A Journey of a Thousand Steps to #ActAgainstAmputation

By Mariam Botros, DCh, IIWCC, CEO, Wounds Canada; Doris Grinspun, RN, MSN, PhD, LLD(Hon), O.ONT. CEO, Registered Nurses' Association of Ontario (RNAO); Amanda Thambirajah, Director of Government Relations – Ontario, Diabetes Canada; Cathy Harley, Executive Director of CAET and Sue Rosenthal, BA, MA, Director, Knowledge Mobilization, Wounds Canada

iabetes is the sixth leading cause of death in North America. By 2020, an estimated 4.2 million Canadians will be living with the disease and its devastating complications. People with diabetes have an increased risk of developing diabetic foot ulcers (DFUs) as a result of the loss of protective sensation in their extremities. Twenty-five percent of individuals with diabetes will have a DFU in their lifetime, increasing their risk of amputation and pushing their five-year mortality rate to surpass that of patients with Hodgkin's disease, breast cancer or prostate cancer.^{1,2,3}

The direct cost of diabetes in Canada now accounts for about 3.5% of public health-care spending, and this figure continues to rise.⁴ The cost of DFUs is an enormous strain on health-care systems: about \$12.2 billion in 2010.

Care for people living with diabetic foot ulcers needs to be holistic and requires addressing all factors that contribute to ulceration, including repeated trauma and pressure. For years, the Canadian wound-care community recognized and understood the importance and value of pressure

redistribution for diabetic foot ulcers and the financial barriers to delivering evidence-based care for patients living with diabetic foot ulcers. We knew that it did not matter what you put on the wound if you did not first remove the pressure and therefore the circumstances that allowed repeated trauma to the wound.

It was challenging to advance this concept to health systems that, until recently, dealt with diabetic foot ulcers as an acute incident, and therefore spent little to nothing in primary and secondary prevention. For example, while dressings and amputations have received universal funding, devices to redistribute (offload) pressure and eliminate the repeated trauma have not.

If diabetic foot complications were ever going to be treated as the chronic condition they are, awareness of the issue and the consequences of the status quo needed to be tackled head-on.

A History of Advocacy

For more than two decades, Wounds Canada (formerly the Canadian Association of Wound Care) has been leading the charge in wound prevention



and treatment across Canada. In 2000, Wounds Canada published the first iteration of "Best practices for the prevention, diagnosis, and treatment of diabetic foot ulcers," in Ostomy/Wound Management, and since that time several updates have been published in the freely available Wound Care Canada and downloaded by thousands of health-care professionals and put into practice across the country.

Wounds Canada worked with both Public Health Agency of Canada and Diabetes Canada (formerly the Canadian Diabetes Association) from 2009 to 2012 to raise awareness of diabetes-related foot complications and of prevention and management strategies.

In 2012, Wounds Canada established a new division—Diabetic Foot Canada—to focus solely on foot disease in those living with diabetes, with a strong tie-in to the important etiological issues surrounding diabetes. Diabetic Foot Canada was established as the national go-to organization for online information and education for clinicians and patients in support of effective self-monitoring, early detection, prevention and treatment.

In 2012, Wounds Canada and Diabetes Canada partnered in the adoption and dissemination of "Diabetes, Healthy Feet and You" patient and clinician educational materials.

In 2012, Canada's Council of the Federation, which represents all jurisdictional premiers, endorsed⁵ the Registered Nurses' Association of Ontario's (RNAO) *Clinical Best Practice Guidelines:*

Assessment and Management of Foot Ulcers for People with Diabetes^{6,7} for national implementation. Provincial governments across Canada have publicly declared that foot care for people with diabetes is a significant health challenge and one of their top care priorities. The RNAO committed to supporting the dissemination, adoption and uptake of their guidelines at a national level.

In 2013, Wounds Canada and the RNAO identified this area as a priority that affects both quality of life and health-care costs. They joined forces to produce the *Diabetic Foot Canada e-Journal*, an online publication targeted at health-care professionals in multiple disciplines, to provide education, disseminate best evidence and educational tools, and raise awareness of the importance of preventing diabetes-related foot complications and amputations. This opensource journal is available free of charge at: www.diabeticfootcanadajournal.ca.

Joining Forces to Advance Healthy Public Policy

Wounds Canada, the RNAO and Diabetes Canada also recognized that, historically, the Canadian diabetic-foot-care community had struggled to fully leverage the power of our collective voices. The three organizations invited the Canadian Association for Enterostomal Therapy (CAET) to form a coalition to jointly engage governments, starting with Ontario. One of the key goals of this

coalition has been to prevent diabetes-related foot complications, including preventable lower-limb amputations, through the development and implementation of evidence-based clinical practice guidelines (CPGs), best practice recommendations and timely management of abnormalities.

On December 9, 2014, Wounds Canada, the RNAO, Diabetes Canada, the CAET and nearly 50 other supporters delivered a letter on care for diabetes-related foot ulcers to the top levels of the government of Ontario stressing the lack of universal funding for offloading devices. This letter can be viewed at http://rnao.ca/policy/submissions/rnao-and-cawc-joint-letter-diabetic-footcare-ontario.

A series of meetings, a visit to the legislature accompanied by patients who had suffered amputation, and successful media engagement served to increase awareness and build the necessary pressure to advance this important policy imperative. The organizations and individuals of the coalition continued to work together and separately to further the issue and to advocate specifically for universal public funding of offloading devices.

In 2015, Diabetes Canada developed the report Impact of Offloading Devices on the Cost of Diabetic Foot Ulcers. The report demonstrated that every four hours in Ontario, a patient had a lower limb amputated because of a diabetic foot ulcer that did not heal properly. The report also included an economic analysis showing that the Government of Ontario could save as much as \$75 million (net) a year if public funding for offloading devices were to be provided.

In 2016, the coalition was invited to submit a formal Ontario Health Technology Advisory Committee (OHTAC) request outlining the evidence supporting removable cast walkers (RCW) and RCWs rendered irremovable (ITCC). OHTAC comprises a group of experts from across the province that reviews health technology assessments and makes recommendations on which health-care services and devices should be publicly funded (see page 18 for more information on OHTAC). The experts' assessment concluded





that increased access to offloading devices could result in decreased amputation rates and cost savings for the health system.

Victory at Last

In 2017, Dr. Eric Hoskins, Ontario Minister of Health and Long-Term Care, announced at RNAO's Annual General Meeting that the province would provide funding for removable, irremovable and total contact foot casts. These offloading devices will be available free of charge at foot and wound clinics, specialized programs for diabetes and community health, continuing care centres and rehabilitation centres.

In his announcement, Hoskins said, "Diabetic foot ulcers can be extremely debilitating and, if not properly treated, can negatively impact a person's health and quality of life. We are making these wound-care devices available free of charge to patients who need them in order to improve their healing and subsequently, their overall health."

Health-care providers are pleased by the funding decision. Doris Grinspun, CEO of the RNAO, Mariam Botros, CEO of Wounds Canada, and Cathy Harley ED of the CAET issued the following statement:

"The government's announcement today is excellent news for persons with diabetes who suffer from diabetic foot ulcers. The funding of offloading devices will prevent amputations and the devastating suffering and cost that result from them. We are proud that Ontario is the first province to provide universal funding for offloading devices for the treatment of foot ulcers, and we encourage all other provincial and territorial governments across Canada to implement this evidence-based, cost-saving therapy. The announcement is the culmination of a meaningful partnership between organizations representing nurses, physicians, other health professions and the public."



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Contacts:

Co-Chairs Larissa Gadsby Igadsby@RNAO.ca

Mae Katt mkatt@RNAO.ca

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Diabetes Canada, through Amanda Thambirajah, Director of Government Relations – Ontario, issued this statement: "Amputations are one of the most feared consequences of diabetes. Diabetes Canada recognizes the Government of Ontario's leadership in providing public funding for offloading devices, which treat diabetic foot ulcers and prevent amputations. Diabetes Canada encourages the Government of Ontario to continue working on this issue, and encourages other provinces to follow Ontario's leadership in helping Canadians living with diabetes with their foot care."

The Way Forward

We continue to urge all provincial and territorial governments across Canada to act to prevent amputations by developing local and regional strategies to improve the care of patients presenting with a diabetic foot. These strategies include the following:

- universally funding offloading devices in all jurisdictions across Canada
- providing universal access to preventative footcare services, including supplying preventative shoes, socks and offloading devices to those in need, free at the point of care, for all patients living with diabetes
- developing policies that enable every person with diabetes to undergo appropriate foot assessments (an annual exam for all persons with diabetes and more frequent assessments for higher-risk individuals) as outlined by the International Diabetes Federation 2017 guideline document
- adopting an interprofessional approach to diabetes-related foot care, with at least one interprofessional diabetes foot-care team, with a well-defined referral pattern, in each health region
- publishing, on an annual basis, reliable data on diabetes-related foot care, using internationally recognized metrics, to assist ongoing quality improvement efforts

A Thousand Steps

While the journey has been long and has required the sustained commitment of many individuals

and organizations, it has been worth the effort because of the impact it will have on the lives of persons with diabetes and foot ulcers in Ontario. We will continue to work to achieve national universal coverage of offloading devices across Canada. Our thousand steps will mean more people with foot ulcers will receive the care they need to prevent amputation. The real winners are the patients and their families, whose suffering will lessen and whose lives will be improved.

Said David Armstrong, founder and co-chair of DFCon, the largest annual symposium on the diabetic foot in the world: "I can't begin to express my gratitude and admiration for our Canadian colleagues, their leadership, passion, and enthusiastic advocacy for care of our highest risk patients. [It] serves as an inspiration to us all. Here's to making a difference and joining the worldwide movement to #ActAgainstAmputation!"

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