Canadian Perspectives

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In June 2008, at the World Union of Wound Healing Societies (WUWHS) meeting, Canadian clinicians demonstrated that they are at the forefront of countries supporting best practices in wound care.

Canada is a vast nation that consists of both a large land mass and a diverse population that is culturally unique to each province, territory and region. Canadian wound-care clinicians are faced with challenges related to the implementation of standardized wound-care delivery systems within their respective establishments, complicated by the cultural needs specific to each province/territory/region, differing financial reimbursement structures and climate variances that affect the function of dressings and modalities.

Administration of Health Care in Canada

Health care in Canada is delivered through a publicly funded system that is guided by the *Canada Health Act*. The *Canada Health Act* ensures that health care is accessible, portable, comprehensive, universal and publicly administered to all Canadian citizens. Health-care delivery is under the jurisdiction of the provincial and territorial governments and is financed, in part, through the Canadian Health Transfer program. The Canadian government is still responsible for delivery of health care to First Nations populations, as well as military and Royal Canadian Mounted Police (RCMP) personnel. While clinicians across the country strive to deliver wound care that meets evidence-based standards, the variances provincially, or even regionally, can be barriers or assets.

A Model for Health-care Delivery

First Nations populations in Canada have culturally specific needs. In one community—Eskasoni, Cape Breton, Nova Scotia—the Tui'kn Initiative has shifted health-care delivery from a model of episodic acute care to one of health promotion, disease prevention and chronic disease management. Although it has taken over 10 years to develop, the results have been successful and could serve as a model for others.

A National Wound-care Association

In 1995, the Canadian Association of Wound Care (CAWC) was created with an idea that originated with a few like-minded visionaries who wanted to improve wound care in Canada.[1] Over the years, this organization has worked to identify gaps in the clinician knowledge base, and in the delivery of wound care throughout the country. The CAWC recognized the need for an integrated and systematic wound-care approach for health-care professionals across the country to practice within an evidence-based framework. "The CAWC has developed a layered learning approach based in adult education principles integrating other wound-care education programs."[2]

Since its inception, the CAWC has produced an annual educational conference and a seminar series to move wound-care clinicians from a novice to advanced level. These educational events are designed to make research evidence readily available to all clinicians to reduce the distance between the evidence/research and bedside practice and decrease practice variations. The CAWC also works to increase awareness of wound-care issues among health-care clinicians, administrators and politicians.

Best Practice Recommendations

Best Practice Guidelines have been developed in Canada by the Registered Nurses' Association of Ontario (RNAO). Although this was a nursing initiative, it was supported by many disciplines and is very comprehensive. The CAWC has taken these guidelines and condensed the information into recommendations that are enablers to practice.

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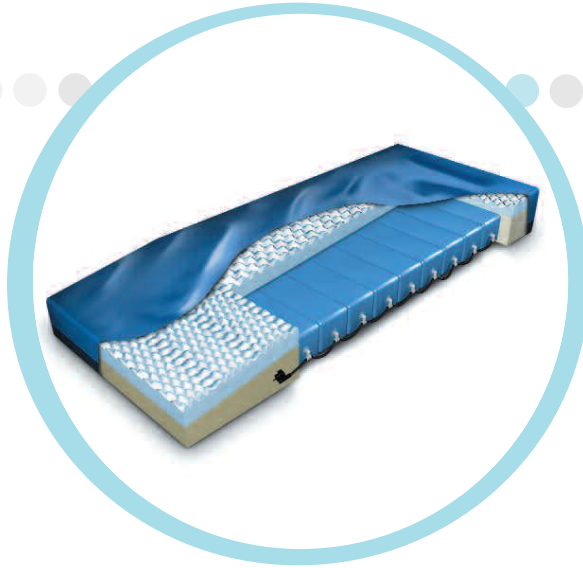

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The CAWC "published in 2000 best practice recommendations relating to wound bed preparation and the prevention and management of pressure ulcers, diabetic foot ulcers and venous leg ulcers."[3] The quick reference guides, which are a further condensation of the information, have been instrumental in enabling the development of wound-care teams and programs addressing the needs of a patient with a wound.

Pressure Ulcers: A National Problem

A research project was funded by the CAWC to demonstrate the extent of the problem of pressure ulcers in the nation's health-care facilities. The results, generated through a pressure ulcer prevalence study conducted by M. Gail Woodbury and Pamela E. Houghton, led the CAWC to develop the Pressure Ulcer Awareness and Prevention (PUAP) program.

The PUAP program demonstrated the impact of bringing the evidence to the bedside. The program has a multi-layered approach to education and knowledge translation for clinicans and patients and their families (see page 58 for more on the program). The success of the program has encouraged the CAWC to place research as a priority in developing future initiatives.

Certification in Wound Care

Certification includes many considerations: clinician preparedness, educational preparedness, certification integrity and certification recognition. Wound-care certification is defined as a voluntary process whose purpose is to provide recognition that a licensed professional has attained knowledge, skill and clinical or practical experiences in a defined specialty. In Canada, certification for nurses is sanctioned by the national nursing body, the Canadian Nurses Association (CNA). The Canadian Association for Enterostomal Therapy (CAET) has a national training program for enterostomal therapy and through the CNA will soon be offering a certification program for their members (enterostomal nurses who have been given a discipline-specific designation).

The CAWC membership is multidisciplinary, which presents a challenge in providing first a baseline requirement for certification and then a program to deliver the certification for all of its members. The CAWC is developing an online education program that will begin to meet the needs of its membership.

According to presenter Jackie Fletcher, in the United Kingdom, nurses with wound-care training are referred to as "tissue viability nurses." There are more than eight levels of competency for nurses—from novice to expert.

A Redesigned Board of Directors

The CAWC board of directors is also in transition, moving from its original governance format as a conference planning committee in 1999 to a policy-oriented board in 2007. This shift was made in an effort to meet the growth of membership, as well as the increased demands of the association in other areas. Currently, the CAWC has evolved into an organization that offers educational programs, wound-care initiatives such as the PUAP and a Foundation that will support scholarships, research and future initiatives.

References

1. Burrows C, Sibbald G, Steinman C. Evolution of the Canadian Association of Wound Care (CAWC). WUWHS Congress 2008.
2. Keast D. Delivering wound care education in Canada. WUWHS Congress 2008.
3. Keast DH, Orsted HL. The pathway to best practice. Guest Editorial. *Wound Care Canada*. 2006;4(1):10.

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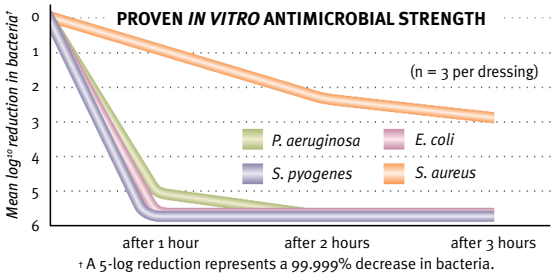

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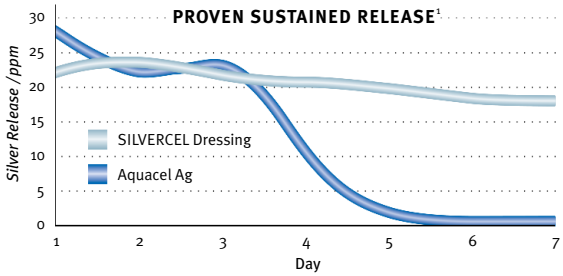

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1. *In vitro*. Data on file.