on there. Have a look.

**Podiatrist - April:** Yeah, see if you can loosen it up a bit and maybe it'll come out with just some forceps. Otherwise, yeah. That looks a lot improved.

**Clinical Nurse Consultant - Jess:** Yeah, it's slowly epithelialising there.

**Podiatrist - April:** Yeah. I was wondering if you can measure it for me as well.

**Clinical Nurse Consultant - Jess:** Absolutely. Now, do you want to see the rest of the surfaces of his foot?

**Podiatrist - April:** Yes please. If it's okay.

**Clinical Nurse Consultant - Jess:** Okay, so. So, Doug did...Now, is that camera up the right angle?

**Podiatrist - April:** That's alright. I'm bending my head.

**Clinical Nurse Consultant - Jess:** It keeps shifting on me. But that's basically where that amputation is. They were concerned about this point here, last week. It hasn't really progressed. There's nothing soft or squishy under there.

**Podiatrist - April:** Yeah.

**Clinical Nurse Consultant - Jess:** We've just been keeping an eye on it. No, it's not red. It's not hot. And then there's.....

**Podiatrist - April:** He's got a little bit of callous on that stump on that medial area.

**Clinical Nurse Consultant - Jess:** Do you want us to debride that?

**Podiatrist - April:** Yeah, I was wondering. I saw that he's just wearing his shoes. Did he have any insoles at all in that shoe?

**Allied Health Assistant - Nerida:** He does on the left, and he has just recently had some shoes ordered. Have you had some shoes ordered Doug?

**Consumer - Doug:** Somewhere in here. Yeah. Don't know what happened though.

**Allied Health Assistant - Nerida:** Just waiting for them to arrive.

**Podiatrist - April:** Yeah, he might have been trying to toe off in that little stump in there and so he's putting a bit of pressure. So, he might need some toe fillers - just so he can toe-off properly.

**Allied Health Assistant - Nerida:** He just has like a Formthotic in there with a bit offloading happening.

**Podiatrist - April:** That's good. I was wondering if you can do a toe buttress a little bit in between, say - he has this. Just build up a little bit of felt around it. So, the idea is he's going to hit that felt and get off the ground efficiently. So yeah, you can see the marking. Yeah.

**Advanced Allied Health Assistant - Nerida:** Okay, so putting some felt along this end?

**Podiatrist - April:** Yeah, yeah. Just about 5mm or maybe 7mm. Just so he has something to bump against to get off the ground.

**Allied Health Assistant - Nerida:** Yep. Okay.

**Podiatrist - April:** It would have been a lot on the first metatarsal.

**Allied Health Assistant - Nerida:** Okay. Cool. We can do that.

**Clinical Nurse Consultant - Jess:** And now we'll have a look at doing some debridement while that's doing that and Nerida's sizing up your foot there.

**Allied Health Assistant - Nerida:** How's that April?

**Podiatrist - April:** That looks great. Just a little bit of bevelling. Yeah, that should be good.

**Clinical Nurse Consultant - Jess:** So, we need to do some debridement.

**Consumer - Doug:** Be careful. [Laughter]

**Clinical Nurse Consultant - Jess:** Yeah, fair enough.

**Allied Health Assistant - Nerida:** Where's it facing? I can't even find you. Video problems.

**Clinical Nurse Consultant - Jess:** So, you just want a little bit off this callous here?

**Podiatrist - April:** Yeah.

**Clinical Nurse Consultant - Jess:** April?

**Podiatrist - April:** Sorry, I was on mute. Yes please. Thank you.

**Clinical Nurse Consultant - Jess:** And then are we just...that's going to come away anyway. And then what about this bit up here?

**Podiatrist - April:** The little scab?

**Podiatrist - April:** Sorry, where?

**Clinical Nurse Consultant - Jess:** This one just here.

**Podiatrist - April:** Oh yes. If it's okay.

**Clinical Nurse Consultant - Jess:** Yep. No worries. I'll start.

**Podiatrist - April:** Douglas, quick question. Do you have an appointment for the Princess, PA vascular already or not yet?

**Consumer - Doug:** I've got a telehealth on Thursday up here at twenty past three.

**Podiatrist - April:** Yeah, that looks great. Thank you.

**Clinical Nurse Consultant - Jess:** No worries.

**Allied Health Assistant - Nerida:** Lovely, all done.

**Podiatrist - April:** Thank you very much Doug.

**Consumer - Doug:** That's alright April.

**Clinical Nurse Consultant - Jess:** So, my name's Jess. I am currently the acting Clinical Nurse Consultant, Nurse Navigator for wound care. We haven't had a podiatrist since I think it was end of October. So, I've basically helped Nerida who's our Advanced Allied Health Assistant and also, our Diabetic Educator and Nutritionist to help run High-Risk Foot Clinic.

I've been seeing Doug since November, about the 16<sup>th</sup> or 17<sup>th</sup> of November, and I've basically watched his wound progress for the last four months.

**Podiatrist - April:** We've started working with the allied health assistant at the beginning. And obviously, there's some specialised skills involved particularly at vascular assessments. And we've had great success with the allied health assistant. She's very keen and very motivated. So, we've been able to train them in specifically how to actually take pulses, do the Dopplers. And as you can see, we've managed to put in the iPad so we can actually see the wave forms as well. And over time, she's actually become quite confident and we're quite confident in her skills as well.

**Allied Health Assistant - Nerida:** An advanced allied health assistant is a part of the community and allied health, part of primary community care. So, I work in a delegation model. The delegation

model is where the clinicians will see the patients and then they will decide whether or not I will actually complete some of their care under their instructions.

My initial role in that very first day was to be there with the wound care nurse. We did the full assessment. We got him in, we did the toe pressures, the Dopplers, the monofilament testing, the overview of the wound, took some comparison photos so we knew what we could work toward and where things were and got our baseline with all our measurements. We got Doug in two to three times a week, especially at the start for wound dressings and that consistency. And just over the period of time, we've watched that wound kind of reduce in size, improve. We looked at his shoes, orthotics and how we can do some offloading and just kind of really build that rapport, so he trusted what we were actually doing and what the service was providing.

The experience with telehealth and coordinating, that was probably one of the most challenging parts - was actually trying to ensure the time that the state-wide podiatry team, Jess and I had available. So, the good part about that was the state-wide podiatry team gave us access to their calendar. So, we could actually see, you know, when they were free. So, if we couldn't get them on the phone instantly when we had a new patient come through, we would kind of see where they had free, we would quickly email and say, "We're going to get this patient in at this time, does that work? Jess and I are fine. That suits us. What do you think?" And that was a bit of an email back and forth, but it was really good to be able to see their calendar with what they had going on. So that way we could actually book patients through that and then we just book them into our HBCIS.

**Clinical Nurse Consultant - Jess:** Nerida will do the assessment side for podiatry and then I normally pick up and do the debridement and the wound care. There's normally a second set of hands required for the toe pressures and sometimes the Dopplers, just so that your podiatrist on the other end can actually visualise what's happening there.

**Podiatrist - April:** Over time we've had a few interactions and we've had patients at Roma, a few of them because their high-risk foot wasn't running - there was no podiatrist. So, we've developed this relationship and we're able to trust each other's skills. And Nerida is quite easy because if she's not quite sure, she'd say, "I'm not quite sure, is this right?" And so, we've got that feedback happening and we both learnt. So, from my point of view, it's the teaching bit and for her I think it's the learning bit. So yeah, there's a little bit of learning on both sides.

**Clinical Nurse Consultant - Jess:** As a clinician, the benefits of telehealth from what I've experienced just in this role alone, it's actually expanded some of my abilities. Like being able to confidently debride callouses on clients' feet or have a second opinion on wounds that I might see. That may just be, you just want a second opinion to make sure you're doing the right thing.

**Podiatrist - April:** Callous management is really important with a diabetic foot because it has the potential of breaking down and becoming a diabetic foot ulcer and so we've managed to actually find creative ways to actually deal with the callouses. If there was no nurses - it was just allied health assistant, we would actually have to use other means to actually file down those callouses.

**Clinical Nurse Consultant - Jess:** I think it also helps because you've got those continuous people that you dial in with. You build that rapport. Often our consults are quite friendly and very relaxed. So, Doug normally feels quite comfortable when we're doing them. He's happy to ask questions. If there's anything he doesn't hear or doesn't understand, we can always re-ask that and try and explain it to him.

**Allied Health Assistant - Nerida:** It's quite interesting because sometimes some of those patients actually cross a few of the disciplines. So, I see them for different types of areas. Sometimes I come through the cardiology, often through to the diabetes and then into podiatry. So, you get to see all phases of the patient care.

**Clinical Nurse Consultant - Jess:** Telehealth has been a very vital resource for us in Roma here. It has enabled our patients to basically continue to receive their specialist care, whichever that may be, without them having to travel.

**Acting Director Podiatry (Brisbane) - Sarah:** As a manager of a telehealth service, I guess we very much look to advocate and really, I guess, support staff in this change in transition. A lot of our clinicians have their mode of service delivery that they're very comfortable with is face to face. And it is about empowering them to look at telehealth as just another way of delivering care.

**Nurse Unit Manager (Roma) - Pauline:** The main thing was the assessment. We needed to have allied health and nursing who could provide an accurate assessment for the team and then somebody who had the right rapport with the patient, someone that the patients would know. And that was our Advanced Allied Health Assistants were fabulous because they work closely with the podiatrist all the time and they had the rapport with the patients, so the patients felt confident in the system. So that was really important.

**Clinical Nurse Consultant - Jess:** It is very beneficial, to basically watch your clients - patients - go through their care and actually have a positive outcome and watch that progress. Especially, I suppose, from a wound perspective, watching these wounds - especially the chronic ones - heal. And improving their quality of life without them having to travel four hours or six hours to get care is very satisfying.