

The SWRWCP Quarterly

Spring 2014

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**Integrated,
evidenced-
based skin
and wound
care—every
person, every
health care
sector, every
day**

Message from the Editor

Spring is upon us, and with that comes transformation. As temperatures begin to rise, trees start to bud, and flowers bloom once again. It is fitting that spring is the time of the year that the South West Regional Wound Care Program has decided to re-launch its historic newsletter, with the purpose of informing Wound Care Champions, and others interested in the Regional Program, of progress made.

Since the hiring of Samantha Colwell-Castles (the Program's Lead), and Crystal McCallum (the Program's Clinical Lead) in May 2013, much effort has been put into revitalizing and transforming the Regional Wound Care Program, considering its long period of dormancy. Over the past year the governance structure of the Program has been reviewed and equal sectoral and regional membership on the Strategic Steering Committee and Learning Collaboratives has been established. In addition, the mission, strategic direc-

tion, goals, values, and communications model were reviewed and edited to reflect the Program's new vision: Integrated, evidenced-based skin and wound care—every person, every health care sector, every day.

As it was realized that the Long Term Care Home sector was previously underrepresented in the Program, much effort was put into engaging this valued sector with the Program in the fall of 2013, and by December 31st, Samantha and Crystal had met with representatives from all 78 Homes in the LHIN in person, and had achieved accountability agreements with 87% of Homes. Currently the Leads are busy re-engaging the hospital sector, with the goal of meeting in person with representatives of all 22 hospital corporations by the end of April.

After meeting with the Homes and their Wound Care Champions at educational days hosted for them in

the fall, it was noted that the Program's current on-line toolkit is poorly accessed by the LTC Home sector and by other health systems partners for various reasons. As a result, the Program Leads have been busy working with web site developers to recreate the Programs educational Toolkit, to make it more accessible, easier to navigate, interactive, and to ensure that educational contents continue to reflect best practice and are presented in forms that meet the needs of the users. An official re-launch of the Program and it's online Toolkit is planned for this summer (date to follow)!

As you can see, much transformation has been happening with and within the South West Regional Wound Care Program (SWRWCP), and we hope that our Wound Care Champions, health systems partners, and the public embrace the changes and collaborate with us to realize the Program's vision.

Crystal McCallum, RN MChSE

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The SWRWCP
Quarterly

Perspectives: May is Foot Health Awareness Month

2.3 Million

The number of Canadians living with diabetes

85%

Percentage of amputations that are the result of a non-healing foot ulcer

30%

Percent of Canadians with diabetes that will die within one year of their amputation

15%

The percentage of Canadians with diabetes that will develop a foot ulcer in their lifetime

1/2

Number of amputations that could have been prevented by appropriate footwear/foot care

69%

The percentage of limb amputees with diabetes that do not survive past five years

50%

The percentage of lower limb amputations in Ontario directly related to diabetes

\$150 Million

Annual cost of diabetic foot ulcers (DFU) to our health system

\$7000

The average cost of treating one non-complicated DFU

Source: The Canadian Association of Wound Care



Success Story: South Bruce Grey Health Centre

Traditionally the South Bruce Grey Health Centre (SBGHC), comprised of 4 sites, has had a site specific approach to wound care management and product utilization. Though we have obtained good patient outcomes to date, the approach has lacked efficiency from several perspectives;

- increased costs due to lack of product standardization
- additional paid utilization of external wound care consultants and,
- healing was not always timely

Using the South West Regional Wound Care Program framework as a starting point, a group of SBGHC nurses saw an opportunity to further improve our approach to wound care management. As such, SBGHC embarked upon an independent wound care initiative to improve and standardize

corporate practices utilizing the following goals:

- Develop and create a sustainable evidence-based wound care framework based on best practices
- Develop and maintain a knowledge transfer to support all SBGHC care providers across all care settings
- Standardize wound product selection
- Create Continuous Quality Improvement (CQI) through measurement and evaluation of wound care outcomes

To achieve our goals the Quality Nursing Initiative and Transformation Funding awarded to SBGHC from the South West LHIN was used to create an interactive, [web-based wound care assessment tool](#). External specialist support, Think Shovels, was obtained to accomplish the technical web side of the program. The program evolved

from a PowerPoint presentation into a highly interactive and easily accessible web based platform. The expanded project will bring the direct assessment of risk for wound pressure development into the hospital and create an individualized care plan for each patient based on their individual risks using a standard risk reduction care plan.

Other features:

- Standardized product selection, would be made on evidence based leading wound care practices
- Treatment guidelines were made readily available to all staff
- Enable knowledge transfer, of any updates in evidence based leading wound care practices, by making it easy to incorporate updates into the program
- Minimize the requirement

for advanced wound care consultant services

- Create a means to measure and evaluate wound care outcomes, and measure the incidence of pressure injuries patients sustain in Hospital utilizing the Hospital Outcomes for Better Information and Care (HoBIC).

With the reconfigured wound care management program the SBGHC will guide its health care workers to a central place to provide standardized solutions which incorporate Best Practice Guidelines focusing on evidence based care for wound management. This program fully aligns with SBGHC's Strategic Goals by providing Patients with a coordinated approach that emphasizes timely access to care and individualized quality care for patients, as well as creating efficiencies in costs through product standardization.

Maureen Rydall, South Bruce Grey Health Centre

Wound Champion Profile: Cheryl McLaughlin, RPN

Cheryl graduated from Wingham Hospital's Nursing Program in 1982 as an RPN, and has worked at Huronlea Home for the Aged in Brussels for 31 out of the last 32 years. Cheryl is one of the Home's Wound Care Champions, and is sought out by her co-workers as an expert in wound care.

Cheryl's responsibilities as a Wound Care Champion at Huronlea include assessing wounds and choosing appropriate wound dressings as per the Home's medical directive and

assisting her colleagues with this task, ordering dressing supplies for the Home, and acting as a member of the Home's interdisciplinary Skin and Wound Team. Cheryl is also involved in the delegation of PSW staff in the application of treatment creams, performing pre delegation assessments, choosing the most appropriate cream to apply based on her assessment, and then following up weekly with skin re-assessments.

Cheryl was involved in rolling

out an electronic version of the Bates-Jensen Wound Assessment Tool at Huronlea, as she recognized the importance of assessing wounds using a valid, reliable wound assessment tool.

Currently Cheryl is busy creating a comprehensive list of dressing supplies being used in her Home and analyzing costs associated with those products. She is also working on creating educational material on identifying increased bacterial burden/wound infection using the pneu-monic NERDS and STONES.



Ask an Expert: What Makes the Perfect Dressing?

Historically it was believed that wounds should be kept clean and dry in order to promote wound healing. To achieve this, wounds were left exposed to the air and to sunlight as much as possible and were covered with gauze when exposure was not possible. These practices resulted in the formation of scabs over the wound bed, slow wound healing, scarring, pain, increased rates of infection/ complications, and increased costs. More recent research supports a moist wound healing approach when dealing with wounds in which healing is a realistic goal. Studies have shown that wounds managed in a moist environment have decreased cell dehydration and death, increased angiogenesis, enhanced autolytic debridement, increased rates of epithelialization and granulation tissue formation, improved bacterial barriers and reduced

incidences of infection, decreased pain, faster time to complete closure, and wounds managed in moist environments cost less to heal.

Modern interactive wound dressings can provide the ideal moist wound environment for healing to take place. However, as there are thousands of different dressing products on the market, how does one choose the perfect dressing? Turner describes the properties of the ideal dressing as follows¹:

- Removes excess moisture but maintains an ideal moist environment
- Allows for gas exchange
- Thermally insulates the wound bed, maintaining the wound core temperature around 37°C
- Impermeable to microorganisms

- Free from toxic contamination
- Non-traumatic and will not adhere to the wound
- User friendly (easy to apply and remove)
- Reduces the number of required dressing changes
- Cost effective
- Compatible with the wound
- Suitable if combined with compression therapy
- Will remain in place
- Can help reduce bacterial burden (if needed)

When choosing the ideal dressing, one must take into consideration the aforementioned properties of the ideal dressing, and then choose a dressing that meets the needs of the wound, the patient, the care giver, and the setting. Unfortunately as wounds are dynam-

ic and as each patient is uniquely individual, there is not recipe card approach to dressing selection, which makes wound care both an art and a science.

Crystal McCallum, RN MCISc

Reference

(1) Turner TD. Products and their development in wound management. *Plast Surg Dermatol Aspects.* 1979;75-84

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**Integrated, evidenced-based skin
and wound care – every person,
every health care sector, every day**

WOUNDCARE.THEHEALTHLINE.CA

Meet Your Wound Care Specialist: Carol Ann Rabley-Koch, RN ET

Carol Ann Rabley-Koch is an ET nurse who completes wound, ostomy, and compression assessments three days a week as an employee of Red Cross CarePartners, in the Huron-Perth region. She also performs ET consultations at this time for the Victorian Order of Nurses in the same area. Carol Ann graduated with honors from the University of Waterloo's Kinesiology program, and has been working as a nurse for the past 27 years. She spent 14 of those 27 years working as an Advanced Wound and Ostomy Specialist in the Kitchener-Waterloo area with ET Now, and has been working as an ET Nurse for the past four years. Carol Ann also has a diploma in Chinese Medicine.

In her 'spare' time, Carol Ann does private wound and ostomy consultations for Therapeutic Surface Solutions Inc. in Huron and Perth counties, and provides wound and ostomy educational seminars for nurses and personal support workers.

Carol Ann is affiliated with the Registered Nurses Association of Ontario, the Ontario Wound Interest Group, and the Canadian Association of Enterostomal Therapists. She has participated in numerous wound and ostomy product trials with ET Now and the South West Community Care Access Centre, and contributed to a study on the effectiveness of various types of compression bandages done at Queens University.

Carol Ann first became interested in wound and ostomy care when she realized how little knowledge she had in the area, and how resourceful the ET nurses were that she knew. She admired how much ET nurses knew about best practices in wound and ostomy care, and how these professionals were always striving to be "on the cutting edge" and how willing they were to share their knowledge.

What Carol Ann most likes about being an ET nurse is the opportunity to educate and empower people with wounds and ostomies to self-manage, and the opportunity to share with them the tangible effects of their efforts.

Coming Events

April 2014

25th OntWIG's 5th Annual Wound Care Symposium, Niagara Falls
http://rnao.ca/sites/rnao-ca/files/OntWIG_save_the_date_2014.pdf

May 2014

1-2nd CAWC Wound Care Learning Series, Toronto
<http://cawc.net/en/index.php/educational/institute/registration-information/>
30-31st Chronic Leg Edema, Under Recognized and Under Treated, Western University, London
charding@uwo.ca

October 2014

30-2nd CAWC/CAET/WAWLC Conference, Toronto
<http://cawc.net/en/index.php/conference/>

December 2014

4-5th CAWC Wound Care Learning Series, Toronto
<http://cawc.net/en/index.php/educational/institute/registration-information/>

REMEMBER—registration is still open for:

- The International Interprofessional Wound Care Course (IIWCC) at the University of Toronto (<http://woundpedia.com/registration/>)
- The University of Western's Masters of Clinical Science in Wound Healing (MCISc) program (<http://www.uwo.ca/fhs/pt/programs/mclsc/admission.html>)

