A. INTRODUCTION

A.1. INTRODUCTION TO PROJECT AND WOUND CARE TOOLKIT

A.1.1 Introduction to the Project

In a prevalence study conducted by the South West Community Care Access Centre (SW CCAC) in December 2007, considerable opportunities were identified for improving client outcomes and resource utilization regarding evidence-based wound care delivery. Discussions with other health care partners in acute care and the Local Health Integration Network (LHIN) identified that similar opportunities existed across the South West health care system.

The SW CCAC determined that the unique opportunity that presented would encompass not only an internal SW CCAC wound care program to realize excellence in wound care, but also provide an opportunity to collaborate with their partners to achieve a shared Vision. While each sector (hospitals, long-term care homes (LTCH), community and primary care) supports the wound types of the populations they serve, alignment of wound care practices across the continuum will achieve client continuity, efficiencies and productivity within the health care system. This would mean that no matter where an individual with a wound would be receiving care in the SW region, they would receive a similar level of excellent evidence-based wound care, and that this plan of care would be continued if they were to move to a different health care sector or geographic area within the region. A vision for wound care began to emerge:

“The Southwest health system partners will become leaders in integrated wound care management by 2013.”

The goal was to not only standardize a level of excellence in wound care based on evidence-based best-practice guidelines and current literature, but to involve health care providers from many disciplines and sectors in the development of this program. This was an innovative and inspired model of collaboration in order to improve the care and use of human and fiscal resources for wound care in the LHIN.

With the support of the SW LHIN, the SWCCAC hired a project lead with a respected background in wound care across the sectors, in both clinical and administrative roles, and with Board of Directors experience with two national wound care groups. A Steering Committee for the South West Regional Wound Care Framework Initiative was struck to begin the work in May 2009. The Steering Committee’s objectives mirror those of the initiative, and include development and implementation of:

- clinical protocols for system-wide application of evidence-based wound care
- a sustainable system-wide wound care education model and processes for quality evaluation
- a model for effective wound management product selection across all sectors, and
- a sustainable and effective business model for the procurement of wound management supplies across all sectors.

There was a projected three-year time-line for planning, development and implementation of the project.

The Steering Committee struck three subcommittees to address the specific areas related to clinical evaluation, education and implementation, and product evaluation and product procurement, with sub-committee representation from acute care, community, long-term and primary care across the geographic region.
South West Regional Wound Care Toolkit

Multidisciplinary environmental scans conducted via focus groups and clinical practice surveys in 2009-2010 identified that there was a wide variation in the wound care practices of health care partners in the SW region. LTC facilities had prioritized pressure ulcer prevention and management, some acute care and community organizations had implemented a few of the Registered Nurses Association of Ontario’s Best-Practice Clinical Guidelines (RNAO BPG) about chronic wound care, but there was no standardized application across the sectors. There was no agreement as to the method of wound assessment, wound cleansing, recognition of signs and symptoms of infection and appropriate interventions. Wound care product availability differed from sector to sector so that difficulty and expense occurred when individuals with wounds transferred from sector to sector.

The Clinical Evaluation sub-committee had been mandated to:

- Review the clinical literature and existing wound care frameworks/protocols
- Recommend clinical components of the SW Regional Wound Care Framework including
  - algorithms
  - pathways
  - assessment and documentation guidelines
- Create outcomes measures/performance indicators and recommend improvement strategies to sustain Best Practice.

Based on the results of the environmental and clinical scans, and their own observations in their work environment, the sub-committee members decided to start with the ‘foundational basics’ of wound care, that of ‘Wound Bed Preparation’. These recommendations are found in a Canadian journal written by a multidisciplinary group of wound care experts for the Canadian Association of Wound Care’s (CAWC) journal, Wound Care Canada. Entitled Best Practice Recommendations for Preparing the Wound Bed, these recommendations are applicable to wounds of any etiology or age.

Figure 1: Paradigm for Preparing the Wound Bed

Used with Permission.
This provides a schematic representation of the need to consider not only the correct diagnosis, but also the need to optimize:

- local factors contributing to the wound environment,
- systemic or co-morbid factors, and
- patient-centred concerns in order to promote healing.

---

South West Regional Wound Care Toolkit

Working with the Clinical Evaluation sub-committee, the Knowledge Translation sub-committee has been mandated to:

- Work from the recommendations of the clinical/evaluation committee regarding clinical components, and determine the way in which they might be implemented in educational sessions using a variety of methods,
- To collaborate with the clinical/evaluation sub-committee regarding policy/program and implementation, and to
- Select and monitor outcome measures/performance indicators and recommend improvement strategies to sustain Best Practice.

Together, the sub-committees have endeavored to create a practical, adaptable collection of resources that will be accompanied by educational components that will improve the levels of competency and skills in the planning and delivery of wound care in the South West Region.

A.1.2 Introduction to the Toolkit

Provided in a toolkit format, the initiative contains assessment and documentation tools based on the best evidence available, along with instructions for use and actual literature resources for additional reading/learning. Each section of the toolkit expands on the recommendations, including the purpose and instructions for use. Several sections contain articles that have been provided with permission of the publishers. These are called ‘resources’. Other articles may be referenced or cited within the content and are listed as ‘references’.

Once the foundational assessment components of care are addressed, other best practice guidelines based on wound etiology will be found in Section F, ‘Treat the Cause’.

Please note: We recognize that terminology differs across the sectors - physicians and hospitals have patients, CCAC and nurses have clients and LTC has residents. For the purposes of this toolkit, the words ‘patient/client/resident’ are interchangeable with the ‘individual with the wound’.

Copyright

With the exception of those portions of this document for which a specific prohibition or limitation against copying appears, the balance of this document may be produced, reproduced and published in its entirety, without modification, in any form, including in electronic form, for educational or non-commercial purposes. This information, based on current research, will be updated as new information arises & can be used to develop wound management protocol, policy, documentation or educational materials within a unit, program or region.


A.1.3 High Level Algorithm

This demonstrates how the components of the toolkit build on each other to form a comprehensive evidence-based approach for wound management.
A.4 RESOURCES – article is posted