Wound Care in the Winnipeg Regional Health Authority:

Does Our Current Model Support Optimal Patient Outcomes?

There is consensus in the literature that optimal outcomes in wound care are achieved through accurate, holistic and specific assessments that identify the cause and treat the associated comorbidities likely to adversely affect healing. One of the challenges in wound prevention and management is that in practice, most health-care systems are not built on models that fully support this approach.

On May 10, 2018, in Winnipeg, Manitoba, Wounds Canada hosted a breakfast summit for the Winnipeg Regional Health Authority (WRHA), which brought together key opinion leaders, practitioners and other stakeholders in a facilitated panel discussion and forum to identify gaps that may be preventing optimal patient outcomes within the region and to discuss a way forward in addressing them.

The summit was kicked off with introductions by Donna Romaniuk, Chief Nursing Officer, Victoria Hospital in Winnipeg.

Through the use of a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis and discussion, six panelists identified barriers and facilitators to optimal patient outcomes relating to wound prevention and management. The panelists represented a range of disciplines and areas of expertise within the region:

- Lisa Diamond-Burchuk, Occupational Therapist, Instructor, Department of Occupational Therapy, University of Manitoba, OT Consultant to Northern Connections Medical Clinic
- Maria Froese, Physiotherapist, Health Sciences

Centre and Deer Lodge Centre, Electrical Stimulation Consultant
- David Haligowski, Family Physician
- Brenda Hotson, Registered Dietitian, Regional Clinical Nutrition Manager for Acute Care and Health Sciences Centre Site Director for Clinical Nutrition
- Tammie-Lee Rogowski, RN Clinical Team Manager, Interlake-Eastern Regional Health Authority
- Tracy Thiele RPN, Manager of Nursing Initiatives, WRHA

Following presentations by each of the panelists, audience members shared with the group additional suggestions, comments, relevant anecdotes and evidence. Moderator Terri Irwin, Director, Quality Standards at Health Quality Ontario, guided the meeting and expertly summarized the group's suggestions for areas for improvement that can be incorporated into an action plan for the region.

The Current Model

The Regional Wound Care Committee in the Winnipeg Regional Health Authority supports optimal patient care by setting directions for practice in wound care, and ensuring that ongoing quality improvement is in alignment with evidence-based best practice and that interprofessional collaboration becomes the norm. The group has been active in reviewing wound-related policies, gathering local data, standardizing education to build capacity, creating scholarships to build internal capacity and collaborating with other regional committees and organizations, such as fire and paramedic services. An important initiative has been the establishment of a regional co-ordinator position, held by Jane McSwiggan, as the pivot point for many of these programs.

As with any organization, the health authority has a range of activities and initiatives that work well, need improvement, provide opportunities or expose the organization to threats. The panelists provided their SWOT analysis, summarized below, of how well the model within the health authority supports optimal patient outcomes.

Strengths

Overall, the strengths of the current model include the existence of the Regional Wound Care Committee; promotion of best practice, including implementation of best practice guidelines to ensure consistency, the creation and refinement of a wound care policy to ensure it aligns with guidelines and increased development of inter-

professional teams; clinical support for all qualified bedside clinicians to start wound care without a prescriber's order after a thorough wound assessment; and the development and delivery of several levels of wound-related education.

Weaknesses

Unequal access was a common theme. Access to care is not equitable among all residents in the region, for example. The existence of practice silos and lack of communication between teams and within teams results in variation and fragmentation of care. Education is impacted by inequitable access as well, for both clinicians and the public.

A lack of centralized access to wound experts is another related weakness, and referral to multi-

disciplinary clinics is not common.

While the availability of wound experts is considered a strength where it exists, it was pointed out that reliance on them is not ideal either, because individuals may use the advanced wound clinicians too often, thereby not advancing their own skills and practice. This ultimately results in a slowed ability to increase capacity within the facility, agency or region.

Other areas suggested as targets for improvement included:

- evaluating the application of knowledge into practice
- remedying the lack of knowledge of products along with a corresponding deficit in the awareness of costs, which could potentially be resolved in part by labelling the cost of each product
- increasing the availability or use of technology to support communication within teams and for connecting remote communities and experts
- addressing issues relating to lack of common assessment/care planning tools to support smooth patient transitions

Opportunities

Lisa Diamond-Burchuk, who presented the "Opportunities," works in a multidisciplinary clinic where medical residents learn about wound care by participating in the work of the clinic. She noted that, unfortunately, this is not the norm, and not all medical residents have this opportunity. Developing more of such clinics will not only provide medical residents with more hands-on wound training, but also create one-stop shops for patients, who will then be able to get the help they need sooner and without having to travel to multiple locations.

Existing primary care practitioners offer another opportunity, as most physicians lack extensive knowledge in wound care. Opportunities lie in tailoring engagement strategies to physicians and providing technology-based education through e-consults with specialists and apps they can use in real time.

The education of health-care aides, who are the eyes and ears for clinicians on the front lines, presents another opportunity to build capacity within the region.

The use of technology could be expanded in all sectors to improve patient outcomes. It is import-

ant to note, however, that inequitable access is a factor here as well, as not all geographical areas have adequate Internet access to make the use of available technology feasible. It was recommended that ensuring at least minimum quality be a provincial, not regional, responsibility.

The creation of resources and care pathways that include standardized assessments provides an opportunity to increase the competence of clinicians across all disciplines and settings.

A shift in focus to health promotion and social determinants of health in remote communities could result in improved risk identification and prevention and earlier intervention.

A key opportunity is the creation of "true" interprofessional practices that includes working to scope of practice for all types of health-care practitioners and access to interprofessional teams, particularly for Indigenous and rural communities.

Threats

Inconsistent application of new policies related to nursing competencies and scope of practice has resulted in gaps that create a threat to optimal patient outcomes. Physicians may feel erosion in their role or feel threatened because of the new culture the policies are intended to create. Nurses and other clinicians may be unsure of or lack confidence in their own competencies and roles, have a perception that physician orders are required and not feel comfortable questioning physicians.

Improved communication among clinicians and acknowledgement of the policies are required to solve these fundamental issues, but the process of breaking down barriers may be slow and will require a collegial approach. Tactics may include the involvement of residents in wound care clinics, attendance by physicians at wound conferences and engaging physicians in ongoing quality improvement initiatives. Non-physicians, too, must be encouraged to speak up.

Summary

While great progress has already been made in the Winnipeg Regional Health Authority through the creation of new policies, the creation of new resources and the availability of new education programs, quality improvement to ensure optimal patient care is an ongoing process. Every level—individual, regional, provincial and national—has a role to play. Synchronization and sustainability should be guiding principles for all initiatives, to reduce the duplication of effort that is prevalent in a fragmented Canadian health system with limited resources and to ensure long-term benefit to patients and local health-care systems.

Discussions in the summit resulted in the identification of five key priorities for action:

1. Ensure equity and access for all patients—but also providers—in the areas of
   - care
   - education
   - technology
2. Build capacity in wound prevention and management for all health-care providers through
   - establishing courses at several levels
   - adding needed courses, e.g., Wounds Canada Institute is launching the Wounds Canada Institute to provide novice to competent education for all levels for wounds in general and for focused topics
   - including physicians in practice forums
   - making MDs aware of access to the services of the WRHA Education & Research Coordinator—Wound Care
   - ensuring education aligns with different learning needs and styles
3. Reinforce the concept of "team":
   - Create more interprofessional teams.
   - Ensure that comprehensive wound care services can be provided at a site level so that wound care is not fragmented.
   - Improve awareness of roles and scope of practice of members of the team.
4. Reinforce communication within and among teams:
   - Require wound assessments as a fundamental part of a co-ordinated approach to documentation.
   - Ensure standardization in the areas of accreditation, documentation, use of tools and education.

- Optimize the use of technology.
- Employ a collegial approach, including investment in policy development and communication regarding practice change.

5. Improve the ability to determine costs of care and whether optimal patient outcomes are being achieved:
   - Investigate what data are available now, what is needed, how can it be acquired/captured, e.g., Diabetes Canada has just released a report on cost of amputations: direct health-care costs for amputations in Manitoba = $35 million.
   - Obtain good data before approaching Manitoba Health.

By bringing together people with different perspectives to celebrate successes and address challenges, the summit provided a forum for the creation of priorities to support ongoing quality improvement that will lead to optimal patient outcomes. Wound prevention and management equals good overall care. It is the responsibility of all clinicians to provide this and all systems to support it.

Comments from Summit Participants

Following the summit, several attendees were asked to provide commentary on their perspectives of the meeting, including

- **what they found most interesting, useful or contrary to their experience or evidence**
- **what impact, if any, the summit will have on their work or that of their organization**
- **advice they may have for the WRHA in light of the topics discussed at the summit**
- **how they see any of the topics discussed applying to other jurisdictions**

Mariam Botros, DCh, DE, CEO Wounds Canada

Wounds Canada congratulates WRHA on their leadership, which brought together a knowledgeable and passionate group of health leaders from different sectors and organizations. It was evident from the proceedings that all were committed to improving patient outcomes across the province.

There are certainly strong resources and expertise that exist within the WRHA that can improve care. As is true for all health regions in Canada, however, it was evident that despite the advances in wound care and technology, implementation of best practice remains variable due to barriers that need to be addressed.

In order to remove barriers and improve the use of evidence-based wound care, key approaches that need to be implemented include additional education for health-care providers to improve knowledge and skills, more equitable access to technology and other resources, and systematic measurement of health outcomes that can support and guide the allocation of resource and services.

The results of the summit, along with programs the WRHA has already implemented, provide a way forward in addressing some of these barriers.

Catherine Harley, RN, eMBA, IIWCC, Executive Director, Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC)

Fourteen nurses specialized in Wound, Ostomy and Continence work in the province of Manitoba.

In the presentation given on remote and rural areas, it was apparent that there is work being done to provide equitable patient access to wound care. There is a need to implement a standardized, consistent approach to wound care and to use the same language and assessment tools. This could really make an impact on wound care delivery.

It was interesting to learn that when it comes to wound care education in the rural areas, not every nurse can access the basic wound care program from WRHA due to a lack of technology. Some nurses working in First Nations communities and in rural areas have completed the basic level wound care program, but there is no hands-on clinical teaching or preceptorship and no evaluation process of this education program. There is opportunity to continue to build wound care education and make it accessible to all health-care professionals in rural areas.

The summit provided current information on the status of wound care in Manitoba. This has assisted our organization in better understanding the issues and will be applied to refining our programs to better meet the needs of nurses in Manitoba.

I would reiterate some of the recommendations outlined in the report:

- Building the capacity of wound care providers is essential.
- Standardized education must be accessible to all health-care professionals.
- Technology needs to be accessible to all clinicians in order for them to receive information and stay current.
- Wound care must be equitable—urban to rural.

There is a need for standardization of wound care in each province, and implementing provincial wound and skin care teams can support a standardized approach. Sharing best practice among provinces and the territories is an important step in improving wound care across Canada.

Terri Irwin, RN, MN, Director, Quality Standards. Health Quality Ontario (HQO)

Like the WRHA, HQO operates under the auspices of a ministry of health (in Ontario). I found it interesting that the issues facing the WRHA in the implementation of evidence-based wound care across the province are similar to those we face in Ontario: availability of skilled practitioners and interprofessional teams, integrated electronic health records and issues around scopes of practice and roles, just to name a few.

Building relationships and communities of practice across provinces is always of benefit. Events such as this leadership summit allow participants to learn from the successes and challenges of others and can help to inform our implementation and improvement efforts.

It is imperative to keep the audience that attended the summit engaged as the WRHA moves toward planning for implementation of the recommendations. There were so many keen voices in the room that it would be a shame to lose the momentum of this group.

I think all the topics discussed apply to all jurisdictions. In particular, the discussion about access to high-quality care in rural and remote communities is something that should be top of mind for all jurisdictions in Canada.

Andrea Kwasnicki, Regional Director, Manitoba/Nunavut, Diabetes Canada

Shortly before the summit, Diabetes Canada released reports on the economic impact of offloading devices for the prevention of amputations in nine provinces, including Manitoba. The report clearly demonstrates a significant cost savings to the Manitoba health-care system should the government provide public coverage of offloading devices, in addition to improved screening, education and foot care.

The summit showcased a SWOT analysis, which included commentary on patient outcomes in foot care in Manitoba. Gaps in processes cause delays in treatment, which can result in complications, including amputation. Despite best efforts, inequity and limited access continue to be problems and were identified as top-priority items to address. A recommendation of "best practices" for prevention focused on improved screening, education, foot care and access to offloading devices. These should be implemented throughout the province in order to reduce amputations. The consensus among stakeholders was striking: the prevention of amputations is both fiscally and morally imperative. Diabetes Canada will continue to advocate for timely and affordable access to health-care teams for treatment and devices in order to prevent lower limb amputations as a result of diabetes complications.

Jane McSwiggan, MSc, OT Reg (MB), IIWCC, Education and Research Coordinator – Wound Care, Winnipeg Regional Health Authority

I was particularly impressed with everything the panelists did to prepare, present and share their personal reflections, and how well they worked as a team. I appreciated their mutual professional respect and confidence in being honest about the challenges and shortcomings in the delivery of wound care. I hope we can continue to build strong teams and strive for excellence in client care.

That said, I was a little disappointed that we did not have more WRHA leaders and physicians attending.

Our leadership team recognizes that notifications of policy updates are not always communicated in an effective way and that changes in practice can be difficult. The region's Wound Care Policy deliberately outlines practice expectations for clinicians as they align with the Regional Wound Care Committee 2017 strategic planning and the recommendations from the summit regarding the building of capacity in wound prevention and management for all health-care providers. It should be emphasized that fundamental to this—and explicitly fostered by best practice in wound care—is a comprehensive wound assessment, which is essential for the effective management of wounds.

A prescriptive approach to wound care based on the ordering of a dressing is not a dynamic process and ultimately restricts the practice of patient and wound assessments, both of which are required at a dressing change. A wound can change dramatically in a short period of time, necessitating a different approach to treatment based on the assessments. The richness of comprehensive assessments is lost in an orders-based system and precludes critical thinking and interprofessional discussions.

Jim Slater, MLT/ART, BSc, MBA, Chief Operating Officer and Provincial Lead Health Support Services

One of the most striking observations from the summit was everyone's passion and commitment to wound care, not only in Winnipeg, but all of Manitoba. Consistent with the rationale for the creation of Shared Health; however, is that wound care, like Manitoba's health system as a whole, lacks provincial co-ordination and consistency of clinical practice. This is not unique to wound care; we see similar inconsistencies and lack of clinical standards and practices across the health-care spectrum.

In spring 2018, the province created Shared Health, which was given the mandate of improving patient care and providing co-ordinated clinical and business support to the province's health system by developing Manitoba's first "Clinical and Preventative Services Plan." Shared Health is also responsible for working with stakeholders to identify and establish clinical and operational standards of practice that are consistent across the province.

I was also impressed with the amount of evidence supporting improving wound care to provide direct patient benefits as well as a more efficient and effective health-care system. Perhaps the best example was diabetic foot care and the significantly negative impacts that result in unnecessary amputations.

While wound care has always been a priority, it is clear from this leaders' summit that it needs to be a priority focus for Shared Health among its many health-system innovation and quality improvement projects. Shared Health will have the opportunity to work directly with WRHA and the other SDOs to expand the good work of the Regional Wound Care Committee across the province.

This summit report (current state, strengths, weaknesses, opportunities and threats – SWOT analysis) provides Manitoba (especially Shared Health) and other jurisdictions with an excellent foundation on which to build a province-wide wound care innovation and quality improvement initiative.

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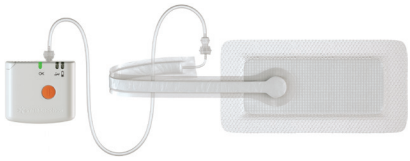

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