Objectives

At the end of this session participants will:

- Review an overview of our new National Division Diabetic Foot Canada.
- Recognize the potential influence of the Diabetic Foot Canada on their clinical practice.
Who are we?

The Canadian Association of Wound Care (CAWC) is a not-for-profit organization of healthcare professionals, educators, corporations, patients and caregivers dedicated to the advancement of wound care in Canada.
Overarching Goal

To reduce the incidence of chronic wounds through education, evidence based practice, inter-professional collaboration and patient empowerment.
CAWC Pillars

Professional Education
- Enhancing knowledge & skills

Research
- New approaches to prevention and improving outcomes

Public Information
- Public policy & advocacy
Diabetic Foot Canada is a collaborative alliance dedicated to improving the care of Canadians living with Diabetic Foot Disease and preventing amputations.
Eliminate all unnecessary amputations related to Diabetic Foot Disease across Canada.
Objectives of DFC

**Utilizing latest technology, evidence and experts.**

- **Train** health professionals on prevention & treatment strategies to prevent diabetes foot complications and limb loss.
- **Provide tools & workshops** for both clinicians & patients.
- **Raise awareness** of the importance of foot screening & role of the multidisciplinary team.
Council of Federation Report 2012 outlined Diabetic Foot Ulcers as a priority focus for all Provincial Leaders across Canada.
The CDA has also noted that research on best practices in prevention suggests that most diabetic foot ulcers and amputations can be prevented and that between 49% and 85% of amputations can be avoided through education, monitoring and early treatment. The Registered Nurses’ Association of Ontario (RNAO) Guidelines for the Assessment and Management of Foot Ulcers for People with Diabetes is about this type of preventive care. Full uptake of this guideline will make a real difference in helping to reduce the number of Canadians who suffer the physical and emotional trauma of an amputation.

Briefly, the RNAO guidelines recommend:

- To decrease the risk of foot lesions and amputations, foot examination should be performed at least annually, and more often for those at high risk.

- People at high risk should receive foot-care education, professionally fitted footwear, help to stop smoking, and early referrals to a health care professional if problems occur.

- Foot ulcers should be aggressively treated and managed by a multidisciplinary team expert in managing wounds to prevent recurrence and amputation.
Diabetes foot ulcers

85% of diabetes related limb amputations are the result of a non-healing diabetic foot ulcer.

Amputations are preventable!

International Diabetes Federation

Significant reductions in amputations can be achieved by well-organized diabetic foot care teams, good diabetes control and well-informed self care
Person with amputation

If only I’d known about proper foot care I’d probably still have both legs,”

Image & quote courtesy of K Gottel an amputee nurse
### When was the last time you…?

<table>
<thead>
<tr>
<th>(n=32)</th>
<th>Less than 1 year</th>
<th>1 to 2 years</th>
<th>3 to 5 years</th>
<th>More than 6 years</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. received instructions on how to look after your feet?</td>
<td>30.3%</td>
<td>3.0%</td>
<td>6.1%</td>
<td>15.2%</td>
<td>45.5%</td>
</tr>
<tr>
<td>8. had your feet examined by a chiropodist, podiatrist, family doctor or nurse?</td>
<td>57.6%</td>
<td>15.2%</td>
<td>9.1%</td>
<td>-</td>
<td>18.2%</td>
</tr>
<tr>
<td>9. received education about your diabetes?</td>
<td>42.4%</td>
<td>-</td>
<td>18.2%</td>
<td>36.4%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Diabetes, Healthy Feet and You

Joint collaboration between the Public Health Agency of Canada and the Canadian Association of Wound Care to develop self management tools & Peer Led education
Diabetes, Healthy Feet and You

Phase I - Develop self management tools.

Phase II – Develop a network of volunteer Peer Leaders to work in partnership with the diabetes community and healthcare professionals.
Diabetes, Healthy Feet & You

Series of self-management educational tools for PWD (persons with diabetes)

Educational brochures
• Posters
• Interactive website
• Video & accompanying guides

Translated in 16 languages

Patients and diabetes educators can use these resources to help persons living with diabetes manage their own foot care.
By partnering with the CAWC… diabetes educators now have an additional resource that will be very beneficial for our patients and that we can use in our daily practice.

Quote Aileen Knip – Canadian Diabetes Association
We continue to partner with several organizations to disseminate knowledge.
Evaluation results

Patients

Increased *awareness* and understanding of the risks and problems of diabetes

Increased *confidence* and assuming responsibility for self-care.

Health Care Professional

Positive impact on the patients’ foot health and *improved communications* with clinician.

High *satisfaction* rates.
PEP Talk: Diabetes, Healthy Feet &You – Phase II

Is a self-management educational workshop program designed for lay Peer Leaders to empower people living with diabetes to adopt self-management behaviors that can help them prevent diabetic foot ulcers and amputations.
Who are PEP Talk: Peer Leaders?

• Lay people with diabetes who experience the challenges of living with sensory neuropathy.

• Volunteers who have received training through the CAWC on becoming a peer leaders.
Benefits of Peer Led Program

• Ability to relate to peers
• Experience living with diabetes
• Navigating the healthcare system
• Dealing with emotions
• Sharing and giving support

Referral / Links
http://diabetespeptalk.ca
“I decided to get involved with the program because I thought that if my involvement might help someone else avoid an amputation, then I would be more than willing to volunteer.”
Workshops

Support the use of self-management
Influence positive behaviour change BY:
• Increasing the knowledge of risk factors for foot ulcers
• Standardized resources
• Linkages to community resources and programs
Portal – program communication
www.diabetesPEPtalk.ca
Pep Talk community

- PEP Talk participant
- Informed and engaged participants who have access to reliable resources
- Participant linked to the local Diabetes community
- Communicating with other program participants and Peer leaders
- Engage other members of the community

Webinar Partner
Our goal is to work collaboratively with other organizations and clinicians to empower persons with diabetes in their foot care self management and connect them with the diabetes community to promote limb loss prevention.
# PEP Talk workshop locations

<table>
<thead>
<tr>
<th>Province</th>
<th>Location(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newfoundland</td>
<td>Gander</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Sydney, Ingonish</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>Moncton</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>Charlottetown</td>
</tr>
<tr>
<td>Ontario</td>
<td>London</td>
</tr>
<tr>
<td>Quebec</td>
<td>Sherbrooke (French)</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Pinehouse Lake, La Ronge (Aboriginal)</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Pine Falls</td>
</tr>
<tr>
<td>Alberta</td>
<td>Calgary</td>
</tr>
<tr>
<td>British Columbia</td>
<td>Vancouver</td>
</tr>
</tbody>
</table>
# Comprehensive evaluation

<table>
<thead>
<tr>
<th>Form: Evaluation</th>
<th>Who completes it?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Community workshop report</td>
<td>HCP or PL</td>
<td>After each workshop</td>
</tr>
<tr>
<td>B: Pre-workshop questions</td>
<td>Community participant</td>
<td>On-site before workshop</td>
</tr>
<tr>
<td>C: Post-workshop questions</td>
<td>Community participant</td>
<td>On-site at end of workshop</td>
</tr>
<tr>
<td>D: If change occurs</td>
<td>Community participant</td>
<td>Post-workshop, monthly or as needed</td>
</tr>
<tr>
<td>E: Individualized action plan</td>
<td>HCP &amp; PL</td>
<td>May-June</td>
</tr>
<tr>
<td>F: Network of Peer Leaders</td>
<td>HCP &amp; PL</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>G: Web Portal Support Questions</td>
<td>HCP &amp; PL</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>H: Post-program Evaluation</td>
<td>HCP &amp; PL</td>
<td>Feb-March 2013</td>
</tr>
</tbody>
</table>
Evaluation results

Sixty-two (62) workshops were conducted in 12 sites in 10 provinces within the 12 months of the program.

Knowledge increased from 7.6 to 8.4 out of 10 from pre to post workshop.
Barriers to Care

“One of the principal barriers to improving diabetic Foot care is the failure of clinicians to understand **behavioral impact of living without peripheral neuropathy**. With the loss of pain comes reduced motivation of healing & prevention of Injury.”

Andrew Bolton

Evaluation results

Self-management behavior change:

97% of the workshop participants who were interviewed indicated altered specific self-management behaviors

- checking their feet more frequently
- wearing shoes inside the house
- checking their blood sugar
Evaluation results

Impact on foot complications:
Of the community workshop participants who provided feedback up to a year after attending a workshop:

(3%) developed an ulcer and no one had an amputation.
Evaluation results

Web portal:
In less than one year there were 54,559 visits with 36,703 unique page views.
“The workshop was very informative. As a diabetic I was told to watch my feet but I didn’t know what to watch for until I attended this workshop. Now knowing what to watch for really makes me aware of how serious this can be to my health regarding amputation.”

Quotation from participant who attended a Manitoba workshop in June, 2012
Best Practice recommendations

Wound Care

Assessment and Management of Foot Ulcers for People with Diabetes

Reducing Foot Complications for People with Diabetes

ia BPG

INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES
Online Education

- A collaboration with the Ontario Hospital Association
- Four interactive modules including the *Prevention & Management of Diabetic Foot Ulcers.*
- Prevention and management of diabetic foot complications
- Prevention and management of foot complication for aboriginal nurses
Diabetic Foot Canada programs
- Partnership with RNAO
- Schofield Media Ltd
- Launched June, 2013
- Published 4X per year
- On-line format
DFC Wound Community

- Allows stakeholders to:
  - communicate
  - converse
  - critique evidence of approach and utilization of evidence based approaches/guideline s.
“It has long been said that, with diabetes, ‘if you ignore your feet they’ll go away.’ That has never been more true than today: Every 20 seconds, someone loses part of their leg due to this sinister disease. The good news, though, is that through programs like Diabetes, Healthy Feet and You, we can make a major difference in stemming the tide.”

David G. Armstrong DPM MD PhD Director, Southern Arizona Limb Salvage Alliance
Partner with us today to prevent, manage Diabetic Foot complications and eliminating unnecessary amputations!
For more information go to:
www.diabetesPEPtalk.ca
diabeticfootcanada.com
www.cawc.net/diabetesandhealthyfeet/
botros.mariam@gmail.com
Thank You