Patient Bill of Rights and Responsibilities

in Wound Prevention and Care

Idevania Costa, RN, NSWOC, PhD
Darren Levine, EdD
Catherine Phillips, BSW, MA, PhD
Catherine Schoales, RN, IIWCC, PhD
Pilar Camargo-Plazas, RN, PhD
Sue Rosenthal, BA, MA

OUR VOICES
OUR STORIES

A supplement of
Wound Care
CANADA

Patient Bill of Rights and Responsibilities

in Wound Prevention and Care

OUR VOICES
OUR STORIES

Corresponding Author:
Idevania Costa, RN, NSWOC, PhD
Associate Professor, Lakehead University
Chair of Our Voices Our Stories Initiative
Chair of the Co-creation of PBoRR/WPC
955 Oliver Road, Thunder Bay, ON P7B 5E1
igcosta@lakeheadu.ca

A supplement of
Wound Care
CANADA

This supplement is published by Wound Care Canada and is available at https://www.woundscanada.ca/health-care-professional/publications/wcc-magazine.

Acknowledgments

Research Team
Idevania Costa (Chair), Lakehead University
Mariam Botros, Wounds Canada
Pilar Camargo-Plazas, Queen's University
Michael Lang, University of Calgary
Darren Levine, Wounds Canada
Catherine Phillips, Lakehead University
Catherine Schoales, Lakehead University
Michelle Spadoni, Lakehead University

Persons with Lived Experience and Care Partners
Charlene Brosinsky, Care partner/Family member
Miriam Cook, Care partner/Family member
Laura Dann, Care partner/Family member
Linda Moss, Care partner/Family member
Kelly O'Leary, Care partner/Family member
Dave Wardrop, Person with lived experience
Tom Weisz, Person with lived experience

Policy Makers
Chantal Labrecque, Université du Québec en Outaouais
Lyndsay Orr, Ontario Health
Deirdre O'Sullivan-Drombolis, Giishkaandago'Ikwe Health Services
Kathleen Stevens, Memorial University
Maria Zaccaria Cho, Canadian Institute for Health Information

Health-Care Providers
Jovina Bachynski, Nurse Practitioner
Virginie Blanchette, Podiatrist
Jeremy Caul, Registered Nurse
Susan Deering, Family Physician
Sheena Fortuna, Nurse Practitioner
Devon Jahnke, Chiropodist
Mary MacDonald, Physician, Vascular Surgeon
Tobi Mark, Chiropodist
Norma Skinner, Registered Nurse
Marlene Varga, Registered Nurse

Facilitators/Support Team
Robert Ketchen, Wounds Canada
Darren Levine, Wounds Canada
Sasangi Lokugonaduwage, Wounds Canada
Sue Rosenthal, Wounds Canada
Samantha Santorelli, EQUIP@Action, Lakehead University
Olena Veryha, Wounds Canada

Partners

This project has been funded by the generous support of the Social Sciences and Humanities Research Council (SSHRC) Connection Grant, September 2024.

French Translation: Virginie Blanchette, Joumana Fawaz, Chantal Labrecque

How to cite this document: Costa IG, Levine D, Phillips C, Schoales C, Camargo-Plazas P, Rosenthal S. Patient Bill of Rights and Responsibilities in Wound Prevention and Care (PBoRR-WPC). Wound Care Canada. 2026;24(1) Suppl. DOI: 10.56885/861701gspubh

Contents

Executive Summary

The Patient Bill of Rights and Responsibilities in Wound Prevention and Care (PBoRR-WPC) was co-created with people with lived experience, health-care providers and policy makers to promote skin health and equitable, person-centred and high-quality wound care across Canada. The Bill establishes a clear framework for collaboration among patients, care partners, families, health-care providers and system leaders by outlining both rights and responsibilities that guide the skin health and wound care journey, from prevention of wounds and early intervention to treatment, recovery and post-healing support.

Developed through the Our Voices, Our Stories initiative, led by Dr. Idevania Costa, an Associate Professor at Lakehead University's School of Nursing and director of EQUIP@Action, Research Hub for Health Equity, hosted by Lakehead University, in collaboration with Wounds Canada and with financial support from the Social Sciences and Humanities Research Council of Canada (SSHRC), the PBoRR-WPC reflects the lived experiences of individuals with wounds, their families and health-care professionals. The co-creation process included real digital storytelling, community-based participatory workshops, collaborative surveys and consensus-building sessions, ensuring the PBoRR-WPC is grounded in real-life experiences and diverse perspectives.

The PBoRR-WPC (see Appendix A [English] and Appendix B [French]) defines 12 fundamental rights—such as access to timely referrals, co-ordinated care, culturally safe services, clear communication, and pain management—paired with corresponding responsibilities that emphasize person-centred care and patient engagement, advocacy and shared accountability. By combining rights with responsibilities, the document fosters mutual respect, transparency and active participation, which are essential for improving health outcomes.

This Bill is designed as a living document, published and disseminated widely to ensure accessibility and relevance. It will undergo biennial updates based on ongoing feedback.

The PBoRR-WPC represents a collective vision for compassionate, equitable and dignified wound prevention and care. The ultimate goals are to help individuals with or at risk of wounds who are navigating life and the health-care system to understand their rights, encourage collaboration between patients and providers and promote system-wide improvements in skin health and wound care practices across Canada.

OUR VOICES
OUR STORIES

Abstract

This Patient Bill of Rights and Responsibilities in Wound Prevention and Care (PBoRR-WPC) is an outcome of the Our Voice, Our Stories initiative, a national exchange focused on the patient experience and journey through wound care in Canada. The co-creation of the PBoRR-WPC brought together individuals with lived experience, care partners, researchers, health-care providers and policymakers.

Grounded in participatory methods, it outlines 12 key rights and responsibilities to support equitable, person-centred wound prevention and care in Canada. The co-creation of this living document was led by Dr. Idevania Costa (principal-investigator), Associate Professor in the School of Nursing at Lakehead University, and is endorsed by Wounds Canada. It will be reviewed and updated biennially to reflect emerging needs and feedback.

Introduction

The Patient Bill of Rights and Responsibilities in Wound Prevention and Care (PBoRR-WPC) is a foundational document designed to support more equitable, person-centred care for individuals living with or at risk for wounds. It serves as a vital starting point for open dialogue between patients, their care partners or family members and the health-care team. By clearly outlining the rights and responsibilities of all parties involved, this Bill fosters mutual understanding, respect and shared decision-making throughout the entire skin health and wound care journey, from prevention and early intervention to treatment, recovery, post-healing support and/or long-term management.

This document presents 12 rights and corresponding responsibilities. It was developed through the Our Voices, Our Stories initiative, led by Dr. Idevania Costa, Associate Professor in the School of Nursing and director of EQUIP@Action, Research Hub, Lakehead University, with financial support from the Social Sciences and Humanities Research Council of Canada (SSHRC). The co-creation process was supported by Wounds Canada, which has committed to publishing and sharing the PBoRR-WPC widely across multiple platforms to ensure it reaches patients, families, health-care professionals and wound care settings across the country.

What is a bill of rights?

A Bill of Rights is a formal statement of the fundamental principles and entitlements that patients should expect when engaging with health-care services and interacting with health-care providers.[1] In the context of skin health and wound care, it acknowledges the dignity, autonomy and diverse needs of individuals living with or at risk of wounds and reinforces their rights to accessible, safe and high-quality care.

What do responsibilities mean in this document?

While rights define what individuals are entitled to, responsibilities are the actions and attitudes that patients, care partners and health-care professionals can embrace to foster collaborative and effective care. Responsibilities encourage mutual respect, open communication, informed participation and accountability in the care process, all essential components of high-quality, person-centred wound care.

Co-creation and Community Involvement

This PBoRR-WPC was co-developed through an inclusive and participatory community-based process co-led by Costa and the Wounds Canada leadership team. It reflects the voices and lived experiences of:

- Individuals living with or at risk for wounds
- Family members/care partners and and support persons
- Health-care professionals from diverse settings
- Policy makers and system leaders
- Researchers and educators with expertise in wound care, equity and community-based methodologies

Through workshops, storytelling sessions and collaborative analysis, this group identified key themes and principles that form the foundation of this document. The PBoRR-WPC reflects a shared vision for compassionate, equitable, safe and responsive care that prioritizes human dignity and social justice.

The Co-creation Process

The process began in 2021 with the Our Voices, Our Stories project,[2,3] which involved the gathering of real stories of individuals who had been affected by wounds, and their care partners/family members. The research team then analyzed the digital stories shared by patients and care partners. From this analysis, they identified recurring gaps in care, unmet needs, systemic barriers and struggles that prevented people from achieving optimal wound-related outcomes.

This groundwork informed a multi-phased co-creation process, carried out through a series of virtual workshops jointly led by Costa and the Wounds Canada leadership team. The steps involved a series of three workshops.

Workshop 1: Laying the Foundation

The first workshop included foundational sessions facilitated by:

- Dr. Michael Lang, a digital storytelling specialist
- Dr. Idevania Costa, Chair of the Co-Creation of PBoRR-WPC
- Dr. Darren Levine, representing Wounds Canada's leadership team

Collaborators, including people with lived experience, care partners/families, health-care providers and policy makers, were introduced to a selection of real patient and care partner stories, the overarching goals of the PBoRR-WPC project and the principles guiding its development. The foundational concepts included the definition and purpose of a Patient Bill of Rights, a co-creation process rooted in a community-based participatory research (CBPR) approach and concrete examples of how individual rights were identified and derived from real-life experiences. The stories shared by people living with wounds in Canada and their care partners or families provided the basis for the first draft of the PBoRR-WPC. By grounding the work in lived experience, the process ensured that the resulting document reflects not only clinical and policy perspectives but also the realities, needs and voices of those most directly impacted.

Workshop 2: Collaborator Review and Dialogue

Prior to the second workshop, collaborators received a draft version of the PBoRR-WPC. During the session, they joined breakout groups via Zoom to discuss the value of the PBoRR-WPC and review three to four rights and responsibilities per group. Initial feedback was gathered through these collaborative discussions.

Afterward, all participants were invited to complete an anonymous survey that included the full PBoRR-WPC draft. They were asked to rate each right and responsibility statement on a 5-point Likert scale (from Strongly Disagree to Strongly Agree) and provide written suggestions for improvement.

Workshop 3: Final Review and Consensus

The third and final workshop brought participants back together to review the survey results. Notably, over 80% of responses for most statements ranged from Agree to Strongly Agree. Four statements that received less than 80% agreement were discussed in depth using an interactive feedback tool (Mentimeter) to gather real-time suggestions and consensus.

Revisions and Document Status

Following Workshop 3, Costa and the Wounds Canada team reviewed all feedback, included suggestions and refined the language to finalize this version of the PBoRR-WPC. The final draft was then shared with all contributors for validation.

Patient, Care Partner and Family Review

The emerging PBoRR-WPC was then shared with the patients, care partners and their family members who had shared their stories as part of the Our Voices, Our Stories initiative. They were invited to complete a short anonymous survey to share feedback surrounding the content of the PBoRR-WPC, as well as its clarity, usefulness and comprehension. Feedback suggested that the PBoRR-WPC was found to be a helpful and clear document that accurately reflects the experiences, values and needs of people at risk for, living with or affected by wounds and skin conditions.

Previewing the Document: Presentation and Awards at the 2025 Wounds Canada National Conference

A presentation titled "Grounded in Stories, Driven by Data: Co-Creating a Patient Bill of Rights and Responsibilities to Transform Wound Prevention and Care in Canada" was given by Dr. Costa at Wounds Canada's National Conference, held October 2 – 4, 2025, in Toronto, Ontario. During this presentation, the emerging PBoRR-WPC and the process through which it was co-created were shared with participants. This presentation included facilitated dialogue surrounding applications and implications of the PBoRR-WPC on advancing compassionate, equitable and responsive care across Canada.

In addition to this presentation, the emerging PBoRR-WPC and the co-creation-based development process were also shared as a poster presentation during the Poster Café session of the conference. The poster, titled "Voices into Action: Co-creating a Patient Bill of Rights and Responsibilities to Advance Equity in Wound Care in Canada," won both the 2025 People Choice Award and the 2025 Judge's Choice Award. These recognitions reflect strong endorsement from the wound care community and underscore the perceived relevance, timeliness, and importance of this co-created document in advancing equity-informed, person-centred wound care across Canada.

Dissemination

Beginning in 2026, a multi-pronged national dissemination strategy is underway with an aim to raise awareness about the availability of the PBoRR-WPC, support the use of the Bill by patients, care partners and their family members, and guide the adoption of the Bill by health-care organizations. This dissemination plan includes hosting the PBoRR-WPC on Wounds Canada's website, featuring the Bill in a social media campaign through Wounds Canada's social media platforms, promoting the Bill in professional and academic publications and embedding the Bill in Wounds Canada's national health-care professional education programs, patient and care partner education programs and advocacy initiatives.

Ongoing Revisions and Updates

This PBoRR-WPC is a living document. It has been published on the Wounds Canada website and will remain open to ongoing collaborator input. Feedback will be collected continuously and reviewed during biennial updates. This ongoing process ensures the PBoRR-WPC remains responsive, inclusive and aligned with the evolving needs of individuals affected by wounds and the systems that support them.

The final PBoRR can be found in Appendix A and Appendix B and accessed online here: https://www.woundscanada.ca/patient-or-caregiver/patient-bill-of-rights-and-responsibilities.

Conclusion

Grounded in real stories and guided by community-based participatory methods, the PBoRR-WPC represents the culmination of a rigorous and inclusive co-creation process involving individuals with lived experience, their care partners, health-care providers, researchers and policy makers across Canada. This living document is designed to promote equitable and dignified wound prevention and care, with the aim of helping individuals and their families and care partners to more easily navigate through their skin health and wound care journeys. The PBoRR-WPC will support better collaboration between patients and their health-care teams and promote system-wide improvements in skin health and wound care practices across Canada.

References

1. Smith M. Patient's bill of rights – a comparative overview. (PRB 01-31E). Library of Parliament, Government of Canada. 2002. Available from: https://publications.gc.ca/Collection-R/LoPBdP/BP/prb0131-e.htm
2. Costa IG, Phillips C, Spadoni, MA, Botros M, Camargo-Plazas P. Patients' voices, stories and journeys of navigating social life while having and managing complex wounds: a knowledge mobilization Project. Wound Care Canada. 2021;19(2):34-35. Available from: https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/wcc-2021-vol-19-n-2/2324-wcc-fall-2021-v19n2-final-p-34-35-knowledge-mobilization/file
3. Costa IG, Levine D (Eds.). Our voices, our stories: A patient journey initiative. Wound Care Canada. 2022;20 Suppl:11-12. Available from: https://www.woundscanada.ca/doclink/wcc-v20-ovos-supplement-webfinal/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJ3Y2MtdjIwLW92b3Mtc3VwcGxlbWVudC13ZWJmaW5hbCIsImlhdCI6MTY2NTU4Nzk0OSwiZXhwIjoxNjY1Njc0MzQ5fQ.6LmaHT26I8H-o5VkC8djWZ0NuuOSXvlbBhdI_jQz1pE

Appendix A

Patient Bill of Rights and Responsibilities in Wound Prevention and Care

WoundsCANADA.ca

1 Right to timely skin-related risk assessment upon accessing health care in any setting*

Patients have the right to have their skin assessed for their level of risk of developing a wound as part of the overall health assessment, and if they are at risk, their care providers must take action to protect their skin or prevent wounds and/or related complications and connect them to the right services.

Responsibility: To seek care promptly when serious changes on their skin, wounds or health are noticed, and to share this information with their care providers.

2 Right to timely referral to skin-health and wound-related care services

Patients have the right to timely referral to preventative and wound care services that match their level of risk, ensuring complications are addressed early before they escalate.

Responsibility: To seek care promptly when skin changes appear or wounds worsen. Request early referrals to specialized care, especially if wounds show no sign of healing within four weeks.

3 Right to high-quality, consistent, co-ordinated, evidence-based care in every setting

Patients have the right to receive, in all health-care settings, safe, high-quality, evidence-based wound prevention and care that is co-ordinated across providers, services and settings.

Responsibility: To learn about and participate in wound prevention and care, with support from care partners and others as needed, and to share concerns about continuity of care if they arise.

4 Right to clear and accessible communication

Patients, care partners,** family members** and substitute decision makers have the right to clear, plain-language updates on health and wound status, the care plan and treatment options, as well as access to education at every stage of care, from prevention of wounds to treatment and post-healing. Interpreter services and communication tools should be available when needed.

Responsibility: To ask questions when something is unclear, request updates, share needs and provide updated information with care providers to support continuity. To designate a principal contact person, either patient, care partner or substitute decision maker, to connect with the care team to help co-ordinate care and communication. To identify a main contact person in the care team to answer their questions or report issues about access to care when needed.

5 Right to be included as part of the wound care team

Patients, care partners,** family members** and/or substitute decision makers have the right to be included in all decision-making and care planning.

Responsibility: To actively participate in care planning with the health-care team.

6 Right to personalized, person-centred care

Patients have the right to receive individualized, person-centred care plans that respect their personal needs and preferences.

Responsibility: To actively share information, needs, values, concerns, preferences and health goals with the rest of the care team.

This document is intended for educational purposes only and is not a substitute for professional medical advice. Please consult a qualified health-care provider.

cont'd. . .

7

Right to respectful, compassionate, empathetic, dignified and culturally safe care

Patients have the right to person-centred care that is respectful, compassionate, empathetic, dignified and culturally safe, and that honours identity, traditions, beliefs and preferences.

Responsibility: To communicate respectfully and share personal and cultural values with care teams. To speak up if care feels disrespectful or unsafe.

8

Right to pain assessment and management

Patients have the right to regular wound-related pain assessment and involvement in decisions about pain management.

Responsibility: To report pain levels, participate in planning and follow agreed-upon pain management strategies.

9

Right to receive support for navigation and care transitions

Patients and their care partners**/family members** have the right to receive support for system navigation and care transitions to ensure continuity of wound prevention and care in any setting.

Responsibility: To share challenges and concerns about continuity and transitions of care with health-care providers, especially when facing delays in system navigation.

10

Right to mental, emotional and trauma-informed support

Patients should be offered holistic and trauma-informed care, including psychosocial and psychological services that are mindful of experiences and complications that affect a person's well-being and quality of life during wound prevention and care.

Responsibility: To request and access emotional or mental health support, including the psychosocial and psychological resources available in the local community.

11

Right to supportive resources and rehabilitation across all health-care settings

Patients have the right to rehabilitation services, peer support and self-management resources.

Responsibility: To request and use supportive resources, follow up on referrals and communicate needs.

12

Right to work, financial security and employer and community support

Patients should be supported, as appropriately and to the extent that is possible by their health-care teams, to maintain employment, financial stability and community support while receiving wound care or preventative care. They should be referred to appropriate professionals to ensure understanding of benefits, workplace accommodation and legal rights.

Responsibility: To communicate with the health-care teams and employers about work-related needs and accommodation if/as required and to actively follow up with referrals and resources that can help maintain employment, financial stability and community support.

* "Any setting" may refer to remote or virtual access where in-person services are not available in the patient's immediate community.

** For inclusion in these rights, care partners and family members must be approved by the patient or substitute decision maker.

Acknowledgments – We extend our gratitude to Dr. Idevania Costa, Associate Professor in the School of Nursing and director of EQUIP@Action Research Hub, Lakehead University, along with the dedicated researchers associated with EQUIP@Action who participated in the project implementation. Their invaluable analysis of real patient stories from the Our Voices, Our Stories initiative has been instrumental in ensuring that this Patient Bill of Rights and Responsibilities is firmly grounded in the lived experiences and needs of individuals living with or at risk of wounds.

We also wish to acknowledge the Wounds Canada team and the Co-Creation Working Group for their thoughtful review, refinement and validation of each right and responsibility outlined in this document.

This significant work was made possible through the financial support of the Social Sciences and Humanities Research Council of Canada (SSHRC) and the in-kind contributions of Wounds Canada.

Appendix B / Annexe B

Charte des droits et responsabilités des personnes usagères en matière de prévention et de soins des plaies

WoundsCANADA.ca
PlaiesCANADA

1 Droit à une évaluation rapide de l'intégrité cutanée lors de la prise en charge en milieu de soins*

Les personnes usagères ont le droit de faire évaluer leur peau afin de déterminer leur risque de développer une plaie dans le cadre d'une évaluation globale de leur santé. Si un risque est identifié, les prestataires de soins et de services doivent intervenir pour protéger la peau, prévenir les plaies ou les complications inhérentes et orienter la personne usagère vers les ressources appropriées.

Responsabilités : Consulter rapidement en cas de changements importants au niveau de leur peau, de leur(s) plaie(s) ou de leur état de santé et bien-être et partager ces informations avec un prestataire de soins et de services.

2 Droit à une orientation rapide vers des services spécialisés en soins de peau et soins de plaies

Les personnes usagères ont le droit d'être orientées vers des services de prévention et de soins adaptés à leur niveau de risque afin que les complications soient prises en charge avant qu'elles ne s'aggravent.

Responsabilités : Consulter rapidement en cas de changements cutanés ou d'aggravation des plaies. Demander une orientation précoce vers des soins spécialisés, surtout si une plaie ne montre aucun signe d'amélioration après quatre semaines.

3 Droit à des soins de qualité, cohérents, coordonnés et fondés sur des résultats probants dans tous les milieux de soins

Les personnes usagères ont le droit de recevoir des interventions sécuritaires, de qualité, basées sur les meilleures pratiques et coordonnées entre les différents prestataires de soins et de services et les milieux de soins.

Responsabilités : S'informer et participer à la prévention et aux soins des plaies, avec l'appui des proches partenaires de soins et autres personnes, si nécessaire et partager ses préoccupations relatives à leur continuum de soins.

4 Droit à une communication claire et accessible

Les personnes usagères, leurs proches partenaires de soins** incluant les membres de la famille et les personnes mandataires, ont le droit à des informations claires et compréhensibles sur leur état de santé, l'évolution de leur(s) plaie(s), le plan de soins et les options de traitement ainsi qu'à des ressources éducatives à chaque étape de leur continuum de soins (prévention, traitement, post-guérison). Des services d'interprétation et des outils de communication doivent être disponibles, si nécessaire.

Responsabilités : Poser des questions en cas d'incompréhension, demander des mises à jour, partager ses besoins et fournir des informations actualisées pour assurer la continuité des soins. Désigner une personne-ressource (personne usagère, proche partenaire de soins ou personne mandataire) pour faciliter la coordination et la communication avec l'équipe de soins. Identifier un intervenant pivot dans l'équipe de soins pour répondre aux questions ou signaler des problèmes d'accessibilité.

5 Droit d'être inclus dans l'équipe de soins des plaies

Les personnes usagères, leurs proches partenaires de soins ou la personne mandataire ont le droit de participer à toutes les décisions et à la planification des soins.

Responsabilité : Participer activement à la planification des soins avec l'équipe soignante.

6 Droit à des soins personnalisés et centrés sur la personne

Les personnes usagères ont le droit de recevoir des soins individualisés qui respectent leurs besoins et préférences.

Responsabilité : Partager activement ses informations, besoins, valeurs, préoccupations, préférences et objectifs de santé avec l'équipe soignante.

suite. . .

7

Droit à des soins respectueux, de la compassion, de l’empathie, de la dignité et à des soins culturellement sécuritaires

Les personnes usagères ont le droit à des soins respectueux, empathiques, dignes et culturellement sécuritaires qui honorent leur identité, leurs traditions, leurs croyances ainsi que leurs préférences.

Responsabilités : Communiquer avec respect et partager ses valeurs personnelles et culturelles avec l’équipe soignante. Signaler toute situation où les soins semblent irrespectueux ou non sécuritaires.

8

Droit à l’évaluation et à la prise en charge de la douleur

Les personnes usagères ont le droit à une évaluation régulière de la douleur liée aux plaies et à participer aux décisions concernant sa prise en charge.

Responsabilités : Signaler son niveau de douleur, participer à la planification et à la prise en charge en respectant les stratégies convenues.

9

Droit à un soutien tout au long du continuum de soins ainsi que dans les transitions entre les milieux

Les personnes usagères, leurs proches partenaires de soins incluant les membres de la famille ont le droit à un soutien pour s’orienter dans le système de santé et lors des transitions de soins afin d’assurer la continuité des soins dans tous les milieux.

Responsabilité : Partager ses défis et préoccupations concernant la continuité et les transitions entre les milieux de soins avec les prestataires de soins et de services, surtout en cas de retard dans la prise en charge.

10

Droit à un soutien mental et émotionnel en tenant compte des expériences vécues

Les personnes usagères doivent bénéficier de soins holistiques incluant des services psychosociaux et psychologiques qui tiennent compte des expériences vécues et des conditions pouvant affecter le bien-être et la qualité de vie tout au long du continuum de soins de plaies.

Responsabilités : Demander et accéder à un soutien émotionnel ou psychologique en utilisant aussi les ressources disponibles dans la communauté.

11

Droit à du soutien et à la réadaptation dans tous les milieux de soins

Les personnes usagères ont le droit à des services de réadaptation, de soutien par les pairs et à des ressources d’autogestion.

Responsabilités : Demander et utiliser les ressources, assurer le suivi des demandes de consultation et communiquer leurs besoins.

12

Droit au travail, à la sécurité financière et au soutien de l’employeur et de la communauté

Les personnes usagères doivent être soutenues, dans la mesure du possible, par leurs équipes de soins afin de maintenir leur emploi, leur stabilité financière et le soutien de la communauté tout au long du continuum de soins. Elles doivent être orientées vers des prestataires de soins et de services appropriés pour comprendre leurs droits et les accommodements pouvant être mis en place en milieu de travail.

Responsabilités : Communiquer avec les équipes de soins et les employeurs concernant les besoins relatifs au travail et aux accommodements, si nécessaire. Assurer le suivi des recommandations afin de conserver leur emploi, leur stabilité financière ainsi que le soutien offert par la communauté.

* Tout milieu peut inclure l’accès à distance (téléassistance) lorsque les services en personne ne sont pas disponibles dans la communauté immédiate de la personne usagère.

** Les personnes désignées comme proche partenaire de soins incluant les membres de la famille doivent être approuvées par la personne usagère ou la personne mandataire afin d’être incluses dans ces droits.

Remerciements – Nous tenons à exprimer notre sincère reconnaissance à la Dre Idevania Costa, professeure agrégée à l’École des sciences infirmières et directrice du EQUIP@Action Research Hub de l’Université Lakehead, ainsi qu’aux chercheuses et chercheurs engagés associés à EQUIP@Action qui ont participé à la mise en œuvre du projet. Leur analyse précieuse de récits authentiques de personnes ayant une expérience vécue, recueillis dans le cadre de l’initiative “Nos voix, nos histoires”, a joué un rôle déterminant pour assurer que cette Charte des droits et responsabilités des personnes usagères soit solidement ancrée dans les réalités, les besoins et les expériences des personnes vivant avec des plaies ou à risque d’en développer.

Nous souhaitons également souligner la contribution de l’équipe de Wounds Canada ainsi que du Groupe de travail sur la co-création pour leur révision rigoureuse, leurs précisions et leur validation de chacun des droits et responsabilités présentés dans le présent document.

Ce travail d’importance a été rendu possible grâce au soutien financier du Conseil de recherches en sciences humaines du Canada (CRSH) ainsi qu’aux aimables contributions de Wounds Canada.

Nous remercions
le RSQP pour la
traduction française.

OUR VOICES
OUR STORIES

WoundsCANADA.ca

A supplement of
Wound Care
CANADA