Implementing Knowledge Translation Tools Focused On Diabetic Foot Health

By Janet L. Kuhnke, RN BSCN MS NSWOC Dr Psychology; Mariam Botros, DCh DE IIWCC MEd; Robyn Evans, BSc MD CCFP; Virginie Blanchette, BSc MSc DRM PhD; Crystal McCallum, RN MCISc and Sue Rosenthal, BA MA

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Case Example

JG was diagnosed with type 2 diabetes. JG is 63 years old, works full-time in a factory and is a dedicated employee. He understands from his physician that he probably had undiagnosed diabetes for four years prior based on his symptom description. Though referred, he did not attend the diabetes education centre for self-management education. He started to experience pain in his right foot under his 5th metatarsal associated with a deep sore and went to see his physician, who referred him to community home care services for wound and glycemic management. He received bi-weekly dressing changes but the wound continued to deteriorate. The nursing team referred him back to his physician who recognized that he had an ascending cellulitis and

referred him to the local emergency service.

He was hospitalized, but due to the late stage of his foot ulcer and uncontrolled diabetes, infection and ischemia, he underwent a below the knee amputation. He proceeded to a rehabilitation unit for a month and eventually moved toward early retirement, though this was not his first choice. The loss of income led his wife to return to her retail position. She stated, "JG is depressed and very hard to live with". Later she shared that JG passed away in the hospital 4.5 years after the amputation.

Why Did This Happen?

This case example is all too common an occurrence in our Canadian health-care system despite the plethora of well-established global¹ and Canadian guidelines² and best practice recommendations.³ This case scenario is a result of the patient's lack of awareness, barriers to early screening in primary care and access to preventative foot care, as well as lack of timely diagnosis of foot complications and access to specialized wound care, diabetes and vascular assessments and interventions.

In Canada, Patel and colleagues (2022) recently reported that only 53% of persons with diabetes received a foot examination by a health-care professional, at least once in the last 12 months.⁴ Hussain et al. (2019) stated that in the last 10 years, lower-extremity amputations related to diabetes mellitus, peripheral artery disease and/ or both have increased.⁵ This has been due to the lack of timely access to teams that support initial diagnosis of ulcer severity or foot complications, and referral to appropriate team care that supports these complex patients with poorly managed glycaemic and hard-to-heal wounds resulting from ischemia, infection and deformity.

Why Is This Important?

According to research by Edmonds, et al. (2021), about one-third of individuals diagnosed with diabetes will develop a foot ulcer at some point in their life.⁶ Diabetic foot ulcers generally come in two major forms: **neuropathic** ulcers, which affect feet with altered or lack of sensation, and **ischemic** ulcers, where blood flow is inadequate. Both ulcer types are alarmingly prone to rapid infection, leading to serious trauma and tissue destruction. Notably, the journey from a minor injury such as a scratch to a severe condition like ulcerations and gangrene can occur within 48 hours.⁶ The rapid rate at which an infection can manifest and escalate in both neuropathic and ischemic feet necessitate immediate recognition. Prompt acknowledgement is vital to facilitate urgent referrals aimed at preserving limbs and preventing amputations.

Addressing The Problems

In the world of diabetic foot ulcer (DFU) care, implementing evidence-based knowledge and embracing a quality improvement mindset are essential for delivering patient-centred outcomes. With the aid of best practice tools and educational resources, such as those provided by the Wounds Canada Institute, and the *Limb Preservation Journal*, health-care professionals can revolutionize the landscape of DFU management.

Effective implementation serves as the bridge between research and real-world practice within health-care systems. It offers health system designers, primary care teams, specialized teams, educators and researchers a clear path for implementing evidence-based changes and measuring their patient reported outcome measures.⁷ By prioritizing early identification through risk screening, comprehensive assessment and timely referrals to specialized teams, health-care professionals can provide proactive and personalized care that meets the unique needs of each patient.

Knowledge Translation

"Knowledge Translation is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health-care system. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings, as well as the needs of the particular knowledge user" – Canadian Institutes of Health Research.⁸

The knowledge translation tools developed by Wounds Canada and D-Foot International play a vital role in supporting best practices and improving health outcomes for individuals with DFUs. By streamlining care processes and optimizing resource utilization, these tools contribute to equitable access to high-quality care. Their integration holds the potential to optimize DFU management, enhance patient outcomes and enrich the entire health-care ecosystem.

Wounds Canada Institute and D-Foot International recognize the urgent need for early detection, foot screening and effective DFU management. They have led the development of ground-breaking tools such as the *Foot Health Pathway*⁹, *Inlow's 60-second Diabetic Foot Screen*¹⁰ and the *Fast Track Pathway for Diabetic Foot Ulceration*.¹¹ These innovative resources support health-care professionals (teams) in identifying risk and managing DFUs at an early stage, potentially preventing ulcer development and severe complications and significantly improving patient outcomes.

In the following sections, we will delve deeper into the integration of these knowledge translation tools, exploring their transformative potential in optimizing DFU care (see Table 1). By embracing implementation strategies, prioritizing quality improvement and harnessing the power of these best practices, policy makers, administrators and frontline clinicians have a unique opportunity to revolutionize the care provided to individuals with DFUs. Together, we can pave the way for healthier and brighter futures for those affected by this condition, ensuring that every patient receives the exceptional care they deserve.

The introduction of assessment tools such

ΤοοΙ	Description	Available at:				
A Foot Health Pathway for People Living with Diabetes (Evans et al. 2022)	A systematic approach to managing DFU. It consists of assessment,management and follow-up stages, offering a patient-centred and tailored approach to care.	https://www.woundscanada.ca/doc- man/public/limb-preservation-in-can- ada/2022-vol-3-no-1/2501-lpc-spring- 2022-v3n1-final-p-12-25-foot-health- pathway/file				
<i>Inlow's 60-second Foot Screen:</i> <i>Update 2022</i> , now in a PDF fillable version	For a person with diabetes, the screening results provide a risk level and identify dir- ect associated educational activities and ongoing screening schedules. For clinicians and health-care organizations, the use of the diabetic foot screening tool in all care settings creates a common communication avenue between individuals and interdisci- plinary teams supporting the individuals' foot care.	Link to fillable PDF: https://www.woundscanada.ca/doc- man/public/2642-2022-wc-inlow-foot- ulcer-screen-tool-1101r6e-copy-nov4/ file				
Fast Track Pathway for Diabetic Foot Ulceration (D-Foot International)	A document focused on promoting timely access to referral.	https://d-foot.org/projects/ fast-track-pathway-for-diabetic-foot-ul- ceration				

Table 1: Implementation Tools to Support System Design, Early Risk Screening and Intervention, Patient

 and Clinician Education and Referral

ΤοοΙ	Description	Available at:			
Best Practice Recommen- dations for the Prevention and Management of Dia- betic Foot Ulcers; chapter in Foundations of Best Practice for Skin and Wound Management	BPRs focused on diabetic foot developed by experts on this topic and based on the latest research evidence. They use the Wound Prevention and Management Cycle to help guide front- line clinicians and health decision mak- ers through a step-by-step process that addresses the assessments and interven- tions of factors that may interfere with skin integrity or affect wound healing.	https://www.woundscanada.ca/ health-care-professional/publications/ dfc-2			
Patient tools - Wounds C	anada				
Do It Yourself (DIY) Skin Health Series • Arterial Foot and Leg Ulcers	The <i>DIY Skin Health Series</i> focuses on wound prevention and management information and techniques to enable patients to become architects of their own health.	Home Page: https://www.woundscan- ada.ca/patient-or-caregiver/resources/ diy-series			

Neuropathic/ Diabetic Foot Ulcers		
<i>Care at Home</i> Series	The <i>Care at Home Series</i> focuses on skin heath and basic wound care for patients and family members.	Home Page: https://www.woundscan- ada.ca/patient-or-caregiver/resources/ care-at-home-series
Diabetes, Healthy Feet and You	This website provides people living with diabetes, their caregivers and health-care professionals with information about effective self-monitoring, prevention, early detection and treatment of diabetic foot problems, including ulcers.	Home Page: https://www.woundscan- ada.ca/about-dhfy Literature resources: https://www.woundscanada.ca/doc- man/public/diabetes-healthy-feet- and-you

Clinician / Teams		
The Wounds Canada Institute (WCI)	The Wounds Canada Institute (WCI) is a leading organization dedicated to enhan- cing wound care competencies among health-care professionals through educa- tional programs focused on skin health and wound management.	Home Page: https://www.wound- scanada.ca/about-us-2021/about-the- wounds-canada-institute
Wounds Canada- Nutrition Web Resources	A web page offering guidance on the cru- cial role of nutrition in wound healing and skin health.	Nutrition: https://www.woundscanada.ca/ health-care-professional/resources- health-care-pros/nutrition

Clinician / Teams		
Wound Care Canada	Wound Care Canada is the flagship maga- zine of Wounds Canada. It is Canada's only publication devoted entirely to wound care and remains the best source for health professionals seeking credible information regarding wound manage- ment and prevention in clinical practice.	Home page: https://www.woundscanada.ca/ health-care-professional/publications/ wcc-magazine
Limb Preservation Journal	Limb Preservation Journal is a peer-re- viewed journal dedicated to improving understanding among stakeholders working in the area of limb preservation, providing insights into how to apply new knowledge, and strengthening the com- munity's bonds.	https://www.woundscanada.ca/ health-care-professional/publications/ limb-preservation-in-canada

as the Canadian Foot Health Pathway⁹, Inlow's 60-second Diabetic Foot Screen¹⁰, and the Fast Track Pathway¹¹ have the potential to revolutionize the early detection and management of DFUs if they become widely used. Additionally, educational programs like Diabetes, Healthy Feet and You¹², coupled with adherence to the recommendations outlined in the chapter "Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers" in Foundations of Best Practice for Skin and Wound Management³ have provided further support for DFU prevention and management.

The remainder of this article aims to explore the integration of these tools and resources to optimize DFU care.

DFUs are wounds that occur on the feet of individuals with diabetes.¹³⁻¹⁶ These ulcers develop due to a combination of factors, including neuropathy, peripheral vascular disease, foot deformities and trauma. If risk factors for the development of foot ulcers in a person living with diabetes are identified and addressed many ulcers can be prevented. However, once ulcers do develop, due to their complex nature, early detection and appropriate management are vital to prevent worsening of these ulcers and associated complications. This calls for a multidimensional approach that encompasses the identification of risk factors, provision of holistic care, timely intervention, patient education and adherence to evidence-based best practices. By utilizing the tools outlined below, clinicians can:

- Improve their decision making
- Communicate more effectively with their patients
- Implement best-practice-based care
- Provide better patient outcomes.

The Foot Health Pathway⁹

The Foot Health Pathway for People Living With Diabetes (see Figure 1) is a risk-based health-care strategy. It organizes care around patients' risk levels and prioritizes patient outcomes, experiences and value-based care consistent with the population health principles advocated by the Institute for Healthcare Improvement.¹⁷ The primary aim of this strategy is to pre-empt foot ulcerations, avoid the devastating consequences of amputations and prevent deaths linked to amputations.

Evans and colleagues (2022) developed the *Foot Health Pathway for People Living with Diabetes* as a collaborative effort involving a group of Canadian stakeholders, including experts and organizations associated with Wounds Canada.⁹ They collectively created this system-oriented guide built on the principles of the IHI's Quadruple Aim framework. This framework is centred on four major goals: 1. Enhancing the patient experience

- 2. Improving health outcomes
- 3. Delivering better value to the health-care system
- 4. Enhancing the experience of health-care providers.

New in the IHI health care improvement is a fifth aim: advancing health equity¹⁸, with which the pathway also aligns.

The Foot Health Pathway offers a comprehensive approach, prioritizing prevention for people living with diabetes, irrespective of whether they have previously experienced diabetes-related foot complications. The Pathway consists of four domains, each strategically structured around interventions aimed at yielding the most favourable patient outcomes at various risk levels.

In this pathway, the emphasis is placed on prevention or "upstream" interventions (represented by the green and yellow), with the ultimate objective being to prevent "downstream" complications (outlined in the red and orange). In addition to emphasizing the prevention of foot complications, the Pathway underscores

the importance of having a health-care system structured to provide timely care for individuals who may develop a foot ulcer, Charcot deformity, acute critical ischemia or infection (as addressed in the red and orange domains).

Inlow's 60-second Diabetic Foot Screen¹⁰: The First Step in DFU Detection

Inlow's 60-second Diabetic Foot Screen, updated for 2022, is a rapid risk assessment tool (see Figure 2) that helps to identify patients susceptible to developing diabetic foot ulcers (DFUs). It is a comprehensive diagnostic instrument that evaluates:

- Sensation
- Skin integrity
- Deformities
- Vascular health.

By swiftly pinpointing individuals at risk, it prompts the clinician to implement early interventions, reducing the chances of ulcer formation

Healthy

Piabetic Foot Canada

Figure 1: Screening the foot is the first step in identifying risk

Foot Health Pathway for People Living with Diabetes

Person with diabetes and no history of diabetic foot disease or complications Goal: Promote foot health and prevent diabetic foot disease	Pers diab and plar Goal comp and/o	Person with diabetes and history of diabetic foot disease (neuropathy and/or PAD and/or deformity and/or consequences of plantar pressures) Goal: Prevent development of diabetes-related foot complications like DFUs before they become serious and/or urgent		Person with diabetes, with history of active foot ulcer and/or Charcot foot and/or critical ischemia Goal: Prevent recurrence of ulcer and other complications					
INTERVENTION CARE DELIVERY LOCATION		INTERVENTION	CARE DELIVERY LOCATION		INTERVENTION	CARE DELIVERY LOCATION			CARE DELIVERY LOCATION
Risk Assessment		Risk Assessmen	t		Risk Assessme	ent		Risk Assessmen	ıt
Assess medical condition and identify related comovibilities Assess for: foot disease and pre- ulcerative complications, mental health factors, lifestyle factors, environmental risks or social determinants that can impact	Mo dise PAE or a con Ass env	nitor progression of foot ease (neuropathy and/or) and/or deformity and/ associated pre-ulcerative mplications) uess for: mental health, lifestyle, vironmental risks or social	å ≵ === O		 Assess to identify wound type, extent of infection, arterial disease, active Charcot Assess for: mental health, lifestyle environmental risks or social determinants that can impact adaptation and self-management 	<u>م</u> ر س		Monitor progression of foot disease and recurrence of acute foot pathologies (active ulcer, infection, Charcot or critical ischemia) Assess for: mental health, lifestyle, environmental risks or social	224 à
health	det	terminants that can impact			Plan of Care		EFFECTIVE	determinants that can impact	
Plan of Care	ada	aptation and self-management Plan of Care			 Provide access to specialized care within 24 hours 	E 🏜 🖽		S self-management Plan of Care	
• Optimize feet health through	• Sup	oport patient self-management	å 🖿 🗖 🍙		Address all health issues and			Support patient self-management	å 🗆 🚵
preventative foot care and footwear interventions	worsening condition foo	nage foot disease through eventative foot care and stwear interventions		WORSENING	make appropriate referrals Support patient self-management 		K	Manage foot disease through preventative foot care and footwear interventions	à 🏜 🗆 🍙
comorbidities	• Ma	nage diabetes and related	å 🖮 🖸 🍙		offloading (pressure relief)		WORSENING	Manage diabetes and related comorbidities	å 🖮 🖸 🍙
Every 12 months based on level	con	Re-screening			Provide foot care and footwear: pooded by patients during their			Re-screening	
of risk	• Eve	ery 3–6 months based on level	å≹⊞ O		acute episode			Every 1–3 months based on identified risk	å im å
Reassessment and Evaluation of Interventions	- OIT	Reassessment and Evaluation	of Interventions		Manage diabetes and related comorbidities			Reassessment and Evaluation	of Interventions
risk factors	• As i	required based on identified	å à 🖿 🖸		Investigate need for medical			As required based on identified	a. III a.
	risk	ractors			and/or surgical intervention Re-screenin			risk factors	
					Continues after the complication				
					Reassessment and Evaluation	n of Interventions			
					• As required based on peed	. Ben			
					no required based of ficed				
Relative financial burden on health-care system	Relativ financi health	ial burden on -care system			Relative financial burden on health-care system	36+		Relative financial burden on health-care system	
Care delivery Reprimary care that diabetes care	footcare	virtual patient's	home and	multidiscipli	nary 🕄 acute care				

and enhancing patient outcomes.

Step 1: Identify At-Risk individuals. Using *Inlow's 60-second Diabetic Foot Screen*, health-care professionals can determine which patients are at risk for foot complications. This process facilitates the implementation of preventative measures and early interventions, thus mitigating the risk of ulcers, amputations and other grave complications.

Step 2: Assess the Risk for Ulceration and Amputation. Health-care providers should review the results from *Inlow's 60-second Diabetic Foot Screen* to identify risk factors in patients. Notably, a very low risk involves no loss of protective sensation, peripheral arterial disease or associated comorbidities/risk factors.

Step 3: Develop a Patient-specific Plan of Care Based on the Identified Risks. Healthcare professionals should formulate a care plan in conjunction with their patient that aligns with the risk classification and clinical indicators identified during the Inlow screening to best meet their needs.

Eighty percent of lower limb amputations related to diabetes-related foot disease can be avoided through the incorporation of preventative measures and interdisciplinary care, which includes screening, foot care and footwear education before an ulcer develops and, if an ulcer is present, through timely referrals for vascular assessment.

Inlow's Foot Screen serves as an ideal preventive tool that can be tailored to each patient's needs.

Fast-track Pathway For Diabetic Foot Ulceration: The Importance of Expedited Care

The Fast-track Pathway for Diabetic Foot Ulceration is a clinical tool designed to expedite care for individuals with DFUs (see Figure 3). Recognizing that time is a critical factor in wound healing and for avoiding tissue deterioration, this pathway aims to reduce delays in the assessment, diagnosis and treatment of DFUs.⁹ By accelerating the care process, it allows for rapid intervention, which, in turn, enhanFigure 2: Inlow's 60-second Diabetic Foot Screen 2022 Update



ces wound healing and improves patient outcomes.¹⁰

This tool, designed specifically for non-specialist health-care professionals (HCPs) who provide primary care, equips these primary responders, who may lack specialized knowledge, to handle diabetic foot ulcers (DFUs) effectively. It emphasizes the importance of a clinical assessment in determining the severity and characteristics of DFUs, which should subsequently inform treatment decisions.

Figure 3: Expediting care for individuals with DFUs



For instance, the absence of foot pulses and/or the presence of necrosis could suggest ischemic or potential ischemic ulcers. Infections should be identified according to clinical signs, in adherence with international guidelines, and the Standard of Care (SoC) should align with these recommendations.

By evaluating a patient's medical history, comorbidities and wound characteristics, and through clinical examination, the tool aids HCPs in differentiating between non-life-threatening conditions, which can be managed within the community, and severe conditions that present potentially immediate risks to the patient's life or limb.

Upon application of this tool, patients can be swiftly categorized into three levels of severity and care:

- Uncomplicated DFUs: These are superficial, non-infected and non-ischemic ulcers. HCPs can supervise these cases but should refer them to specialized Diabetic Foot Services (DFS) if there's no observed clinical improvement (like ulcer area reduction exceeding 30%, absence of granulation tissue or signs of re-epithelialization) after two weeks of standard care.
- 2. Complicated DFUs: These are suspected ischemic ulcers or infected, deep ulcers (expos-

ing bone, muscle or tendons) or any kind of ulcers in patients with active heart failure or end-stage renal disease. These cases should be referred to specialized DFS within four days of the initial evaluation. After the acute phase is resolved, they can be collaboratively managed within the community.

3. Severely complicated DFUs: This category comprises conditions such as wet gangrene, abscess, phlegmons or foot ulceration in patients showing fever or signs of sepsis. Such cases necessitate urgent hospitalization in specialized DFS within 24 hours of diagnosis.

Additionally, key clinical states have been incorporated into the tool to better define crucial stages in DFU management. These states assist in determining whether DFUs should be referred from primary care to specialized DFS. They are referred to as *stable* and *unstable* DFUs.

- A stable DFU is an ulcer that is either healing or not healing but not worsening.
- An unstable DFU is a foot ulcer that is worsening due to underlying infection or ischemia, or experiencing an increase in size and depth.

Standard of Care for the Management of Diabetic Foot Ulcers¹¹

a detailed framework covering various aspects of diabetic foot ulcer management, including risk assessment, patient education, foot care,

Figure 4: Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers



Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers³

Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers in Foundations of Best Practice for Skin and Wound Management³ offers evidence-based recommendations to prevent and manage diabetic foot ulcers, with the goal of improving patient outcomes and reducing the burden of this condition (see Figure 4). These recommendations are grounded in the latest scientific guidelines, research and expert consensus, ensuring that the advocated practices are supported by reliable data and have proven effectiveness.

The DFU recommendations chapter provides

offloading techniques, wound assessment, infection control and appropriate use of dressings and

therapies. This comprehensive approach equips health-care providers with a structured and standardized method to prevent and manage diabetic foot ulcers, reducing variability in care and optimizing patient outcomes.

Moreover, the recommendations highlight the importance of multidisciplinary collaboration. By emphasizing the involvement of health-care professionals from different disciplines, such as podiatrists, wound care specialists, diabetologists, nurses, and others, these best practice recommendations ensure that patients receive holistic care that maximizes the effectiveness of treatment, enhances patient well-being and reduces the impact of diabetic foot ulcers on individuals and health-care systems.

Patient Education Modules

Wounds Canada offers a range of resources, modules and tools to support patients and their families through a patient-driven approach that helps individuals to take charge of their skin health.

One set of resources is the *Do It Yourself (DIY) Skin Health Series*, which supports the prevention and management of diabetic foot complications.

 The Arterial Foot or Leg Ulcer module addresses the specific challenges associated with arterial ulcers. This module aligns with Wounds Canada's commitment to evidence-based practices and equips patients with comprehensive information and guidance to effectively understand and manage arterial ulcers in the lower extremities.

• The Neuropathic/Diabetic Foot Ulcer module is specifically for individuals living with diabetes, a population at risk of foot ulcers. This module aligns with Wounds Canada's expertise in diabetic foot care and provides essential insights and strategies for preventing, detecting and managing neuropathic/diabetic foot ulcers. The module promotes self-monitoring, early detection and effective treatment, so patients can confidently play an active role in minimizing the risks and impact of diabetes-related foot complications.

The Care at Home Series, another resource offered by Wounds Canada, complements the *DIY Skin Health Series* by focusing on skin health and basic wound care. This series provides patients and their family members with practical information and guidance for managing wounds at home, aligning with Wounds Canada's commitment to holistic and patient-centred care. By equipping patients and their support networks with the necessary knowledge, the *Care at Home Series* enables effective care provision and promotes healing within the comfort of one's own home.

Wounds Canada's *Diabetes, Healthy Feet, and You* website serves as a comprehensive resource for any individuals interested in diabetic foot ulcer care. This resource is designed to support people living with diabetes, caregivers and health-care providers. It offers valuable information on self-monitoring, prevention strategies, early detection and treatment approaches.

Diabetes Healthy Feet And You Program¹²: Supporting Patient Self-Care

Diabetes, Healthy Feet and You is a peer-led self-management program designed to tackle the challenges posed by diabetes-related foot complications, while optimizing the allocation of limited health-care resources. This program stands out for its comprehensive approach to increasing awareness of and providing education to patients and their caregivers regarding the significance of foot care in persons living with diabetes. By emphasizing the role of patients in the prevention and management of DFUs through regular foot inspections, appropriate footwear and prompt reporting of any abnormalities, the initiative encourages active involvement in personal care. The program incorporates clinical tools such as *Inlow's Foot Screen*, the *Foot Health Pathway* and the *Fast Track Pathway*, providing patients with practical resources to engage in self-care and raise awareness about foot health.

One of the program's key strengths lies in its peer-led approach, which fosters a sense of community and support among individuals living with diabetes. Peer leaders, who have personal experience with diabetes and its associated foot complications, play a vital role in delivering educational sessions and serving as relatable role models. This peer-led approach enhances the program's effectiveness by promoting empathy, trust, and shared understanding, ultimately motivating participants to actively manage their foot health. By combining peer support and clinical expertise, Diabetes, Healthy Feet and You effectively provides individuals with diabetes with the knowledge and confidence to take control of their foot care and overall well-being.

Wounds Canada Institute

The Wounds Canada Institute (WCI) has a strong track record in providing educational programs for health-care professionals specializing in skin health and wound management and building wound care competencies. The Institute offers a range of learning experiences for professionals from all disciplines and experience levels. Programs are delivered through online courses, webinars, hands-on skills labs and interactive online forums, ensuring that learners can engage with the content in a manner that suits their preferences.

WCI's expert faculty takes an interprofessional and holistic approach, equipping learners with the knowledge and strategies needed to optimize patient outcomes and enhance the overall experience.

WCI offers a suite of diabetic foot programs specifically designed for interprofessional teams. These programs target both knowledge and skills, equipping professionals with the necessary tools to address the complexities of diabetic foot care collaboratively.

Limb Preservation Journal

Limb Preservation Journal (LPJ) is a vital peer-reviewed publication committed to advancing knowledge and fostering collaboration within the limb preservation community. As an open access journal, it serves as a platform for sharing cutting-edge research, clinical experiences and innovative approaches in the field.

The journal plays a crucial role in knowledge translation by bridging the gap between research findings and practical application. Through its rigorous peer-review process, *LPJ* ensures the dissemination of high-quality, evidence-based information to clinicians, researchers, educators and other stakeholders. By featuring original research articles, reviews, case studies and expert commentaries, the journal facilitates the exchange of ideas, experiences, and best practices among professionals.

Moreover, *LPJ* strengthens the bonds within the limb preservation community. By providing a central hub for researchers and practitioners to share their work, it fosters collaboration and encourages multidisciplinary approaches to limb preservation. This collaborative aspect of the journal enhances the collective knowledge and expertise in the field, ultimately benefiting patients and improving clinical outcomes.

Conclusion

The integration of knowledge translation tools in DFU care not only aligns with the IHI's Quadruple Aim framework but also plays a crucial role in quality improvement. By combining the use of evidence-based recommendations, patient and clinician tools, professional education delivered by organizations such as the Wounds Canada Institute and research summaries from open-access publications like *LPJ*, health-care professionals can drive continuous improvement in the delivery of care.

Enhancing the patient experience is a worthy goal for all health-care professionals and focusing on ensuring that individuals with diabetes receive

proactive and personalized care can lead to improved outcomes and a higher quality of life.

The integration of knowledge translation tools also contributes to cost reduction by optimizing resource utilization and promoting equitable access to high-quality care. By implementing early detection strategies and appropriate interventions, health-care professionals can prevent costly complications and hospitalizations, resulting in health-care cost savings and more efficient resource allocation.

Streamlining care processes and enabling comprehensive and proactive care not only improves patient outcomes, but also leads to greater job satisfaction and professional fulfillment for health-care professionals.

Through the integration of knowledge translation tools in DFU such as those outlined above, we can create a future where DFU care is optimized, resulting in healthier lives for individuals living with diabetes, more satisfied health-care providers and a more efficient and effective health-care system overall.

Janet L. Kuhnke, RN BA BScN MSc NSWOC Dr Psychology is Associate Professor School of Nursing, Cape Breton University, Sydney NS.

Mariam Botros, DCh DE IIWCC MEd is Chief Executive Officer of Wounds Canada, a chiropodist, and an educator.

Robyn Evans, BSc MD CCFP is Medical Director Wound Healing Clinic Women's College Hospital, Toronto ON.

Virginie Blanchette is a podiatrist PhD and Associate Professor at the Université du Québec à Trois-Rivières, QC.

Crystal McCallum, RN MCISc is Director of Education at Wounds Canada and a lecturer in the University of Western Ontario's Advanced Health Care Practice (Wound Healing) program.

Sue Rosenthal, BA MA is Strategic Advisor, Wounds Canada, Toronto ON.

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