



Implementation Issues

Kimberley Clinical Protocols

Foot Ulcer Management

1. Major risks and challenges for implementation been identified while writing the Protocol

Nil identified.

2. Who needs to use the new protocol?

This protocol applies to all health care professionals in primary and secondary care.

3. Three key messages about the Protocol for users:

1. Ability to identify a diabetic foot issue
2. Knowing who to refer issue onto
3. A source of patient education information

4. Implementation strategies and indicative value for this specific Protocol:

Strategy	Essential	Optional	Comments
Proactive dissemination e.g., orientation / in-service	Yes	No	Dissemination through face to face and virtual education with clinical and hospital site
Clinic audit and feedback	Yes	No	5-yearly audit of protocol
Service-wide audit	Yes	No	Ongoing as service has recently been established

5. Barriers and enablers to accessing care for diabetic foot disease as identified in the literature or during discussions as the Writing Group

Barriers:

- High turnover of staff
- Various siloed health providers
- Limited continuity of care
- Varying understanding of diabetic foot disease within the Kimberley
- Transient population

Enablers:

- Kimberley Foot Initiative to:
 - Disseminate protocol to clinical leads of all providers (including Kimberley Aboriginal Medical Services and other Aboriginal Community Controlled Health Services, WA County Health Service and Boab Health)
 - follow up with face to face and virtual education session to clarify
- Clinical leads to promote within their clinics

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