E.1. DETERMINE HEALABILITY OF WOUND

E 1.1 Introductions and Purpose
One of the principle tenants of the Wound Bed Preparation paradigm is to determine whether it is the wound is going to heal or not. The following definitions will be utilized within the SWCCAC and for the purposes of this program:

- **Healable**: Have sufficient vascular supply, underlying cause can be corrected, & health can be optimized.
- **Maintenance**: have healing potential, but various patient factors are compromising wound healing at this time
- **Non-healable/Palliative wound**: has no ability to heal due to untreatable causes such as terminal disease or end-of-life

This determination is important for the following reasons:

- Increasing moisture in the wound base serves many positive purposes to promote healing in healable wounds, but if the wound is not healable, too much moisture can increase risk of complications for the client. For example, the RNAO BPGs for Assessment and Management of Foot Ulcers for People with Diabetes state that “Application of moisture retentive dressings in the context of ischemia and or dry gangrene can result in a serious life- or limb-threatening infection”.
- Advanced wound dressings that are meant to provide moist interactive wound healing tend to have a higher per-unit cost and many clinicians feel that they should be reserved for situations where healing is a reasonable goal.

To prevent situations of misunderstanding or triangulation, with different assumptions about the healability of the wound and the goals of care, it is important that there be discussion, and optimally, mutual agreement between the physician, the nursing team and the client regarding setting goals about the “healability” of the wound. The South West CCAC has recently added checkboxes to their referral form that asks the physician or nurse practitioner making the referral to indicate what they have discussed with the client so that the service provider is aware and can approach the care with the same goal. If however, the physician believes that the wound is healable but the community service providers feel that it is not due to client choices, there is opportunity for discussion and conferencing with the Case Manager and key individuals along with the client if indicated. In the same manner, acute care and long term care facilities wish to provide wound care that is directed towards achieving the goals that are appropriate for the individual with the wound.

Treatment Strategies Based on Healability

In all cases, efforts should be made to optimize the health of the individual, and to correct any external causative factors, such as pressure redistribution for pressure ulcers, pressure offloading for diabetic foot ulcers, or compression bandaging for venous leg ulcers. Local wound care should follow these criteria based on the mutual assessment and goals of the individual:

- **Healable**: Moist wound healing strategies using advanced wound care products should be implemented.
• **Maintenance:** The goal of treatment is to remove or mitigate these limitations, reduce the risk for infection and/or deterioration in the wound, and promote client function and comfort. Once barriers to healing have been remediated client converts to a healing pathway. Moist wound healing strategies using advanced wound care products may or may not be appropriate

**Non-healable/Palliative wound:**
• The goal of care is to reduce the risk for infection, slow the course of deterioration and promote client comfort and function.
• Moisture retentive dressings may not be appropriate
• Referral to specialist may be indicated to choose treatment plan that will stabilize the wound status if possible.

**E.1.2 Determine Healability Tool**

**Instructions for Use:**
The tool has been used with permission of North Simcoe Muskoka Local Health Integration Network and Health Outcomes World Wide. Table 1 shows the headings and sub-headings found in the tool, referring to the need for a focused holistic (looking at the WHOLE person, not just the wound) assessment to help determine the wound’s best possible outcome. It provides specific questions to guide the final determination. The content may be adapted to create a decision tool or documentation form for your facility. Please use the reference for the material as an acknowledgement if copied.

**Table 1. Categories in Determining Healability**

<table>
<thead>
<tr>
<th>The Focused Holistic Health Assessment for Wounds: Determination of the Wound’s Current Position in the Management Matrix</th>
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<tr>
<td><strong>Co Morbid Conditions</strong></td>
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<td><strong>Co-Factors</strong></td>
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<td><strong>Medications</strong></td>
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<td><strong>Lifestyle</strong></td>
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South West Regional Wound Care Toolkit

1.3 SWCCAC Daily Visits as Exceptional Situation for Healable and Maintenance/Palliative Wounds

These documents were created with input from surgeons at Woodstock General Hospital, and rolled out in 23 physician meetings settings across the South West. They are meant to direct care choices based on evidence-based practice principles according to wound characteristics and healability, and to be a starting point for guided conversation regarding collaborative practice. There is an educational resource voice-over powerpoint Guided Conversations: "Daily Visit Frequency as an Exceptional Situation for Healable and Non-healable Wounds" available at: http://www.thehealthline.ca/libraryVideos.aspx?categoryID=8

1.4 Resource (Added Dec. 2011)


Other References:


