

Registered Nurses' Association of Ontario
Diabetic foot ulcers: Prevention, assessment and management
Third Edition
October 2024

Comparing *Reducing foot complications for people with diabetes* (2007) and *Assessment and management of foot ulcers for people with diabetes* (2013) Best Practice Guidelines (BPG) to the current *Diabetic foot ulcers: Prevention, assessment and management*, Third Edition BPG

This document summarizes how the good practice statements, recommendations and indicators in the *Diabetic foot ulcers: Prevention, assessment and management*, Third Edition Best Practice Guideline (BPG) published in 2024 compare to that of the *Reducing foot complications for people with diabetes* BPG, published in 2007 and the *Assessment and management of foot ulcers for people with diabetes* BPG, published in 2013. This document will support the integration of new evidence that aligns with previously implemented recommendations, as well as track their progress by comparing how new indicators align with indicators in the previous editions of the BPG.

The methodology for developing the current 2024 BPG has changed since the previous editions. In accordance with GRADE (Grading of Recommendations, Assessment, Development and Evaluation) methods, the BPG addresses specific research questions posed by the expert panel, as well as additional good practice statements. As a result, not all recommendations were carried forward from the previous editions of BPGs to the 2024 edition.

Tables 1, 2 and 3 summarize how the practice, education, organization and policy recommendations from the 2007 BPG are compared to those in the current BPG. **Tables 4, 5, and 6** summarize how the practice, education, organization and policy recommendations from the 2013 BPG are compared to those in the current BPG. While recommendations from the previous editions of the BPGs are addressed in the 2024 BPG, the recommendations may be phrased differently or appear in a different aspect of the BPG (e.g. implementation tips). Please note that for the 2024 BPG, there is one new recommendation area on virtual care platforms to supplement the provision of diabetic foot care services (recommendation 4.0).

Tables 6, 7 and 8 summarize how structure, process and outcome indicators from the 2007 and 2013 BPGs are compared with those in the 2024 BPG.

As champions of evidence-based practice, best practices must be sustained to achieve optimal and enduring outcomes. With the publication of a new edition of a BPG, implementation teams are strongly encouraged to take proactive steps to support clinical staff and interprofessional teams to integrate the new knowledge and strategies (e.g., tools) into their daily practice. This approach emphasizes the importance of sustaining knowledge use as a component of knowledge translation that requires tailored implementation activities, as well as ongoing monitoring and evaluation.

Comparing *Diabetic foot ulcers: Prevention, assessment and management, Third Edition BPG (2024)* with *Reducing foot complications for people with diabetes (2007)*

Table 1: Practice Recommendations

Relevant information in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i>	<i>Practice recommendations from Reducing foot complications for people with diabetes (2007)</i>
<p>Good practice statement 1.0: It is good practice that health providers conduct diabetic foot screening for persons living with diabetes at regular intervals based on risk stratification.</p> <p>Appendices</p> <ul style="list-style-type: none"> • Appendix D: Inlow’s 60-second diabetic foot screen • Appendix E: International Working Group on the Diabetic Foot risk stratification system • Appendix H: Examples of validated diabetic foot assessment tools 	<p>Recommendation 1.0: Physical examination of the feet to assess risk factors for foot ulceration/amputation should be performed by a health care professional.</p>
<p>Good practice statement 1.0: It is good practice that health providers conduct diabetic foot screening for persons living with diabetes at regular intervals based on risk stratification.</p> <p>Good practice statement 1.0, Implementation tips</p> <ul style="list-style-type: none"> • “Minimum annual foot screening is recommended by the International Working Group on the Diabetic Foot (IWGDF) (30) and Diabetes Canada (70) for early detection of DFU risks.” <p>Appendices</p> <ul style="list-style-type: none"> • Appendix D: Inlow’s 60-second diabetic foot screen • Appendix E: International Working Group on the Diabetic Foot risk stratification system • Appendix H: Examples of validated diabetic foot assessment tools 	<p>Recommendation 1.1. This examination should be performed at least annually in all people with diabetes over the age of 15 and at more frequent intervals for those at higher risk.</p>
<p>Good practice statement 1.0: It is good practice that health providers conduct diabetic foot screening for</p>	<p>Recommendation 2.0: Nurses should conduct a foot risk assessment for clients with known diabetes. This risk assessment includes the following:</p>

<p>persons living with diabetes at regular intervals based on risk stratification.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix E: International Working Group on the Diabetic Foot risk stratification system 	<ul style="list-style-type: none"> • History of previous foot ulcers; • Sensation; • Structural and biomechanical abnormalities; Circulation; and • Self-care behaviour and knowledge.
<p>Good practice statement 1.0: It is good practice that health providers conduct diabetic foot screening for persons living with diabetes at regular intervals based on risk stratification.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix E: International Working Group on the Diabetic Foot risk stratification system 	<p>Recommendation 3.0: Based on assessment of risk factors, clients should be classified as “lower” or “higher” risk for foot ulceration/amputation.</p>
<p>Good practice statement 2.0: It is good practice that health providers support and education persons at risk of or living with diabetic foot ulcers (and their care partners) about self-management aimed at preventing and managing foot ulcers.</p> <p>Recommendation 1.0 When delivering self-management support, the expert panel suggests that health providers use person-engagement strategies that are tailored to persons at risk of or living with a diabetic foot ulcer and their care partners.</p> <p>Recommendation 2.0 The expert panel suggests that persons and/or care partners perform self-screening to prevent and manage diabetic foot ulcers.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix F: Self-screening tool example 	<p>Recommendation 4.0 All people with diabetes should receive basic foot care education.</p> <p>Recommendation 4.1 Foot care education should be provided to all clients with diabetes and reinforced at least annually.</p>
<p>Good practice statement 2.0: It is good practice that health providers support and educate persons at risk of or living with diabetic foot ulcers (and their care partners) about self-management aimed at preventing and managing foot ulcers.</p> <p>Good practice statement 4.0:</p>	<p>Recommendation 4.1 Foot care education should be provided to all clients with diabetes and reinforced at least annually.</p>

<p>It is good practice for health providers to implement a plan of care with the person living with a DFU and their care partners that includes evidence-informed management options.</p> <p>Recommendation 1.0 When delivering self-management support, the expert panel suggests that health providers use person-engagement strategies that are tailored to persons at risk of or living with a diabetic food ulcer and their care partners.</p> <p>Recommendation 1.0, Implementation tips:</p> <ul style="list-style-type: none"> • Adult learning principles in Table 7 	
<p>Good practice statement 2.0: It is good practice that health providers support and educate persons at risk of or living with diabetic foot ulcers (and their care partners) about self-management aimed at preventing and managing foot ulcers.</p> <p>Recommendation 2.0 The expert panel suggests that persons and/or care partners perform self-screening to prevent and manage diabetic foot ulcers.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix F: Self-screening tool example 	<p>Recommendation 5.0 Nurses in all practice settings should provide or reinforce basic foot care education, as appropriate.</p> <p>Recommendation 5.1 The basic foot care education for people with diabetes should include the following six elements:</p> <ul style="list-style-type: none"> • Awareness of personal risk factors; • Importance of at least annual inspection of feet by a health care professional; • Daily self-inspection of feet; • Proper nail and skin care; • Injury prevention; and • When to seek help or specialized referral. <p>Recommendation 5.2: Education should be tailored to client's current knowledge, individual needs, and risk factors. Principles of adult learning must be used.</p>
<p>Good practice statement 1.0 It is good practice that health providers conduct diabetic foot screening for persons living with diabetes at regular intervals based on risk stratification.</p> <p>Good practice statement 4.0 It is good practice for health providers to implement a plan of care with the person living with a DFU and their care partners that includes evidence-informed management options.</p> <p>Recommendation 3.0</p>	<p>Recommendation 6.0: Individuals assessed as being at "higher" risk for foot ulcer/amputation should be advised of their risk status and referred to their primary care provider for additional assessment or to specialized diabetes or foot care treatment and education teams as appropriate.</p>

<p>The expert panel suggests that health service organizations implement a specialized wound care team to support persons at risk of or living with diabetic foot ulcers.</p>	
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Table 2: Education Recommendations

<p>Relevant information in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i></p>	<p>Education recommendations from <i>Reducing foot complications for people with diabetes (2007)</i></p>
<p>Appendix</p> <ul style="list-style-type: none"> • Appendix K: Education Statement 	<p>Recommendation 7.0: Nurses need knowledge and skills in the following areas in order to competently assess a client’s risk for foot ulcers and provide the required education and referral:</p> <ul style="list-style-type: none"> • Skills in conducting an assessment of the five risk factors; • Knowledge and skill in educating clients; and • Knowledge of sources of local referral <p>Recommendation 8.0: Educational institutions should incorporate the RNAO Nursing Best Practice Guideline Reducing foot complications for people with diabetes into basic nursing education curriculum as well as provide continuing education programs in this topic area.</p>

Table 3: Organization and Policy Recommendations

<p>Relevant information in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i></p>	<p>Organization & policy recommendations from <i>Reducing foot complications for people with diabetes (2007)</i></p>
<p>Recommendation 3.0, Implementation tips Specialized wound care team</p> <ul style="list-style-type: none"> • “It is the responsibility of the organization taking care of the person at risk of or living with a DFU to set up and maintain a clinical pathway outlining who will be responsible for wound care. A clinical pathway has robust protocols and clear pathways for the continued and integrated care of people across all settings including emergency care and general practice (120). The protocols should set out the relationship between the primary health 	<p>Recommendation 9.0: Organizations should develop a policy that acknowledges and designates human and fiscal resources to support nursing’s role in assessment, education, and referral of clients for appropriate foot care. It is the organization’s responsibility to advocate with policy makers and develop policy that facilitates implementation.</p>

<p>provider and the specialized wound care team. Clinical pathways may need to be tailored depending on the needs of each person receiving care and person-and family-centred care should be applied in any clinical pathway. Utilizing a plan of care can be helpful when setting up and maintaining a clinical pathway.”</p>	
<p>Good practice statement 1.0, Implementation tips</p> <ul style="list-style-type: none"> • “Health service organizations are to ensure availability of required resources at all times (for example, having monofilaments, screening tools, educational handouts/pamphlets, electronic health records systems where feasible, etc., in every clinic room to facilitate screening).” 	<p>Recommendation 10.0: Organizations should ensure that resources for implementation are available to clients and staff. Examples of such resources include policies and procedures, documentation forms, educational materials, referral processes, workload hours, and monofilaments.</p>
<p>Recommendation 3.0 The expert panel suggests that health service organizations implement a specialized wound care team to support persons at risk of or living with diabetic foot ulcers.</p>	<p>Recommendation 11.0: Organizations should work with community partners to develop a process to facilitate client referral and access to local diabetes resources and health professionals with specialized knowledge in diabetes foot care.</p> <p>Recommendation 12.0: Organizations are encouraged to establish or identify a multidisciplinary, inter-agency team comprised of interested and knowledgeable persons to address and monitor quality improvement in diabetes foot complication prevention.</p>
<p>These recommendations are not addressed in the 2024 BPG.</p>	<p>Recommendation 13.0: Organizations should consult an infection control team to define appropriate care, maintenance, and replacement of the Semmes-Weinstein monofilament. Such a process may include setting up a protocol for the appropriate maintenance and replacement of the monofilaments.</p>
<ul style="list-style-type: none"> • Recommendation 3.0 (see implementation tips): Specialized wound care team <ul style="list-style-type: none"> ○ “It is the responsibility of the organization taking care of the person at risk of or living with a 	<p>Recommendation 14.0: Organizations should advocate for strategies and funding to assist clients to obtain appropriate footwear and specialized diabetes education. For example, the inclusion of funding support through</p>

<p>DFU to set up and maintain a clinical pathway outlining who will be responsible for wound care. A clinical pathway has robust protocols and clear pathways for the continued and integrated care of people across all settings including emergency care and general practice (120). The protocols should set out the relationship between the primary health provider and the specialized wound care team. Clinical pathways may need to be tailored depending on the needs of each person receiving care and person-and family-centred care should be applied in any clinical pathway. Utilizing a plan of care can be helpful when setting up and maintaining a clinical pathway.”</p>	<p>the Assistive Devices Program (ADP) for appropriate footwear and orthotics.</p>
<ul style="list-style-type: none"> • Recommendation 3.0 (see implementation tips): Specialized wound care team <ul style="list-style-type: none"> ○ “It is the responsibility of the organization taking care of the person at risk of or living with a DFU to set up and maintain a clinical pathway outlining who will be responsible for wound care. A clinical pathway has robust protocols and clear pathways for the continued and integrated care of people across all settings including emergency care and general practice (120). The protocols should set out the relationship between the primary health provider and the specialized wound care team. Clinical pathways may need to be tailored depending on the needs of each person receiving care and person-and family-centred care should be applied in any clinical pathway. Utilizing a plan of care can be helpful when setting up and maintaining a clinical pathway.” 	<p>Recommendation 15.0:</p> <p>Organizations should advocate for an increase in the availability and accessibility of diabetes care and education services for all residents of Ontario.</p>

<ul style="list-style-type: none"> ○ “It may be helpful for networks of organizations such as Ontario Health Teams (OHT) or a regional grouping of diabetic education centres to assist in the plan of care. OHTs are groups of providers and organizations accountable for delivering a full and coordinated continuum of care to an attributed population in Ontario, Canada (123). OHTs offer a unique opportunity for organizations to offer integrated care for persons at risk of or living with DFUs.” 	
<p>This edition of the BPG provides implementation resources, such as the Leading Change Toolkit, 4th Edition.</p>	<p>Recommendation 16.0:</p> <p>Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:</p> <ul style="list-style-type: none"> • An assessment of organizational readiness and barriers to education. • Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. • Dedication of a qualified individual to provide the support needed for the education and implementation process. • Ongoing opportunities for discussion and education to reinforce the importance of best practices. • Opportunities for reflection on personal and organizational experience in implementing guidelines. <p>In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the Toolkit: Implementation of Clinical Practice Guidelines based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of the RNAO guideline Reducing foot complications for people with diabetes.</p>

Comparing *Diabetic foot ulcers: Prevention, assessment and management, Third Edition BPG (2024)* with *Assessment and management of foot ulcers for people with diabetes (2013)*

Table 4: Practice Recommendations

Relevant information in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i>	Practice recommendations from <i>Assessment and management of foot ulcers for people with diabetes (2013)</i>
<p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix H: Examples of validated diabetic foot assessment tools 	Assessment
	<p>Recommendation 1.0: Obtain a comprehensive health history and perform physical examination of affected limb(s).</p> <p>Recommendation 1.1: Identify the location and classification of foot ulcer(s) and measure length, width and depth of wound bed.</p> <p>Recommendation 1.2: Assess bed of foot ulcer(s) for exudate, odour, condition of peri-ulcer skin and pain.</p>
<p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p>	<p>Recommendation 1.3: Assess affected limb(s) for vascular supply and facilitate appropriate diagnostic testing, as indicated.</p>
<p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix H: Examples of validated diabetic foot assessment tools 	<p>Recommendation 1.4: Assess foot ulcer(s) for infection using clinical assessment techniques, based on signs and symptoms, and facilitate appropriate diagnostic testing, if indicated.</p>
<p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p>	<p>Recommendation 1.5: Assess affected limb(s) for sensory, autonomic and motor changes.</p>
<p>Good practice statement 1.0:</p>	<p>Recommendation 1.6:</p>

<p>It is good practice that health providers conduct diabetic foot screening for persons living with diabetes at regular intervals based on risk stratification.</p> <p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p>	<p>Assess affected limb(s) for elevated foot pressure, structural deformities, ability to exercise, gait abnormality, and ill-fitting footwear and offloading devices.</p>
<p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p>	<p>Recommendation 1.7: Document characteristics of foot ulcer(s) after each assessment including location, classification and any abnormal findings.</p>
<p>Good practice statement 4.0 It is good practice for health providers to implement a plan of care with the person living with a DFU and their care partners that includes evidence-informed management options.</p>	<p style="text-align: center;">Planning</p> <p>Recommendation 2.0 Determine the potential of the foot ulcer(s) to heal and ensure interventions to optimize healing have been explored</p>
<p>Good practice statement 4.0 It is good practice for health providers to implement a plan of care with the person living with a DFU and their care partners that includes evidence-informed management options.</p> <p>Recommendation 3.0 The expert panel suggests that health service organizations implement a specialized wound care team to support persons at risk of or living with diabetic foot ulcers.</p>	<p>Recommendation 2.1: Develop a plan of care incorporating goals mutually agreed upon by the client and health-care professionals to manage diabetic foot ulcer(s).</p>
<p>Guiding principles</p> <ul style="list-style-type: none"> • Person- and family-centred care <p>Good practice statement 4.0 It is good practice for health providers to implement a plan of care with the person living with a DFU and their care partners that includes evidence-informed management options.</p> <p>Recommendation 3.0, Implementation tips</p> <ul style="list-style-type: none"> • Person- and family- centred care in Table 14 	<p>Recommendation 2.2: Collaborate with the client/family and interprofessional team to explore other treatment options if healing has not occurred at the expected rate</p> <p>Recommendation 2:3: Collaborate with client/family and the interprofessional team to establish mutually agreed upon goals to improve quality of life if</p>

	factors affecting poor healing have been addressed and complete wound closure is unlikely.
<p>Good practice statement 4.0 It is good practice for health providers to implement a plan of care with the person living with a DFU and their care partners that includes evidence-informed management options.</p>	Implementation
	<p>Recommendation 3.0 Implement a plan of care to mitigate risk factors that can influence wound healing.</p> <p>Recommendation 3.1 Provide wound care consisting of debridement, infection control and moisture balance where appropriate.</p> <p>Recommendation 3.2: Redistribute pressure applied to foot ulcer(s) by the use of offloading devices.</p>
	<p>Recommendation 1.0 When delivering self-management support, the expert panel suggests that health providers use person-engagement strategies that are tailored to persons at risk of or living with a diabetic foot ulcer and their care partners.</p> <p>Recommendation 2.0 The expert panel suggests that persons and/or care partners perform self-screening to prevent and manage diabetic foot ulcers.</p>
<p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix H: Examples of validated diabetic foot assessment tools • The BPG provides quality improvement details and indicators in the evaluation and monitoring chart (Best Practice Guideline Evaluation section). 	Evaluation
	<p>Recommendation 4.0: Monitor the progress of wound healing on an ongoing basis using a consistent tool, and evaluate the percentage of wound closure at 4 weeks.</p>
Good practice statement 1.0:	Recommendation 4.1:

<p>It is good practice that health providers conduct diabetic foot screening for persons living with diabetes at regular intervals based on risk stratification.</p> <p>Good practice statement 3.0 It is good practice for health providers to regularly conduct a comprehensive and consistent wound assessment and document the presence and characteristics of a diabetic foot ulcer.</p>	<p>Reassess for additional correctable factors if healing does not occur at the expected rate.</p>
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Table 5: Education Recommendations

Relevant information in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i>	Education recommendations from <i>Assessment and management of foot ulcers for people with diabetes (2013)</i>
<p>Appendix</p> <ul style="list-style-type: none"> • Appendix K: Education Statements 	<p>Recommendation 5.0:</p> <p>Health-care professionals participate in continuing education opportunities to enhance specific knowledge and skills to competently assess and manage clients with diabetic foot ulcers, based on the RNAO Nursing Best Practice Guideline, Assessment and management of foot ulcers for people with diabetes (2nd ed.)</p> <p>Recommendation 6.0:</p> <p>Educational institutions incorporate the RNAO Nursing Best Practice Guideline, Assessment and management of foot ulcers for people with diabetes (2nd ed.), into basic registered nurse, registered practical nurse, doctor of medicine and interprofessional curricula to promote a culture of evidence-based practice.</p>

Table 6: Organization and Policy Recommendations

Relevant information in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i>	Organization and policy recommendations from <i>Assessment and management of foot ulcers for people with diabetes (2013)</i>
<p>This edition of the BPG provides implementation resources, such as the Leading Change Toolkit, 4th Edition.</p>	<p>Recommendation 6.0:</p> <p>Use a systematic approach to implement the Assessment and management of foot ulcers for people with diabetes (2nd ed.) clinical practice guideline and provide resources and</p>

	organizational and administrative supports to facilitate clinician uptake.
<p>Good practice statement 1.0, Implementation tips</p> <ul style="list-style-type: none"> • “Health service organizations are to ensure availability of required resources at all times (for example, having monofilaments, screening tools, educational handouts/pamphlets, electronic health records systems where feasible, etc., in every clinic room to facilitate screening).” • “Health service organizations are to ensure that primary health providers receive adequate training to screen and assess risk for DFUs.” • “Health service organizations are to ensure that health providers with specialized training provide preventative foot treatments, such as callus debridement and nail care, as appropriate. If in doubt, consult organizational policies.” <p>Recommendation 3.0, Implementation tip</p> <ul style="list-style-type: none"> • Timely access to specialized DFU wound care team and Remote areas or under-resourced settings in Table 14 	<p>Recommendation 6.1:</p> <p>Develop policies that acknowledge and designate human, material and fiscal resources to support the interprofessional team in diabetic foot ulcer management.</p>
<p>Recommendation 3.0</p> <p>The expert panel suggests that health service organizations implement a specialized wound care team to support persons at risk of or living with diabetic foot ulcers.</p>	<p>Recommendation 6.2:</p> <p>Establish and support an interprofessional, inter-agency team comprised of knowledgeable and interested persons to address and monitor quality improvement in the management of diabetic foot ulcers.</p>
<p>Recommendation 3.0</p> <p>The expert panel suggests that health service organizations implement a specialized wound care team to support persons at risk of or living with diabetic foot ulcers.</p> <p>Appendix</p> <ul style="list-style-type: none"> • Appendix G: Diabetes foot risk assessment triage referral 	<p>Recommendation 6.3:</p> <p>Develop processes to facilitate the referral of clients with diabetic foot ulcers to local diabetes resources and health-care professionals.</p>
<p>This recommendation is not addressed in the 2024 BPG.</p>	<p>Recommendation 6.4:</p> <p>Advocate for strategies and ongoing funding to assist clients in obtaining appropriate pressure</p>

	redistribution devices during and after ulcer closure.
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Table 7: Process Indicators

Indicators in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i>	Indicators from <i>Assessment and management of foot ulcers for people with diabetes (2013)</i>	Indicators from <i>Reducing foot complications for persons with diabetes (2007)</i>
<p>Aligned with Good Practice Statement 1.0: Percentage of persons with diabetes who were screened for risk of developing a diabetic foot ulcer*</p> <p>*Note monofilament testing will be a component of risk screening for this indicator</p>	n/a	<p>Percentage of nurses self-reporting:</p> <ul style="list-style-type: none"> • routine use of monofilaments*; • adequate knowledge of community referral sources for people with diabetes. <p>Percentage of patients reporting regular assessment of their feet.</p> <p>Percentage of patients with diabetes who had their feet assessed by a nurse.</p> <p>Percentage of patients with diabetes who have an assessment of the five risk factors recorded on their chart</p>
<p>Aligned with Good Practice Statement 2.0: Percentage of persons with diabetes who received self-management education aimed at preventing and managing diabetic foot ulcers</p>	<p>Provision of education and support to client and family members</p> <p>Percentage of clients with a diagnosis of diabetes and foot ulceration with documentation of education and educational materials provided to client, family, or caregivers addressing diabetes management and ulcer care</p>	<p>Percentage of patients reporting that a nurse taught them about foot care.</p>
<p>Aligned with Good Practice Statement 3.0: Percentage of persons with diabetic foot ulcer(s) who received a comprehensive diabetic foot ulcer assessment</p>	<p>Percentage of clients who present with diabetic foot ulcerations with documented evidence of bilateral lower extremity assessment</p> <p>Percentage of clients who present with diabetic foot ulceration with documented</p>	n/a

	evidence of a complete foot ulcer assessment.	
Aligned with Good Practice Statement 4.0: Percentage of persons who have a documented plan of care related to the management of diabetic foot ulcer(s) developed	Percentage of clients with diabetic foot ulcerations who have offloading devices prescribed.* *Offloading is an aspect of plan of care development related to diabetic foot ulcers	n/a
Aligned with Recommendation 2.0: Percentage of persons with diabetes who reported that they performed self-screening to prevent and manage diabetic foot ulcer(s)	Percentage of clients who regularly examine their feet.	Percentage of diabetic patients who regularly examine their feet.
NEW (2024): Aligned with Recommendation 4.0: Percentage of persons with diabetes who received virtual care in conjunction with in-person services to supplement their diabetic foot care services**		

**There are no aligned indicators in previous editions of the BPG given that these are new indicators

Table 8: Outcome Indicators

Indicators in <i>Diabetic foot ulcers: Prevention, assessment and management (2024)</i>	Indicators from <i>Assessment and management of foot ulcers for people with diabetes (2013)</i>	Indicators from <i>Reducing foot complications for persons with diabetes (2007)</i>
NEW (2024): Percentage of persons who develop one or more new diabetic foot ulcer(s)*		
NEW (2024): Percentage of persons who had a recurrence of diabetic foot ulcer(s)*		
Percentage of persons with diabetic foot ulcer(s) with demonstrated evidence of at least 40 per cent reduction in wound size	Percentage of diabetic foot ulcers that have shown a 50% reduction in wound surface area at 4 weeks	n/a
Percentage of persons with diabetic foot ulcer(s) that have closed	Percentage of clients with diabetic foot ulcerations that have closed at 12 weeks and that had healed 50% at 4 weeks	n/a
Percentage of persons with diabetic foot ulcer(s) who reported improvements in their quality of life	Improvement in quality of life and satisfaction	n/a
Percentage of persons with diabetes who reported improvements in self-efficacy related to diabetic foot ulcer self-management education	n/a	Patients self-assessed degree of confidence about their ability to prevent foot complications
NEW (2024): Rate of lower extremity amputation(s) associated with diabetic foot ulcer(s)*		
Percentage of persons with diabetic foot ulcer(s) who were	Client/family satisfaction	n/a

satisfied with the self-management support received from health providers	Improvement in quality of life and satisfaction	
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*There are no aligned indicators in previous editions of the BPG given that these are new indicators