



The South West Regional Wound Care Program

The SWRWCP Quarterly

Spring 2015

Volume 2, Issue 1

**Integrated,
evidence-
informed skin
and wound
care—every
person, every
health care
sector, every
day**

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Message from the Editor

It has been a year since 'The SWRWCP Quarterly' was last published ... and what a busy year it has been!

The Product Evaluation Learning Collaborative perfected standardized policies and procedure around regional wound care product, equipment and service delivery evaluations. With these documents, the Collaborative embarked on its first ever cross-sector product evaluation, that of PolyMem, in the Ingersoll area. The evaluation involved staff at Alexandra Hospital, the Saint Elizabeth Health Care Flex Clinic, and Woodingford Lodge. The enrollment period recently closed and results should be available in the next month.

The Clinical Practice and Knowledge Translation Learning Collaborative have been madly working away at revising historical website contents, and uploading them to the Program's new website: swrwoundcareprogram.ca. Launched this past December, this website contains a number of wound resources including assessment and management guidelines, algorithms, tools, patient pamphlets, self-care dressing guides, dressing selection and cleansing enablers, adjunctive therapy in-

formation, teaching resources, a directory of local services, information on the Program and it's governance and so much more. You can also find links on the website for the Program's HealthChat site (a secure site for Wound Care Champions, Wound Care Specialists, ET Nurses, and Program members to discuss wound issues, contribute to the development of website resources and be informed of upcoming educational events), and links to our Facebook and Twitter sites. 'Like' and 'Follow' us on social media to stay up to date on the Program's activities!

Last November the Program attended the Canadian Association of Wound Care (CAWC) Conference and developed a partnership with the CAWC to create and provide training on the foundations of wound care to the SWRWCP's 'Wound Care Champions'. The first of these joint educational sessions was held in Stratford in December 2014, followed by a second session in April 2015. Between the two events, 127 health care professionals were educated, 75 being SWRWCP 'Wound Care Champions', with attendees coming from as far away as Ottawa, Calgary and the

North West Territories!

This spring has also seen discussions with our LHIN's hospitals around wound data collection and the development of standardized wound assessment forms and order sets. There have been conversations with our LHIN's Aboriginal Health Advisory Committee around how we can engage that population and there has also been much activity around the creation of a Wound Care Specialist/ET Nurse referral form and information pamphlet for the community sector. In addition, the SWRWCP has represented itself at the RNAO Wound Care Institute and has attended process mapping workshops on E-Stim implementation in our LHIN, hosted by Western University.

As you can see, our Program has been steadily working at completing many projects, all with the aim of improving our assessment, management and preventative practices when it comes to skin and wound care in the South West LHIN. This year promises to be just as productive as the last, and I encourage you to closely follow our activities!

Crystal McCallum RN MCISc

Perspectives: Pressure Ulcers

25.1%

The prevalence of pressure ulcers (PU) in acute care in Canada¹

60%

The percentage of PUs found on the sacrum

16%

The prevalence of Enterococcus faecalis in infected pressure ulcers⁴

\$9,000

The approximate cost of caring for a PU in the community in Canada²

29.9%

The prevalence of PU in non-acute care settings¹

A

The RNAO's level of evidence for use of electrical stimulation therapy in chronic pressure ulcers⁵

15.1%

The prevalence of PU in community care in Canada¹

32%

The reported number of patients with osteomyelitis in their pressure ulcers³

54%

The incidence of PU recurrence after flap or graft closure⁶

Success Story Update: South Bruce Grey Health Centre



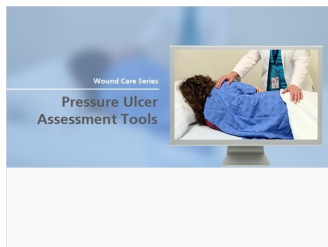
After careful consideration and deliberation by the South West Regional Wound Care Program's (SWRWCP) Strategic Steering Committee, it has been decided that the South Bruce Grey Health Centre's web-based wound dressing selection tool will be adapted and uploaded to the SWRWCP's website (swrwoundcareprogram.ca) for

all to access. Modified to reflect generic wound dressing product categories versus specific product brand names, this tool will allow health care professionals to input wound assessment data to populate a wound dressing suggestion. The tool will also auto-populate interventions, other than wound dressings, based on the wound etiology.

Funding has been set aside by the SWRWCP to allow for the adaptation and implementation of this tool onto the website. Implementation is expected to be completed by the end of this fiscal year—keep an eye on our website for this new tool!

Crystal McCallum RN MChSE

St. Joseph's Health Care London's Wound Module



February 27, 2015 the Clinical Lead of South West Regional Wound Care Program (SWRWCP) met with Karen Perkin, Chief Nursing Executive of St. Joseph's Health Care London, to review an interactive, electronic Pressure Ulcer Assessment module that her staff, led by Anne LeMesurier, had created for internal hospital use/training. This case-based module focuses on identifying risk factors associated with pressure ulcer development, common sites of pressure

ulcers, use of the Braden Scale for Predicting Pressure Sore Risk tool, assessing wounds using the Parkwood Wound Monitoring Tool, staging wounds using the National Pressure Ulcer Advisory Panel's staging system, selecting wound dressings and developing an interprofessional plan of care.

May 4, 2015, the SWRWCP's Clinical Lead discussed the potential of modifying and uploading the module to the SWRWCP's website with St. Joseph's Organizational

Development staff. After these discussions, a proposal was prepared and will be submitted to the SWRWCP Strategic Steering Committee at their next meeting, recommending cost-sharing and uploading of this module to the SWRWCP's website for all to access, with the intent of using the module's framework to create additional case-based, interactive e-modules for the website in the future. Keep your eyes on the website for the module!

Crystal McCallum RN MChSE

Wound Champion Profile: Kylie Nowak

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Kylie began practicing nursing almost 30 years ago after graduating from Conestoga College in Kitchener. She spent the first 20 years of her career honing her skills and abilities at the Mount Sinai Hospital in Toronto. During this time she practiced throughout the organization in 12 different nursing clinical, education and administration roles while continuing her commitment to lifelong learning by completing undergraduate and graduate nursing degrees at the University of Toronto.

In 2007 Kylie transitioned her career back to the bedside and moved to beautiful Grey Bruce. After several years working night shift in the Meaford Site Emergency Department she has recently taken on a charge nurse role in the inpatient unit. In this role Kylie has spent the last several months expanding her knowledge in evidence based wound care and is championing knowledge and skill development with her nursing colleagues.

Prepared by:
Kylie Nowak RN, BScN, MN
Grey Bruce Health Services, Meaford



From left: Simriti Baral, RN;
Kylie Nowak, RN BScN MN;
Caitlin Cramp RPN

Ask an Expert: Why Not Keep a Wound Open to Air?

Until the early 1960's it was traditionally believed that wounds should be:

- Kept dry to allow scabs to form;
- Exposed to the air/sun as much as possible, and;
- Covered with a dry (gauze) dressing.⁷

However; animal and human studies in the 1960s revealed that “wounds in which the tissues remained moist healed twice as rapidly as those in which the tissues dried out⁸”. Since this time, the concept of moist wound healing has been embraced by the medical community, and subsequently thousands of ‘conventional dressings’ or dressings that promote a moist wound environment have been developed.

So why is a moist wound environment better than a dry one? Research has shown that moist wound environments:⁷

- Speed the rate of

epithelialization;

- Promote granulation tissue deposition;
- Allow for regrowth of blood vessels;
- Increase cellular proliferation;
- Allow for the provision of nutrients required for cellular metabolism;
- Help with the diffusion of immune and growth factors;
- Promote the autolysis of necrotic tissue;
- Prevent the development of a scab, which is a physical barrier to wound closure;
- Reduce the incidence of cell dehydration and death, and;
- Reduce wound related pain.

Knowing this, how can one achieve an ideal moist wound environment? Appropriate

choice and changing of ‘conventional dressings’ can allow for ideally moist wound environments. Dressings vary in their ability to absorb, retain and transmit moisture. Your choice of dressing is dependent upon a number of factors including the characteristics of the wound exudate, the form and functions of the dressings you have access to, the physical environment the person and their wound are in, the needs of the person and their caregiver, your knowledge and skill and bacterial burden in the wound. As such, there is no ‘cookie cutter’ approach to dressing selection, as there are simply too many variables to account for. However; by becoming more familiar with the dressings you have access to, you can learn when and how to best use them to promote that ideal moist wound environment.

Crystal McCallum RN MCRSC

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Meet Your Wound Care Specialist: Maria Jones, RN ET

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informed skin and wound
care - every health care
sector, every day

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healthchat.ca



Maria graduated with a Nursing Diploma from Mohawk College over 30 years ago, and went on to complete her BScN at Laurentian University and MN (with a Teaching Focus) at Athabasca University.

Her Enterostomal (ET) Nursing certificate was obtained through the Canadian Association of Enterostomal Therapists (CAET), and Maria successfully wrote her Canadian Certification exam in Enterostomal Therapy in 2013.

Maria's main nursing employment has been with the Grey Bruce Health Services (GBHS) in Owen Sound. She has worked in different areas including emergency and med/surg, and has performed a variety of roles including staff nurse, manager, clinical educator and ET. She has also worked as clinical educator for Western University nursing students and as a classroom instructor for the Georgian College RPN Program.



Currently Maria is employed as the Surgical Clinical Educator at GBHS, of which duties include orientation for new staff, educational initiatives for existing staff, researching and incorporating best practice initiatives within the program, and policy and procedure writing and updating.

As the Surgical Clinician Maria was repeatedly being consulted around wound care and ostomy issues/needs. That is when she decided to complete her ET so she can now also function as the ET nurse supporting wound, ostomy, incontinence, skin and tube care across the hospital corporation's six sites.

Recently Maria participated as a member of the CAET working group, creating a decision aid for patients around self-catheterization. She is also involved with the South West Regional Wound Care Program as a member of the Product Evaluation Learning Collaborative.

Coming Events

October 2015

29-1st CAWC Conference, Toronto (<http://cawc.net/index.php/conference/>)

REMEMBER—registration is still open for:

- The Canadian Association for Enterostomal Therapy (CAET) K2P Program (<http://www.caetacademy.ca/caet-english/programs-k2p.htm>)
- The CAET's Nurse Education Program (ETNEP) (<http://www.caetacademy.ca/caet-english/programs-etnep-course.htm>)
- The International Interprofessional Wound Care Course (IIWCC) at the University of Toronto (<http://woundpedia.com/iiwcc/>)
- Western University's Master of Clinical Science (Wound Healing) program (<http://www.uwo.ca/fhs/pt/programs/mclsc/healing.html>)