



**SA ABORIGINAL
CHRONIC DISEASE
CONSORTIUM**

**South Australian Aboriginal and Torres Strait Islander
Diabetes-related Foot Complications Program:
Telehealth Foot Service -
Central Adelaide Local Health Network (CALHN)**

Aim of the project

The aim of this project is to implement a sustainable model of telehealth to meet the needs of Aboriginal and Torres Strait Islander patients with acute diabetes-related foot complications (DRFCs). This will be implemented via a culturally responsive multi-disciplinary Telehealth Foot Service, aiming to support patients, their family/carers, and the community health providers living in regional, rural, remote and isolated locations –in the management of acute DRFCs in order to reduce lower limb amputations.

We aim to optimise social and emotional outcomes in Aboriginal and Torres Strait Islander patients with active foot disease.

Objectives

1. Develop, collate, and implement culturally responsive resources for patients and health professionals to optimise the value of telehealth intervention in the management of active foot disease.
2. Develop and implement appropriate evidence-based triage tools.
3. Ensure early and ready access for regional, rural, remote, isolated health providers and their patients with active foot disease, to expert multi-disciplinary advice via telehealth.
4. Develop culturally safe pathways to ensure seamless continuity of evidence-based care (from community to hospital and back to community) for Aboriginal and Torres Strait Islander people with acute DRFCs.
5. Structure Services to reduce the rate of major and minor amputations in Aboriginal and Torres Strait Islander people with Diabetes
6. Optimise social, emotional and functional outcomes in Aboriginal and Torres Strait Islander patients who undergo major amputations.
7. Collect data to inform future strategies to reduce adverse events and improve delivery of care to patients and family, and optimise support for local Aboriginal Health service providers.
8. Develop and evaluate an enhanced telehealth service with 3 sites (Port Augusta, Ceduna, Murray Bridge) including additional visits from the Telehealth Foot Service team and implementation of virtual reality tools with the intention of improving the experience for both patients, local health care providers and specialists at the RAH.

Overview of project

Aboriginal people have 3 times the incidence of diabetes, 10 times the incidence of foot complications and up to 30 times the incidence of amputation compared to non-aboriginal Australians. People living in rural and remote communities are at higher risk of DRFCs associated with difficulties and delays in accessing expert assessment and care. Aboriginal people in rural and remote areas additionally face delays encountered in accessing hospital care, as well as the significant personal and cultural issues associated with hospitalisation far from home and family.

Delays in commencement of multi-disciplinary evidence-based care is strongly associated with delayed healing of foot wounds in those affected by diabetes and increases the risk of amputation. Telehealth technology is now available for real-time face-to-face consultation between the CALHN multi-disciplinary foot service and clinical staff and patients living in regional, remote, rural locations.

The Telehealth Foot Service specifically allows for:

- Timely assessment/triage of patients with current foot ulceration/problem
- Early access to specialist high risk foot services for health professionals and patients in regional, isolated, rural/remote areas
- Discharge planning/follow up care from acute hospitalisation
- Support for primary health clinicians managing foot complications

The availability of telehealth is essential for patients with active diabetes-related foot disease. It is of particular importance that there is timely access to specialist multi-disciplinary services to improve lower limb amputation rates in Aboriginal & Torres Strait Islander people.

The Telehealth Foot Service aims to establish ongoing care with the local health care service. We can provide input when local services are not available or cannot be provided in a timely manner. Due to the nature of foot disease, a healthcare professional will need to be present during the consult to assist with manual assessments such as dressings and or wound treatment. As part of this project health care providers will receive education and support in using telehealth technology.

We want to ensure that Aboriginal people with acute foot disease living in regional, rural and remote areas have equal access to the multi-disciplinary foot team when required.

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