

A close-up photograph of two hands clasped together. The hand on the left is older, with wrinkled skin, while the hand on the right is younger and smoother. The hands are positioned in a way that suggests support and care.

**Your Role In Improving The
Population Health Of People At
Risk Or Living With Diabetic Foot
Complications**

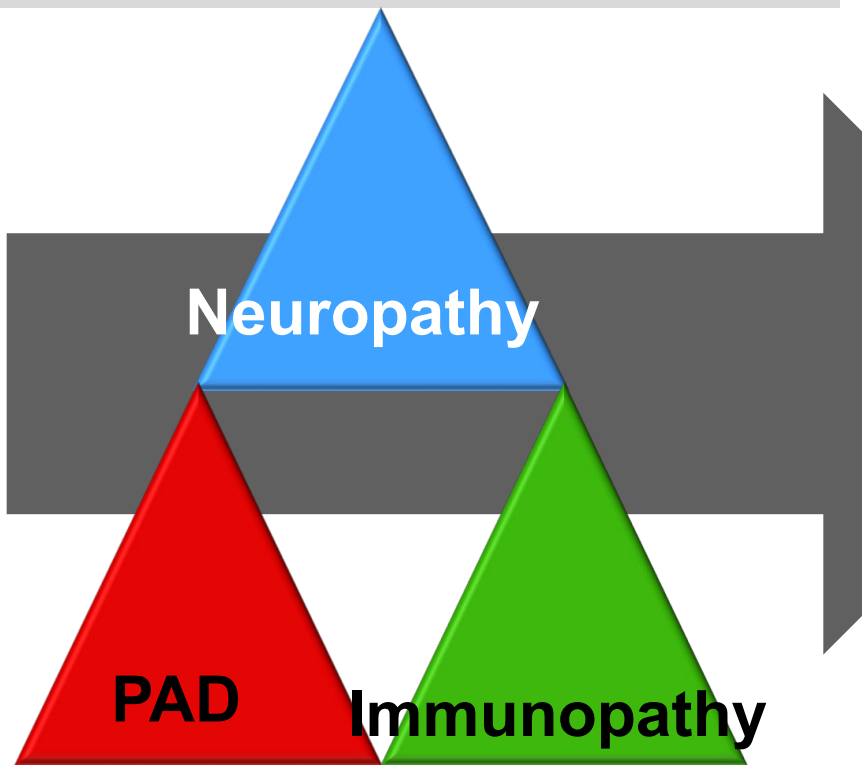
Objectives

By the end of the webinar participants will:

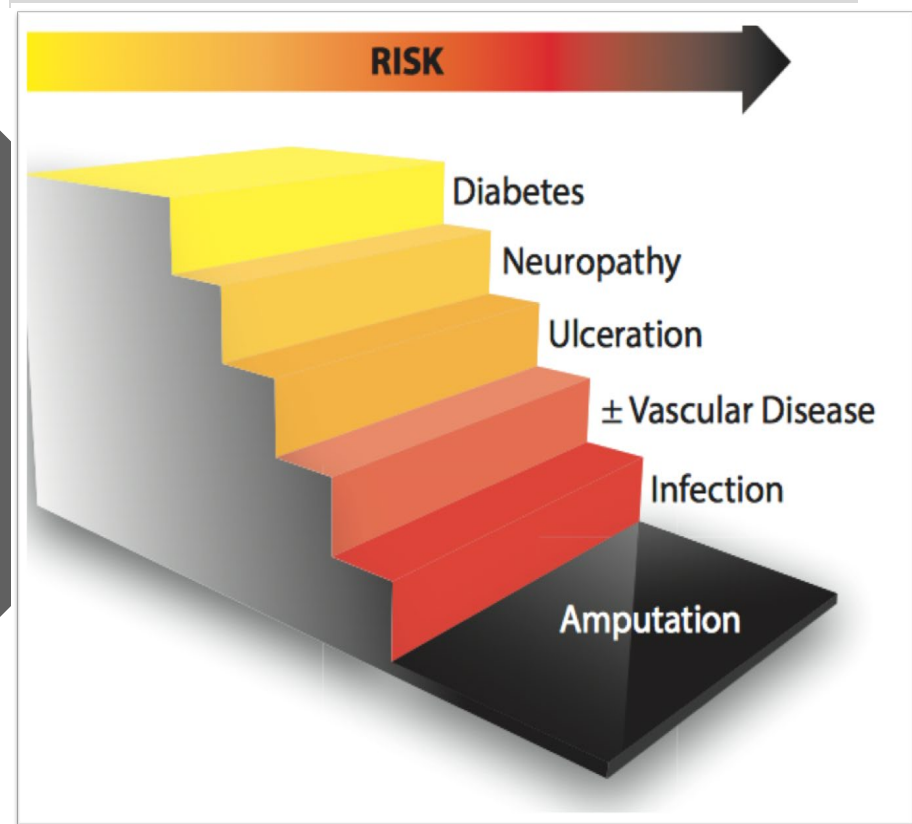
- Discuss prevention and management approaches based on risk stratification of people at risk or living with diabetic foot complications
- Explore ways to leverage telehealth / virtual care assessments to support patients at risk or living with diabetic foot complications
- Leverage Wounds Canada peer reviewed resources to optimize your practice

How can diabetic foot impact the health of patients living with diabetes?

Diabetic Foot Disease



Stairway to Amputation



Botros M, Kuhnke J. The Diabetic Foot Triad as a Catalyst for Behaviour Change [Internet]. Woundscanada.ca. 2018 [cited 19 September 2018]. Available from: <https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2017-vol15-no2/919-wcc-fall-2017-v15n2-final-p-16-23-dft/file>

Is this Important to Your Practice in Ontario?

- 85% of lower-limb amputations are preceded by a diabetic foot ulcer
- 80% of major lower-limb amputations are preventable

How do we measure up?

- Average lower-limb amputation rate in Ontario is 2X high as in other high-income jurisdictions

Foot & Leg amputations are on the rise in Ontario – Can we do better?

Foot and leg amputations related to diabetes and poor circulation are on the rise in Ontario



Study suggests that new and better-coordinated efforts are needed to improve diabetes management and access to foot care in order to prevent amputations.

Researchers looked at de-identified records for all Ontarians age 40+ who underwent lower limb amputation (2005 - 2016), with a focus on those with a history of diabetes and/or peripheral artery disease.

Diabetes can lead to peripheral artery disease, reducing blood flow to legs and feet thereby reducing the ability to feel sensation and also to heal. This raises the risk of wounds and untreated infections, sometimes leading to amputation.



More than 20,000 patients with diabetes and/or peripheral artery disease had a lower limb amputation during the 11 years studied.

Nearly **2 in 3** were classified as “major” (above the ankle).

The amputation rate initially declined between 2005 and 2010, but increased again by 2016 and is projected to continue to rise.

2005: 9.88 per 100,000*

2010: 8.62 per 100,000

2016: 10.0 per 100,000

(*denominator represents entire Ontario population)

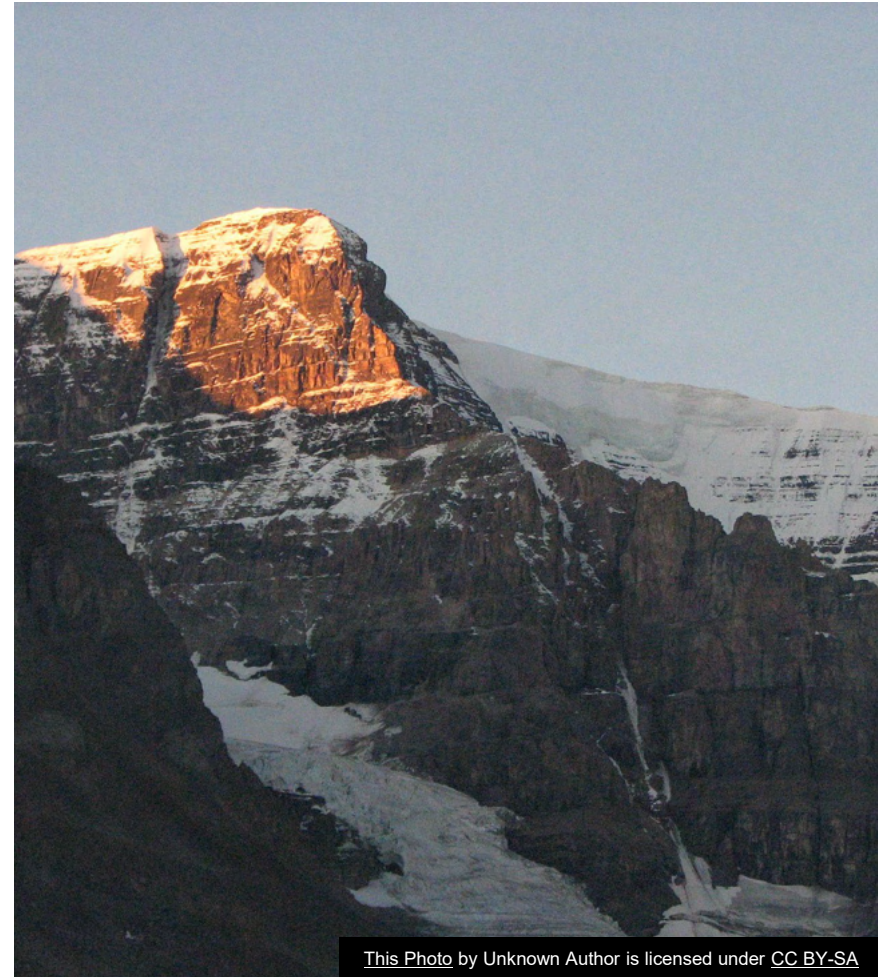
Hussain M. et al. CMAJ. 2019.

Alberta success with diabetic foot pathway

- Demonstrated the success of implementing a population health approach for patients at risk of or living with diabetic foot related wounds.

Resulted in:

- Improved population health: 45% reduction in amputations
- Value-based care: ROI – for every \$1 spent, saved \$7.40
- Improved patient experience



Amputation Prevention Strategies

Geographies in Developed World That Achieved Amputation Reductions

- **Australia:** 72%
1993-2011
- **Spain:** 47%
1998-2012
- **Scotland:** 40.7%
2004-2008
- **Netherlands:** 38%
1991-2000
- **Finland:** 50%
1997-2007



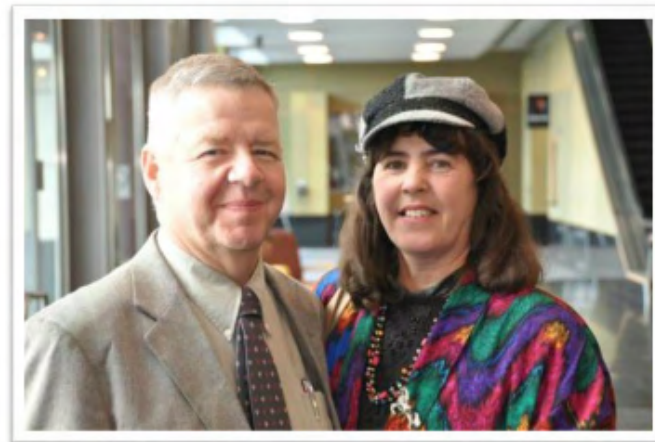
How did they achieve it?

Reductions in Amputations

Significant reductions in amputations can be achieved by:

- Well-organized diabetic foot care teams
- Good diabetes control
- Well-informed self care

IWGDF

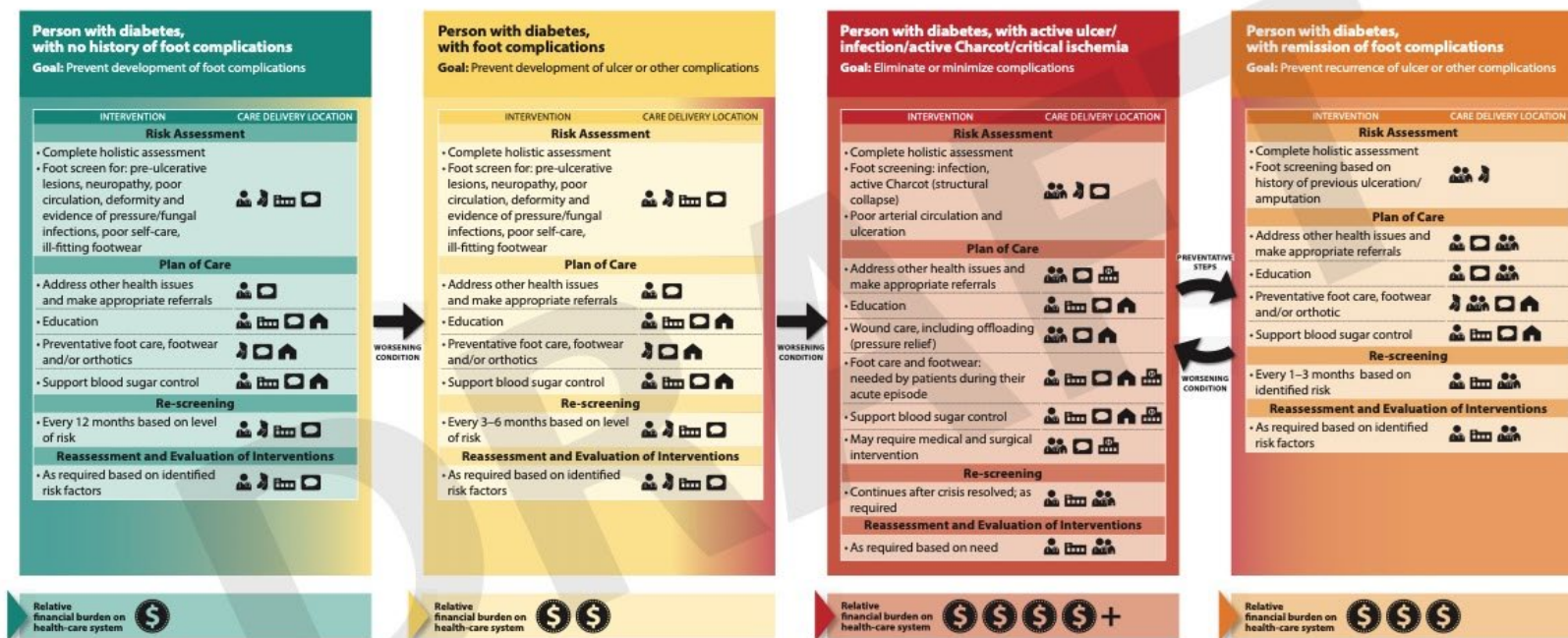


Improving foot/ limb health of patients living with diabetes



Where do you fit in a Diabetic Foot Risk Based System-level care pathways?

Pathway for Preventing and Managing Diabetic Foot Complications



Upstream

Downstream



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Powered by



System-level care pathways based on risk level

Upstream

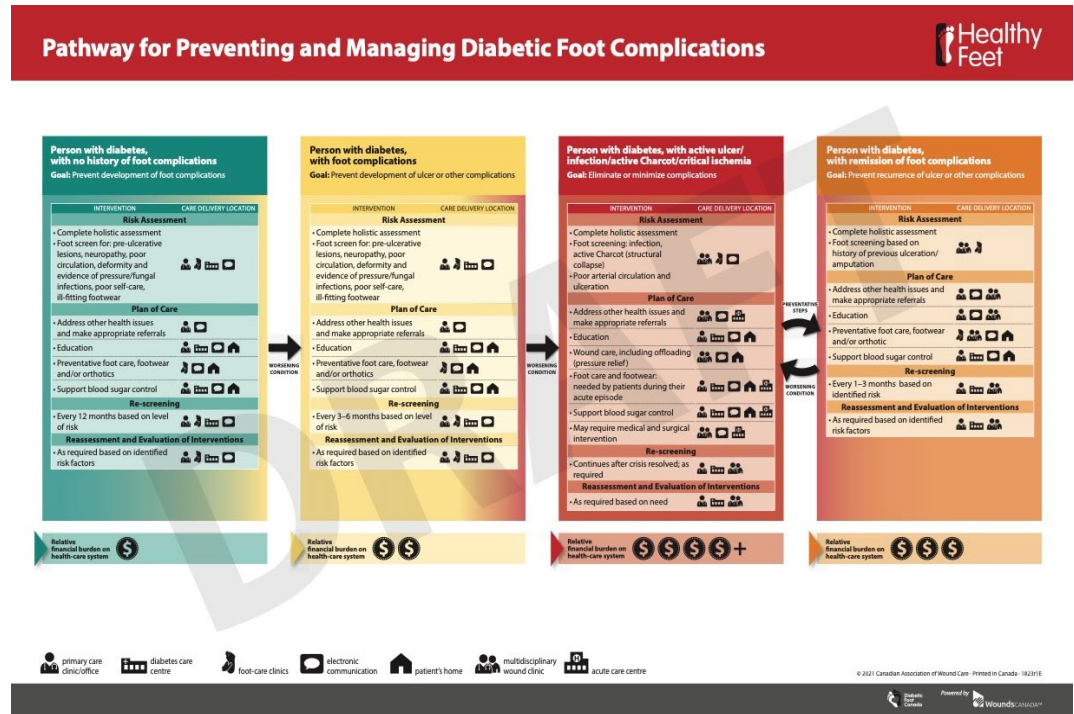
Green – Strategies aimed at preventing foot disease and supporting self-management

Yellow – Strategies aimed at managing foot disease and preventing active pathologies, supporting self-management and disease adaptation

Downstream

Red – Strategies aimed at managing active pathologies and optimizing healing, supporting self-management and disease adaptation

Orange – Remission – supporting self-management and disease adaptation



Data-driven and value-based care across Continuum

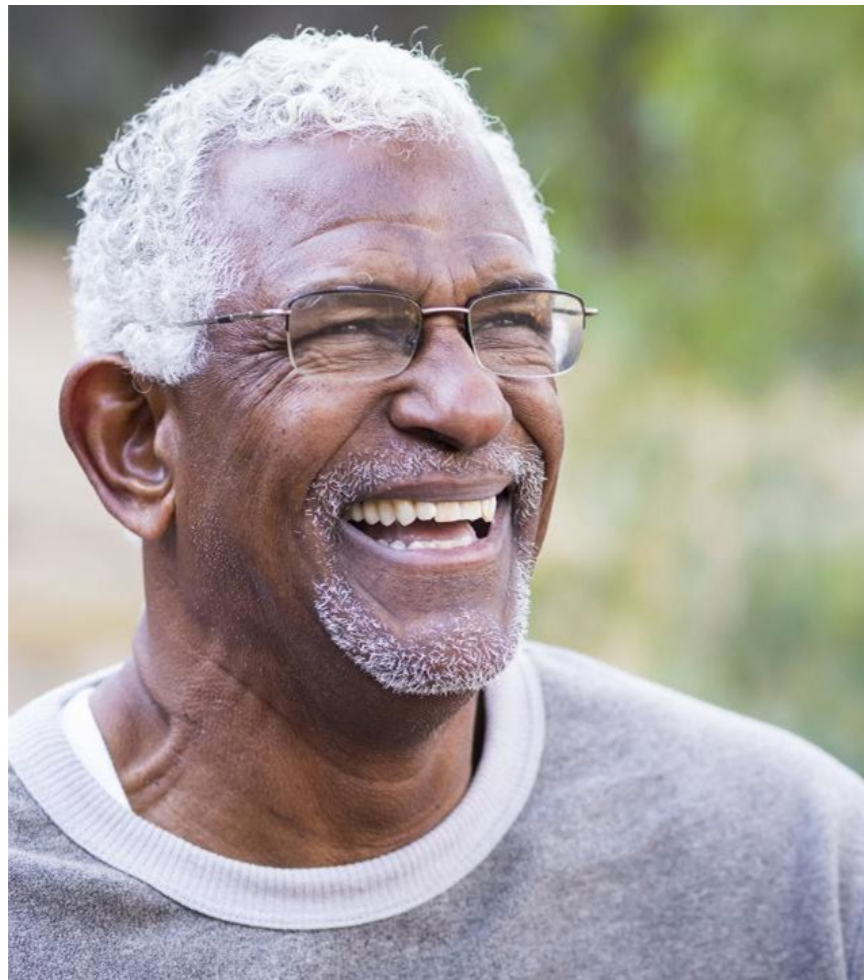
Case Based Application



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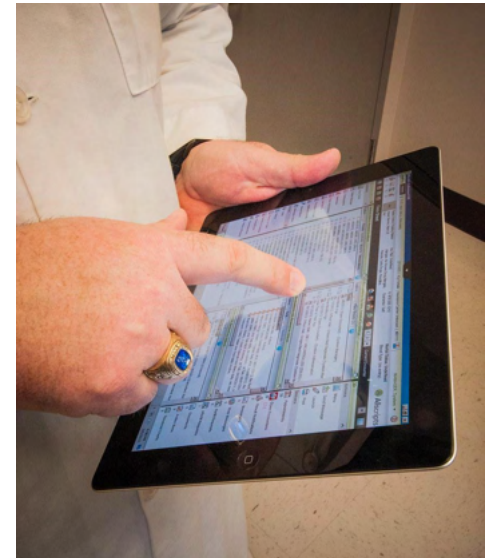
Meet Sam

- Sam is a 56-year-old person with type 2 DM x 20 years
- He works in construction and wears construction boots for work
- Bilateral callouses on his hallux plantar surface
- No foot pain / complaints
- Referred by GP for screening



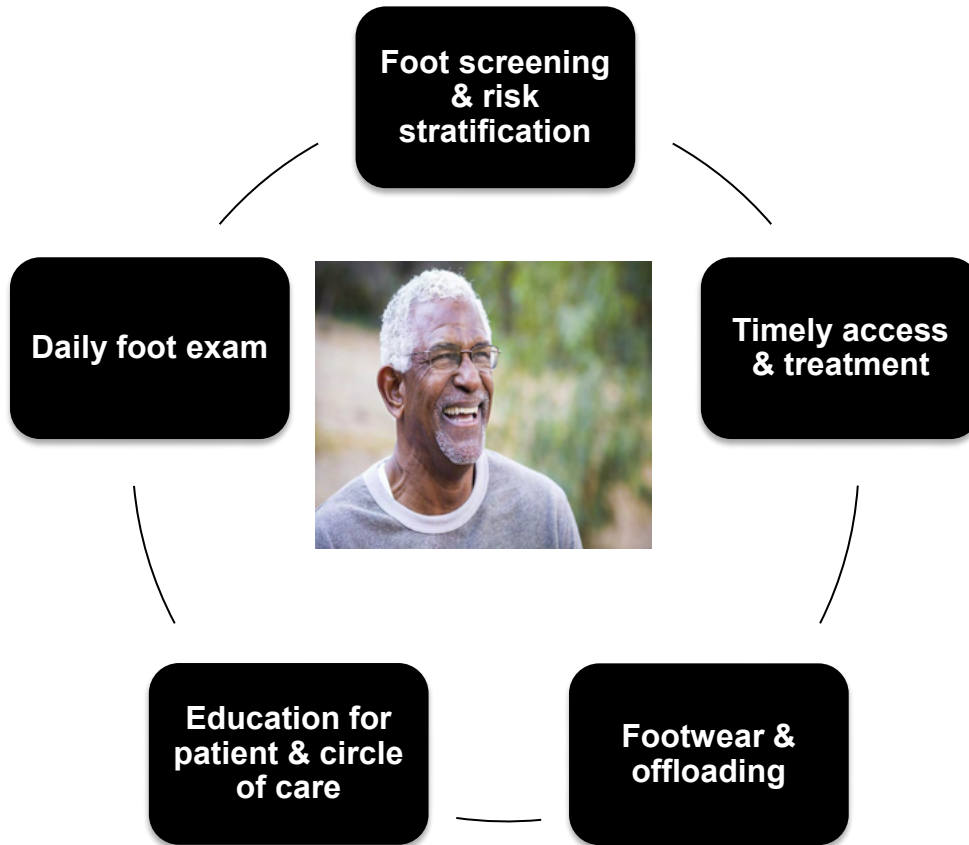
Start with a Comprehensive History

- ✓ Medical history
- ✓ Current health status / mental health
- ✓ Medications
- ✓ Allergies
- ✓ Diabetes control
- ✓ Visual or renal impairment
- ✓ Smoking history
- ✓ Employment
- ✓ Social support
- ✓ Recreational activities
- ✓ Financial limitations



Source: Boulton AJM, Armstrong DG, et al. Comprehensive foot examination and risk assessment. Diabetes Care. 2008;31(8):1679-1685.

Keeping Sam Healthy



		GUIDELINE TARGET (or personalized goal)
A	A1C targets	A1C \leq 7% If on insulin or insulin secretagogue, assess for hypoglycemia and ensure driving safety
B	BP targets	BP <130/80 mmHg If on treatment, assess for risk of falls
C	Cholesterol targets	LDL-C <2.0 mmol/L
D	Drugs for CVD risk reduction	ACEi/ARB (if CVD, age \geq 55 with risk factors, OR diabetes complications) Statin (if CVD, age \geq 40 for Type 2, OR diabetes complications) ASA (if CVD) SLGT2i/GLP1ra with demonstrated CV benefit (if have type 2 DM with CVD and A1C not at target)
E	Exercise goals and healthy Eating	150 minutes of moderate to vigorous aerobic activity/ week and resistance exercises 2-3 times/week Follow healthy dietary pattern (i.e. Mediterranean diet, low glycemic index)
S	Screening for complications	Cardiac: ECG every 3-5 years if age >40 OR diabetes complications Foot: Monofilament/Vibration yearly or more if abnormal Kidney: Test eGFR and ACR yearly, or more if abnormal Retinopathy: yearly dilated retinal exam
S	Smoking cessation	If smoker: Ask permission to give advice, arrange therapy and provide support
S	Self-management, stress, other barriers	Set personalized goals (see "Individualized Goal Setting" panel) Assess for stress, mental health, and financial or other concerns that might be barriers to achieving goals

Diabetes Canada 2018 Quick Reference Guide

Determine the Risk for Foot Ulcers & Amputations

Determine Sam's risk factors so that we can predict & prevent:

1. Ulcers
2. Amputations



Inlow's 60-second Diabetic Foot Screen

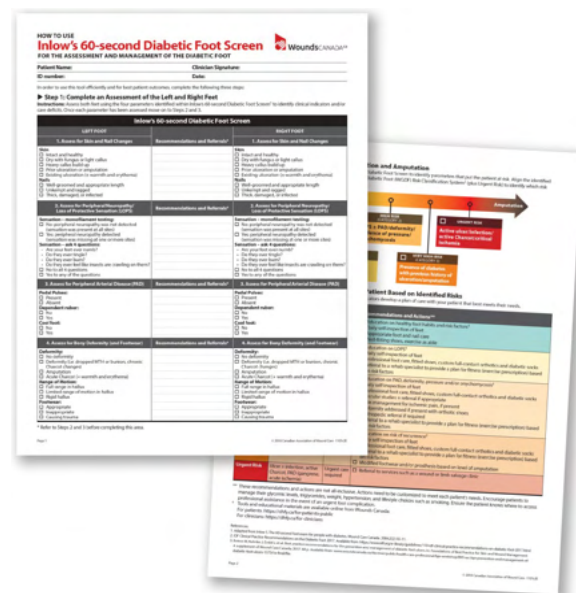
Inlow's 60-Second Diabetic Foot Screen is a validated tool provided by Wounds Canada for assessing amputation risk

This tool involves three steps:

Step 1: Complete an **assessment** both Feet including assessing for skin and nail changes, loss of protective sensation, peripheral arterial disease, bony deformity and footwear).



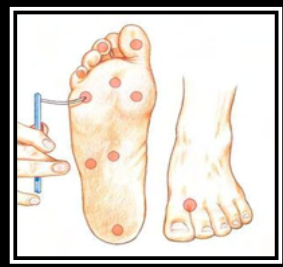
Step 2: Determine the **risk** for ulceration and amputation

Step 3: Develop a **plan of care** with the team (that includes the patient) based on risk parameters, patient circumstances and available resources.



<https://www.woundscanada.ca/docman/public/health-care-professional/162-60-second-foot-screen-2011/file>

Step 1: Assessment

History	Exam	
<p>1. Are your feet ever numb?</p>	<p>Check:</p> <ul style="list-style-type: none"> • Skin • Structure • Shoes 	
<p>2. Do they ever tingle?</p>	<p>Palpate foot:</p> <ul style="list-style-type: none"> • Pulse • Temperature • range of motion 	
<p>3. Do they ever burn?</p> <p>4. Do they ever feel like insects are crawling over them?</p>	<p>Perform Sensation monofilament 10 gram</p>	

Assessing neuropathy

- Peripheral Neuropathy is a predictor of diabetic foot ulceration
- Early detection can lower incidence of these diabetic foot complications
- 10 g Semmes– Weinstein monofilament testing technique described as a good method to assess loss of protective sensation in the clinical setting.
- This technique is favoured by most clinicians because of its accuracy, low cost and convenience



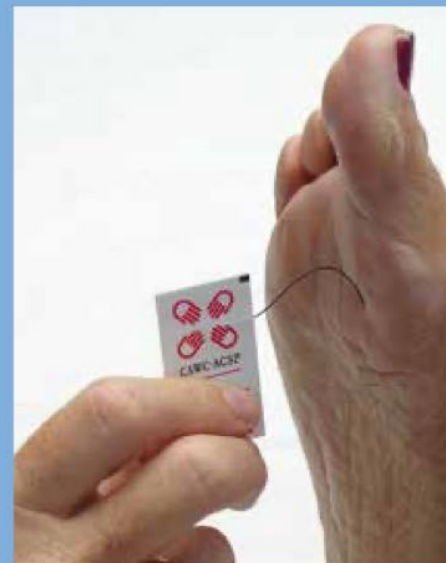
Too few, too many or just right? How many sites should be tested to detect diabetic peripheral neuropathy? <https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2020-vol-18-no-2/1732-wcc-summer-2020-v18n2-final-p-30-35-dpn/file>

How to use the monofilament?

How to Use a Monofilament

The Semmes-Weinstein monofilament uses a 5.07 monofilament that exerts 10 grams of force when bowed into a C-shape against the skin for one second.

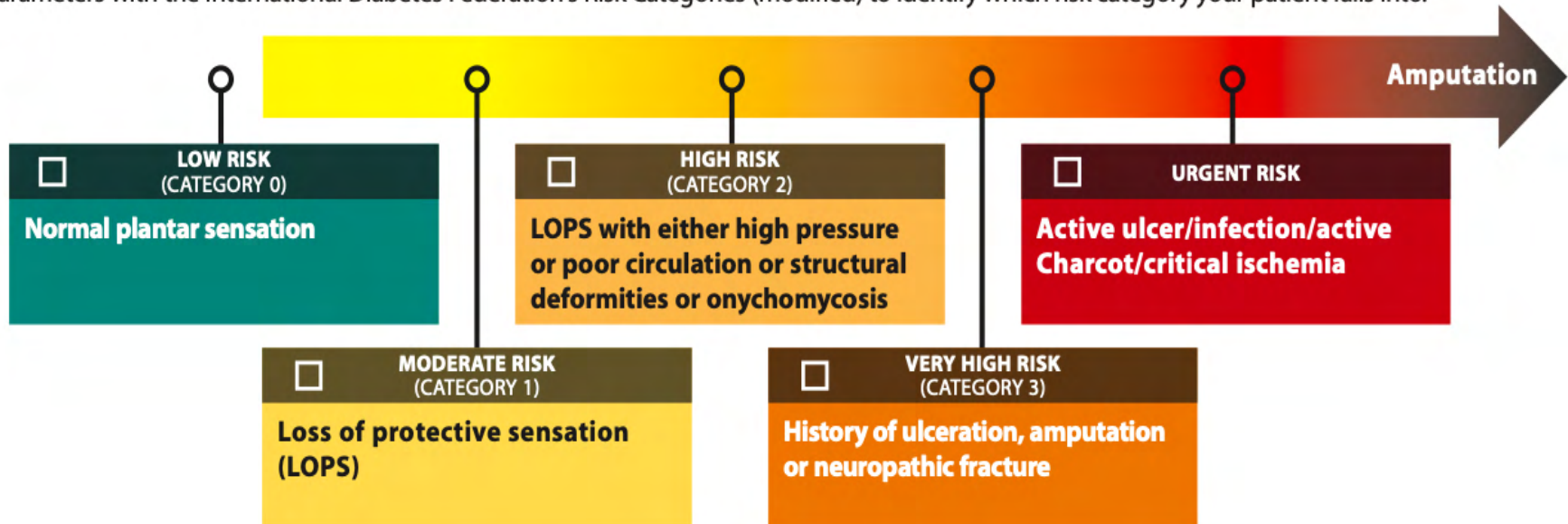
1. Touch the monofilament to the patient's arm or hand (avoid the hand if the person with diabetes has glove and stocking neuropathy) so they understand what to expect when monofilament testing is performed on the foot.
2. Before you touch the monofilament to their foot, have the patient close their eyes and instruct them to say "yes" when they feel the sensation of the monofilament on their foot.
3. Hold the monofilament perpendicular to the foot and touch the skin only once, until the monofilament bends into a C-shape. Do not apply over ulcer, callus, scar or necrotic tissue.
4. Test the 10 sites indicated in the diagram (Figure 3).
5. Record the response on the foot screening form with "+" for yes and "-" for no.
6. If the monofilament is not felt in an area on the foot, this indicates loss of protective sensation (LOPS) in that area.



Step 2: Risk Stratification

► Step 2: Determine the Risk for Ulceration and Amputation

Instructions: Review the results from Inlow's 60-second Diabetic Foot Screen to identify parameters that put the patient at risk. Align the identified parameters with the International Diabetes Federation's Risk Categories (modified) to identify which risk category your patient falls into.



HOW TO USE Inlow's 60-second Diabetic Foot Screen FOR THE ASSESSMENT AND MANAGEMENT OF THE DIABETIC FOOT <https://www.woundscanada.ca/docman/public/health-care-professional/162-60-second-foot-screen-2011/file>

Step 3: Plan of Care

Instructions: Based on the risk classification and clinical indicators develop a plan of care with your patient that best meets their needs.

Risk Classification	Clinical Indicators	Screening Frequency	Recommendations and Actions**
Low Risk (Category 0)	Normal plantar sensation	Screen every 12 months	<input type="checkbox"/> Educating on risk factors and foot self-inspection and care [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Appropriate foot and nail care <input type="checkbox"/> Well-fitting, sensible footwear <input type="checkbox"/> Exercise as able
Moderate Risk (Category 1)	Loss of protective sensation (LOPS)	Screen every 6 months	<input type="checkbox"/> Education on LOPS [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care <input type="checkbox"/> Well-fitting, sensible footwear with custom, full-contact foot orthoses and diabetic socks <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
High Risk (Category 2)	LOPS with either high pressure or poor circulation or structural deformities or onychomycosis	Screen every 3 months	<input type="checkbox"/> Education on high pressure, poor circulation, structural deformities and onychomycosis [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care, including treatment of onychomycosis and Tinea pedis if present <input type="checkbox"/> Well-fitting, orthopaedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present. <input type="checkbox"/> Vascular studies ± referral if appropriate <input type="checkbox"/> Pain management for ischemic pain, if present <input type="checkbox"/> Referral to an orthopedic surgeon, if indicated, to surgically manage foot deformities <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
Very High Risk (Category 3)	History of ulceration, amputation or neuropathic fracture	Screen every 1–3 months	<input type="checkbox"/> Education on risk of recurrence [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care <input type="checkbox"/> Well-fitting, orthopedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present. <input type="checkbox"/> Modified footwear and/or prosthesis based on level of amputation <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
Urgent Risk	Active ulcer/infection/active Charcot/critical ischemia	Urgent care required	<input type="checkbox"/> Educating on signs of wound infection and wound care <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care

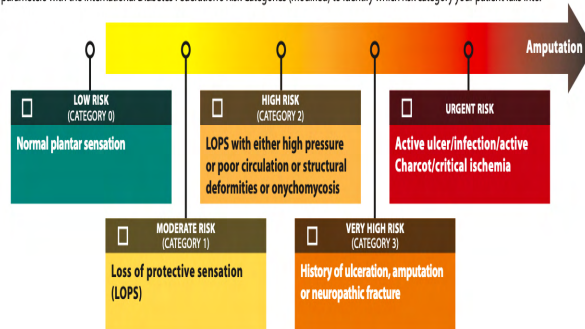
HOW TO USE Inlow's 60-second Diabetic Foot Screen FOR THE ASSESSMENT AND MANAGEMENT OF THE DIABETIC FOOT

<https://www.woundscanada.ca/docman/public/health-care-professional/162-60-second-foot-screen-2011/file>

Now that you have screened Sam....

► Step 2: Determine the Risk for Ulceration and Amputation

Instructions: Review the results from Inlow's 60-second Diabetic Foot Screen to identify parameters that put the patient at risk. Align the identified parameters with the International Diabetes Federation's Risk Categories (modified) to identify which risk category your patient falls into.



Instructions: Based on the risk classification and clinical indicators develop a plan of care with your patient that best meets their needs.

Risk Classification	Clinical Indicators	Screening Frequency	Recommendations and Actions**
Low Risk (Category 0)	Normal plantar sensation	Screen every 12 months	<input type="checkbox"/> Educating on risk factors and foot self-inspection and care ¹ <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Appropriate foot and nail care <input type="checkbox"/> Well-fitting, sensible footwear <input type="checkbox"/> Exercise as able
Moderate Risk (Category 1)	Loss of protective sensation (LOPS)	Screen every 6 months	<input type="checkbox"/> Education on LOPS ¹ <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care <input type="checkbox"/> Well-fitting, sensible footwear with custom, full-contact foot orthoses and diabetic socks <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
High Risk (Category 2)	LOPS with either high pressure or poor circulation or structural deformities or onychomycosis	Screen every 3 months	<input type="checkbox"/> Education on high pressure, poor circulation, structural deformities and onychomycosis ² <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care, including treatment of onychomycosis and Tinea pedis if present <input type="checkbox"/> Well-fitting, orthopaedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present. <input type="checkbox"/> Vascular studies ± referral if appropriate <input type="checkbox"/> Pain management for ischemic pain, if present <input type="checkbox"/> Referral to an orthopedic surgeon, if indicated, to surgically manage foot deformities <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
Very High Risk (Category 3)	History of ulceration, amputation or neuropathic fracture	Screen every 1-3 months	<input type="checkbox"/> Education on risk of recurrence ³ <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care <input type="checkbox"/> Well-fitting, orthopedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present. <input type="checkbox"/> Modified footwear and/or prosthesis based on level of amputation <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
Urgent Risk	Active ulcer/infection/active Charcot/critical ischemia	Urgent care required	<input type="checkbox"/> Educating on signs of wound/infection and wound care <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care

You have found out that his risk factors:

- Inadequate skin care
- Peripheral neuropathy: scored 4/10 monofilament
- Inadequate footwear

- His risk stratification is:
 - **Category 3**
 - Follow-up every three months

- His interventions and preventive measures are:
 - Education on the significance of peripheral neuropathy
 - Education and professional referral for foot care & callous debridement
 - Referral to professional shoe fitter

Teaching Back

- Literacy
- Culture
- Relevant information
- Images
- Text



Teach Sam to Examine His Feet

- ✓ Examine all parts of his feet daily, including the areas between your toes and the top, sides and
- ✓ Use a mirror, to examine the bottoms of your feet. Look for any changes, such as redness, blistering, callus, scratches and any areas of shape change.
- ✓ Examine all your toenails to ensure they are the proper length and have no rough edges.
- ✓ Measure the temperature of your feet using a personal infrared thermometer to detect signs of temperature change that can alert you to early signs of complication.

<https://www.woundscanada.ca/patient-or-caregiver/care-at-home-series>



Encourage Same to use Infrared Thermometry



- Sam can use use an infrared thermometer as a safe & effective method to measure skin surface temperature.
- Monitor for an increased temperature greater than 4[degrees] F over the mirror image on the other foot.
- The increased temperature is a warning of potential possible skin breakdown / active infection / Charcot and the need to restrict activities and seek medical help.
- The RCT systematic review, and meta-analysis provide evidence for patient-directed preventive foot care
- Benefits - device is easy to use and the relative low cost

Sibbald RG, Mufti A, Armstrong DG. Infrared skin thermometry: an underutilized cost-effective tool for routine wound care practice and patient high-risk diabetic foot self-monitoring. *Adv Skin Wound Care*. 2015 Jan;28(1):37-44; quiz 45-6. doi: 10.1097/01.ASW.0000458991.58947.6b.

PMID: 25502975.

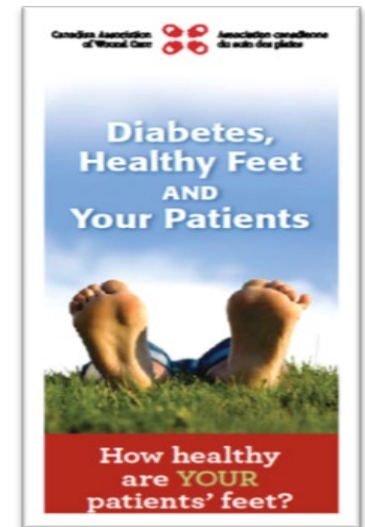
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Refer Sam to: Diabetes, Healthy Feet, and You Program

Self-management educational program designed to help people living with diabetes adopt self-management behaviors that can help them prevent diabetic foot ulcers and amputations.

- Co-facilitated by peer leaders
- Connected to a diabetes community
- Monthly reminders from Wounds Canada

<https://www.woundscanada.ca/for-patients-public>



Questions



Case Based Application

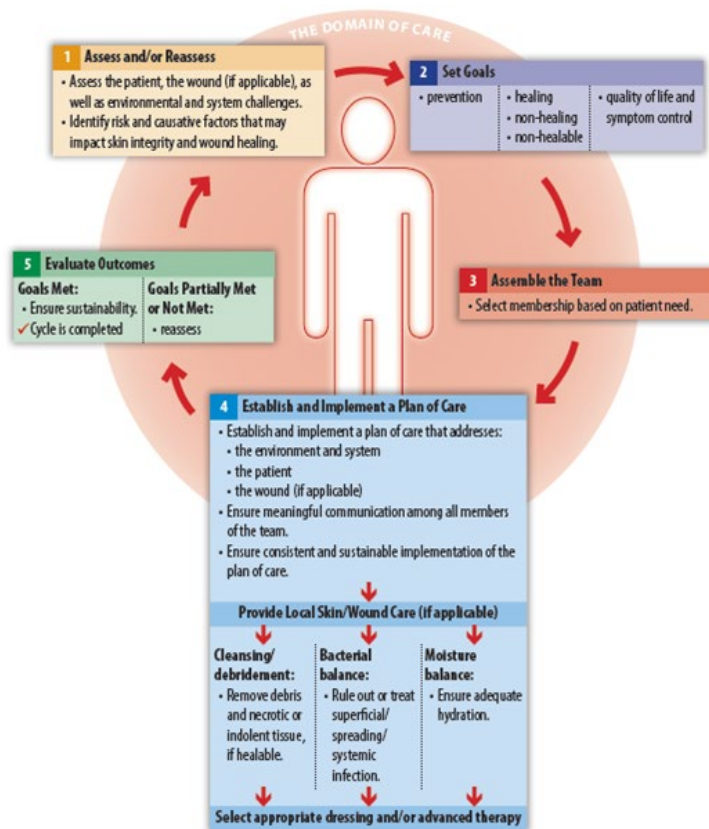


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Sam develops a wound... Back to Step 1: Assess

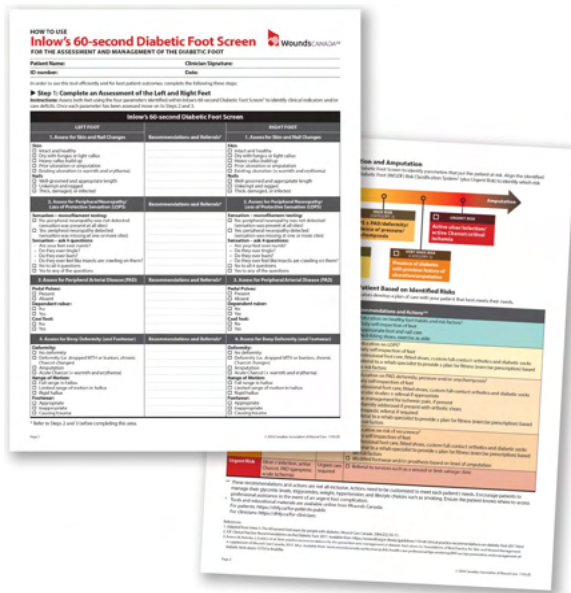
Wound Prevention and management cycle

Systematically prevent & manage this wound



Step 1 : Assess Screen & Risk Stratification

Screen & Risk Stratify



Measure Wound

Measure

Exudate,

Appearance,

Suffering,

Undermining,

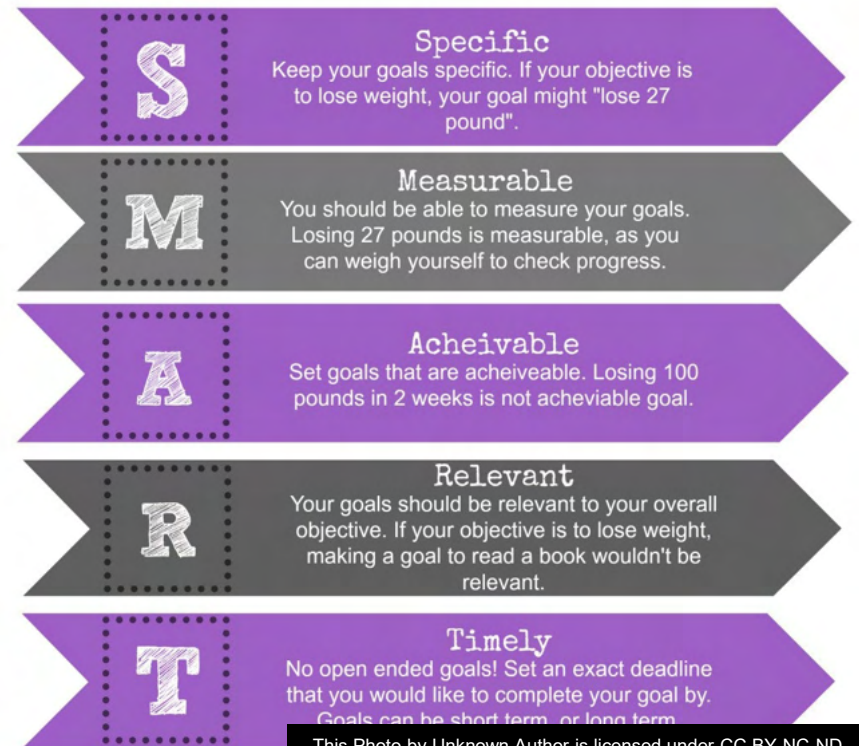
Re-evaluate

Edge

Step 2 : Set Patient Goals

- Achieving goals will depend on patients' health status lifestyle, the availability of resources & the knowledge and ability of care partners to provide optimal interventions.
- Set goals for prevention, healing, non-healing and non-healable wounds.

S.M.A.R.T Goals



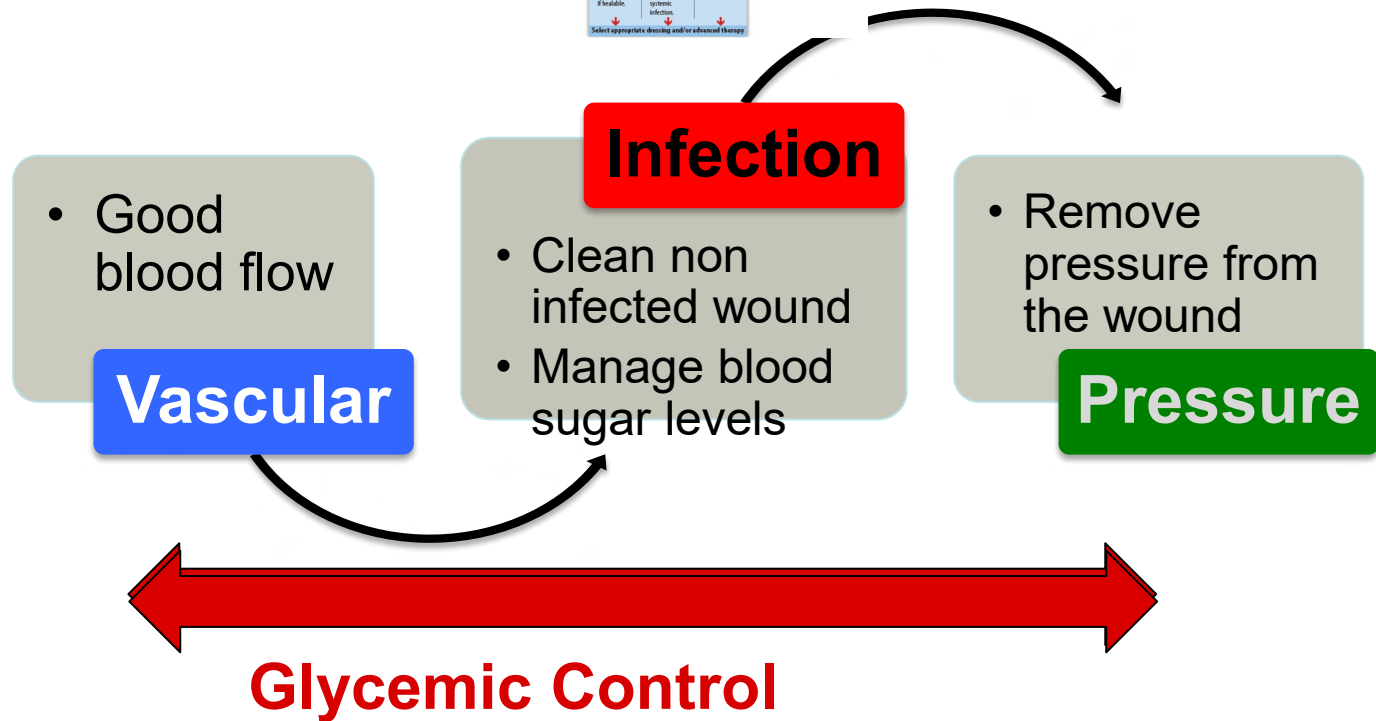
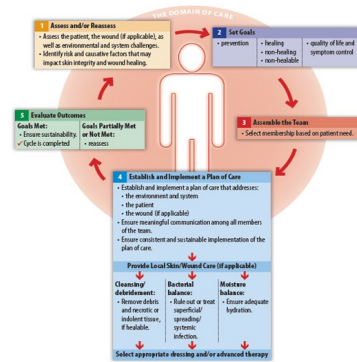
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Step 3: Establish Patient Team



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Step 4 : Establish & Implement a plan of Care

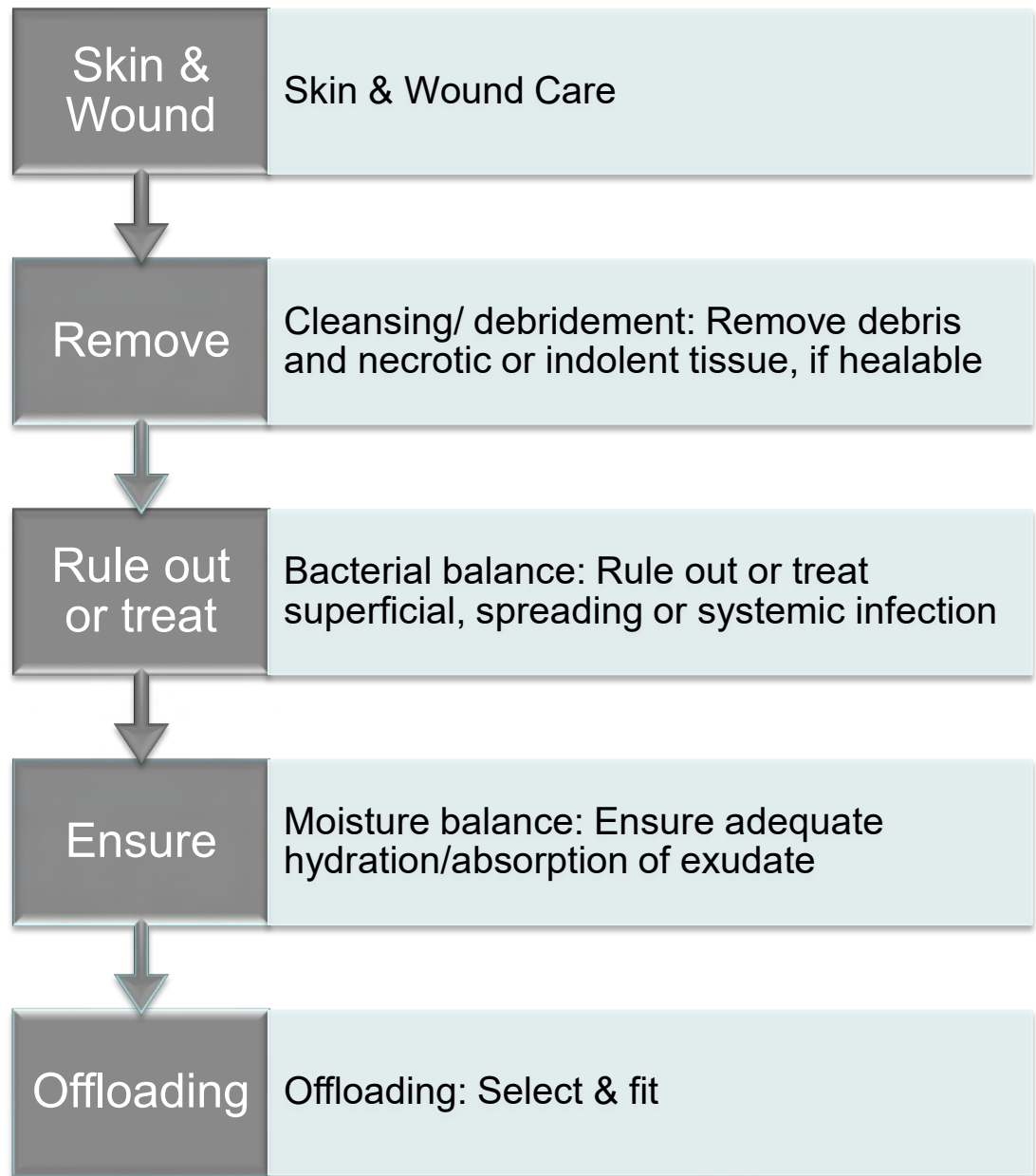


BEST PRACTICE RECOMMENDATIONS FOR THE Prevention and

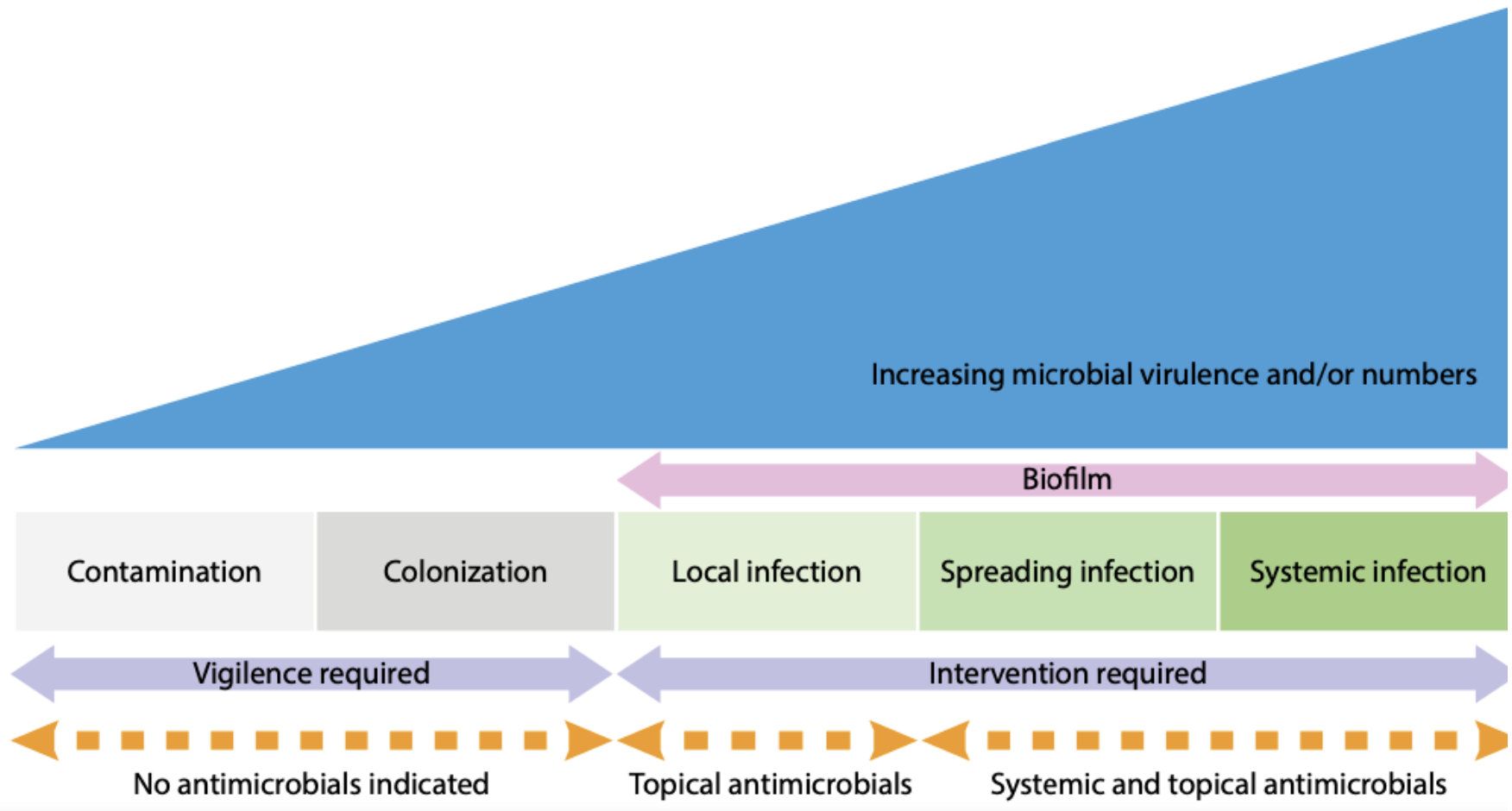
Step 4 : Establish & Implement a plan of Care - Provide Local Care



<https://www.woundscanada.ca/component/content/article/183-resources-industry-partner/288-productpicker?highlight=WyJwcm9kdWN0liwicHJvZHVjdCdzliwicGlja2VycylslnByb2R1Y3QgcGlja2VycyJd>

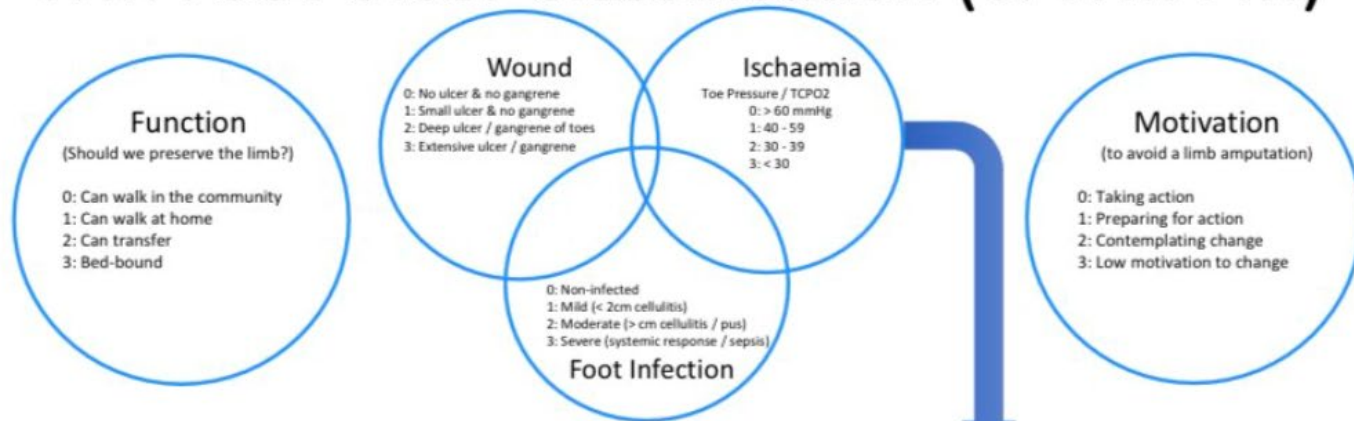


Severity of Infection



Prognostic Tool to Predict Amputations

Wifi Foot Ulcer Classification (& Wifi FM)



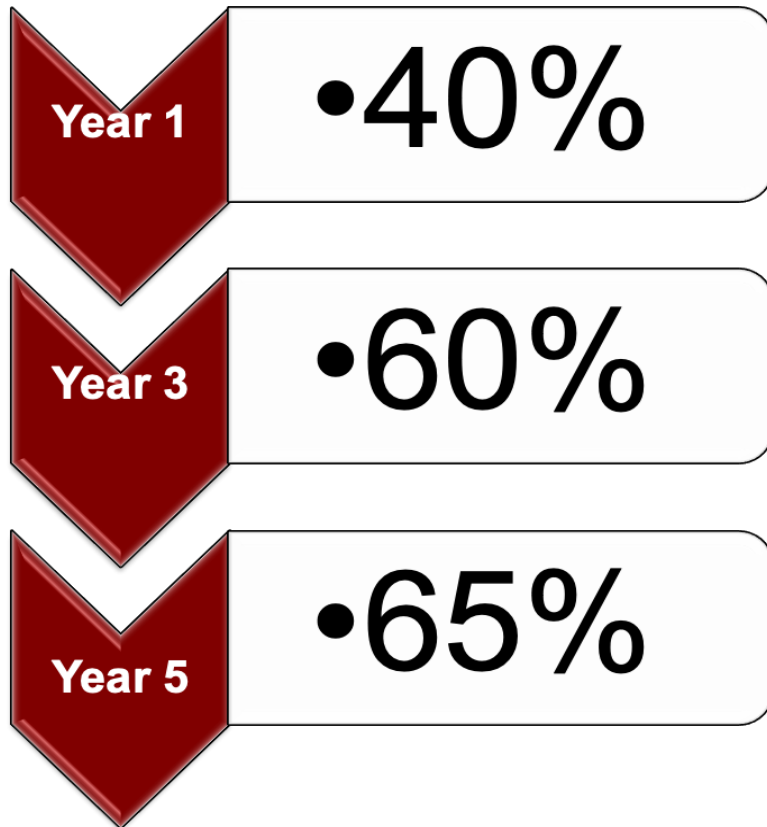
Ischaemia: 0 = lower amputation risk, through to 3 = higher amputation risk *

Toe mmHg	Ankle mmHg	ABPI	Doppler	Foot pulses
0: ≥ 60	≥ 100	≥ 0.8	Triphasic	All easily palpable
1: 40-59	70-99	0.6-0.79	Bi/monophasic	Not all easily palpable
2: 30-39	50-69	0.4-0.59	Monophasic	Non-palpable
3: < 30	< 50	< 0.4	Mono / absent	Non-palpable

* Consider in combination with overall clinical presentation, plus wound & foot / limb infection severity

(Adapted from Mills et al 2014, Khan et al 2020, Rollnick et al 2008, Tehan et al 2018, Londero et al 2016)

Remission Strategy for re-occurrences



Key to prevention of re-occurrences:

- Protective shoes and insoles
- Foot-specific education
- Preventative foot care
- Routine screening

Questions

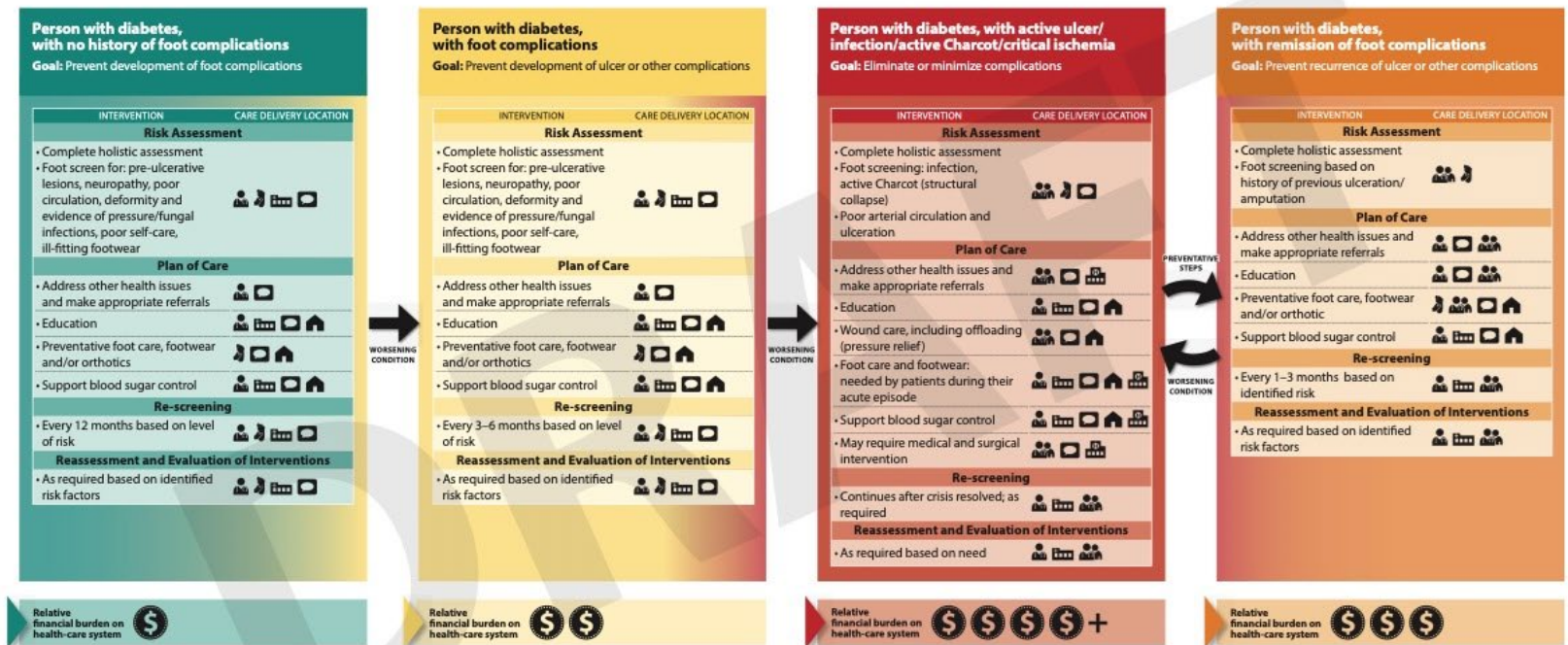


You have an active role...

Data-driven and value-based care



Pathway for Preventing and Managing Diabetic Foot Complications

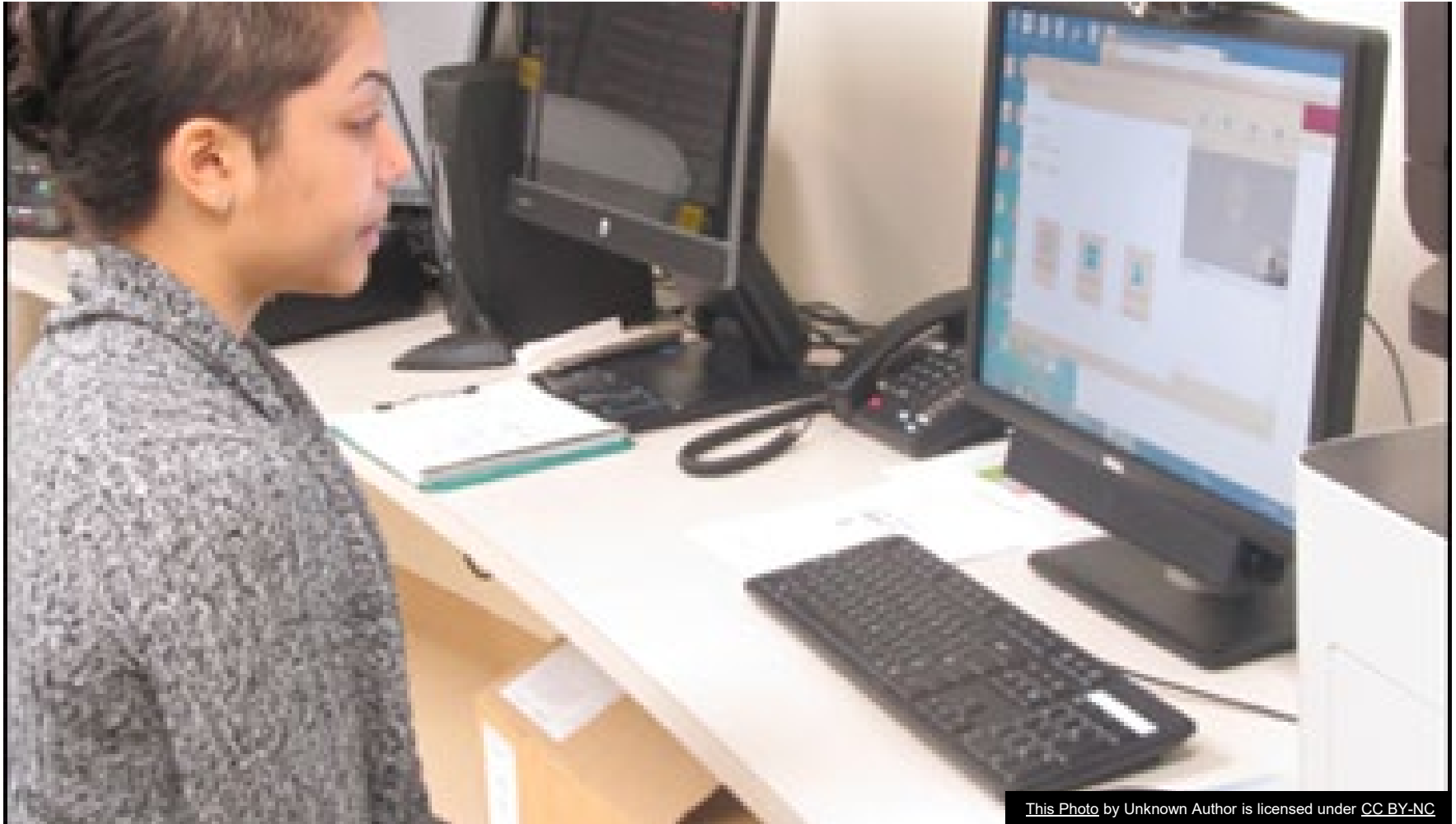


Upstream

Downstream



Telehealth & Telemedicine



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Telehealth & Telemedicine

- Systematic review shows application of telehealth and telemedicine approaches for the management of diabetic foot disease is still in its infancy
- Technical limitations and implementation issues apply.
- Several approaches have shown to be effective / feasible in assessing, monitoring, preventing or treating diabetic foot disease
- Streamline the communication between health care levels and see their patients in a more holistic way.

Hazenbergh, C., Aan de Stegge, W. B., Van Baal, S. G., Moll, F. L., & Bus, S. A. (2020). Telehealth and telemedicine applications for the diabetic foot: A systematic review. *Diabetes/metabolism research and reviews*, 36(3), e3247.
<https://doi.org/10.1002/dmrr.3247>

Pandemic Diabetic Foot Triage System

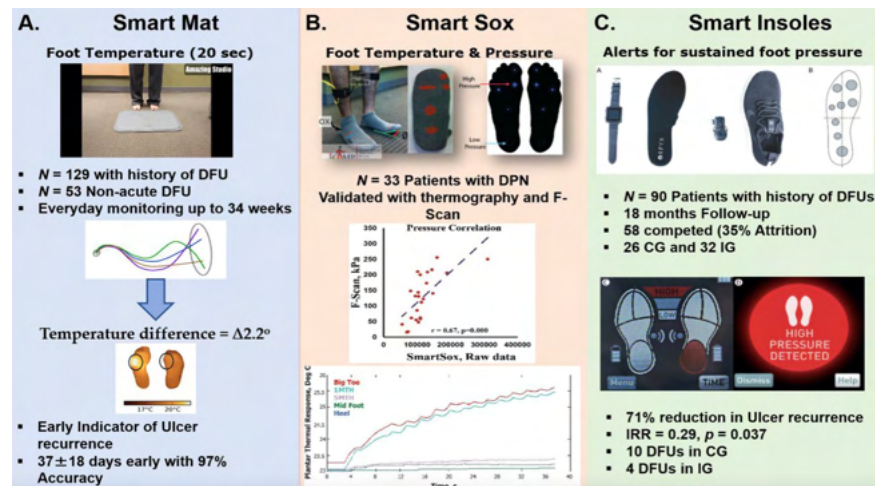
	Conditions	Site of Care	Urgency
Critical (0.25% of patients with diabetes)	<ul style="list-style-type: none"> - IDSA Severe and some Moderate infections - Gas gangrene - SIRS/Sepsis - Acute limb-threatening ischemia 	Hospital	Priority 1 Urgent
Serious (3.75% of patients with diabetes)	<ul style="list-style-type: none"> - IDSA Mild and some Moderate infections (including osteomyelitis) - Chronic limb-threatening ischemia (CLTI) - Dry gangrene - Worsening foot ulcers - Active Charcot foot 	Outpatient Clinic Office-based Lab Surgery Center Podiatrist Office	Priority 2
Guarded (3% of patients with diabetes)	<ul style="list-style-type: none"> - Improving foot ulcer - Inactive Charcot foot (not yet in stable footwear) 	Podiatrist Office Home Telemedicine	Priority 3
Stable (94% of patients with diabetes)	<ul style="list-style-type: none"> - Uncomplicated venous leg ulcer - Recently healed foot ulcer - Inactive Charcot foot (in stable footwear) - Healed amputation - Diabetic foot risk assessments 	Home Telemedicine	Priority 4

Rogers LC, Lavery LA, Joseph WS, Armstrong DG. All Feet On Deck-The Role of Podiatry During the COVID-19 Pandemic: *Preventing hospitalizations in an overburdened healthcare system, reducing amputation and death in people with diabetes*. J Am Podiatr Med Assoc. 2020 Mar 25. doi: 10.7547/20-051. Epub ahead of print. PMID: 32208983.

Wearable Technologies

- Triaging high-risk patients - **monitor** major risk factors
- Empower patients in **self-care**
- Support care delivery - **remote monitoring**

These technologies are still in infancy & further work needs to explore efficacy , reliability & cost effectiveness



Najafi,B.;Mishra,R. Harnessing Digital Health Technologies to Remotely Manage Diabetic Foot Syndrome: A Narrative Review. *Medicina* **2021**, *57*, 377. <https://doi.org/10.3390/medicina57040377>

What will the future look like

- We will be seeing advances technology to enable triaging outpatient / inpatient clinics & Improve remote management
 - Smart wearables,
 - Telehealth technologies, and
 - “Hospital-at-home” care delivery model



Najafi,B.;Mishra,R. Harnessing Digital Health Technologies to Remotely Manage Diabetic Foot Syndrome: A Narrative Review. *Medicina* 2021, 57, 377. <https://doi.org/10.3390/medicina57040377>

Questions



Wounds Canada



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Wounds Canada

- National Canadian voice for the patients at risk or living with wounds and their providers
- Established in 1995, Wounds Canada is a charitable organization dedicated to the advancement of wound prevention and management.





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Education Initiatives

**Continue your
education
with ...**



WoundsCANADA
Institute
www.woundscanadainstitute.ca

Built on decades of excellence in educational programs for health-care professionals, the Wounds Canada Institute (WCI) provides:

- ✓ **Flexible, longitudinal, interprofessional, accredited*** education, developed with **rigour** and delivered by Canada's top skin and wound experts
- ✓ **Evidence-informed** programs that focus on a **holistic** approach to wound prevention and management
- ✓ **Convenient, multi-faceted** programs, including online courses, webinars, hands-on skills labs and live events, developed and delivered using **adult learning** principles
- ✓ Program designs that ensure students are prepared for next steps, including additional **knowledge acquisition** and **situational practice of new skills**
- ✓ Testing prior to receiving a **certificate** of successful completion
- ✓ A **cost-effective** solution to individuals and organizations seeking **high-quality, unbiased** professional wound-related education



Wounds Canada Institute

- Support the development of wound care competencies

Continuing Medical Education (CME)

- Annual conference
 - Symposium
 - Limb Preservation
 - Pressure Injury

Wounds Canada Institute



Novice - Proficient

- Offering evidence based, accredited programs for unregulated and regulated multidisciplinary healthcare professional
- Online modules & discussion forum
- Webinars
- Skills labs

Continuing your education with...

WoundsCANADA Institute
www.woundscanada.ca/wci-home

- ✓ Built on decades of excellence in educational programs for health-care professionals
- ✓ Flexible, interprofessional education
- ✓ Online courses, webinars, hands-on skills labs and live events
- ✓ Developed, reviewed and delivered by Canada's top skin and wound experts
- ✓ Students engage in the type of education best suited to their current level of expertise, specific interests, time availability and resources

What our students have to say:

Take this course and take good notes for the future, as there is so much to absorb and lots of networking opportunities. – Christine

Do it. Well organized and great focus on theory prior to course makes for a better in-class experience. – Barbara

WOUNDS CANADA INSTITUTE SUPER PROGRAM #1

23 MODULES
• Develop the foundational knowledge, critical thinking skills and attitude to care for and support people with or at risk for common chronic and acute wounds

8 LIVE WEBINARS
• Program consists of 23 interactive online modules, 8 live webinars, 2 robust outcome measures, and access to an asynchronous discussion forum with interdisciplinary program faculty

21 EXPERTS
• Developed and reviewed by 21 of Canada's top wound care experts and educators – Chiropractors/ Podiatrists, Dietitians, Nurses, Nurse Practitioners, Nurses Specialised in Wound Ostomy and Continence, Occupational Therapists, Podiatrists, Pharmacists, Physicians, Physician Specialists, and Physiotherapists

42 CREDITS
• Continuing Professional Development, Faculty of Medicine, University of Toronto has awarded the **Wounds Canada Institute Super Program #1** with the following credits:
- College of Family Physicians of Canada (Majors) (1 credit/hour) Group Learning: 42.0
- Royal College Maintenance of Certification Section 1: 42.0
- American Medical Association Category 1: 42.0
- European Union for Medical Specialists (UEMS-EACCME)[®]: 42.0
- Certificate of Completion in Continuing Professional Development (from the University of Toronto and Wounds Canada): 42.0

AMAZING VALUE! **\$1,750⁰⁰ + tax**
Only 42⁰⁰ per educational credit!

Registration opens **January 1, 2021**
There is no limited enrollment period. Students can enroll at any time and complete this self-paced program at their own pace.

WWW.WOUNDSCANADA.CA/WCI-HOME

ACCREDITATION Each participant should claim only those hours of credit that include actual time spent participating in the educational program.

College of Family Physicians of Canada - Majors
This one-credit per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Continuing Professional Development, Faculty of Medicine, University of Toronto for up to 42.0 Majors+ credits.

Royal College of Physicians and Surgeons of Canada - Section 1
This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by Continuing Professional Development, Faculty of Medicine, University of Toronto. They may claim a maximum of 42.0 hours (credits are automatically validated).

The American Medical Association - AMA PRA Category 1
Through an agreement between the Royal College of Physicians and Surgeons of Canada and the American Medical Association, physicians may convert Royal College WCC credits to AMA PRA Category 1 Credit[™]. Information on the process to convert Royal College WCC credits to AMA credit can be found at www.ama-assn.org/ophthalmology.

European Union for Medical Specialists (UEMS) EACCME
Live educational activities, occurring in Canada, recognized by the Royal College of Physicians and Surgeons of Canada as Accredited Group Learning Activities (Section 1) are deemed by the European Union of Medical Specialists (UEMS) eligible for EACCME[®].

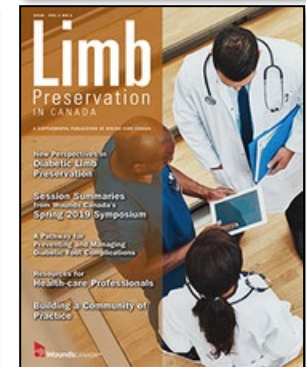
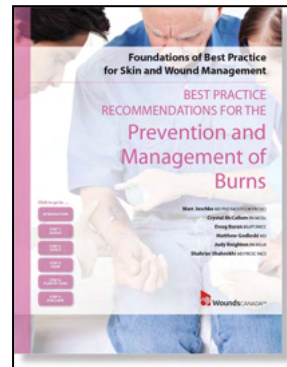
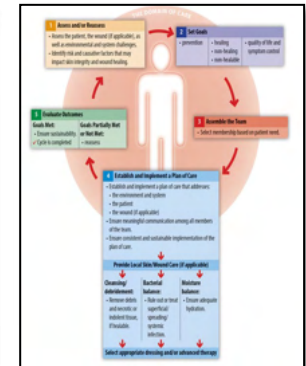
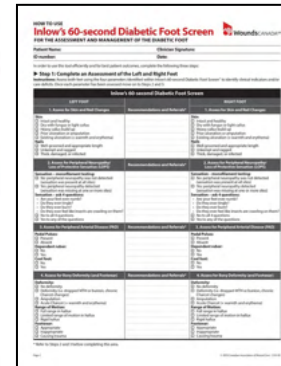
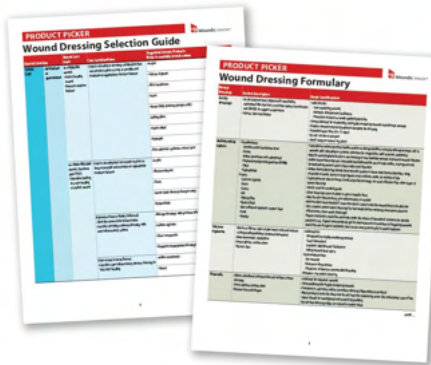
2021 Conferences – support CME

1. Limb Preservation Symposium - Friday, May 28, 2021
2. National Conference: Thursday, October 21 - Saturday October 23, 2021 / French Symposium: Sunday October 24, 2021
3. Pressure Injury Symposium - Thursday, November 18, 2021



Communication Initiatives

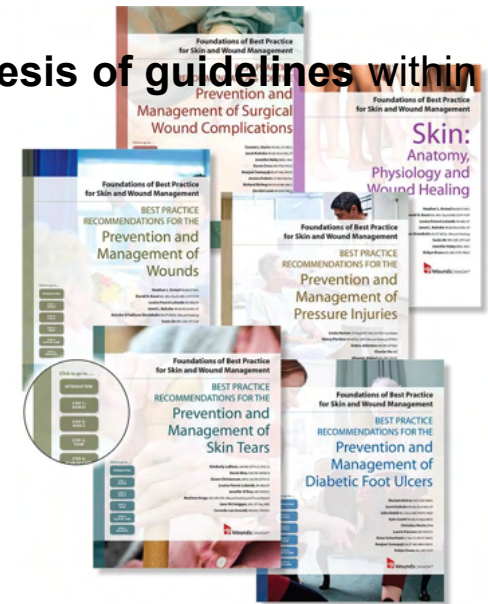
- ✓ Websites
- ✓ Practice enablers and tools
- ✓ Publications
- ✓ e-Blasts and newsletters
- ✓ Podcasts
- ✓ Social media
- ✓ Clinic directory
- ✓ Research directory



Best Practice Recommendations

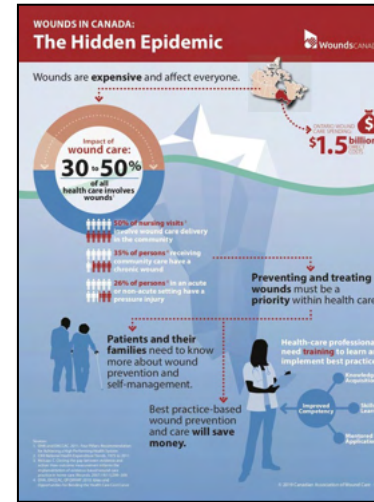
Best practice recommendations, are intended to provide a **synthesis of guidelines** within a clinical framework that supports application to practice

- Skin: Anatomy, Physiology and Wound Healing
La peau: anatomie, physiologie et cicatrisation des plaies
- BPR: Prevention and Management of Wounds
La Prévention et la Gestion des Plaies
- BPR: Prevention and Management of Pressure Injuries
La prévention et la gestion des lésions de pression
- BPR: Prevention and Management of Skin Tears
La prévention et la gestion des déchirures cutanées
- BPR: Prevention and Management of Surgical Wound Complications
- BPR: Prevention and Management of Diabetic Foot Ulcers
- BPR: Prevention and Management of Burns
- BPR: Prevention and Management Venous Leg Ulcers (Nov 2019)
- 2020: Prevention and Management Arterial Ulcers
- 2020: Moisture Associated Dermatitis



Advocacy

- As a patient advocacy organization we continue to urge ministries to make skin health and wound care a priority
- Our efforts align with a population health approaches and triple aim that focus on skin health, timely interventions based on a data driven & value based approach to wound prevention and care



Long-term Care: Behind the Curtain

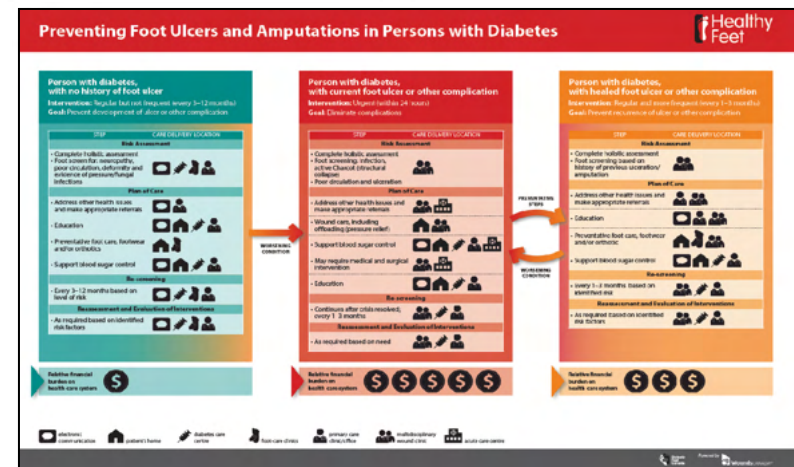
By Crystal McCallum, MSc

The horrific infection and death rates in long-term care (LTC) due to COVID-19 have illustrated the chronic under-insuring faced by the facilities charged with caring for our most vulnerable Canadians. To help alleviate staff shortages, fatigued physicians and military personnel were brought in to assist as care aides. Several factors contributed to the staff shortages during the pandemic:

- Facilities were already running lean before the COVID-19 outbreak.
- Staff were restricted from working at more than one facility to reduce transmission from one location to another.
- The number of staff ill from the virus—and thus restricted from work—was relatively high in LTC.

Crystal McCallum, Director of the Wounds Canada Institute, has had extensive experience working in LTC as a PRN general support worker, RN and RN, BScN, the realities her experience of a typical day and evening shift in LTC pre-pandemic, pulling back the curtain on the demands placed on personal support workers inside such facilities, when asked what her advice would be to the health-care workers and military personnel being deployed into LTC to assist with the personal care of residents she said "I had never wanted in long term care, I would need to know more about the culture of care—what a day looks like in long-term care."

She provides here an outline of what most "visitors" don't realize happens every day. Even without the added challenge of a pandemic, it is the cumulative toll on appropriate or humane way to treat our most vulnerable residents and the proper care for every one companion article, "Wounds Canada's Response to the Canadian Armed Forces Report on Their Experience in LTC During the Pandemic" on page 18.



Research



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1. **Contribute** to the knowledge base through our community research and program evaluations
2. **Funder** through the Wounds Canada Charity
3. **Research Directory** to connect researchers
4. **Knowledge Mobilization** for wound care across the spectrum because of our existing framework
 - Cocreator –
 - Broker –
 - Exchange –
 - Dissemination

Patient & Caregiver Resources



- Patient educational resources in multiple languages
- Diabetes Healthy Feet & You Program
- Ask the expert
- Clinic Directory

Care at Home: Series

Care at Home series provides resources for people at risk / living with wounds

- Information to prevent or manage skin breakdown
- Provide a common language to connect health-care providers, patients and their families/caregivers
- Provide tools to track wound progress or deterioration
- Provide information on when to call in professional help



Care at Home Series



- Caring for Your Wound at Home: Changing a Dressing
- Preventing and Managing Skin Injuries
- Caring for Your Swollen Legs at Home
- Caring for Easily Injured Skin
- Caring for Pressure Injuries at Home
- Caring for Yourself After Surgery
- Caring for Your Feet: If You Have Diabetes
- Diabetic Foot Complications: When is it an emergency?
- Caring for Injured Skin: Preventing and Managing Burns
- Keeping Your Home Safe: Preventing Skin Injuries for the Whole Family



Canada



WOUNDS CANADA 2021

LIMB PRESERVATION SYMPOSIUM • MAY 28, 2021
NATIONAL CONFERENCE • OCTOBER 21-24, 2021
PRESSURE INJURY SYMPOSIUM - NOVEMBER 18, 2021

VIRTUAL
CONFERENCES



Join the Wound Care Community!



- ✓ Sign up for our newsletter and publications
- ✓ Leverage the clinical and patient resources
- ✓ Follow-us & engage in dialogue on social media
- ✓ Add your clinic/research to our directories
- ✓ Participate in the advocacy and awareness efforts
- ✓ Participate in educational programs and events
- ✓ Contribute to educational programs, research efforts and publication

Questions



www.woundscanada.ca
Mariam.Botros@WoundsCanada.ca

