An Interview with the CAWC Directors on the Prevalence of Pressure Ulcers in Canada:

Improving Wound Care in Canada



Dr. David H. Keast

INTERVIEWED BY Catherine Harley, Associate Editor, Wound Care Canada

The Woodbury-Houghton study on the prevalence of pressure ulcers in Canada has opened the door for wound-care leaders across the country to consider the changes that must be made to deal with this now well-documented problem. We asked the President of the CAWC, David Keast, as well as the chairs of the four foundational CAWC committees (Heather Orsted, Education; M. Gail Woodbury, Research; Leah Shapera, Clinical Practice; and Cathy Burrows, Public Policy) to comment on the study's implications for wound care in Canada in general and to describe how the CAWC will use the information to promote better wound care through its programs.



Who do you believe needs to understand

the results of the "Canadian Pressure Ulcer Prevalence Study" and why?

DHK: Pressure ulcers are not a disease but the result of many factors, including underlying disease states, poor nutritional status

and failure to reduce pressure over bony prominences. Pressure ulcers are often regarded as a quality indicator in health care. As such, the results should be of concern to all people involved in health care, from the clinicians of various disciplines providing direct patient care, to academics, to administrators at all levels of

the system, to governments and policy-makers. The results suggest there has been a serious failure at all levels to address the basic care needs of vulnerable populations.



How is this study important to the future

of Canadian wound care?

DHK: Prevention and treatment of pressure ulcers are perhaps the most complex undertakings in the management of chronic wounds. They require the coordinated efforts of an interdisciplinary team to address the multiple underlying factors. Reduction of the prevalence of pressure ulcers in Canada will



Heather L. Orsted



M. Gail Woodbury



Leah Shapera



Cathy Burrows

demonstrate that Canadian wound-care clinicians have mastered the general principles of chronic wound management and that administrators have provided bedside clinicians with the resources and policy support required to provide exemplary care.



Where do you plan to communicate

the study's results? How will you create awareness?

DHK: The CAWC is planning a multifocal communications strategy involving not only health providers but also administrators and policy-makers in governments. We also plan to empower patients and their families with the information necessary to advocate for best care practices. It will involve a co-ordinated effort among our key foundational committees: Education, Research, Clinical Practice, and Public Policy. We will employ a variety of communications strategies, including media awareness, communications targeted at governments and policymakers, and information posters directed both to clinicians and to patients and families. The CAWC Web site will be revamped to provide information to all those visiting our site.



What are the implications of the Canadian Pressure

Ulcer Prevalence Study in relation to the Education
Committee and its activities?
HLO: The results of the study, as

well as the identification of pressure ulcer education as a priority setting of our membership at the CAWC educational forum, have given the CAWC Education Committee its marching orders and direction for Canadian wound-care educational initiatives. It will be through CAWC committee collaboration that the Education Committee can build a program to support pressure ulcer prevention and management. We hope to offer educational opportunities, based on adult learning principles, that reach not only the clinician level but also the patient level.



What are the implications of the study in relation

to the Research Committee and its activities?

MGW: The study is important because it provides vital information about the extent of chronic wounds in Canada and because it elucidates problems and gaps in our knowledge that will guide the future work of wound-care researchers.

The Research Committee will guide and encourage woundcare researchers and clinicians in activities such as the following:

- using improved research methodology for prevalence and incidence studies across Canada by endorsing the suggestions for minimizing bias (see the Web Connect component of the article on page 18)
- obtaining more information about the financial cost of care of chronic wounds
- determining the human costs

- of chronic wounds (i.e., quality of life)
- determining the prevalence of non-pressure ulcers through well-designed prevalence studies
- determining where wounds first occur, through well-designed incidence studies
- advocating for the inclusion of wound determination on national population health surveys



What are the implications of the study in relation

to the Clinical Practice Committee and its activities?

LS: The results of the study will be critical in helping to direct the work of the Clinical Practice Committee over the next year and beyond. The data clearly show the extent to which pressure ulcers are a serious problem within various settings and populations in our heath-care system across Canada. The first step for the committee, in collaboration with the other foundational CAWC committees, will be to create an overall awareness of the extent of the problem. Following this, the Clinical Practice Committee will explore more specific strategies to enable better pressure ulcer prevention care and management practices that will ultimately improve the rates of pressure ulcer prevalence and incidence.

What are the implications of the study in relation to the Public Policy Committee and its activities?

CB: The study has identified that

prevalence of pressure ulcers in Canada is approximately 25 per cent in many health-care sectors. This is an alarming number and must be brought to the forefront of awareness of both the public and policy-makers. The Public Policy Committee has agreed that awareness will be a large undertaking for the upcoming year. Therefore, the committee will advocate for the best possible wound-care practices by sending a clear message to governments at the local, provincial and federal levels as well as agencies and institutions through a poster campaign. A briefing note or position statement will be drafted that will acknowledge the incidence, prevalence and burden of pressure ulcer wounds and their impact on health and societal outcomes in Canada.

