

RNAO Best Practices: Evidence Booster

Implementation impact: Improving outcomes for people with diabetes

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 and/or Type 2 diabetes.



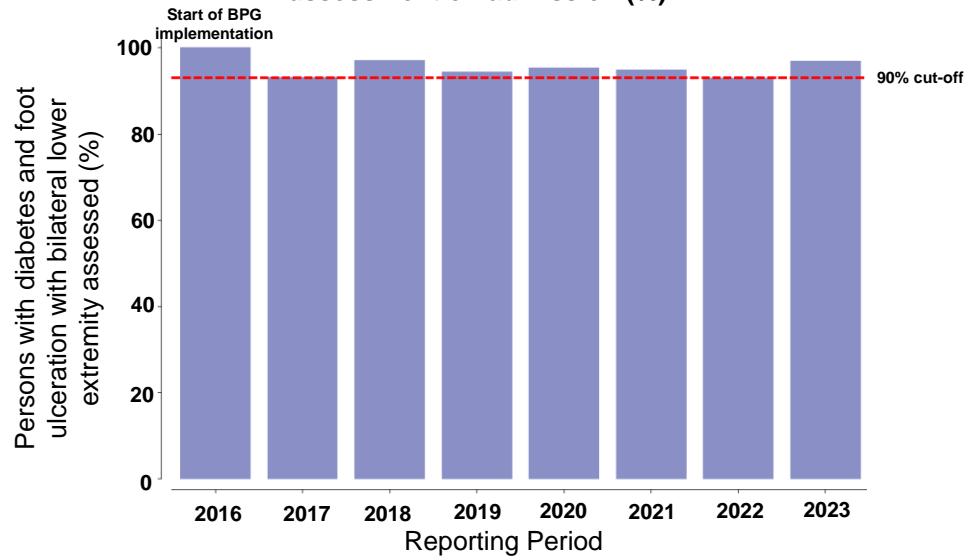
For over 50 years, CBI Home Health has been helping Canadians to achieve their healthcare goals. CBI Home Health is where better begins. Recognized as a Best Practice Spotlight Organization® (BPSO®) since 2009, CBI Home Health is one of Canada's largest home care and specialized community services providers, 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 examine the clinical outcomes associated with the implementation of RNAO's *Assessment and Management of Foot Ulcers for People with Diabetes* (2013) BPG at CBI Home Health.

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 (%)



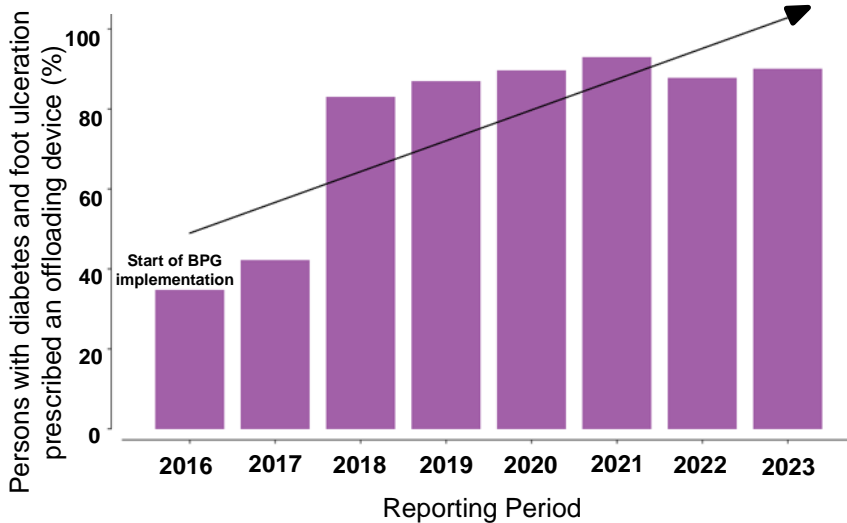
Impact: From 2016 to 2023, CBI Home Health maintained above 90 per cent assessment and documentation of bilateral lower extremities for persons with diabetes and foot ulceration.

Practice changes

In 2016, CBI Home Health adopted and implemented the *Assessment and Management of Foot Ulcers for People with Diabetes* (2013) BPG to enhance diabetes management, foot care, and ulcer care tailored to the person's needs. Each person undergoes a thorough systematic assessment and health history, which includes a comprehensive assessment of the lower leg. This involves measuring the length, width, and depth of the wound bed; examining for odour, exudate, and the condition of the peri-ulcer skin; and evaluating pain levels. Additionally, the vascular supply is assessed, and further diagnostic tests are performed as required. Regular re-assessments are conducted to ensure the wound heals as expected and allow for prompt intervention when issues arise. Care plans are developed collaboratively with the person and the interprofessional team, by incorporating mutually agreed-upon goals to ensure a personalized and coordinated people-centred approach to treatment.

RNAO Best Practices: Evidence Booster

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



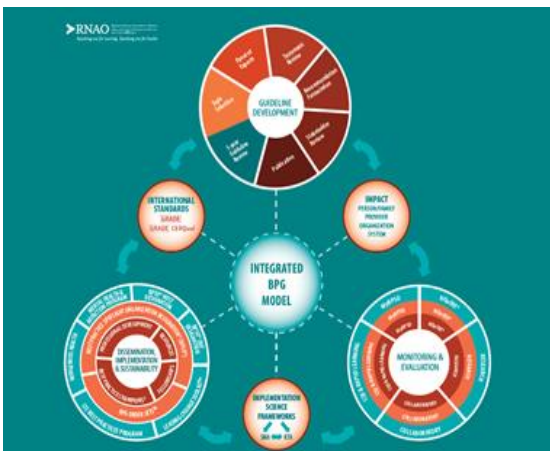
Impact: From 2016 to 2023, there was a 55.3 per cent (from 34.7 per cent to 90 per cent) increase in the percentage of persons who were prescribed an offloading (pressure relief) device.

Practice changes

Key practice changes included:

- **Assessment:** A comprehensive health history, including assessment of the affected limbs, is conducted to inform and guide the treatment plan.
- **Documentation:** The wound care assessment form and the diabetic foot ulcer clinical care pathway is developed and used for thorough documentation.
- **Education:** Each person and their caregiver receives ongoing and individualized education on optimizing diabetes management, foot care and ulcer care.
- **Equipment:** Offloading devices are discussed and explored with each person to ensure effective prevention and management.

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



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

- 1 Grinspun, D. (2018). Transforming nursing through knowledge: The conceptual and programmatic underpinnings of RNAO's BPG program. In D. Grinspun & I. Bajnok (eds.), *Transforming nursing through knowledge: Best practices for guideline development, implementation science and evaluation* (pp. 3-25). Sigma Theta Tau International.
- 2 Naik, S., Voong S., Bamford, M., Smith, K., Joyce, A., & Grinspun D. (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database using a data quality index. *Journal of the American Medical Informatics Association*, 27(5), pp. 776-782.
- 3 VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., & Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.

