# *Evaluation Tools*

## Patient Data Collection Instrument – Reducing Foot Complications for People with Diabetes

A pre and post evaluation was conducted of a pilot implementation of new guidelines for *Reducing Foot Complications for People with Diabetes* in a hospital and community visiting nursing agency in Sudbury, Ontario. The evaluation included a *Chart Audit, In-hospital/Admission to Visiting Nursing Service Interview* and *Follow-up Telephone Interview at Home.*



Chart audits were done to determine whether or not: 1) the patient was assessed for risk factors for foot ulceration/amputation; 2) specific risk factors where present; 3) a monofilament was used to assess sensation in the feet; and 4) basic foot care education was done on various topics.

Patients were interviewed in-hospital or after the initial visit to the community care agency to assess whether the nurse had checked their feet and specific education topics had been covered. Four to six weeks later, patients were contacted for a follow-up interview and asked about self-examination of their feet, the information they received about community services and information sources, and any action they had taken to use these services. Finally patients were asked how confident they felt in their ability to prevent foot sores, and asked again if a nurse had taught them how to take care of their feet.

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**Please note:** These client data collection tools were developed for the evaluation of the implementation draft of the RNAO Best Practice Guideline *Reducing Foot Complications for People with Diabetes.* Acknowledgement of the use or adaptation of these tools is requested. The recommended citation is:

Edwards, N., Davies, B., Dobbins, M., Griffin, P., Ploeg, J., Skelly, J. (2003). RNAO Evaluation Team – Nursing Best Practice Guidelines Project, Cycle 3.

## CHART AUDIT

**Best Practice Guideline Name and Code:** Diabetes
**Patient ID #:** _____
**Agency/Site #:** _____
**Date Data Collected:** _____ (day) _____ (month) _____ (year)
**Data Collector's Initials:** _____



**Client Eligibility Criteria** (all eligibility criteria must be met to proceed)

- Adults over 18 years of age.
- Diagnosis of diabetes.
- Include acute medical clients, home care, primary health care at community health centres, rehabilitation centres

***Note:*** *Exclude women with gestational diabetes.*

1. **Primary diagnosis:** _____

2. **Other diagnosis:** _____

3. **Was the client assessed for risk factors for foot ulceration/amputation?**

❑ yes ❑ no

4. **Does the patient/client have the following risk factors for foot ulceration/amputation?**

| | yes | no | don't know |
|---|---|---|---|
| a) history of previous foot ulceration | ❑ | ❑ | ❑ |
| b) loss of protective sensation | ❑ | ❑ | ❑ |
| c) structural or biomechanical abnormalities | ❑ | ❑ | ❑ |
| d) evidence of impaired circulation | ❑ | ❑ | ❑ |
| e) deficit in self-care behaviour | ❑ | ❑ | ❑ |

**5. Was a monofilament used to assess sensation in the feet?**

❑ yes ❑ no

**6. What is the risk classification for foot ulcer/amputation?**

❑ low ❑ high

**7. Was basic foot care education done on:**

| | yes | no |
|---|---|---|
| a) the client's risk factors | ❑ | ❑ |
| b) daily self-inspection of feet | ❑ | ❑ |
| c) proper nail and skin care | ❑ | ❑ |
| d) injury prevention | ❑ | ❑ |
| e) when to seek help | ❑ | ❑ |

f) Other (please explain) _____

_____

_____

# PATIENT/CLIENT INTERVIEW IN HOSPITAL or AFTER ADMISSION TO VISITING NURSING SERVICES

**Best Practice Guideline Name and Code:** Diabetes

**Patient ID #:** _____

**Agency/Site #:** _____

**Date of interview:** _____ (day) _____ (month) _____ (year)

**Interviewer Initials:** _____



**Client Eligibility Criteria** (all eligibility criteria must be met to proceed)

- Adults over 18 years of age.
- Diagnosis of diabetes.
- Include acute medical clients, home care, primary health care at community health centres, rehabilitation centres

***Note:*** *Exclude women with gestational diabetes.*

## Interview

1. ***For Sudbury Regional Hospital patients/clients:***

   **Did a nurse check your feet while you were in the hospital?** (Mark one answer only).

   ❑ yes ❑ no ❑ don't know

   OR

   ***For VON clients:***

   **Did the nurse check your feet during a visit?** (Mark one answer only)

   ❑ yes ❑ no ❑ don't know

2. **Did a nurse teach or review foot care with you?**

   ❑ yes ❑ no ❑ don't know

**3. Did a nurse teach you about any of the following:**

| | yes | no | don't know |
|---|---|---|---|
| a. What may cause sores on your feet? | ❑ | ❑ | ❑ |
| b. To look at your feet every day? | ❑ | ❑ | ❑ |
| c. Proper nail and skin care? | ❑ | ❑ | ❑ |
| d. How to prevent injury to your feet? | ❑ | ❑ | ❑ |
| e. When to seek help for your foot sores? | ❑ | ❑ | ❑ |

**4. Would you be willing to participate in a 5 to 10 minute telephone interview in about 4 to 6 weeks about your foot care?**

❑ yes ❑ no ❑ maybe

a) If yes, what is your telephone number? _____

b) Do you have an alternate phone number? _____

**5. Are there any comments that you have about the nursing care you received concerning your feet?**

_____

_____

_____

**Thank you for taking the time to participate in this survey and answer all of these questions!**

## PATIENT/CLIENT FOLLOW-UP TELEPHONE INTERVIEW AT HOME

**Best Practice Guideline Name and Code:** Diabetes
**Patient ID #:** _____
**Agency/Site #:** _____
**Date of interview:** _____ (day) _____ (month) _____ (year)
**Interviewer Initials:** _____

**Client Eligibility Criteria** (all eligibility criteria must be met to proceed)

- Adults over 18 years of age.
- Diagnosis of diabetes.
- Include acute medical clients, home care, primary health care at community health centres, rehabilitation centres

***Note:*** *Exclude women with gestational diabetes.*




## Introduction: Sudbury Regional Hospital Patients/Clients

Hello. My name is _____. When you were in the hospital a month ago, you indicated that you would be willing to participate in a telephone survey after you had returned home from the hospital. I am calling to do the interview for that survey. Your opinions are very important to us in order to evaluate the Best Practice Guidelines for *Reducing Foot Complications for People with Diabetes.*

The survey will take about 5 to 10 minutes. Do you have any questions regarding your participation in this interview at this point? Please remember that your participation is voluntary and that you may choose not to answer any question or to stop the interview.



I would like to ask you a few questions about your foot care over the past month.

Please feel free to ask questions at anytime during the interview

**GO TO INTERVIEW QUESTION 1 on next page**

## Introduction: VON Clients

Hello. My name is _____. A while ago you were receiving visits from a VON nurse. We contacted you and you said you would be willing to participate in a telephone survey. I am calling you today to do that telephone survey. Your opinions are very important to us in order to evaluate the Best Practice Guidelines for *Reducing Foot Complications for People with Diabetes.*

The survey will take about 5 to 10 minutes. Do you have any questions regarding your participation in this interview at this point? Please remember that your participation is voluntary and that you may choose not to answer any question or stop the interview.

I would like to ask you a few questions about your foot care over the past month.

Please feel free to ask questions at anytime during the interview

**GO TO INTERVIEW QUESTION 1 on next page**

## Interview Questions:

1. **Do you regularly check/examine your feet?** ❑ yes ❑ no

   a) If yes, how often do you check your feet?

   ❑ Daily

   ❑ Weekly

   ❑ Other: please explain _____

2 **When you were [in the hospital/on VON services], were you given information about the following community resources?**

| | yes | no | don't know |
|---|---|---|---|
| a. Sudbury Regional Hospital Diabetes Education and Care Program? | ❑ | ❑ | ❑ |
| b. Sudbury Regional Hospital Chiropody services? | ❑ | ❑ | ❑ |
| c. Local VON or other community foot care clinics? | ❑ | ❑ | ❑ |
| d. The Canadian Diabetes Association? | ❑ | ❑ | ❑ |
| e. Other foot care professionals such as a foot care nurse, podiatrist, or chiropodist? | ❑ | ❑ | ❑ |
| f. An Assistive Devices Program? | ❑ | ❑ | ❑ |
| g. Internet resources with information on diabetes care? | ❑ | ❑ | ❑ |

h. Other resources? (please specify)

_____

_____

**3. Did you telephone, visit or receive assistance from any of these resources?**

| | yes | no | don't know |
|---|---|---|---|
| a. The Sudbury Regional Hospital Diabetes Education and Care Program? | ❑ | ❑ | ❑ |
| If yes, ❑ nurse phone/visit<br>❑ client initiated phone<br>❑ client initiated visit | | | |
| b. The Sudbury Regional Hospital Chiropody services? | ❑ | ❑ | ❑ |
| If yes, ❑ nurse phone/visit<br>❑ client initiated phone<br>❑ client initiated visit | | | |
| c. Local VON or other community foot care clinics? | ❑ | ❑ | ❑ |
| If yes, ❑ nurse phone/visit<br>❑ client initiated phone<br>❑ client initiated visit | | | |
| d. The Canadian Diabetes Association? | ❑ | ❑ | ❑ |
| If yes, ❑ client initiated phone<br>❑ client initiated visit | | | |
| e. Other foot care professionals, such as a foot care nurse, podiatrist, or chiropodist? | ❑ | ❑ | ❑ |
| If yes, ❑ nurse phone/visit<br>❑ client initiated phone<br>❑ client initiated visit | | | |
| f. An Assistive Devises Program? | ❑ | ❑ | ❑ |
| If yes, ❑ client initiated phone<br>❑ client initiated visit | | | |

**3. Did you telephone, visit or receive assistance from any of these resources?** (continued)

| | yes | no | don't know |
|---|---|---|---|
| g. Internet resources with information on diabetes care? | ❑ | ❑ | ❑ |

h. Other resources, (please specify)

_____

_____



**4. How confident do you feel about your ability to prevent foot sores?**
(Mark one answer only)

❑ very confident ❑ somewhat confident
❑ not very confident ❑ not confident at all

**5. Did a nurse teach you how to take care of your feet?**

❑ yes ❑ no ❑ don't know

**6. Do you have any other comments about the nursing care you received concerning your feet?**

_____

_____

_____

**Thank you for taking the time to participate in this survey and answer all of these questions!**