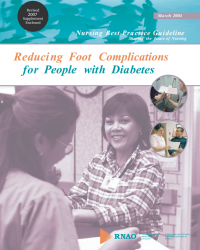
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**Gap Analysis:**

***Reducing Foot Complications for People with Diabetes*, Revised 2007**

**Work Sheet**

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This guideline can be downloaded for free at:

<http://rnao.ca/bpg/guidelines/reducing-foot-complications-people-diabetes>

The RNAO Leading Change Toolkit 3rd Edition

<https://rnao.ca/leading-change-toolkit>

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| --- | --- | --- | --- | --- |
| Date Completed: | |  | | |
|  | | | | |
| Team Members participating in the Gap Analysis: | | | | |
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**Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC per Fixing Long-Term Care Act, 2021 at** [**https://www.ontario.ca/laws/statute/21f39**](https://www.ontario.ca/laws/statute/21f39) & [**O. Reg. 246/22: GENERAL (ontario.ca)**](https://www.ontario.ca/laws/regulation/r22246)

| **RNAO Best Practice Guideline Recommendations** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
| --- | --- | --- | --- | --- |
| **Practice Recommendations** | | | | |
| 1.0 Physical examination of the feet to assess risk  factors for foot ulceration/amputation should be  performed by a health care professional.  (Level of Evidence= Ib) |  |  |  |  |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| 2.0 Nurses should conduct a foot risk assessment for  clients with known diabetes. This risk assessment  includes the following:   * History of previous foot ulcers; * Sensation; * Structural and biomechanical abnormalities; * Circulation; and * Self-care behaviour and knowledge   (Level of Evidence= IV) |  |  |  |  |
| 3.0 Based on assessment of risk factors, clients  should be classified as “lower” or “higher” risk  for foot ulceration/amputation.  (Level of Evidence= IV) |  |  |  |  |
| 4.0 All people with diabetes should receive basic  foot care education.  (Level of Evidence= Ib) |  |  |  |  |
| 4.1 Foot care education should be provided to all  clients with diabetes and reinforced at least  annually.  (Level of Evidence= IV) |  |  |  |  |
| 5.0 Nurses in all practice settings should provide or  reinforce basic foot care education, as  appropriate.  (Level of Evidence= IV) |  |  |  |  |
| 5.1 The basic foot care education for people with  diabetes should include the following six  elements:   * 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.   (Level of Evidence= IV) |  |  |  |  |
| 5.2 Education should be tailored to client’s current  knowledge, individual needs, and risk factors.  Principles of adult learning must be used.  (Level of Evidence= IV) |  |  |  |  |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| **Education Recommendations** | | | | |
| 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:   * Skills in conducting an assessment of the five risk factors; * Knowledge and skill in educating clients; and * Knowledge of sources of local referral.   (Level of Evidence= IV) |  |  |  |  |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| **Organization and Policy** | | | | |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| 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.  (Level of Evidence= IV) |  |  |  |  |
| 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 the Assistive Devices Program  (ADP) for appropriate footwear and orthotics.  (Level of Evidence= IV) |  |  |  |  |
| 15.0 Organizations should advocate for an increase  in the availability and accessibility of diabetes  care and education services for all residents  of Ontario.  (Level of Evidence= IV) |  |  |  |  |
| 16.0 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:   * 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.   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  Implementationof the RNAO guideline  *Reducing Foot Complications for People with*  *Diabetes.*  (Level of Evidence= IV) |  |  |  |  |