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TITLE Evaluation of patient outcomes following implementation of an alternative, community-based model of care for complex high risk foot patients during the covid-19 pandemic using the DFA triage tool

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ABSTRACT (maximum 450 words. Please use the following or similar headings: Background/Methods/Results/Conclusions)

Background
Extreme pressure on acute healthcare settings during the Covid-19 pandemic resulted in the rapid implementation of alternative service models for many patient groups. In 2020, complex high risk foot patients attending hospital based, podiatry outpatient services at Alfred Health were transferred to community based services to alleviate pressures on acute services and to reduce the risk of infection spread. Patients were categorised using the triage tool developed by DFA into highly serious, serious and stable groups.

Aim
This study aimed to evaluate the impact of this transition on patient outcomes, and identify opportunities to further evaluate the best model of care for these at-risk patient groups.

Methods
A retrospective audit of electronic medical records was conducted for all patients transferred from acute to community based care for the period April 2020 – July 2020. Pre-determined data was collected for the 6 month period pre and post transfer. Demographic data including age, gender and language spoken was collected alongside clinical data such as peripheral arterial disease, renal status, foot ulcer and amputation history. Outcome data such as emergency department presentations, hospital admissions, amputations and deaths were also collected. A comparison of highly serious and serious patients was analysed to determine how outcomes compared for these categories.

Results
Preliminary results indicate of the 57 patients who were transferred 93% had diabetes, 11% had end stage renal failure, and 60% had peripheral arterial disease. 9% had an acute Charcot foot and 47% had foot ulcers at time of transfer.
There were significant differences between highly serious and serious patient groups in most outcomes.

Conclusions
Results from this study can support the need for ongoing intensive hospital based care for the highly serious category while those in the serious and stable groups would be safe accessing shared care models with community based podiatry services. This research can be used to inform innovative, out of hospital models of care to manage patients with high risk foot complications.