

Kimberly Lacey, RN BN MCISc-WH

In an interview conducted by Janet L. Kuhnke, RN BA BScN MS NS-WOC Doctorate in Psychology, on January 4, 2018, in Nova Scotia, Kimberly Lacey outlines her job as the Program Lead for the Nova Scotia Provincial Wound Prevention and Management Program and discusses the rewards and challenges her role brings.



Kimberly Lacey



Janet L. Kuhnke

Q Can you describe your background and current role in wound care?

A I have practised wound care since I began my nursing career. I began working in both surgical and chronic wound care when I was employed on the vascular and general surgery inpatient unit in Halifax. On this unit I cared for a high-risk population—those with peripheral arterial disease, various vascular diseases and, of course, diabetes.

The experience of working with surgical site infections, diabetic foot ulcers and vascular wounds generated my interest in wound prevention and management. I felt that I wanted to gain as much knowledge as I could. In my first year, I was given the opportunity to shadow the clinical nurse specialist in the multidisciplinary leg ulcer clinic (MDLUC) at Halifax Infirmity through a professional practice grant. This initiative was all about developing “wound champions” for our inpatient unit. It was an amazing experience that opened my eyes to the complexity of wound management. This is when my journey really began and I decided to continue my professional development and knowledge, first by completing the International Interprofessional Wound Care Course (IIWCC) at the University of Toronto in 2015, and then the Master of Clinical Sciences

of Wound Healing at the University of Western Ontario (UWO) in 2017. During my time in these programs, as well as various other courses relating to wound prevention and management, I completed a significant number of clinical hours and gained vast hands-on experience working with arterial, venous and complex diabetic foot ulcers, pressure injuries, as well as wounds associated with surgical site infections.

As I worked towards the completion of both these programs, I continued my work as a vascular nurse, and I completed many clinical practice hours in MDLUC. It was a satisfying opportunity to be able to support my nursing unit and other colleagues with the new skills and knowledge I had gained. My confidence to help mentor and build the capacity of other nurses and colleagues is something I take great pride in, as this is part of how we make lasting practice changes and encourage the leaders of tomorrow. I have benefited from having great mentors in my life and I want to be able to do for someone else what these mentors have done for me.

Currently, I am the Program Lead for the Nova Scotia Provincial Wound Prevention and Management Program along with my colleague, Eleanore Howard, RN MSN CETN(C). This is a new

provincial program that works collaboratively with the Department of Health and Wellness, and key stakeholders throughout the province, to standardize the delivery of evidence-based wound prevention and management practices across all sectors of our health-care system.

Q How has your role in wound care and research evolved over the past year?

A Over the past year my role in wound prevention and management has changed significantly. I believe that my completion of the master's degree at UWO, along with my clinical practice hours, have enhanced my confidence, knowledge and skills in the prevention and management of wounds with various etiologies. I have had the opportunity to network with interdisciplinary teams across Canada and to foster relationships with stakeholders in the Canadian wound care community.

This past year, I participated in a research study looking at the key practices that wound care clinicians should incorporate into care. This is still a work in progress. Most recently, I had the opportunity to be involved in a peer review of a number of research abstracts submitted for the national Wounds Canada conference. These opportunities and experiences have prepared me for my current position and for my role in developing an evidence-based wound prevention and management program in Nova Scotia.

Q What is your view on interdisciplinary wound care teams?

A In Nova Scotia, we are seeing the growing trend of patients living with type 2 diabetes. Current reports suggest that 11.4% of the Nova Scotia population has diabetes; this number will only continue to rise. These are patients with complex health-care needs that demand the efforts of interdisciplinary teams to ensure the highest level of comprehensive and evidence-informed care.

The impact that an interdisciplinary team can have on a patient is considerable. The current literature support for an interdisciplinary team approach in health care highlights the patient benefits and better clinical outcomes such as

shortened hospital times, reduced community-based care visits and better pain management. Working towards a common goal enables each team member to carry out their individual role while working collaboratively to ensure the patient is receiving optimal care for better outcomes. Working together to achieve common goals supports mutual respect for the skills and expertise that each member—including the patient—brings to the team.

I have had the opportunity to work within an interdisciplinary team in many different settings. With every interaction, I feel empowered by being a part of the team. Being able to collaborate with other health-care professionals has assisted in building my professional practice, as members of the team are constantly learning from one another.

Q Could you describe what you see as critical success factors to developing an interdisciplinary wound care team?

A The success of developing an effective interdisciplinary team is determined by sharing common goals and visions of the services that the team provides for each individual patient case. Collaborative efforts must be focused on achieving the objectives that have been decided upon by the collective group.

Q What are some of the biggest challenges that you have seen in the practice of wound care? Do you see them as barriers or solutions?

A One of the greatest challenges I have experienced in the practice of wound care is the knowledge gap that exists around what wound prevention and management really encompasses. Much too often, *wound care* is being used to refer to the dressing change, and not to all the tasks required for the prevention and management of wounds. Historically, wound care has been a nursing responsibility, and nurses often admit to having received varying and incomprehensive wound management education; a common theme among health professionals. Often, these clinicians are working in isolation; not as part of an integrated team. I see this not so much as a barrier but an opportunity to start a conversation—a conversa-

Learn more about Nova Scotia's leadership in wound care at the Wounds Canada spring conference, April 12–13, in Halifax, NS!

Wounds Canada's spring conference, *We're All in This Together*, is a two-day continuing education event designed to support health-care professionals who work with patients with wounds or who are at risk for developing wounds. Join wound experts and your colleagues for these Nova Scotia-specific sessions:

- Nova Scotia Wound Prevention and Management Program: A Provincial Approach, with speaker Kimberly Lacey!
- A Snapshot of the Diabetic Foot in Nova Scotia
- Pressure Injuries in Nova Scotia: Prevalence and Prediction

To see the full agenda or to register, [click here](#).

tion that can lead the way for practice change in this province. We have the opportunity to facilitate a paradigm shift in ideas and practices from wound care to wound prevention and management.

Q What is the biggest challenge in wound care in your present role?

A Nova Scotia has experienced a major health care restructuring over the last three years, where there has been an amalgamation of nine health districts into one provincial health authority. Historically, communication and collaboration were practised within the individual districts; now, as one health-care authority, we have a great opportunity to build effective and sustainable processes throughout the province. Prior to the provincial amalgamation, clinicians operated with varying policy and protocols documents, including those specific to wound care.

Over the past several years some tremendous work has been done; individual initiatives have been carried out across the province that have demonstrated a strong desire to provide effective wound care. Clinicians will now be able to work together, uniting ideas, practices and passions, and engage with stakeholders across the province to create sustainable processes that will facilitate high-quality, evidence-based care that will translate to better patient outcomes.

One example of a collaborative wound care initiative is the Pressure Injury Prevention Program, which has been successfully rolled out

across the entire Nova Scotia Health Authority (NSHA). As the structure of the health-care system in Nova Scotia has changed dramatically, there are many challenges and potential barriers that we will encounter on the road to establishing provincial process. However, we also have many strengths and advantages. We have a provincial health authority led by dedicated and passionate leaders who have a desire to work together to provide the best possible services, to draw expertise and experience from within and beyond, to practise innovative health care and to improve the quality of health care for all Nova Scotians.

Q Any last comments?

A As NSHA moves forward as a united health-care system, health-care providers have an incredible opportunity to unite the province through strong, passionate and dedicated leadership. It is an absolute privilege to engage and collaborate with stakeholders in this province to develop a provincial, evidence-based wound prevention and management program that will facilitate better patient outcomes, and perhaps inspire fellow Canadians. I am so excited to have been given the opportunity to take part in this initiative, as well as to be part of the larger wound care community within Canada. I am very eager to see how together, in a truly collaborative spirit, we can impact the practice of wound prevention and management—not just in our province, but nationally as well. 🇳🇸

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