SERDC
Southeast Resource Development Council

Tribal Council Approach to Providing Foot Care in Manitoba First Nations Communities

SERDC Nursing Foot Care Program

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Understanding Footcare

Foot related health issues

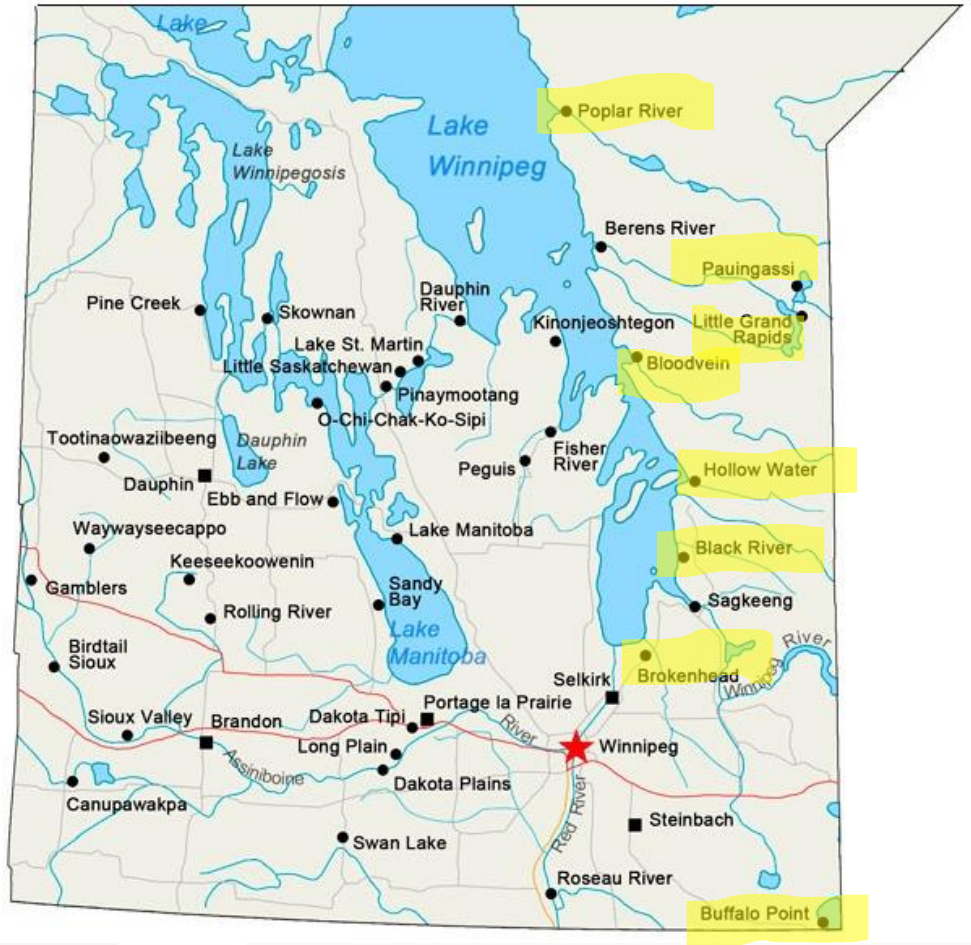
Trigger warning graphic images will be shown of ulcers, infection, foot deformities.

Southeast Resource Development Council

- Tribal Council representing 8 Bands

  Berens River First Nation
  Black River First Nation
  Bloodvein First Nation
  Brokenhead Ojibway Nation
  Hollow Water First Nation
  Little Grand Rapids First Nation
  Pauingassi First Nation
  Poplar River First Nation

- Health Services accredited through the Canadian Accreditation Council



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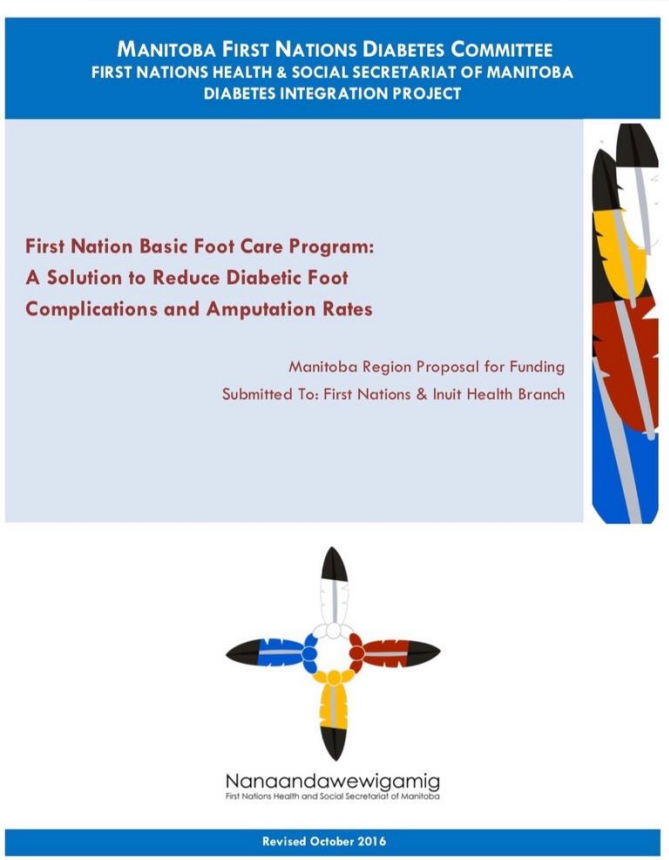
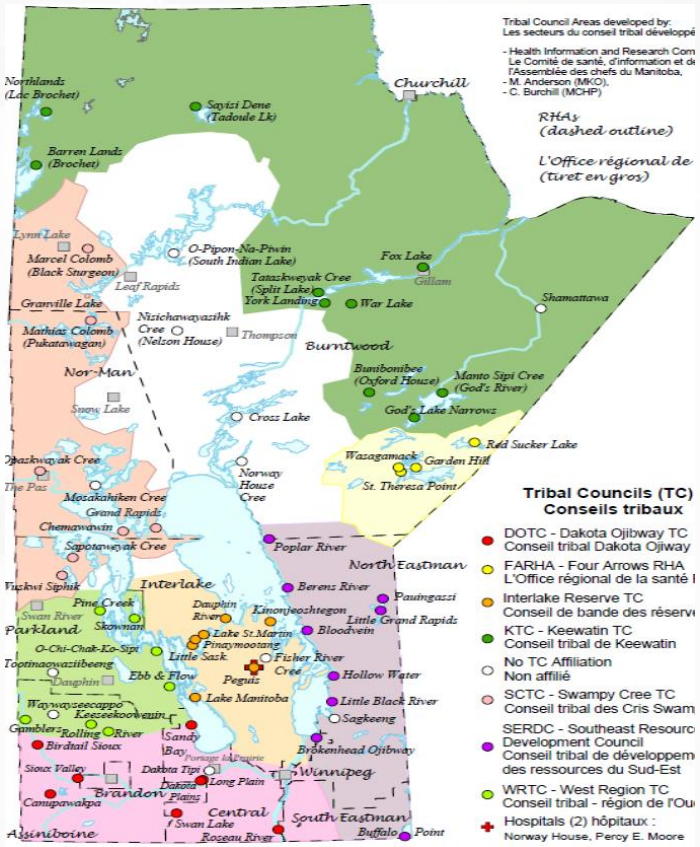
History of Manitoba First Nations Foot Care Program





Tribal Council Approach

- Coordination of services
- Ongoing professional development
- Manage funding deficits
- Consistent data collection

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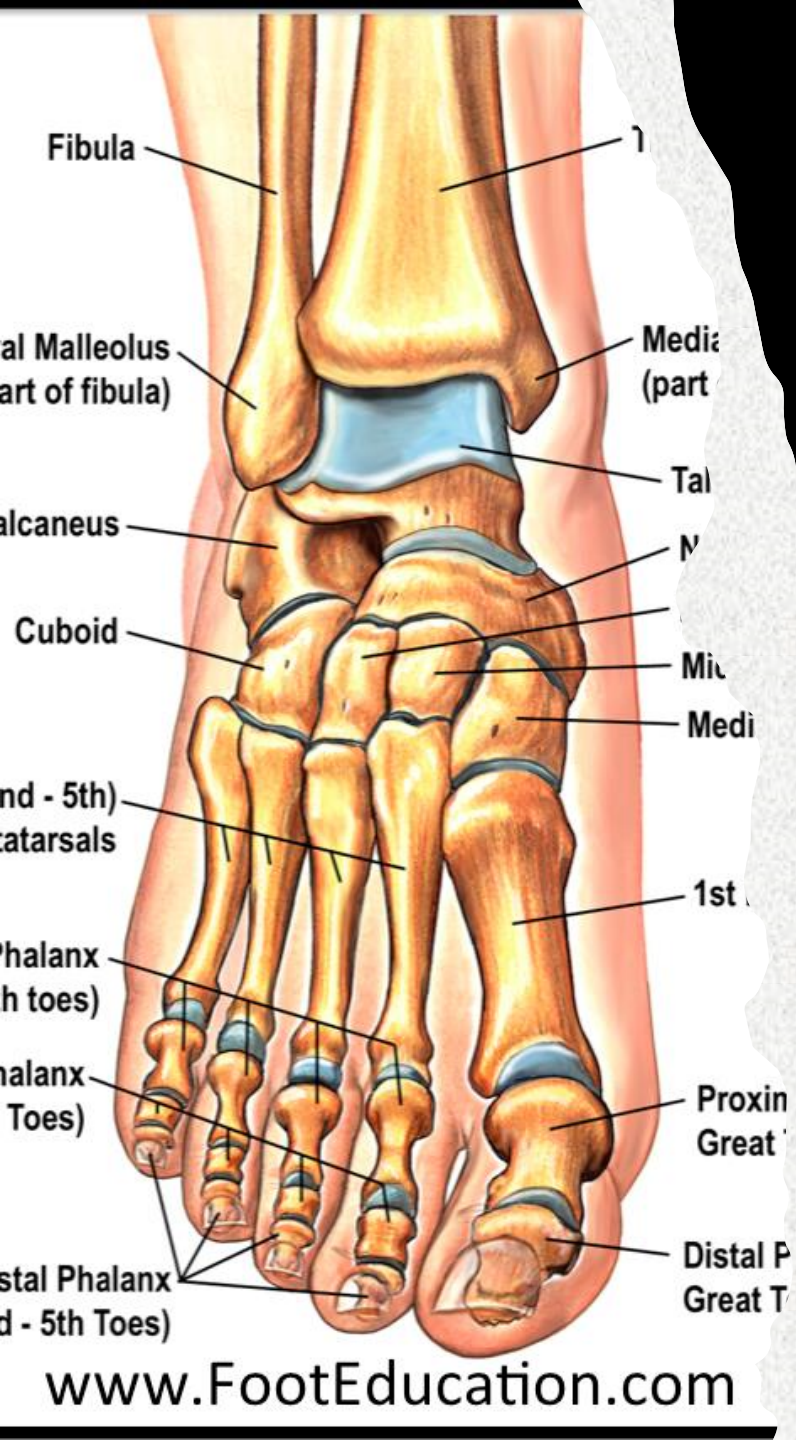
Benefits of Manitoba First Nations Foot Care Program

- Reduce rates of below knee amputation
- Improve outcomes for patients & families
- Improve care
- In community service
- Improve quality of life
- Integration with community health services
- Anyone can refer



The Importance of Footcare in Manitoba Indigenous Communities

Understanding footcare and overall wellbeing

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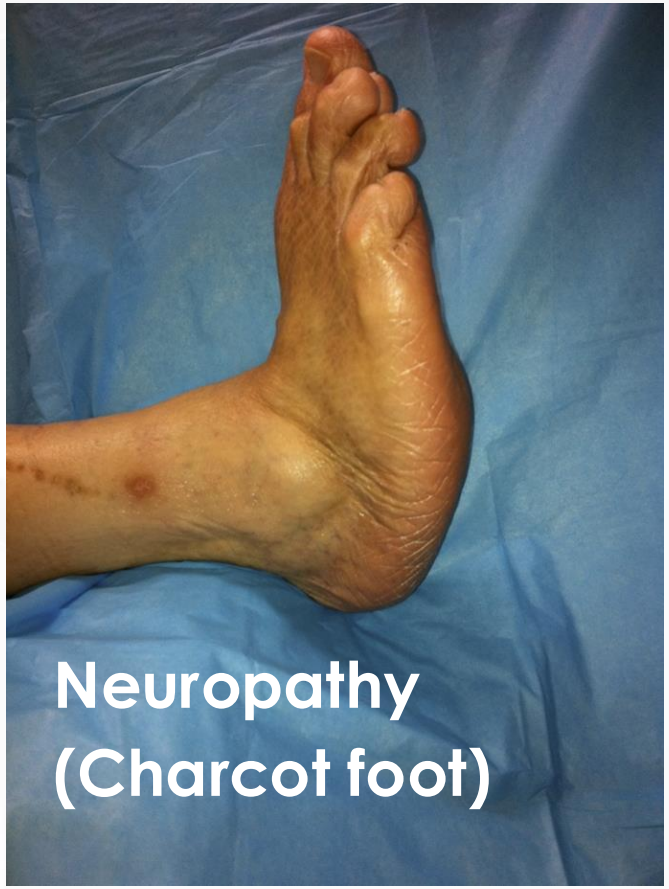
"Early detection, intervention key in reducing diabetes-associated amputations, says Manitoba doctor"

Christian Swan, who has diabetes, had his ankle and foot amputated following complications from an infection. He wants to see more education in communities around risks associated with diabetes. (Gary Solilak/CBC)

Foot Related Health Issues

Diabetic foot ulcers



Foot Related Health Issues

Infection

Limb amputations

Inequalities in First Nations Healthcare

Injustice and systematic barriers

A Story of inequities: Stories from an SERDC Footcare nurse Divina Del Rosario

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The Importance of Data Collection on Footcare in Manitoba First Nations: A Call for Justice and Increased Funding

Injustice and systematic barriers

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Systemic Injustice and Health Disparities

Data Collection: A Tool for Advocacy

- Current conditions
- Projected Trends
- Comprehensive analysis

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MANITOBA FIRST NATIONS MONTHLY FOOT CARE NURSING DATA TRACKING TOOL

MONTH & YEAR:		TRAVEL TIME IN HOURS FOR THE M		Return Completed Re	
COMMUNITY:		STERILIZATION TIME IN HOURS FO			
SERVICE PROVID					
PHONE NUMBER					

DAY OF SERVICE	CLIENT IDENTIFIER NUMBER	DATE OF BIRTH	GENDER	CLIENT SERVICE TYPE	WHY FILE IS CLOSED?	IABETES	TOE/FOOT AMPUTATIONS SINCE BEING IN THE	OTHER MEDICAL CONDITIONS	SMOKER?	Have you done an ABPI?	Has BLOODWORK been done in last 12 mths?	RISK LEVEL	REFERRALS TO SPECIALISTS/OUTSIDE OF	REFERRALS TO IN COMMUNITY PROGRAM	PODIATRY SERVICES	WOUND CARE SERVICES	IS FOOT WEAR APPROPRIATE?	Time Providing Services (in minutes)

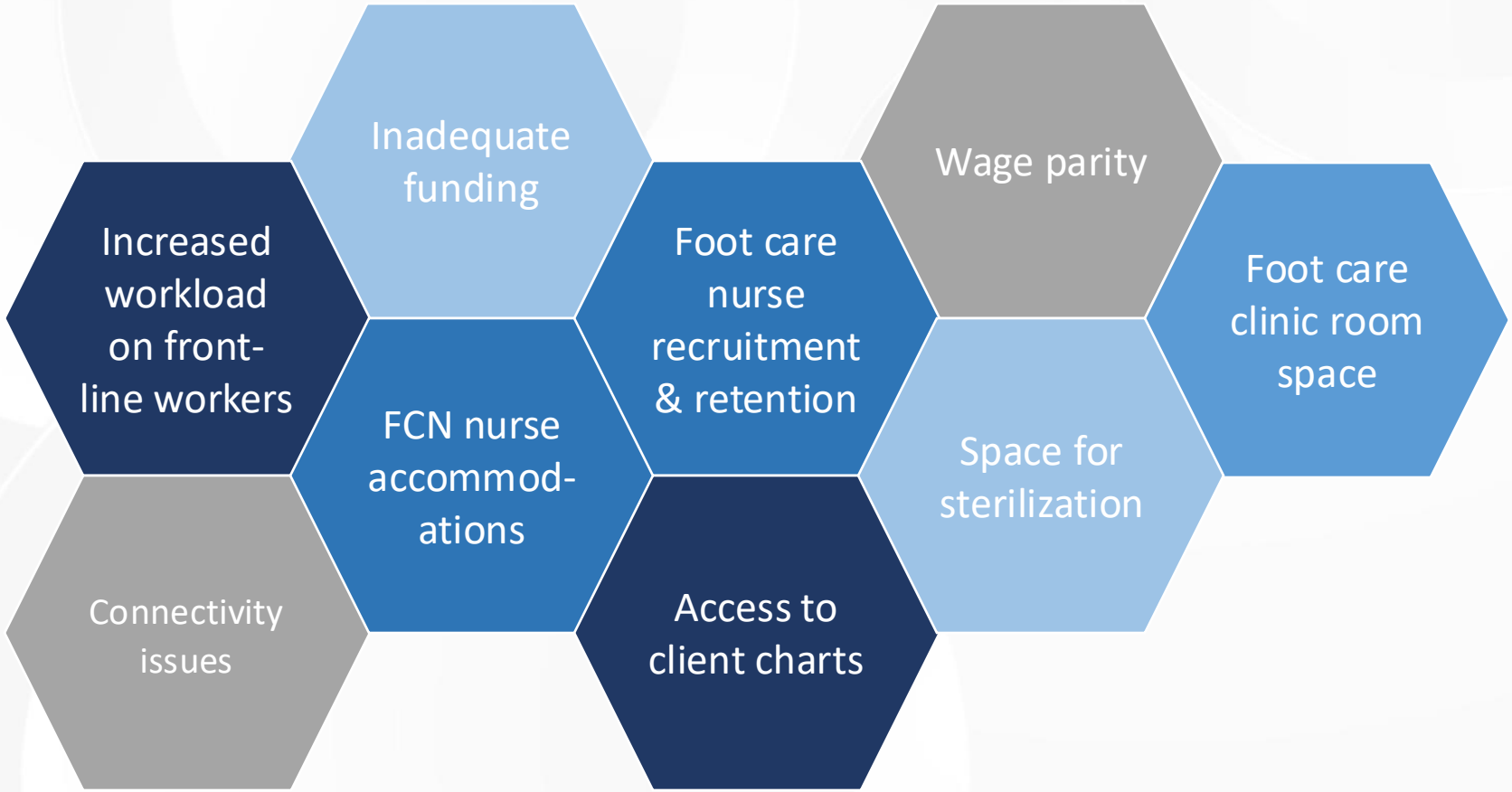
Data Sovereignty: Protecting First Nations Data

- Cultural sensitivity
- Empowerment
- Ethical considerations
- Protection against misuse
- Community led
- Sharing agreements
- Training and capacity building
- Technology use

Bridging the Gap: Recommendations for Action

- Enhanced data collection
- Advocacy
- Public awareness
- Collaboration with Health care providers
- Regular funding reviews
- Data sovereignty

Gaps and Issues



Recommendations

- Improve Funding for Improved Supervision and Coordination
- Each TC should have a program supervisor
- Fund and support community level program staff
- Increase nursing hours and support
- Adjust supply costs to account for inflation
- Fund Electronnic Patient Records

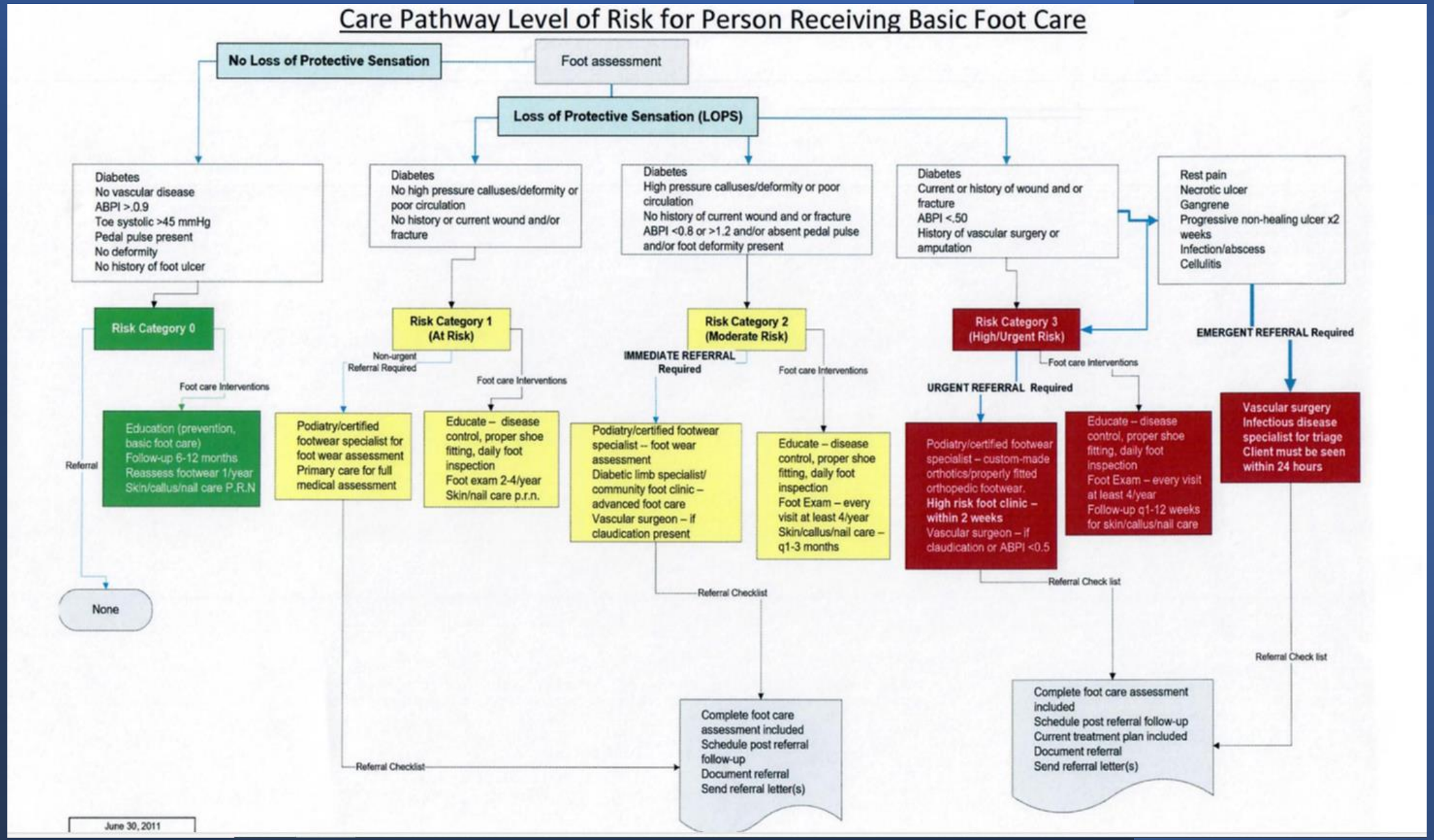
Program Strengths

- Empower Manitoba First Nation (MFN) individuals, families and communities to support, encourage and enable individuals to avoid diabetes related foot complications
- Prevention is the priority of MFN community-based diabetes teams and established diabetes networks
- All MFN communities have access to quality, community-based diabetes foot care and treatment
- All MFN communities have established case management, case coordination and referral systems in place to ensure persons require specialist care receive appropriate and timely care and follow-up
- Systemic barriers to the prevention of diabetic foot complications are addressed
- MFN communities will own, control, have access to, and possess community level aggregate data for ongoing planning, evaluation, decision making and research

Tools

- Care Pathway
- ADI Foot Check form

Care Pathway Level of Risk for Person Receiving Basic Foot Care



Checklist: **Please have clients take off both shoes and socks off. You are checking the feet and skin. Remember to check between the toes.**

	*YES (present)	NO (not present)
Numbness (No feeling)	☐	☐
Pain	☐	☐
Tingling ("Pins and needles")	☐	☐
Feet feel like "blocks of wood"	☐	☐
Changing shape?	☐	☐
Dry Skin?	☐	☐
Callus present?	☐	☐
Cracks present?	☐	☐
Redness	☐	☐
Sores	☐	☐
Blisters	☐	☐
Cuts or scrapes	☐	☐
Ingrown toenails	☐	☐
Nails	not normal ☐	normal ☐
Temperature	warm ☐	cold ☐

Any other changes noted_____

*Any "Yes" or "not normal" answers: advise to see their health care professional

Summary Good Foot Health – The "DO's"

DO ...
Check your feet **every day** for cuts, cracks, bruises, blisters, sores, infections, unusual markings
Use a **mirror** to see the bottom of your feet if you cannot lift them up
Check the **colour** of your legs & feet – seek help if there is swelling, warmth or redness
Wash and dry your feet every day, especially between the toes
Apply a good **skin lotion every day** on your heels and soles. Wipe off excess
Change your socks every day
Trim your **nails straight across**
Clean a cut or scratch with **mild soap and water** and **cover** with dry dressing
Wear good supportive shoes or professionally fitted shoes with low heels (under 5cm)
Buy shoes in the late afternoon since your feet swell by then
Avoid extreme cold and heat (including the sun)
See a foot care specialist if you need advice or treatment

Summary Foot Health – The "DON'Ts"

DO NOT ...
Do NOT…Cut your own **corns** or **callouses**
Do NOT…Treat your own **in-growing toenails** or **slivers** with a **razor or scissors**. See your doctor or foot care specialist
Do NOT…Use over-the-counter medications to treat corns and warts
Do NOT…**Apply heat** with a hot water bottle or electric blanket – may cause burns unknowingly
Do NOT…**Soak** your feet
Do NOT…Take very **hot baths**
Do NOT…**Use lotion between your toes**
Do NOT…Do NOT…Walk **barefoot** inside or outside
Do NOT…Wear **tight socks, garter or elastics or knee highs**
Do NOT…Wear over-the-counter insoles – may cause blisters if not right for your feet
Do NOT…Sit for long periods of time
Do NOT…**Smoke**

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Policies To Consider

- Requiring people to remove shoes before entering the Health Centre/Nursing Station
- Asking people to remove shoes and socks in the exam room for every appointment
- Remind all care providers to share
- Other things to consider?

Case Studies

- Using the Aboriginal Diabetes Initiative self-foot assessment lets assess some case studies from SERDC's foot care program (with the clients, and family members permission of course)
- This is a self-foot assessment that is for non-health care professionals to help in checking feet, or for a person to assess their own feet
- All of the photos that are shown should have pursued medical attention, they are being shown for learning purposes only.

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Case Studies

- A 58 year old male that is blind and unable to cut his own toe nails

Case Studies

- A Pediatric client that is 11 years old.

Case Studies

- A 60 year old male, with a history of diabetes.

Miigwetch/Thank you