

Canadian Patients Demand Coalition



Ontario Minister of Health and Long-Term Care, Deb Matthews, listens to patients at the 2009 Canadian Patient Summit.

A wide range of healthcare stakeholders have a voice with governments when it comes to addressing health policy and healthcare decisions. Doctors have national and provincial associations; nurses have professional organizations and unions; and organizations like the CAWC advocate for practitioners and patients with specific conditions. In each case, by coming together to speak with a unified voice, the individual members of these stakeholder groups are able to have their views heard and addressed.

Patients have a unique perspective to share; however, until now they have been left out of the healthcare conversation. The CAWC chaired the first-ever Canadian

“Long overdue to get patient voices together and to empower a coalition to do something!”

Patient Summit, held 28 and 29 March in Toronto, to hear what patients wanted.

Over 200 Canadians shared their stories and planned how patients could become more involved in health policy decision-making. Together, they proposed 17 ideas and then voted. Support was unanimous that a patient coalition be established. Thirty

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“If one patient speaks, it is not heard, but if many patients collaborate together, just imagine what we could do nationally.”

– John Munroe, First Nations diabetes advocate

Help your patients reduce the risk of diabetes foot ulcers!

The Canadian Association of Wound Care is delighted to introduce our new diabetes foot care **brochure and online, interactive tool**, developed with funding from the Public Health Agency of Canada.

Know the signs.	Are your feet...	What can I do?
 	Numb, painful or tingling? Do your feet feel like blocks of wood? IF YES →	<input type="checkbox"/> Control your blood glucose levels. <input type="checkbox"/> Have a healthcare professional trim your toenails and care for the skin on your feet. <input type="checkbox"/> Have your shoes professionally fitted.
 	Changing shape? Is one foot different than the other? Any change is important. IF YES →	<input type="checkbox"/> Avoid too much walking. <input type="checkbox"/> Visit your healthcare professional as soon as possible. <input type="checkbox"/> Have your shoes professionally fitted.
 	Dry, callused or cracked? Do they have sores or blisters? IF YES →	<input type="checkbox"/> Changes to your skin should be seen by a healthcare professional. <input type="checkbox"/> Wash a sore or blister with warm water; dry well, and cover with a bandage. See a healthcare professional today. <input type="checkbox"/> Avoid walking on your foot as it heals.
<p>Please continue to check your feet everyday for any changes or signs of injury.</p> <p>If you have answered YES to any of these questions, please see a healthcare professional as soon as possible. Be sure to tell him/her that you have diabetes. Avoid using over-the-counter treatments unless directed to by a healthcare professional.</p> <p>Have your healthcare professional check your feet AT LEAST 1-2 times per year or more if required.</p>		<p>Your Healthcare Professional Team</p> <p>Chiropodists or podiatrists: specialize in caring for feet</p> <p>Diabetes Educators: provide education on diabetes, including foot care</p> <p>Doctors: assist in diabetes management, and some have specialized training in foot care</p> <p>Nurses: some have specialized training in foot care</p> <p>Pedorthists: specialize in fitting shoes</p> <p>Key Phone Numbers:</p> <p>Chiropodist or Podiatrist _____</p> <p>Diabetes Educator _____</p> <p>Family Doctor _____</p> <p>Nurse _____</p> <p>Pedorthist _____</p> <p>Specialist _____</p> <p>For more information, visit www.cawc.net/diabetesandhealthyfeet</p>

Benefits:

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*“If patients designed a system that reflected their needs,
we would have a much more highly integrated system.”*

– Deb Matthews, Ontario Minister of Health and Long-Term Care

health-related organizations agreed to stay the course in the creation of the first Canadian Patient Coalition. The coalition’s mandate was set by the patients:

- Advocate for patients to be represented at healthcare policy decision-making tables.
- Advocate for governments to provide patient navigators to help guide patients through the complexities of our healthcare system.
- Support an initiative already started for a single electronic health record for every patient that follows the patient.



*“Patients definitely need to have our voices heard,
our lives depend on this.”*

Patients were enthusiastic about how to improve services to get the best health outcomes. They also enjoyed meeting each other and listening to informed discussions.

The Honourable Deb Matthews, Ontario Minister of Health and Long-Term Care, kicked off the conversation by welcoming everyone to this critical discussion. She wants to work with patients and their coalition.

Other notable speakers included Alberta Senator Elaine



McCoy; BC MLA Adrian Dix; Toronto MP Dr. Carolyn Bennett; Catherine Turner from the National Aboriginal Diabetes Association; Globe and Mail health reporter André Picard; 25-year radio broadcasting veteran Andy Barrie; Toronto mayoral candidate and former Ontario Health Minister George Smitherman; and Maureen A. McTeer, Canadian lawyer and author with a special interest in gender issues and health policy.

“Felt very empowered by the day.”

Dr. Gary Sibbald, former CAWC President and current President of the World Union of Wound Healing Societies, joined Irmajean Bajnok, Director of International Affairs and Best Practice Guidelines Programs at the Registered Nurses’ Association of Ontario, and Kevin J. Leonard, patient, professor of Health Policy at the University of Toronto, and President of One Patient, One Record in a session chaired by CAWC member Linda Norton to share their ideas on how health professionals and patients can work together to make a difference. ☺

Information from the Summit will be compiled into a report to be disseminated in May. Please visit www.canadianpatientcoalition.com for more information and to view clips from the day.

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CAWC Events

The CAWC Institute of Wound Management and Prevention Sessions by the CAWC Institute of Wound Management and Prevention are designed to help you expand your knowledge and attitudes regarding wound care. You will also develop the skills required to put this knowledge into practice.

Date	Location	Level(s)
12–13 June	Belleville, ON	L1, L3
19 June	Sydney, NS	L3
23–26 September	Vancouver, BC	L1, L2, L3
14–17 October	Toronto, ON	L4 (IIWCC)
21–24 October	Moncton, NB	L1, L2, L3
18–21 November	Winnipeg, MB	L1, L2, L3
25–28 November	Montreal, QC	L1, L2, L3
2–5 December	Toronto, ON	L1, L2, L3

For more information and to register for CAWC Institute sessions, visit www.cawc.net.

Other Events

European Wound Management Association 20th Conference: Get the Timing Right

26–28 May, 2010
PalExpo Conference Centre
Geneva, Switzerland
www.ewma2010.org



Canadian Association for Enterostomal Therapy 29th Annual Conference: The Wonders of Advancing Wound, Ostomy and Continence Care

27–30 May, 2010
Niagara Fallsview Casino Resort
Niagara Falls, Ontario
www.caet.ca, or contact the CAET national office on 1-888-739-5072

Nurse Blogs MSc Experience in Wound Healing and Tissue Repair

Skin and wound nurse educator Marlene Varga (recipient of the CAWC 2009 Dr. Warren L. Rottman Education Scholarship, sponsored by 3M Canada) is chronicling her journey as an MSc candidate in wound healing and tissue repair through an online blog. Varga, who works at Grey Nuns Community Hospital (Covenant Health) in Edmonton, is undertaking her MSc at the University of Cardiff, Wales, UK. In her blog, she provides a frank and informative account of the pressures, frustrations and rewards of the program, as well as posting photos of her travels in beautiful Wales. Visit Varga's blog at <http://cardiffjourney.blogspot.com>.

EWMA News

University Conference Model during the EWMA 2010 Conference

The European Wound Management Association (EWMA) university conference model (UCM) offers students of wound management the opportunity to take part in academic studies while participating in the EWMA conference. This opportunity is available to all institutions with wound management teaching programs for health professionals. The EWMA strongly encourages teaching institutions and students from around the world to participate in the UCM, where they will benefit from international networking and access to lectures by the most experienced wound management experts in the world. Visit the education section of www.ewma.org or contact the EWMA Secretariat at ewma@ewma.org for more info.

From Our NAWCC Partners

New Guidelines for Pressure Ulcer Prevention and Treatment

The National Pressure Ulcer Advisory Panel (NPUAP) and European Pressure Ulcer

Advisory Panel (EPUAP) Guidelines for Pressure Ulcer Prevention and Treatment bring together the best evidence-based practices from around the world, and are the result of a four-year collaboration between the NPUAP and EPUAP. The guidelines are available in the "resources" section at www.npuap.org.

Get to Know the Wound Healing Society

The Wound Healing Society (WHS) is a U.S.-based non-profit organization composed of clinical and basic scientists and wound care professionals. Their annual meeting is held each spring in conjunction with the Symposium on Advanced Wound Care. It is the largest conference on cutting-edge wound-healing research and evidence-based advanced wound care in North America. In 2010, the first volume of the WHS-sponsored year-book series *Advances in Wound Care* will be published. This book series provides a simple yet authoritative desktop reference for wound care professionals, as well as for graduate students who may not have had sufficient exposure to aspects of wound healing other than their specific area of study. For more information on the WHS, visit their website at www.woundheal.org or e-mail info@woundheal.org.

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*As demonstrated *in vitro*

1. Waring MJ, Parsons D. Physico-chemical characterisation of carboxymethylated spun cellulose fibres. *Biomaterials*. 2001;22:903-912. 2. Walker M, Hobot JA, Newman GR, Bowler PG. Scanning electron microscopic examination of bacterial immobilisation in a carboxymethylcellulose (Aquacel) and alginate dressings. *Biomaterials*. 2003;24(9):883-890. 3. Newman GR, Walker M, Hobot J, Bowler PG. Visualisation of bacterial sequestration and bactericidal activity within hydrating Hydrofiber[®] wound dressings. *Biomaterials*. 2006;27:1129-1139. 4. Walker M, Bowler PG, Cochrane CA. In vitro studies to show sequestration of matrix metalloproteinases by silver-containing wound care products. *Ostomy Wound Manage*. 2007;53(9):18-25. 5. Vanscheidt W, Mülter KC, Klovekorn W, Vin F, Gauthier JP, Ukat A. A prospective study on the use of a non-adhesive gelling foam dressing on exuding leg ulcers. *J Wound Care*. 2007;16(6):261-265.



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Erratum

In the Best Practice Recommendations for the Prevention and Management of Open Surgical Wounds, published in the Winter 2010 issue of *Wound Care Canada*, an error appeared in Table 3 (page 10). The correct table appears below. We apologize for this error.

TABLE 3

Quick Reference Guide for the Prevention and Management of Open Surgical Wounds

Recommendation		Strength of evidence NICE /RNAO
Cause		
1	Complete a holistic assessment to identify factors that may affect surgical wound healing in the pre-operative, intra-operative and post-operative phases	NICE level 2+ RNAO level IV
2	Create a treatment plan to eliminate or reduce factors that may affect surgical wound healing in the pre-operative, intra-operative and post-operative phases of care	NICE level 2+ RNAO level IV
Patient-centred concerns		
3	Include the patient, family and/or caregiver as members of the team when developing care plans	NICE level 4 RNAO level IV
4	Educate the patient, family and/or caregiver to optimize surgical wound healing	RNAO level IV
Local wound care		
5	Assess the surgical wound and document findings using a standardized approach	RNAO level IV
6	Debride the surgical wound of necrotic tissue	RNAO level Ib
7	Rule out or treat a surgical site infection	NICE level 4 RNAO level IIa
8	Provide optimal local wound moisture balance to promote healing by choosing an appropriate dressing for the acute and chronic phases of surgical wound healing	NICE level 1+ RNAO level IV
Re-evaluation		
9	Determine the effectiveness of interventions and reassess if healing is not occurring at the expected rate. Assess the wound edge and rate of healing to determine if the treatment approach is optimal	RNAO level IV
10	Consider the use of adjunctive therapies and biologically active dressings	NPWT: RNAO level IV ES: RNAO level Ib HBOT: RNAO level IV
Organizational concerns		
11	Recognize that surgical wound healing requires a team approach	NICE level 4 RNAO level IV
12	Implement a surgical site surveillance program that crosses clinical setting boundaries	NICE level 4 RNAO level IV

ES = electrical stimulation

HBOT = hyperbaric oxygen therapy

NICE = National Institute for Health and Clinical Excellence

NPWT = negative pressure wound therapy

RNAO = Registered Nurses' Association of Ontario



CAWC·ACSP

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References:

- 1,2 Taherinejad and Hamberg. Antimicrobial effect of a silver-containing foam dressing on a broad range of common wound pathogens. Poster publication, WUWHS 2008.
- 3 Meaume S et al. *Ostomy Wound Management* 2003; 49(9):44-51.
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- 6 White R., A Multinational survey of the assessment of pain when removing dressings. *Wounds UK* 2008; Vol 4, No 1.

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