

# Patient safety – learning from incidents

## Introducing Nish (not her real name).

Nish is a 49-year-old lady with type 2 diabetes who attended for her initial assessment with the podiatry service in clinic in April 2022.

She presented with a blister on her big toe. Having diabetes, she was an urgent referral and seen within 5 working days. She continued to have regular podiatry appointments. However, Nish had been unable to attend some appointments and her toe deteriorated in the meantime.

## What happened.

Nish attended for her podiatry appointment with one of the Band 7 podiatry specialists who completed a holistic assessment with Nish. The podiatrist found Nish to be systemically unwell with cellulitis (Skin Infection) and tracking up to the knee. The podiatrist calmly explained to Nish she needed to attend ED immediately and explained the reasons why and the severity of her current presentation. The podiatrist wrote a letter for the patient to take with them to ED which stated the full clinical details of the assessment including probable osteomyelitis (Bone infection) that a tissue sample had been taken, increased blood glucose present and requested triple therapy antibiotics were prescribed.

Nish went to ED via taxi with her daughter where she was assessed and was then admitted and transferred to Glenfield Hospital for ongoing treatment. She was assessed by the vascular team and had urgent surgery to remove her right first toe. Nish recovered well from her surgery and infection and was discharged home.

Nish contacted the podiatry service to pass on her thanks for “saving her foot” and arranging for her to go to ED. The consultant at UHL was also very pleased with the actions and speed of action of the podiatrist.



### **Learning from the Incident.**

- The importance of assessing the whole patient and not just focussing on the reason for referral
- Recognising the signs and symptoms of infection and acute deterioration are critical for all services not just for those who treat acutely unwell patients.
- Acting upon the patient presentation and managing it immediately was key to Nish's care in this case and should always be for any future similar events.
- Even though Nish had her right first toe amputated the speed and clarity with which the podiatrist acted potentially saved a worsening of Nish's condition and further amputation.
- It raised broader aspects on the importance of educating patients in the self-management of their condition and recognising when emergency treatment is required.



### **How we improved.**

- This case has been shared within the podiatry service team meetings to share the learnings from above.
- The importance of educating patients on the signs of deterioration and to regularly check their own toes and feet so they can proactively self-manage their condition, particularly for high-risk podiatry patients, has been clinically discussed at the individual podiatry team meetings.