

RNAO Best Practices: Evidence Booster

Sustainable outcomes in diabetes care

Assessment and Management of Foot Ulcers for People with Diabetes (2013) and Diabetic foot ulcers: Prevention, assessment and management (2024)



RNAO's best practice guideline (BPG) – *Assessment and Management of Foot Ulcers for People with Diabetes* (2013) – provides evidence-based recommendations on how to assess and manage people who have been diagnosed with diabetic foot ulcers. The guideline is designed to help nurses and their interprofessional teams across all health settings become more comfortable, confident and competent when caring for people over the age of 15 who have diabetic foot ulcers related to Type 1 or Type 2 diabetes.



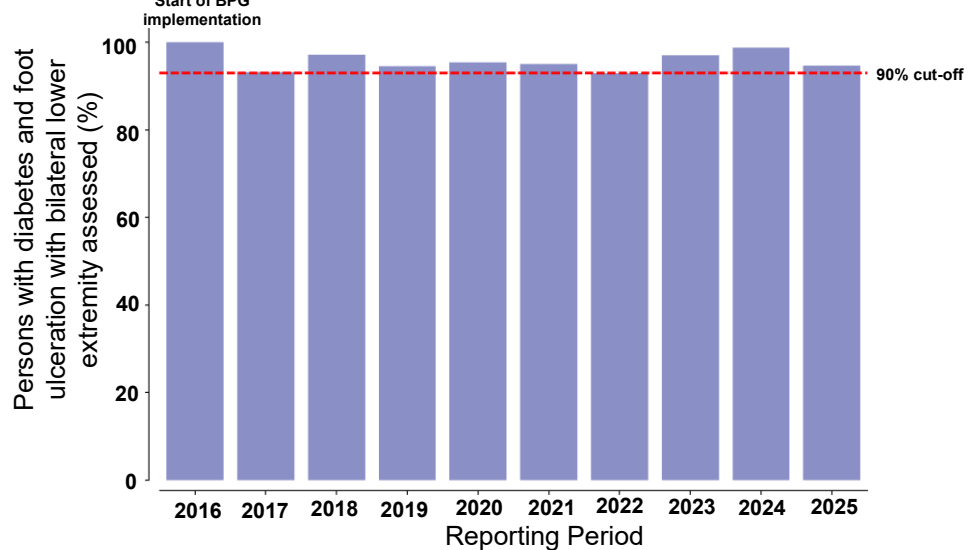
For over 50 years, CBI Home Health has been helping Canadians to achieve their healthcare goals. CBI Home Health is where better begins. Recognized as a Best Practice Spotlight Organization® (BPSO®) since 2009, CBI Home Health is one of Canada's largest home care and specialized community service providers, operating in more than 800 communities. Every day, they have 8,000+ compassionate caregivers deliver impactful care that maximizes independence, function and well-being in homes and communities across the country. They support persons and caregivers with flexible, accessible healthcare services and innovative clinical programs while working with hospitals, governments, funders and other health-care partners to shape the future of community health care.

Aim: To revisit the clinical outcomes associated with the sustained implementation of RNAO's *Assessment and Management of Foot Ulcers for People with Diabetes* (2013) BPG at CBI Home Health, update on [Improving outcomes for people with diabetes \(2024\)](#).

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine: (a) the percentage of persons 15 years and older with diabetes and foot ulceration with documented evidence of a bilateral lower extremity assessment on admission or initiation of care and (b) percentage of persons 15 years and older with diabetes and foot ulceration who were prescribed an offloading (pressure relief) device at CBI Home Health.

Clinical improvement: CBI Home Health maintained consistency in the assessment and documentation of bilateral lower extremities for persons with diabetes and foot ulceration (Figure 1) and an increase in the percentage of persons with diabetes and foot ulceration who were prescribed an offloading device (Figure 2).

Figure 1: Persons with diabetes and foot ulceration with bilateral lower extremity assessment on admission (%)



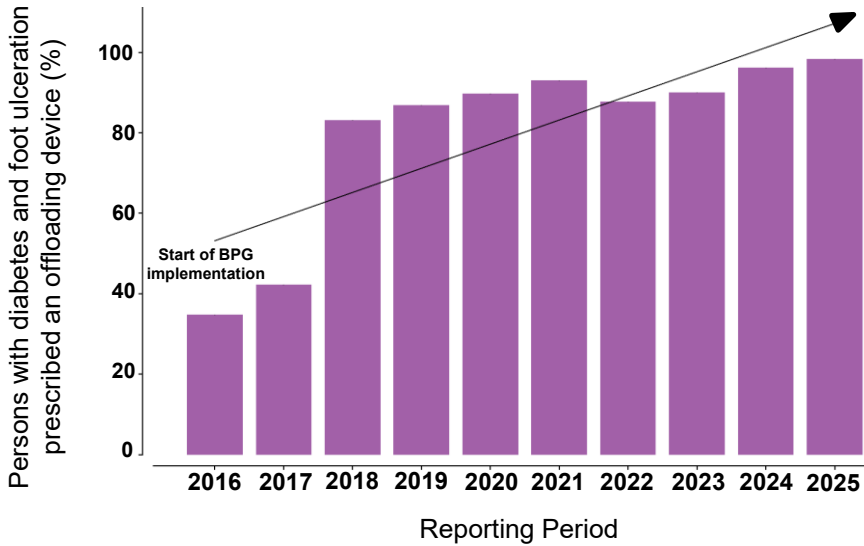
Impact: From 2016 to 2025, CBI Home Health sustained assessment and documentation of bilateral lower extremities above 90 per cent.

Practice changes

CBI Home Health implemented the *Assessment and Management of Foot Ulcers for People with Diabetes* (2013) BPG across clinical practice in 2016, and actively exploring alignment with the updated *Diabetic foot ulcers: Prevention, assessment and management* (2024) BPG. Significant efforts have been made to embed best practices for wound care into the electronic medical record (EMR). The wound care assessment, wound care flow sheet, and the Diabetic Foot Ulcer (DFU) Clinical Care Pathway is now fully integrated into the EMR, and nurses are actively using a dedicated wound care module to support consistent, evidence-based documentation and care. To ensure sustainability and adherence to these practices, monthly chart audits are conducted, with findings reviewed and discussed at team meetings. A provincial nurse educator role has also been established, resulting in an increased focus on wound care education, with structured education sessions now being offered twice a month to staff.

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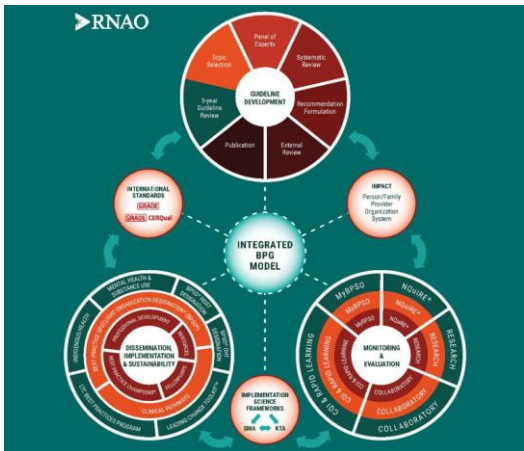
Figure 2: Persons with diabetes and foot ulceration who were prescribed an offloading (pressure relief) device (%)



Impact: From 2016 to 2025, there was a 63.7 per cent (from 34.7 per cent to 98.4 per cent) increase in the percentage of persons who were prescribed an offloading (pressure relief) device.

Conclusion: CBI Home Health demonstrated that the implementation of RNAO's *Assessment and Management of Foot Ulcers for People with Diabetes* (2013) BPG achieved sustainability in the assessment and documentation of bilateral lower extremities for persons with diabetes and foot ulceration and significant improvements in the percentage of persons who were prescribed an offloading (pressure relief) device.

Figure 3: Wound care education in action led by the nurse educator



RNAO launched the BPG Program in 1999¹ with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes².

NQuIRE^{2,3}, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQuIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at NQuIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

References

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