

# The Hôtel Dieu de Lévis Chronic Wound Care Clinic: A Success Story in Quebec

*This interview with Dr. Richard Belley, physician at the CISSS Chaudière Appalaches Chronic Wound Care Clinic (Hôtel Dieu de Lévis building), was conducted by Maryse Beaumier, professor at the Department of Nursing, University of Quebec at Trois-Rivières.*



**T**he practice of wound care has had an interesting evolution in Quebec. Initially, little recognized, it was performed only by passionate physicians such as those at the Hôtel Dieu de Lévis chronic wound care clinic. In 2003, the College of Physicians of Quebec and the College of Nurses of Quebec agreed to reserve an activity for wound care nurses.<sup>1,2</sup> The autonomy allowed upon completion of this activity depends of course on the knowledge, skills and expertise of the nurse, the complexity of the clinical situation, the nurse's ability to provide specific medications and products according to a prescription, and nursing rules in effect in the institution. In 2014, this activity was expanded to occupational therapists and physiotherapy professionals,<sup>3</sup> acknowledging that the etiology of a chronic and complex wound is multifactorial and its treatment requires an interprofessional approach.

As early as 2001, physicians at the Hôtel Dieu de Lévis chronic wound care clinic understood the importance of teamwork to the care of chronic wounds. They have been forward-thinking in this area, and have been able to meet the population's needs for wound treatment since well before the government agreements that made this activity possible. It is therefore not surprising that this clinic received the 2017 Health Profession Award for their organization of services. Here is what Dr. Richard Belley has to tell us about the facility and this well-deserved award.

**Maryse Beaumier >>** The Hôtel Dieu de Lévis chronic wound care clinic won the 2017 Health Profession Award. Can you tell us more about this honour?

**Richard Belley >>** The Groupe Santé d'Ensemble IQ, composed of the Health Profession, ProfessionHealth.ca, *Pharmaceutical News*, *Medical News* and *NursingInfo*, has been organizing the Health Profession Awards for several years. These awards are intended to promote the values of teamwork and communication among health professionals in Quebec. The awards are given to nurses, physicians, pharmacists or interprofessional teams whose practice stands out and deserves to be recognized. This year, our team was given the award in the Interprofessional-Physicians Collaboration category. We are extremely proud, because this award embodies our team's hard work in this clinic over the past 15 years.

**MB >>** Tell us about the clinic's development.

**RB >>** The clinic was created in 2001 in parallel with the development of our hyperbaric chamber. One of the indications for hyperbaric treatments was chronic wounds. On-site physicians soon realized that patients with complex wounds were being referred to hyperbaric medicine, a second-line treatment, but that basic wound care was often not performed according to best practices. For example, a patient with a diabetic foot ulcer could be referred to us for hyperbaric chamber treatments, while the offloading, vascular or infectious aspects would not be addressed. With this observation, the idea emerged of creating a clinic for complex wounds.

Initially, we had only one bed and no nursing staff. Three years later, and after multiple meetings with the hospital's administration, three beds for outpatient consultations were granted to us, as well as an enterostomal therapy nurse and a wound care nurse. In 2010, the budget to hire a second specialized nurse was allocated. The culmination of this development came in 2014, with the construction of a new building that houses the hyperbaric medicine complex (with Canada's largest state-of-the-art hyperbaric chamber) and the Hôtel Dieu de Lévis chronic wound care clinic. Now, with four physicians and two nurses dedicated to wound care and enterostomal therapy, the Complex Wound Clinic of the Integrated Health and Social



Services Centre in Chaudière–Appalaches offers its services primarily to patients in the Chaudière–Appalaches region and throughout eastern Quebec, according to best practices.

**MB >>** The realization of a project like your clinic requires financing for development, operation and hiring of competent employees. How did you succeed?

**RB >>** That is an excellent point, and I can say, to this day, that my colleagues Dr. François Paquet, Dr. Mario Côté and I worked hard to achieve our goals in the early years, most often on a voluntary basis. There were several meetings with the administrators of the institution to convince them of the need for the chronic wound clinic, and we had meetings with government authorities, technical and engineering teams for the

design plans for the new complex, the administrators of the institution's foundation, the Faculty of Medicine at Laval University, and more. At the same time, we were managers and administrators, though none of us had business administration training. Although the presence of physicians at certain engineering and architectural meetings for the clinic was initially disputed, our involvement in the decision-making process was eventually accepted. Our passionate, determined, empathetic and, above all, collaborative, non-confrontational attitude was the key to success. We knew, and still believe, that the development of major projects in our health-care system required direct collaboration among physicians, professionals and managers. We have successfully transformed

the wound care clinic into a unique university teaching environment, especially for medical residents at Laval University. Complex wounds training was for many years part of a mandatory internship for plastic surgery residents of the Faculty of Medicine of Laval University. Thus, three young plastic surgeons were recruited for our establishment. These surgeons, with whom we work closely for many patients, only improve the quality of our care and services for wound-affected patients.

**MB >>** What role have national wound care organizations played in the development of the clinic?

**RB >>** A large role, in my opinion. For me, Wounds Canada (formerly the Canadian Association of Wound Care) has been a catalyst to our passion for chronic wound care. In the early 2000s, there was no well-established organization in Quebec dedicated to the advancement of the care and prevention of chronic wounds. My medical colleagues and I turned to Wounds Canada, and also to the International Interprofessional Wound Care Course (IIWCC), a course on best practices at the University of Toronto. In fact, our wound care physicians have all taken this training, which has provided us with the basics of chronic wound care as well as a network of experts in the field, which is still useful today. Dr. Mario Côté and I found Wounds Canada so important that we personally invested time in this organization as board

members for a few years. Later, in Québec, Le Regroupement Québécois en Soins de Plaies (RQSP) was created.

**MB >>** Can these organizations provide tangible help in the clinic?

**RB >>** Yes, certainly, and here is an example. In 2016, changes in governance at the Quebec Ministry of Health and Social Services (MSSS) led to major changes in the distribution of physicians in the province. These changes jeopardized the

hired for at our chronic wound care clinic. Concerted actions often lead to positive results, and again, in a context of interdisciplinary collaboration, help to avoid any larger confrontation. It is important, too, to keep in mind that our actions are always done according to our clinic's mission: focus on the quality of patient care. This is the reason we do our job.

**MB >>** Today, in 2018, what does the Hôtel Dieu de Lévis wound care clinic look like?

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viability of the Hôtel Dieu de Lévis chronic wound care clinic. Representatives of Wounds Canada were informed, and an ad hoc committee was constituted. This committee, composed of a representative of Wounds Canada, the RQSP, the Nurses Specialized in Wound, Ostomy and Continence Canada (formerly the Canadian Association for Enterostomal Therapy), a representative of wound research, Maryse Beaumier, and myself, joined forces to draw up a support document. The document was presented at a meeting with the Ministry of Health in Quebec in May 2017. With the support of the hospital administrators, the Regional Department of Medicine, and the Faculty of Medicine at Laval University, a candidate doctor was finally

**RB >>** The team is made up of four part-time doctors (three family doctors, including one with training in podiatry, and a specialist in emergency medicine), two enterostomal therapy nurses with specialties in chronic wound care, a nurse with a bachelor's degree, an administrative assistant and an attendant. Our wound clinic is part of the emergency department of CISSS Chaudières-Appalaches. It is open five days a week and benefits from a complete technological platform, as well as general, vascular and plastic surgery, infection experts, physiatrists, nuclear medicine physicians, interventional radiologists and dermatologists. We work in a state-of-the-art complex with four individual treatment rooms dedicated to

wound care. The wound care area is located on the same floor as the hyperbaric medicine complex. The Hôtel Dieu de Lévis chronic wound clinic has had more than 20,000 visits in the last five years, 80% of which were outpatient visits and 20% hospitalized patients. We evaluate and treat various kinds of wounds, including diabetic ulcers, venous leg ulcers, pressure injuries, surgical wounds, radionecrosis, traumatic ulcers, burns, and neoplastic and ostomy wounds. Our teleconsultation component has also grown in the last three years with a service agreement with more than 30 centres of Laval University's Réseau Universitaire Intégré de Santé (RUIS). Nearly a thousand teleconsultations have been performed since 2015. Our chronic wound clinic was the

country. Our patients tell us the same thing. When a neuropathic diabetic patient tells me that he has had an appointment within 24 hours for an infected foot ulcer at the chronic wound clinic, and has avoided a visit to the emergency room, it confirms that our care is optimal and that we have achieved our service goals. We built the chronic wound care clinic based on best practices literature from Canadian and international mentors. At the beginning of my practice in wound care, I read a lot about the subject, but I also confirmed our practices by my presence at several national and international conferences in the United States and in Europe. Through participation in these conferences we were able to confirm that our approach was efficient. It is vital to validate what we do at

leave hospital medicine like the care we provide in our clinic. In its health policies, Quebec is lagging behind in recognizing the importance of multidisciplinary teams for the management of chronic wounds, and particularly with regard to the care of diabetic foot ulcers and their sometimes-catastrophic complications such as amputation of the lower leg. The main challenge is therefore to make health decision-makers aware of the importance of these multidisciplinary teams. For us in Lévis, a major challenge is that it is virtually impossible to recruit doctors at the moment because of current policies. A dream that I have, and that I hope will come true before I retire, would be to have centres of excellence for chronic wound management in Quebec. These centres could be affiliated with Quebec universities, and would have the budgets and qualified personnel needed to create a multidisciplinary environment with an adequate technological platform. The creation of centres of excellence in chronic wound care would also be compatible with the development of research, a niche that has not yet been optimized among Quebec researchers in chronic wound care.

**MB >>** Thank you, Dr. Belley. Your contribution to improving health care is exemplary. Let's hope that your dreams come true, and that such chronic wound care clinics can be created elsewhere in Quebec.

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largest supplier of teleconsultations with physicians in the province of Quebec in 2015.

**MB >>** Would you say that the Hôtel Dieu de Lévis chronic wound clinic is a model for care centres of its kind?

**RB >>** I think so, although it is always difficult to self-assess, as you risk sounding pretentious. Many Canadian experts in chronic wound care have visited our facility and have said it was one of the most impressive in the

our own location by comparing ourselves with the leaders in our field, and to maintain our knowledge of best practices.

**MB >>** What challenges do you anticipate that the clinic will face in coming years?

**RB >>** Health policy in Canada is constantly changing. In Quebec in recent years, primary care has been the priority. Family physicians have a strong incentive to take care of patients in a private office, and are encouraged to

## Conclusion

This interview raises several important concerns surrounding wound care, including the importance of having multidisciplinary teams adopt best practices. In Quebec, care for people with diabetic wounds is often fragmented, and best practices are not always followed.<sup>4,5</sup> The consequences are numerous and might include longer healing times, a decrease in mobility and quality of life, and risk of complications such as infection and amputation.<sup>6,7</sup> These consequences result in increased costs associated with hospitalization, outpatient visits and surgical procedures.<sup>8</sup>

The example of collaboration shown by the Hôtel Dieu de Lévis chronic wound care clinic should demonstrate to clinicians and

policy makers the success of this model of care for the health of patients with chronic wounds in Quebec—success rewarded by the clinic winning a Health Profession award. 🏆

## References

1. OIIQ. Guide d'application de la nouvelle Loi sur les infirmières et les infirmiers et de la Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé. 2003. p. 109.
2. OIIQ. Le champ d'exercice et les activités réservées des infirmières, 3e ed. 2016.
3. OEQ, OIIQ, OPPQ. Une action concertée pour optimiser le traitement des plaies chroniques et complexes: Cadre de collaboration interprofessionnelle pour les ergothérapeutes, les infirmières et les professionnels physiothérapeutes. 2014.
4. Fife CE, Carter MJ, Walker D, et al. Diabetic foot ulcer off-loading: The gap between evidence and practice. Data from the US Wound Registry. *Adv Skin Wound Care*. 2014;27(7):310–6.5.
5. Edwards H, Finlayson K, Courtney M, et al. Health service pathways for patients with chronic leg ulcers: Identifying effective pathways for facilitation of evidence based wound care. *BMC Health Services Research*. 2013;13(1):86.
6. Beattie AM, Campbell R, Vedhara K. "What ever I do it's a lost cause." The emotional and behavioural experiences of individuals who are ulcer free living with the threat of developing further diabetic foot ulcers: A qualitative interview study. *Health Expect*. 2014;17(3):429–39.
7. Yazdanpanah L, Nasiri M, Adarvishi S. Literature review on the management of diabetic foot ulcer. *World J Diabetes*. 2015;6(1):37.
8. Hopkins RB, Burke N, Harlock J, et al. Economic burden of illness associated with diabetic foot ulcers in Canada. *BMC Health Services Research*. 2015;15(1):632–49.



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