Enoch Cree Nation Health Services in Alberta, where Holly & Susan work.

Community Nurses In Canada: A Focus On Skin And The Prevention And Management Of Wounds

By Janet L Kuhnke RN BA BScN MSc NSWOC DrPsychology, Holly Calliou RN and Susan McGillis RN

How to cite: Kuhnke JL, Calliou H, McGillis S. Community nurses in Canada: a focus on skin and the prevention and management of wounds. Wound Care Canada. 2024;22(1): 22-26. DOI: 10.56885/MJVE5671.

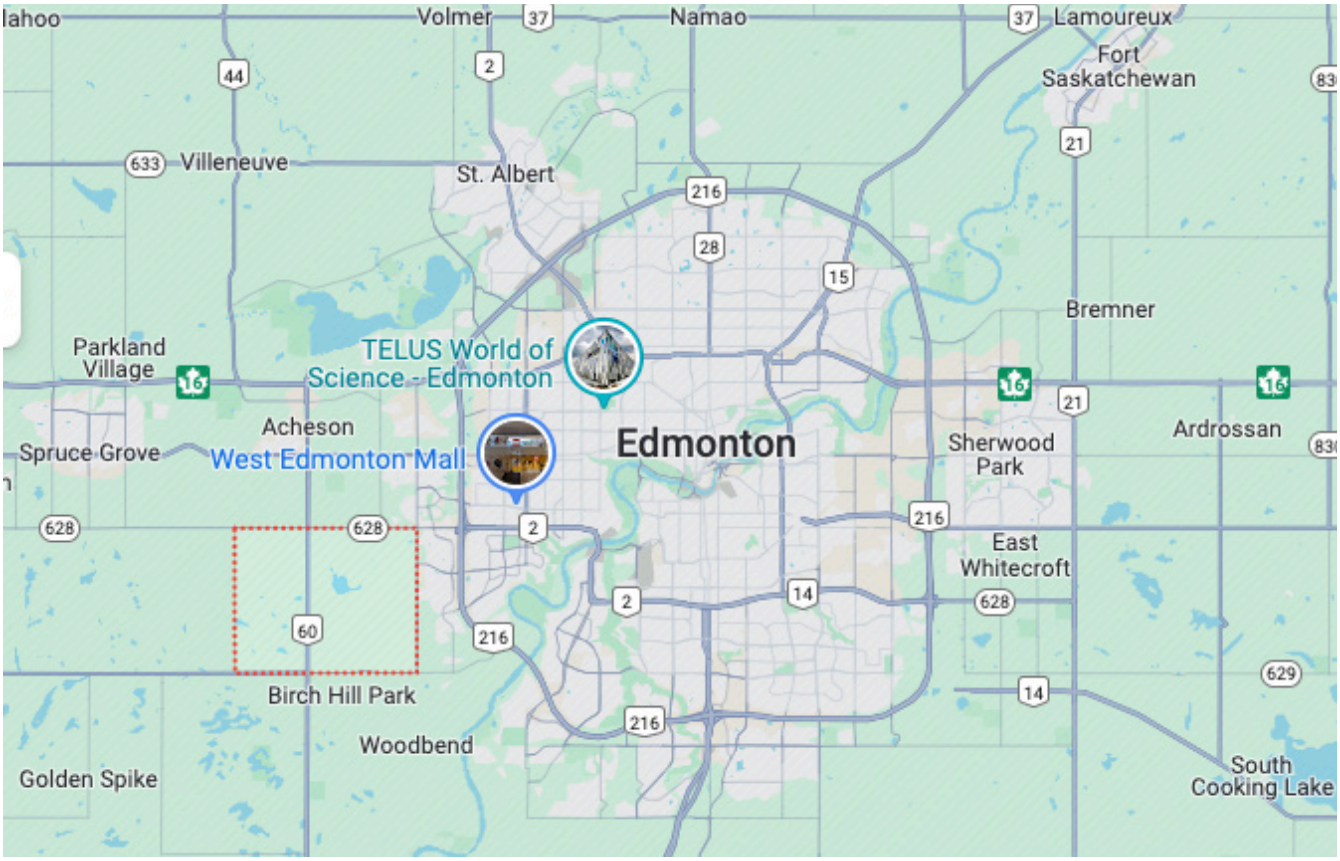
In Canada, community health nursing includes unique practice settings, such as public health, home health and nurses in primary and family practice settings (Community Health Nurses of Canada).[1] Being a community nurse can be incredibly rewarding and challenging.[2-4] Nurses in the community play a key role in supporting preventative initiatives and the promoting and preserving of health of individuals, families and communities.[1] Specifically, home health nurses focus on the care of persons and their care partners living with long-term conditions (prevention, maintenance and end-of-life/palliation), including a focus on skin and wound care.[1]

For First Nation nurses living and working in Alberta communities, serving the people means ensuring the people's voices are heard. We wanted to share the journey of two community nurses, Holly Calliou and Susan McGillis, to understand the complexity of their roles and responsibilities in relation to skin and wound care services. We co-created the interview questions and used a web-based platform to create the following interview. Questions were posed by Janet L Kuhnke on behalf of *Wound Care Canada*.

Wound Care Canada: Can you briefly describe the scope of your nursing services, the area you provide them in and the population you service?

Holly: I am a registered nurse working in home care for the Enoch Cree Nation, a First Nation in Alberta. I am the Home Care Coordinator. We service everyone who lives or works on the Nation. As the Home Care Coordinator, I am also the case manager and I provide home care services.

Susan: I work in a First Nation community in Alberta with a population of approximately 2,000 members. I manage the community diabetes program and coordinate clients' appointments with the variety of health professionals that deliver



The Enoch Cree Nation is indicated by the dotted red line. Source: Google Maps 2024

services in the community. I also provide education and support to individuals and their families living with diabetes.

Wound Care Canada: How would you describe a typical week at work?

Holly: As the coordinator I arrange the schedule of home visits for the licensed practical nurses (LPNs) and health-care aides (HCAs) as well as myself. During the day, I review faxes, emails and phone messages for any new clients, discharges or physician orders. The HCAs report to me if they have any concerns which I assign for follow-up or do myself. I am the case manager for all the home care clients, so I assess and reassess them on a regular basis to ensure that the client's are receiving the care they need. I do home visits as needed to assess and reassess the wounds and dressing protocols being used. I refer to other health professionals and link clients to services and support.

Susan: My work week varies. It can include direct client care, committee meetings, coverage for another nursing program, case management and health prevention programming.

Wound Care Canada: How frequently does the prevention and management of wounds play a critical role in the care provided?

Holly: Wound prevention and management are our main functions. The majority of our clients come to home care for acute or chronic wound care. We also do home wellness checks where we determine a client's risk of developing wounds.

Susan: Wound prevention is so critical in our diabetes program —we schedule monthly podiatry and orthotist clinics to catch potential problem areas early and delay or prevent wounds from developing. Additionally, we are fortunate that one of our clinic nurses has expertise in wound care and is a great resource to consult with for product selection and protocols.

Wound Care Canada: Can you give an example of a typical or particularly challenging case?

Holly: I can think of a client, an elderly person with type 2 diabetes mellitus, that was not well controlled. The individual had gotten a cut on the fourth toe of their left foot at a swimming pool which developed into a wound. Home care assessed and referred them to the Wound Clinic in Stony Plain which ended up referring the client to the surgeon. The client received revascularization surgery and their affected toe was amputated. Prior to discharge the client was to receive home intravenous therapy which our home care was unable to support, so the client ended up being transferred to a subacute unit.

When the client was discharged, home care monitored them, doing daily dressings, arranging transportation for medical appointments and providing equipment. Because we saw them often, we were able to follow the wound's progress, and when it stalled or got worse, could send referrals to the surgeon or send the client to the ER.

The initial wound protocol was done using a product as per surgeon's orders. After five months, the wound was steadily getting worse with tunneling to the third and fifth toes. The surgeon was aware of the deterioration and determined that an amputation was necessary. The client refused the below the knee amputation, so the surgeon opted to remove part of the foot knowing that if the infection continued, they may need to amputate more. The client was agreeable to this revised plan.

During this time, home care staff escorted the client to doctor appointments as the client was overwhelmed and wanted home care staff there to support and explain things.

Six months after the initial infection the client had surgery to amputate their left foot. After discharge, dressing orders were given to home care which consisted of an antiseptic to the incision. Four months later the incision again started to deteriorate; there was no change to the dressing orders made by the surgeon.

Home care sent a referral to the surgeon suggesting trying a new product that I had heard

Holly Calliou

Susan McGillis

about at the Wounds Canada Conference (Niagara Falls, 2023). The surgeon agreed to try it and two months later, at the follow-up, the surgeon determined no more follow-up was needed. The post-operative incision was closed, there were no more issues.

This case, like many others we see, involved a lot of, not only wound care, but booking transportation, accompanying clients and being a support for the client. I also utilized my new knowledge from attending the conference and meeting other experts in skin and wound care.

Susan: I remember a client from when I was a fairly new nurse in home care. I was caring for a middle-aged lady with a large wound on her leg that would not heal. The client and her husband were becoming increasingly frustrated with this non-healing wound that had been ongoing for two plus years. The family felt they were not getting any answers or solutions for healing this wound. The client was making frequent trips to her doctor and was occasionally visiting home care for supplies. I spoke to our wound consultant and subsequently wrote a letter to the family physician requesting that the client be referred to dermatology. Eventually the client was referred to dermatology and plastic surgery and ended up getting a skin graft to close the wound. The client has since had another two surgeries and has had significant periods of time that she has been wound free. This case taught me the importance of advocacy and pursuing expert opinions when conventional treatments are not working.

Wound Care Canada: What are some of the biggest challenges you face?

Holly: The federal and provincial jurisdictions. Even though we are located on the border of a major city we are unable to access provincial services on the nation. Provincial services will not/are not able to come onto the Nation to provide services, with some exceptions. This makes it very difficult for some clients as transportation is always an issue.

I find it very frustrating because we still live in the province, therefore, we should still have access to the services. One of the services which we get asked a lot about is palliative care.

Sometimes families want to bring clients home when they are deemed to need palliative, or need end-of-life -care, so they can die at home. If you lived in the city, then the Palliative Care Team would assist and support you, but they do not provide services to the Nation.

Another frustrating example is that we happen to have an apartment building on the Nation that is not owned by the Nation. This apartment building rents out to a number of people who are not from the community, or even First Nations. This is important because if they require health services, the provincial teams will not venture onto the Nation so it is expected that our home

care team assist them. We have no problem doing home visits, wound care, etc., for others but we do not receive funding for them. The only way we can access supplies is through the Non-Insured Health Benefit Program, which is exclusively for First Nations people, therefore it is difficult to get these clients what they need.

Susan: Transportation is a significant issue as we are a rural community, so if the client does not have a car it is sometimes difficult to get them transportation to appointments. Medical transportation is provided through Non-Insured Health Benefits but there are restrictions with its use. If the client has children, the children are not able to go, so the client would need a babysitter. They can not be driven to a pharmacy to pick up prescriptions and certain services are not covered, such as physiotherapy, unless it is at a hospital. To help a little we try to provide as many services as we can at the health centre. For the diabetes program we have an internist, podiatrist, orthotist and psychologist who all come to the health centre at least monthly to provide services.

Wound Care Canada: What steps do you feel are needed to improve the wound care knowledge of nurses in your area?

Holly: More educational opportunities, especially hands on learning. Even doing the same education more than once helps, as it helps to reinforce what was already learned. 'Hands on' training is great because it helps you to remember what you may have read or heard at a lecture.

Susan: Online education sessions that are relevant and practical, that can be viewed while at work would be an asset.

Wound Care Canada: How important are learning and educational opportunities like the Wounds Canada National Conference?

Holly: I was able to attend the 2023 Conference. Opportunities like this are very important. I have used what I have seen in my practice. The sessions are interesting, informative and relative. There is always something to learn or update in your practice. It would be wonderful if we could start doing the regional ones again. It was sometimes easier to go to ones closer to me and my colleagues.

Wound Care Canada: Did you learn anything particularly useful at the Conference that stands out?

Holly: I always try to look for things that I feel I need to learn more about according to the needs of my practice. The exhibitors are also always really good. I enjoy talking to them about their products and they give me ideas on how to work with particular wounds.

References

1. Community Health Nurses of Canada. 2019 Canadian Community Health Nursing Professional Practice Model and Standards of Practice. Available from: https://www.chnc.ca/en/standards-of-practice
2. Kennedy K. Improving community nursing numbers. Br J Community Nurs. 2021 Aug 2;26(8):369. DOI: 10.12968/bjcn.2021.26.8.369
3. While A. Community nursing as a career. Br J Community Nurs. 2023 May 2;28(5):216-218. DOI: 10.12968/bjcn.2023.28.5.216
4. Dickson CA. Achieving congruence in 'being and doing' community nursing. Br J Community Nurs. 2022 Jun 2;27(6):288-292. DOI: 10.12968/bjcn.2022.27.6.288

Janet L. Kuhnke RN BA BScN MSc NSWOC DrPsychology is Associate Professor, School of Nursing, Cape Breton University, Sydney NS.
Holly Calliou RN is Home Care Coordinator, Enoch Cree Nation Health Services, Enoch AB and a member of the Board of Directors, Wounds Canada.
Susan McGillis RN is Diabetes Program Coordinator, Enoch Cree Nation Health Services, Enoch AB.