

CAWC Survey on Clinical Practice Issues

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A survey of the attendees of the CAWC Eighth Annual Conference was conducted by the Clinical Practice Committee to determine wound-care clinical practice concerns.

All November 2002 CAWC registrants (n=540) received a survey in their registration conference packages.

The survey design was completed with the assistance of an epidemiologist to facilitate methodological integrity. The survey questions were developed taking into consideration issues presented by Dillman.¹ The Clinical Practice Committee identified two categories of issues – structural and process – each with 10 issues. Within each category, respondents were asked first to rate each issue as either a major or minor concern. Second, respondents were asked to rank the top three wound-care concerns for their environment. The committee's decision to rate and then rank concerns was made to facilitate the

opportunity for respondents to think about the issues before identifying their relative importance.

Last, respondents were asked to identify two key strengths that they or their wound-care team provides. Three committee members reviewed the responses in order to identify common themes. Seven themes emerged, and the responses were then coded according to these seven themes. Many responses contained multiple themes, and all were coded. The qualitative research method of member checking, between the three reviewers, was used to establish a consensus in coding.²

Results

Of the 540 conference registrants, 262 attendees responded to the survey; a percentage of registrants was either not in clinical practice or did not respond. Of the responses, eight forms were spoiled, yielding a total of 254 respondents – a response rate of 48 per cent.

Demographic Information about Respondents

Professional Designation

The majority of respondents were RNs as shown below.

Professional Designation	% of respondents
RN	86.4%
MD	4.3%
OT	1.2%
PT	2.8%
Dietitian	0.8%
RPN/LPN	2.8%
Other*	3.1%

* Pedorthist, Hyperbaric Technician, Certified Hand Therapist, Chiropodist, Tenant Care Co-ordinator, RRT, Pharmacy Tech, DPM

Type of Facility

Many respondents reported working in more than one type of facility.

Facility	% of respondents
Acute Care Hospital	31.0%
Community Care	26.6%
Long Term Care/Nursing Home	12.7%
Chronic Care/Rehab Hospital	3.2%
Ambulatory Care	7.1%
Multiple Practice Settings	18.8%
Other**	0.8%

** One research laboratory, one unspecified.

Summary

The survey presented at the November 2002 CAWC Conference resulted in the collection of consistent information regarding the issues facing wound-care clinicians.

The top six identified structural issues are:

- Lack of financial support for wound care
- Focus on treatment rather than prevention
- Lack of education in wound care
- Lack of evidenced-based practice and protocols
- Lack of interdisciplinary teams
- Lack of access to wound experts

The top six identified process issues are:

- Lack of co-ordinated wound care across the continuum
- Focus on cost vs. cost effectiveness
- Lack of collaboration between wound-care services in the region
- Inconsistent case management
- Lack of communication within the team
- Lack of access to supplies

The strengths identified within wound care include:

- Availability of resources
- Wound-care knowledge and skill
- Positive attitudes
- Effective communication
- Interdisciplinary teams

Where do we need to go from here?

Structural Issues

The top concerns involve fiscal constraints, which may have an effect at the local level, but are heavily reliant upon provincial and federal policies. The CAWC's Public Policy Committee could potentially be involved with this area. The Research Committee may also generate scientific evidence to support cost effectiveness of wound care. Such evidence could then be utilized to influence governmental decision-making.

The Clinical Practice Committee believes that most of the identified issues can be incorporated into the educational endeavours of the CAWC, for example, continuing education regarding how to make structural changes within the hospital system and/or how to develop teams, team effectiveness, etc. The lack of evidenced-based practice and protocols is a major concern. This committee recommends that this be the first priority of focus. We believe that the consensus panels set for the next annual meeting would be the starting point for this work.

Process Issues

Many of the issues in this area relate to how teams function. As mentioned above, the Clinical Practice Committee recommends that team dynamics, team development and team effectiveness be a focused stream at the next several conferences and/or designed within the S1 to S6 program.

In Closing

This survey collected data related to clinicians' perceptions of the strengths and limitations of wound-care practices in Canada. The Clinical Practice Committee hopes that the information gathered in this survey will be of value to the CAWC membership and others involved in wound care and will assist the CAWC to foster the growth and evolution of wound care nationally. Many of the issues identified may be addressed by one of the five pillars of the CAWC: Research, Education, Clinical Practice, Public Policy and International Partnerships. ☺

References

1. Dillman DA. *Mail and Internet Surveys: The Tailored Design Method*, Second Edition. New York: John Wiley & Sons Inc. 2000.
2. Blank Mayan MJ. *An introduction to qualitative methods: A training module for students and professionals*. International Institute for Qualitative Methodology. Alberta, Canada. 2001.

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