Advocating for Wound Patients in Ontario

By Amanda Thambirajah, BA MA

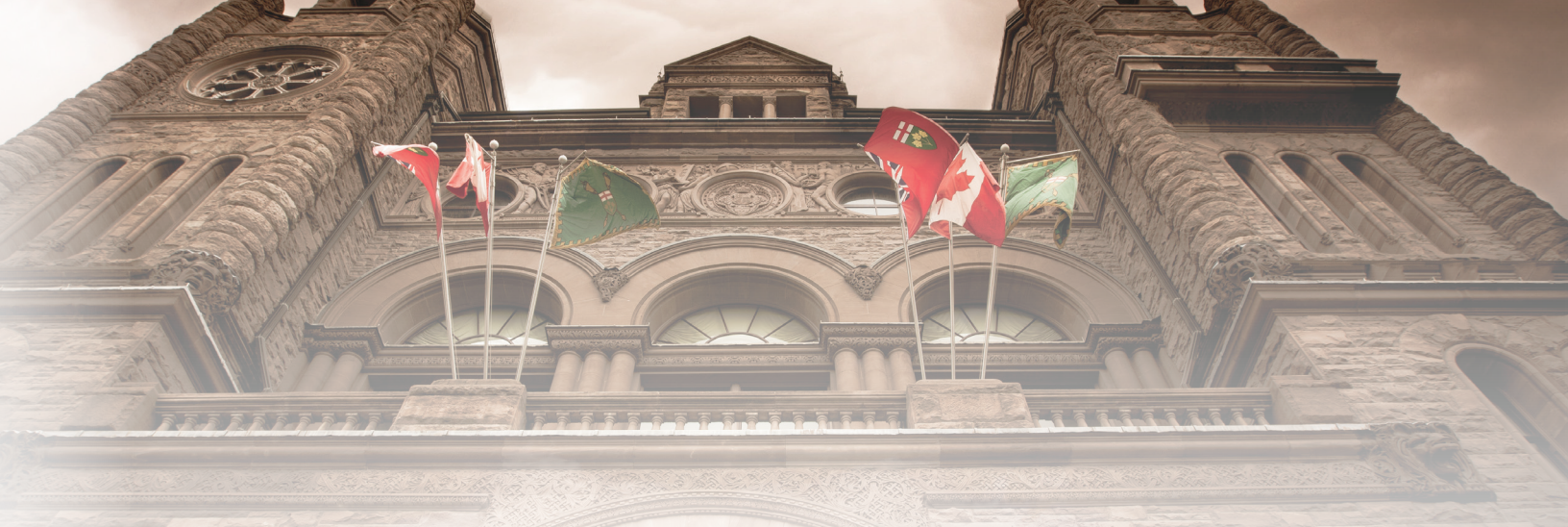
Wounds Canada's mandate is to advance wound prevention and management across Canada. This involves increasing awareness about wounds, providing education and resources for health-care professionals and the general public, and doing advocacy work on the highest priority issues. Various members of the organization are connecting with government decision makers in their provinces to advocate for policies and funding that will improve the lives of Canadians. Recently, Wounds Canada added Amanda Thambirajah to the team as Director of Government Relations to help move its advocacy work to the next level by setting strategy, arranging meetings and creating events with government decision makers across the country.

One of the areas Amanda is currently focusing on is Ontario. In this article she explores the state of wound prevention and management in the province and outlines some of the recommendations Wounds Canada has been or will be presenting to Ontario's government over the next year.

The State of Wound Care in Ontario

In Ontario, wound care costs the health-care system $1.5 billion annually in direct costs. While most wounds heal normally with little or no intervention from a health-care professional (HCP), the health status or other circumstances of some patients interfere with normal healing. The social and financial costs of these slow- and non-healing wounds are significant. By the time a patient with a stalled wound sees an HCP, they are often far along a path of disability and risk for further problems. Is this a care problem or a system problem?

Every four hours in Ontario someone loses a lower limb due to a diabetic foot ulcer that did not heal properly. In 2017, the Government of Ontario announced $8 million in funding over three years for offloading devices—a good start for addressing the issue of diabetic foot ulcers. More needs to be done, however, including funding education for HCPs, patients and care partners, imple-



menting wound care pathways in all settings, and improving access to wound care experts.

In Ontario, pressure injuries are relatively well-tracked in long-term care homes, but not in acute and community care. Is this a policy or practice issue?

Balancing Priorities

Despite the high prevalence of wounds throughout health-care systems, wound care is treated as an afterthought in most care settings. With a system based on existing symptoms rather than risk, prevention is not considered a priority. Primary care struggles with early identification and evidence-based management and prevention of complications. The result: wounds (such as diabetic foot ulcers, pressure injuries and surgical site infections) are not prevented, are not identified early enough to prevent complications, and are not treated using best practices to ensure quick healing and prevent recurrence. Despite the best efforts of frontline HCPs, barriers to care remain, due to limited knowledge on wound management, lack of understanding of the causes of poor wound healing—especially when chronic disease or, in many cases, multiple morbidities are present—and little access to expertise and resources.

Ontario needs a strategy that both addresses primary prevention of wounds in primary care and addresses secondary prevention linked to primary care. For example, a primary care practitioner needs to have the knowledge and resources to be able to identify a diabetic foot ulcer, and know where and to whom to send the patient to receive timely and appropriate care in order to reduce the risk of complications or amputation.

The implementation of standardized wound prevention and care pathways, which are lacking in Ontario, would improve patient care and reduce the rate of preventable wounds. HCPs would have a referral strategy for all patients who need specialized diagnostics, care and appropriate follow-up.

Another systemic barrier to prevention is illustrated in the reimbursement method for home care. Home care in Ontario currently uses a fee-for-service model. Once the patient heals, they are discharged. Therefore, home care is not incentivized to have a prevention strategy; it is there to treat the active condition.

Data Collection

A significant impediment to understanding the scope of problems in the area of wound prevention and management is the lack and quality of publicly shared

Introducing Amanda Thambirajah

Amanda leads the national government relations strategy for Wounds Canada, helping the organization and its volunteers advocate for patients and their families, implement best practices for wound care and improve access to education programs for health-care professionals. Her professional background spans Ontario politics, the B.C. civil service, and the not-for-profit and for-profit sectors in public affairs and government relations.

data. The tracking of wound data has not been standardized—not just provincially, but within regions and even within facilities and agencies. Gaining access to what data there is has been problematic for decades. Ministries of health across the country must ensure data collection is properly coded and produces meaningful results. They need to make access to the data readily available to relevant stakeholders. Only then can more effective wound prevention and management strategies be developed and implemented.

In Ontario, improved data collection and tracking of wounds are needed for all care settings. Currently most of the data exist within home care, and those data are limited and non-standardized. The full extent of the issue of wounds is unknown. What is known is this: patients with wounds are everywhere—from primary care to acute care to long-term care. The Province of Ontario needs a comprehensive strategy that addresses this fact, as opposed to continuing to offer only fragmented care between settings and a wound care strategy housed only within home care.

Wounds Canada does more than address existing wounds; it places a strong emphasis on wound prevention. This includes primary prevention (of an initial injury), secondary prevention (of recurrence after wound healing) and tertiary prevention (to reduce active pathology). To be effective in promoting prevention, we need to look at prevalence and incidence—broken down by wound type—complication, hospitalizations and readmissions. Due to the lack of data collected, however, it is difficult to assess the success of both prevention and treatment interventions.

Ontario Health could improve its data collection in order to help with analyzing trends in wound management. The relevant databases in the current Ontario Health collection are the Discharge Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS). DAD collects data on admitted patients; and unless wounds are the specific reason for admission, the data on wound management are usually difficult to find. NACRS is mostly Emergency Visit data, and, again, wound management is often lost in the shuffle unless it is the main reason for the visit. Granular data would be needed to determine the location, treatment strategy and post-discharge plan.

Given that the bulk of wound care provision in Ontario is delivered by wound care agencies, access to their databases would be useful in carrying out an analysis into how wounds are treated in the province. The hospital databases are very limited, even for studying in-patient wounds.

Finding Efficiencies

More efficient use of money and staff time is another area where improvements can be made. For example:

Bulk purchasing: Because Ontario loses its bulk purchasing advantage when every Local Health Integration Network (LHIN) or local health authority negotiates its own purchasing of products, the product purchasing system should be remade so there is one formulary for the province.

Duplication of effort: Multiple health organizations and agencies are currently aiming to create diabetic foot ulcer care pathways and educational materials from scratch. Internationally and nationally recognized versions of these materials and pro-

grams already exist. The Ministry of Health and Ontario Health could help to focus health-care organizations and agencies by ensuring they do not repeat work already completed, but instead build on the existing, recognized body of work and implement them appropriately.

Other Recommendations

Wounds Canada continues to meet with politicians, civil servants and others in the Government of Ontario to prioritize wound care, ensuring that patient care is equitable, timely, non-fragmented and accessible across the province. Our specific recommendations to the government to improve patient care, reduce hospitalizations and lower spending on wounds include:

- **Prevention:** Implement policies that prevent wounds such as pressure injuries, infected surgical and other wounds, and diabetic foot ulcers.
- **Products and technology:** Provide access to wound care products and technology that are evidence-based and improve patient outcomes.
- **Education for all:** Increase support for wound-related education for health-care providers, decision makers, patients and families.
- **Higher priority for wounds:** Ensure that all interprofessional health teams include wound experts.
- **Best practice pathways:** Implement wound care pathways that take patients from hospitals to home, long-term care and community care with set measurables, monitoring and evaluation.

Conclusion

Ultimately, Wounds Canada's aim is to raise awareness and influence change to support timely prevention and expedited treatment of active wounds to reduce the high morbidity and mortality associated with wounds. Our work in Ontario is a reflection of the type of activity we carry out in other provinces as well. We are encouraged by the good work the people in the health systems in Ontario and other provinces are already doing and will continue to support their ongoing efforts to improve patient outcomes.