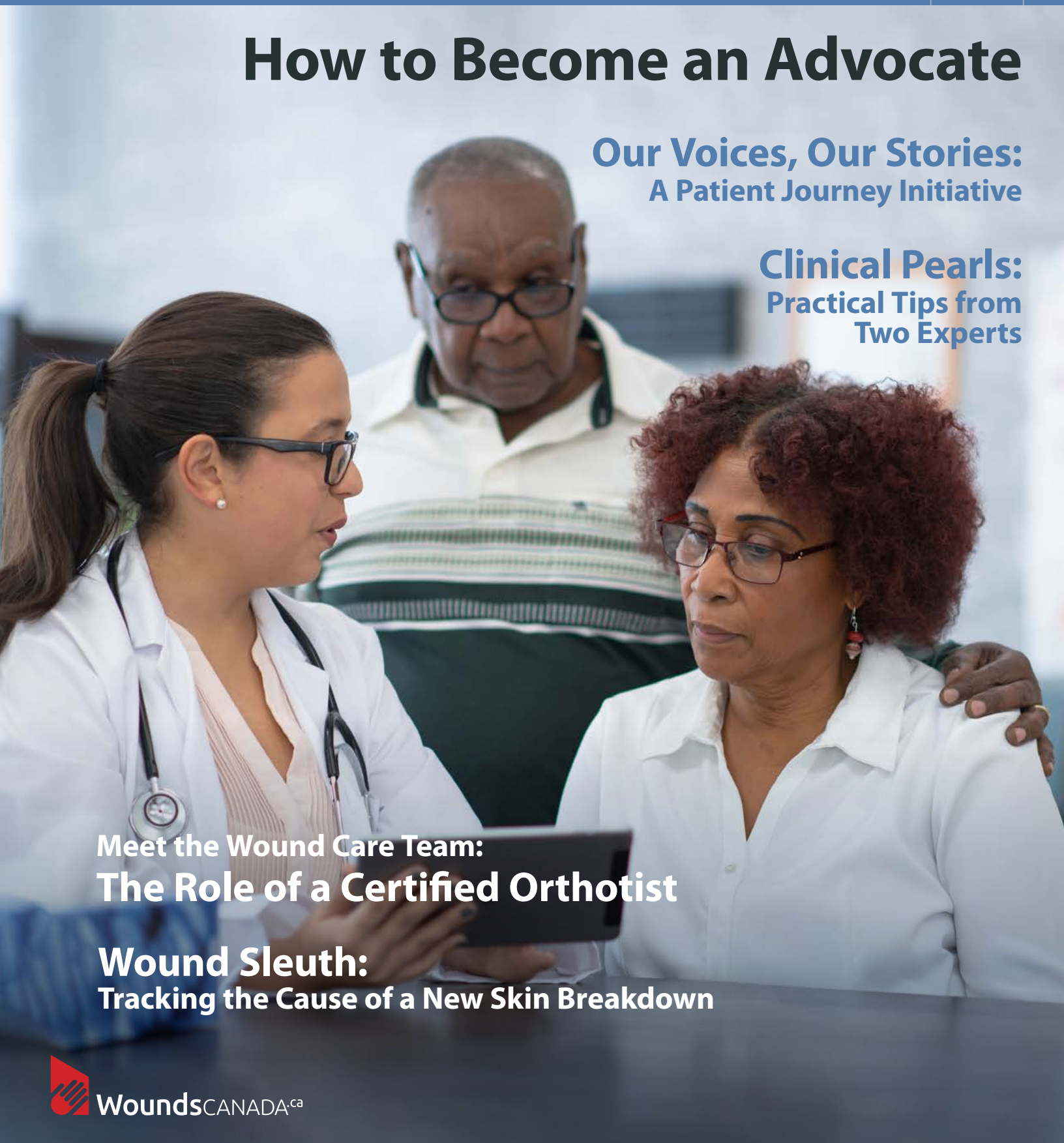
FALL 2022
VOL.20 NO.2

Wound Care CANADA

THE OFFICIAL PUBLICATION OF WOUNDS CANADA



How to Become an Advocate

Our Voices, Our Stories:
A Patient Journey Initiative

Clinical Pearls:
Practical Tips from Two Experts

Meet the Wound Care Team:
The Role of a Certified Orthotist

Wound Sleuth:
Tracking the Cause of a New Skin Breakdown

WoundsCANADA.ca

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Where impressively strong meets amazingly gentle.[1]

Help prevent pressure injury-related skin damage with 3M™ Tegaderm™ Silicone Foam Dressings.[2]

Featuring 3M's innovative adhesive technology, 3M™ Tegaderm™ Silicone Foam Dressings provide significantly longer wear time than the leading competitive silicone foam dressing while being gentle to the skin.[3] The optimal balance of strong and gentle, makes 3M™ Tegaderm™ Silicone Foam Dressings an excellent choice for your wound management and pressure injury prevention programs.[4]

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3M Company
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St. Paul, MN 55144
USA
1-800-228-3957

1. In vivo study EM-13977.
2. 3M Data on File. 34-8719-9395-1_BG_IFU.
3. 10 cm x 10 cm and 15 cm x 15 cm (4 in x 4 in and 6 in x 6 in) dressings, based on in vivo studies EM-13977 and EM-13978. Two times longer wear time than leading competitor silicone foam dressing when worn for 7 days (6.9 days for 3M™ Tegaderm™ Silicone Foam Dressing, 2.8 days for Mepilex® Border Foam Dressing). 3M Data on File.
4. 3M Data on File. CLAIM-SHEET-US-05-291517_6.

Contents

Wound Care CANADA

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Wound Care Canada is published by Wounds Canada (Canadian Association of Wound Care). Canada's first publication devoted entirely to wound care, *Wound Care Canada* addresses the needs of clinicians, patients, care partners and industry.

All editorial material published in *Wound Care Canada* represents the opinions of the writers and not necessarily those of Wounds Canada.

Discussions, views and recommendations as to medical procedures, choice of treatments, dosage or other medically specific matters are the responsibility of the writers. No responsibility is assumed by the publisher or publishing partners for any information, advice, errors or omissions contained herein.

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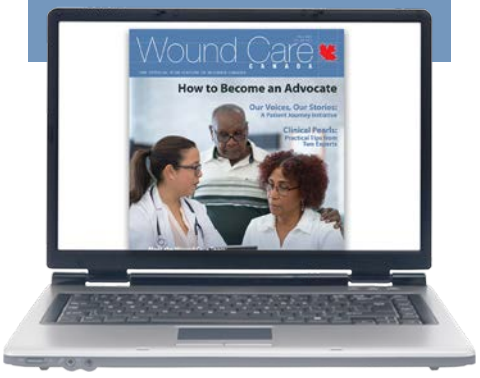
Wounds Canada (www.woundscanada.ca) is a non-profit organization of health-care professionals, industry participants, patients and care partners dedicated to the advancement of wound prevention and care in Canada.

Wounds Canada was formed in 1995 as the Canadian Association of Wound Care. The association's efforts are focused on four key areas: education, research, advocacy and awareness, and partnerships.

Don't Miss Out

Each time a new issue becomes available, subscribers will be notified by an email that contains a live link to the online magazine. If you are not already a subscriber, get on the list by sending an email to info@woundscanada.ca. **It's free!**



News in Wound Care

Events

Fall Conference

For the first time in three years, Wounds Canada was pleased to be able to offer an in-person conference. Turning #KnowledgeToAction, held October 14–16, took place at the Sheraton Hotel in Toronto, ON, in both live and virtual formats. A total of 270 in-person and 553 virtual delegates gathered this year to address the theme of how we can turn knowledge into action in the wound care community.

A huge thank you to all the conference delegates, speakers and moderators, as well as to our co-chairs, Virginie Blanchette, Robyn Evans and Marlene Varga, whose expertise, leadership and collaborative spirit resulted in an informative and engaging event.

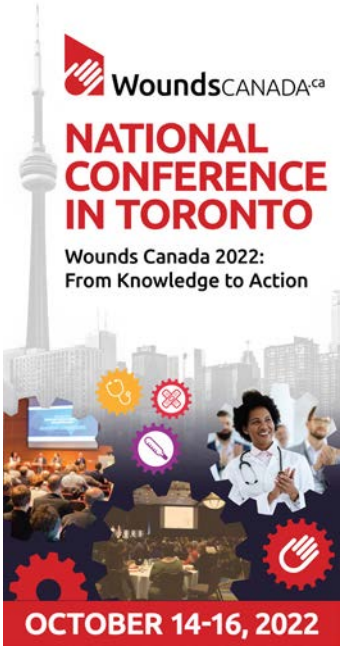
A special thank you to the Scientific Planning Committee:

- **English language:** Jeremy Caul, Sunita Coelho, John Hwang, David Keast, Bernadette Mitchell-McDonald, Linda Moss, Laurie Parsons, Alan Rogers, Kelly Sair and Maria Weatherbee
- **French language:** Maryse Beaumier, Charles de Mestral, Joumana Fawaz, Luce Martineau and Jérôme Patry

Conference sessions featured expert speakers addressing important and timely topics over the course of three days. Highlights included sessions on Indigenous Cultural Safety, Hot Topics in Nutrition, Emotional Intelligence in Your Team Practice, and Wound Care and Harm Reduction for People Who Use Drugs. The session on Mental Health and Provider Burnout with Noha-Christine Guorgui and Giuseppe Papia provided support and resources for Canada's hard-working health-care providers.

Product booths and a sponsored wellness station by Saje gave attendees access to information about products and services available to health providers, patients and families.

The sessions are available on-demand on the conference platform for registrants.



Here's what some attendees had to say:

"Overall, an amazing conference, with lots of helpful resources and information. A great set-up with polls, videos, interactive options, even for those who attended virtually. Good variety of topics!"

"The virtual platform was excellent. I feel that I have walked away from this conference with new insights, ideas and goals for patient care that you don't always receive from other conferences."

"Well organized. Enlightening lectures. Virtual hall well done."

"The detailed presentations were very helpful in illustrating different types of wounds, syndromes, and diseases that lead to skin breakdown. The presenters were succinct and engaging."

Posters Shine at the Fall Conference

Congratulations to the poster winners:

- **Best Abstract Award:** 0021 Increasing Pressure Injury Point Prevalence and Process Uptake and Action Planning in Continuing Care, by Marlene Varga and Charlene Brosinsky
- **Judges' Choice Award:** 0013 COVID-19 and Hospital Acquired Pressure Injuries (HAPIs): A Systematic Review, by Adrienn Bourkas, Michele Zaman and R. Gary Sibbald
- **People's Choice Award:** 004 Using Digital Technology to Facilitate Access to Wound Care Specialists in Times of COVID-19 Pandemic in Northwestern Ontario Communities, Canada, by Idevania Costa
- **Best Oral Presentation:** 0001 The Status of Wound Care Research in Canada: A Scoping Review, by Michael Lee

Congratulations to 2022 Scholarship and Grant Winners

The 2022 scholarship and grant winners were announced at the fall conference. This year, scholarships were given in memory of beloved wound care community member Frank Berns.

- **SHARP (Super Program #1) Scholarship:** Nitin Aryal, Nurse Practitioner, Toronto, ON; Stephanie Jean, MD, Montreal, QC
- **Scholarship for Unregulated Care Providers:** Paula Blackmore, Personal Support Worker, Halifax, NS; Arlene Duculan, Home Support Worker, Yellowknife, NT
- **Open Grant I:** Jacob Damant, fourth-year biomedical engineering student, Edmonton, AB, for research on the development of an artificial intelligence-driven app for tracking wound healing in three dimensions

Pressure Injury Symposium: November 17, 2022

This one-day virtual event, hosted by co-chairs Stephanie Chadwick and Alan Rogers, coincided with Worldwide Pressure Injury Day. The event examined the risks and causes, along with the multidisciplinary comprehensive management, of pressure injuries, with presentations by dietitians, nurses, surgeons, physicians and physiatrists to encourage and facilitate the development of strategies, overcome barriers and improve patient outcomes. The conference platform provided innovative ways for participants to network in the lounge, win prizes through fun challenges and review the latest technology and products in the exhibit hall. There was an exciting line-up of sessions with leading wound care experts to explore how to #StopThePressure, including:

- Negative Pressure Wound Therapy: Are You Ready for a Change of Perspective?
- How Do I …? Panel Exploration of Challenging Pressure Injury-related Problems
- Infection Management: Tips, Tricks and Challenging Cases

The sessions will be available on-demand on the conference platform for registrants.

Wounds Canada Institute (WCI)

New Interdisciplinary Wound Care Champion Program

To help address the rising incidence of acute and hard-to-heal wounds, Wounds Canada and the Registered Nurses' Association of Ontario (RNAO) are launching the Wound Care Champion Program (WCCP), designed to deliver foundational, evidence-informed, interdisciplinary wound education across all health sectors to front-line clinicians.

This comprehensive, robust and competency-based skin health and wound education program is critical in helping to keep health-care professionals up-to-date on best practices and essential wound management skills, with online modules, skills labs, webinars, discussion forums and OSCE

(Objective Structured Clinical Examination) components.

Contact us at woundcarechampion@woundscanada.ca to discuss how your team can benefit from this program. More information about the Wound Care Champion Program is available here.

Wound Care Champion Program:
An Innovation in Wound Education

Wounds Canada Institute RNAO

Live Skills Workshops

In October, students attended the one-day hands-on Skills Lab for Local Wound Care for completion of the Best Practice Approach to Skin Health and Wound Management: Knowledge and Skills (A100NWS) program, held at the Sheraton Hotel in Toronto, ON.

Wounds Canada Institute faculty travelled to Edmonton and Calgary, AB, during November to deliver two-day skills labs for participants enrolled in the Holistic Approach to Diabetic Foot Offloading: Knowledge and Skills (A108MWS) program, under the auspices of the Kee Tas Kee Now Tribal Council.

For more information about these and other WCI programs, please visit the WCI website.

Research

Call to Participate in Our Pressure Injury COVID-19 Patient Experience Research Survey

The COVID-19 pandemic has drastically impacted how individuals access and receive skin and wound care services. Wounds Canada has committed to researching this topic in collaboration with Cape Breton University and Spinal Cord Injury (SCI) Ontario to assist in the identification of gaps in service and the development of educational and informational resources for patients, caregivers and their families, as well as advocating to governments on their behalf.

We are seeking to understand the experiences of, and learn from, three groups:

1. Individuals living with a pressure injury
2. Individuals living with a pressure injury and a spinal cord injury
3. Caregivers and family members caring for individuals with pressure injuries

If you are a health-care provider who works with individuals living with a pressure injury and/ or spinal cord injury, please encourage them to participate by sharing the survey link. Their responses are greatly appreciated and vital in helping us better understand how COVID-19 has affected their access to skin and wound care services. If you are a patient or caregiver with lived experience of pressure injury and/or spinal cord injury, please consider taking a few minutes to answer the survey. It should take only 12–15 minutes to complete.

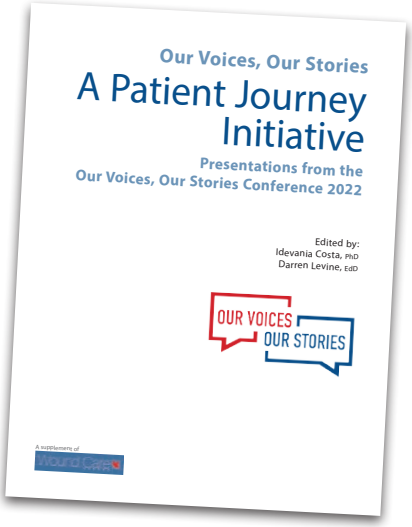
Awareness and Advocacy

New Patient Journey Initiative Supplement Now Available

Wounds Canada is committed to prioritizing the voices and stories of the patient. The more diverse stories we can compile, the better equipped we are to do what we do best—advocate and educate about wound prevention and management.

The complete summary of Our Voices, Our Stories: A Patient Journey Initiative is now available on our website. Wounds Canada is proud to showcase the many patient and caregiver stories of navigating life with wounds that emerged at our first-ever Patient Journey Conference in June, 2022.

Wounds Canada partnered with Lakehead University to host this national exchange focused on the patient experience and journey through wound care in Canada. This initiative was led by Idevania Costa of Lakehead University's School of Nursing, in collaboration with Michelle Spadoni (Lakehead University School of Nursing), Catherine Phillips (Lakehead University School of Social Work), Pilar Camargo Plazas (Queens University School of Nursing) and Mariam Botros (Wounds Canada).



The full supplement can be accessed at Our Voices, Our Stories: A Patient Journey Initiative.

Raising Awareness for Worldwide Pressure Injury Day

Wounds Canada was pleased to join the global campaign to increase awareness about the

References:

1. Kim PJ, Attinger CE, Constantine T, et al. Negative pressure wound therapy with instillation: International consensus guidelines update. *Int Wound J*. 2020 Feb;17(1):174-186. doi: 10.1111/iwj.13254. Epub 2019 Oct 30.
2. Gabriel A, Camardo M, O'Rorke E, Gold R, Kim PJ. Effects of Negative-Pressure Wound Therapy with Instillation versus Standard of Care in Multiple Wound Types: Systematic Literature Review and Meta-Analysis. *Plast Reconstr Surg*. 2021 Jan 1;147(1S-1):68S-76S. doi: 10.1097/PRS.0000000000007614. PMID: 33347065.

importance of preventing pressure injuries, which was led by the National Pressure Injury Advisory Panel (NPIAP). To support this initiative, the NPIAP developed an extensive media materials package, appropriate for all health-care settings and organizations. Wounds Canada raised awareness on social media throughout November and, specifically, on the 17th—Worldwide Pressure Injury Prevention Day—with our advocacy partners, including patient advocate Linda Moss, based in Ontario, and Marlene Varga from Covenant Health in Alberta. We shared our popular resources to support education of health-care providers, patients, care partners, policy makers and the general public. These included the Best Practice Recommendations and the Care at Home and DIY Health series. We also highlighted the importance of the patient voice by sharing our pressure injury-related patient stories from the Our Voices, Our Stories campaign. People were encouraged to share their own stories of what they're doing to prevent pressure injuries with us on social media, and we were pleased to highlight many members of the wound care community advocating to #StopThePressure in photos and videos from our recent fall conference.

Read Pressure Injuries: The Problem and the Solution for more information on this important issue, and check out our Worldwide Pressure Injury Prevention Day page to start planning for next year.

Recognizing #WorldDiabetesDay at Wounds Canada

Wounds Canada was an active participant on November 14, 2022, in the world's largest diabetes awareness campaign to raise awareness about diabetes as a critical global health issue, along with our partners in awareness, D-Foot International and The Canadian Podiatric Medical Association. The theme for World Diabetes Day for 2021–2023 is Access to Diabetes Care, with the specific theme for 2022 being Education to Protect Tomorrow, which resonates with Wounds Canada's emphasis on prevention and the sharing of resources for prevention and education. Check out worlddiabetesday.org for an extensive media materials package and resources.

During the campaign we encouraged participants to do the following activities to engage and amplify our messages:

- Follow Wounds Canada's awareness campaigns on Twitter, Instagram, Facebook and LinkedIn and sharing our messages and important prevention resources throughout the month of November
- Use the hashtags #WorldDiabetesDay, #EducationForTomorrow and #ActAgainstAmputation to post their own awareness message and join the global conversation
- Check out Wounds Canada's Diabetic Foot Ulcer page for key resources to share.
- Download free resources, including posters and fact sheets to spread the word.
- Share their diabetes story as a patient, caregiver or health-care provider on social media and through our online submission portals: Patient/Caregiver Stories and Health-care Provider Stories.
- Find out what's happening around the globe in the area of diabetic foot and limb preservation by joining the free program Crusade against lower limb amputations.

In the News

On October 25, 2022, Director of the Wounds Canada Institute Crystal McCallum was featured on a CTV segment highlighting the issue of preventable pressure injuries in Canadian hospitals. For more on this story and to watch a video of McCallum's interview, please visit www.ctvnews.ca/health/bedsores-becoming-more-common-in-canadian-hospitals-data-1.6123792.

New Faces at Wounds Canada

We're growing! Wounds Canada has added three new members to our team.

Wounds Canada is pleased to announce the appointment of **Ian Corks** as Major Publications Editor. He has extensive experience in the Canadian medical publishing environment, including 15 years as Executive Editor of Elsevier Canada, where his responsibilities included the *Canadian Journal of Cardiology*, the *Canadian Journal of Diabetes and the Canadian Journal of Ophthalmology*. He will be serving as Editor of *Wound Care Canada, Limb Preservation in Canada* and the *Best Practice Recommendations (BPR)* documents. He replaces Sue Rosenthal, who is sliding into retirement.

Doug Beemer joins us as Education Manager for the Wound Care Champion Program. He is a critical care Registered Nurse by background who has worked in the private sector for over 25 years. He has held various sales and product management roles and has come out of retirement to join the Wounds Canada team.

Zahra Haider has become our new Communications & Administrative Co-ordinator. She is responsible for scheduling meetings, assisting with small projects, creating and disseminating social media content and front-end website maintenance and design. She embraces outside-the-box thinking, innovation, sustainability and conscientiousness. She has a double major in Anthropology and Gender & Women's Studies from York University.

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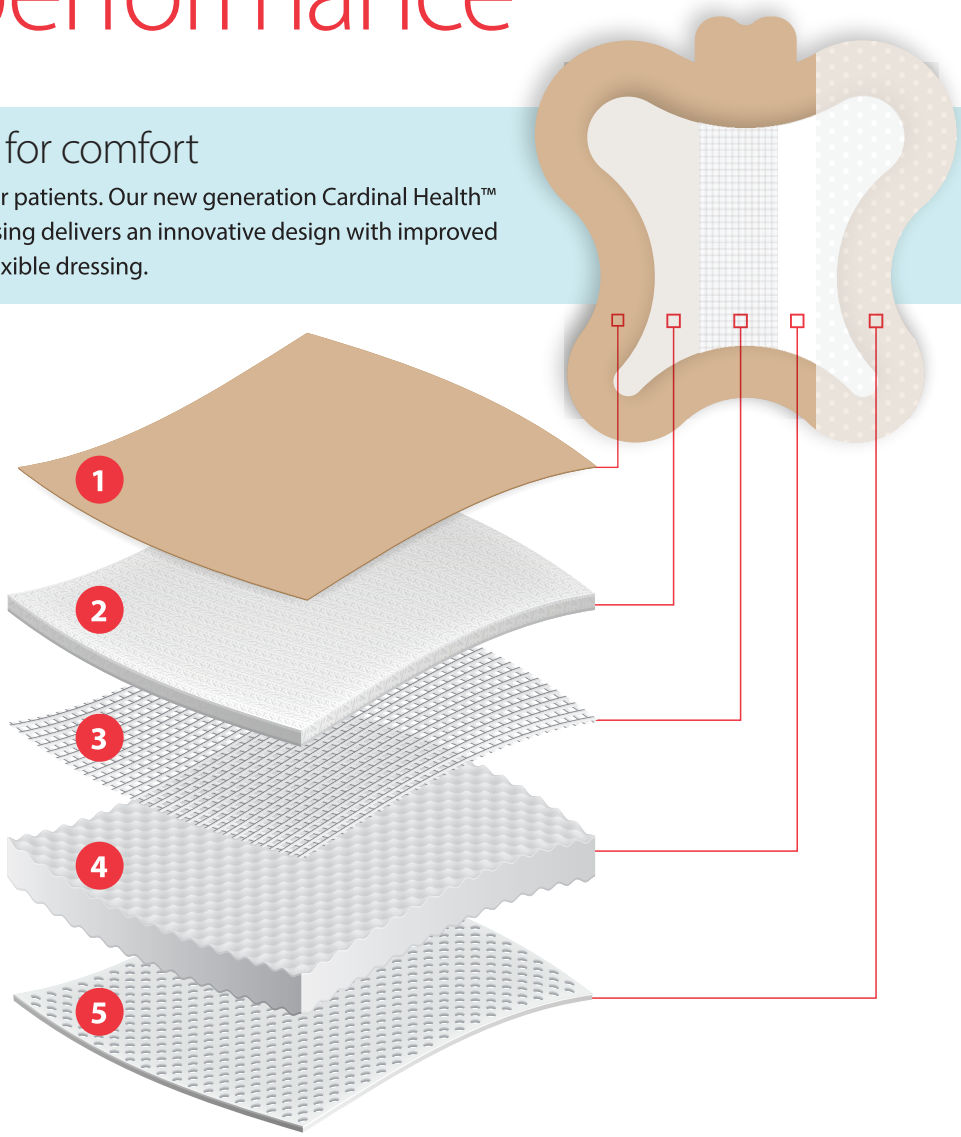
Improved 5-layer design for better performance

Proven to protect[1], designed for comfort

Effective wound management is critical for your patients. Our new generation Cardinal Health™ Kendall™ Silicone Bordered 5-Layer Foam Dressing delivers an innovative design with improved adhesion and absorbency in a thinner, more flexible dressing.



1 - Highly breathable film
Porous film acts as a waterproof barrier to seal out microbes and contamination while still allowing for airflow.

2 - Super absorbent layer
Polyacrylate compound absorbs exudate and locks it away from the skin surface, even under pressure. The thin, flexible, and pliable core reduces wound bed friction and maximizes wear time.

3 - Transfer layer
Directs fluid and exudate into the super absorbent layer, facilitating an optimal moist wound healing environment.

4 - Foam layer
Highly absorbent polyurethane foam allows vertical absorption and transfer of exudate to minimize pooling in the wound bed.

5 - Gentle silicone adhesive
Provides longer patient wear time and minimizes trauma upon removal.

Experience the next generation of wound care.

Shop our Kendall™ Silicone Bordered 5-Layer Foam Dressing

shop.cardinalhealth.ca

For more information, please contact your Cardinal Health sales representative.

References:
1. Padula WV. Effectiveness and Value of Prophylactic 5-Layer Foam Sacral Dressings to Prevent Hospital-Acquired Pressure Injuries in Acute Care Hospitals: An Observational Cohort Study. J Wound Ostomy Continence Nurs. 2017;44(5):413-419.

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Essential to care™

News from Our Industry Partners

3M

3M focuses on providing better care through patient-centred science. From innovations in negative pressure and surgical incision management to advanced wound care solutions, our team is ready to partner with you to help transform outcomes.

3M Canada

Arjo

At Arjo, we believe that empowering movement within health-care environments is essential to quality care. Our products and solutions are designed to promote a safe and dignified experience through patient handling, medical beds, personal hygiene, disinfection, and the prevention of pressure injuries and venous thromboembolism. With over 60 years caring for patients and health-care professionals, we are committed to driving healthier outcomes for people facing mobility challenges.

www.arjo.com/en-ca/contact-us

Coloplast

Making Life Easier.

Developing ostomy, continence, urology, wound and skin care products and services, our mission is to make life easier for people with intimate health-care needs.

www.linkedin.com/company/coloplast

Essity

Essity provides high-quality, innovative wound and incontinence care, orthopedic and compression products. Our innovative products and solutions, coupled with our expertise, cutting edge technology and global coverage, allows us to offer a more complete value proposition.

Cost-effective solutions and evidence-based approaches for improved care outcomes allow us to better support residents. Additionally, our customers and partners value our support through state-of-the-art training and education. Many of our products are also available for ordering through leading group

purchasing organizations and are distributed by most major medical distributors.

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Hydrofera

Hydrofera produces a unique line of non-cytotoxic antibacterial wound dressings utilizing its proprietary PVA and PU foam technology. From onset to outcome, Hydrofera Blue® dressings powerfully tackle any type of chronic or non-healing wound and are designed to shorten healing times, lower treatment costs and deliver better patient outcomes.

Hydrofera Blue manages ALL 4 factors of Local Wound Care (DIME):

- Debrides & disrupts biofilm
- Infection & Inflammation
- Moisture
- Edge effect

The **NEW Hydrofera Blue READY-Border® dressings** provide the perfect option for atraumatic dressing changes. It's different. It's non-cytotoxic and has no silicone interface over the foam pad, allowing for intimate contact of the foam to the wound bed and facilitating uninterrupted exudate absorption. The gentle contact of foam, with its natural healing and protective properties, provides an added measure of safety to help prevent infection and aid in the healing process. The **NEW Hydrofera Blue READY®-Transfer** does just that — it absorbs bacteria laden-exudate into the dressings where the bacteria are effectively killed then transfers the exudate out and away from the wound. The Transfer dressing is ideal over VLUs, under TCC and compression and between digits and toes.

Try the **Hydrofera Blue CLASSIC Heavy Drainage®** with NPWT and regular CLASSIC under disposable NPWT. Hydrofera Blue can be applied over bone and tendon, in tunnels and undermining while providing added wicking, antibacterial protection, and to help flatten rolled wound edges.

Hydrofera®

To request samples of Hydrofera Blue products, email daniel@hydrof.com.

Hydofera – Heal Wounds Faster

Medline Canada

Medline Canada provides a holistic approach to skin and wound care. Our goal is to drive change and empower caregivers to prevent skin breakdown and health-care-acquired skin injuries. Together, we build a customized solution to fit your organization's needs, from expert guidance on evidence based best practices and product utilization to caregiver education.

Reduce care variation with best practice guidance: Based on discovery and analysis of your current skin health protocols, we provide actionable recommendations to positively impact outcomes.

Build knowledge and confidence with education and training: We offer educational resources for every skill level and learning style, including on-site training with clinical experts, convenient online courses through Medline University and Surge Learning.

Drive better outcomes with a comprehensive system of products: From prevention to treatment, we offer a comprehensive portfolio of products in five primary areas of care. This includes Advanced Wound Care, Advanced Skin Care, Repositioning and Offloading, Patient Cleansing and Continence Care. Together, we standardize and streamline your product selection to help improve clinical outcomes and reduce costs, as well as enhance caregiver and patient compliance.

MEDLINE

Our skin and wound care team understands your challenges first hand. Let us help you improve outcomes. Connect with our representatives today to

discuss the best pressure injury protocols for your facility.

For more information, visit www.medline.ca or explore medlineuniversity.com, contact your local Medline Representative at 1-800-396-6996.

Mölnlycke

Mölnlycke is a world leading medical solutions company whose purpose is to advance performance in health care across the world and equip health-care professionals with solutions to achieve the best outcomes. Mölnlycke's medical solutions advance performance at every point of care, from the hospital to the home; providing wound management, pressure injury prevention and surgical solutions. Customers use these solutions in almost 100 countries, and although considered a global company, Mölnlycke's headquarters are still in Gothenburg, Sweden.

The Mölnlycke brand is synonymous with quality and a reputation earned as pioneers, solidified through continuous innovation. From the development of new products to the partnerships with customers, Mölnlycke is always seeking to raise standards. Known as the first to mass-produce wound dressings, Mölnlycke was the first to offer single-use drapes, tubular bandages and powder-free coated surgical gloves. It is the company behind Safetac®, the revolutionary soft silicone-based technology used in their wound care dressings such as Mepitel®, Mepilex® and the entire Mepilex® Border family.

Around the world, health-care systems and professionals are under pressure to deliver better care, to more people, for better value. They need innovative solutions they can trust, so Mölnlycke's focus is to provide effective solutions and offer customers more total value.

Learn more at: www.molnlycke.ca

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The Canadian distributor of the geko™ wound therapy device.

We heard your challenges in the management of venous leg ulcer patients:

- ✔ Frustration with the length of time to close wounds
- ✔ The resources required to close wounds are significant
- ✔ Lack of adherence to compression therapy often due to pain and/or discomfort

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- ✔ Activates the calf and foot muscle pumps
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- ✔ Weighs 10 Gms

Venous leg ulcer stats:

- ✔ 70% take approximately 24 weeks to heal
- ✔ 30% remain open even in the presence of best practice
- ✔ VLUs are a strain on human and financial resources Source: (Sibbald RG et al. 2021)

The geko™ wound therapy effect:

- ✔ An 18-patient evaluation using the geko™ device at 3.8 weeks demonstrated improved wound closure by ~ 55%. (Source: Murray H. Poster Wounds Canada 2021).
- ✔ A 221-patient RCT post renal transplant found that in 104 patients there was a 55% reduction in wound infections (Source: Can Urol Assoc J 2019;13(11): E341-9.)
- ✔ These data demonstrated cost savings estimated to be $6200 and $2300 respectively

If you would like to

- ✔ Reduce the length of time it takes to close wounds
- ✔ Decrease the resources required to close a wound
- ✔ Improve adherence to compression therapy

Contact us at info@perfusemedtec.com

Finally, a NPWT treatment pathway for open wounds that makes NPWT...

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easy to love.

Following an international expert consensus, we developed a treatment pathway to help reduce overall costs, guide system choice, alleviate workloads and help patient adherence to therapy. Scan the QR code to download our NPWT pathway and learn more about our NPWT systems.

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RegenMed

RegenMed is a not-for-profit tissue bank that serves clinicians as part of Canada's tissue banking system.

In partnership with DeCell Technologies, based out of Nova Scotia, RegenMed is the sole manufacturer and distributor of DermGEN™ in Canada.

DermGEN™ is an Advanced Regenerative Tissue Matrix that provides accelerated healing in wounds where delayed or stalled healing occurs.

DermGEN™ is produced using the proprietary prECM™ process of DeCell Technologies that ensures a sterile and consistent product. DermGEN™ provides a natural regenerative scaffold and growth factors found in human skin while removing immunogenic cellular materials that cause rejection of unprocessed human skin. DermGEN™ is readily accepted and recognized by a patient's own cells at the wound site, stimulating them to successfully heal the wound. DermGEN™ normally requires only one application for complete healing, requires no securing to the wound (e.g., using staples or sutures) and requires minimal follow-up intervention after it is applied.

DermGEN™ is Health Canada approved and available for the treatment of patients in Canada.

DermGEN™ is ready to use right out of the package and is easily stored at room temperature — it's there when you need it. In addition to its clinical advantages, DermGEN™ use provides a net cost saving when compared with standard of care used to treat diabetic foot ulcers.

DermGEN™ is an exceptional Canadian-based innovation that can accelerate healing in chronic wounds including hard-to-heal diabetic foot ulcers.

For more information related to DermGEN™, visit: www.dermgen.ca

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SIGVARIS GROUP offers ready-to-wear garments for the active treatment and management of conditions impacting the lymphatic and venous circulatory systems.

Our Adjustable Inelastic Wraps provide ideal levels of compression and containment that support patient needs throughout the course of their treatment journey while improving their quality of life.

Our Coolflex is a lightweight compression device, optimal for individuals with fragile or broken skin. Made of a non-stretch mesh material, the Coolflex transfers heat and wicks away moisture, leaving the skin cool and dry. The features of the closure system, along with the built-in guidelines for application, promotes independence and encourage improved patient outcomes.

The Compreflex garment delivers accurate, measured and therapeutic compression for self-directed treatment and self-managed care. Compreflex is designed with key features, including Accutabs for accurate compression application, an interior stretch panel for easy donning, multiple foot options and a contoured fit for optimal comfort.

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As a provider of high-quality and innovative offerings in medical compression therapy, we are proud to look back at a successful track record of more than 150 years. For today and tomorrow, we commit ourselves, through continuous development and innovation, to solutions that help people feel their best. Every day.

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Smith+Nephew

Smith+Nephew is a global medical technology company. We design and manufacture technology that takes the limits off living.

We support health-care professionals to return their patients to health and mobility, helping them to perform at their fullest potential.

Our Advanced Wound Management portfolio provides a comprehensive set of products to meet broad and complex clinical needs, to help health-care professionals get CLOSER TO ZERO human and economic consequences of wounds.

Smith+Nephew Medical Devices and Advanced Wound Care | Smith+Nephew - Corporate

Stryker

We are your partner for proven pressure injury prevention, infection risk reduction and caregiver safety. Our innovative solutions help improve patient and caregiver outcomes across the continuum of care by providing safe and easy ways to address preventable hospital-acquired conditions. Our products bring caregivers confidence by simplifying processes, improving patient care and addressing risk factors that can lead to infections, skin injury, patient falls and caregiver injuries. We are driven to solve real problems and make healthcare better for our customers and the patients they serve.

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1. Tiscar-Gonzalez V, Rodriguez MJM, Rabadan Sainz C, et al. Clinical and economic impact of wound care using a polyurethane foam multi-layer dressing versus standard dressings on delayed healing ulcers. Adv Skin Wound Care. 2021;34(1):23–30

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How to Become a Skin and Wound Care Advocate to Drive Change and Improvement

By Janet L. Kuhnke, RN BA BScN MS NSWOC DrPsychology; Mariam Botros, DCh DE IIWCC Med; and Sue Rosenthal, BA MA

What is an advocate?

Simply put, an advocate is someone who intervenes on someone else's behalf. If you are a health-care professional you are probably already involved in advocating on behalf of individuals — patients/clients/residents, family members and caregivers — to improve access to appointments, supplies, devices, tests and test results, technology or specialists.

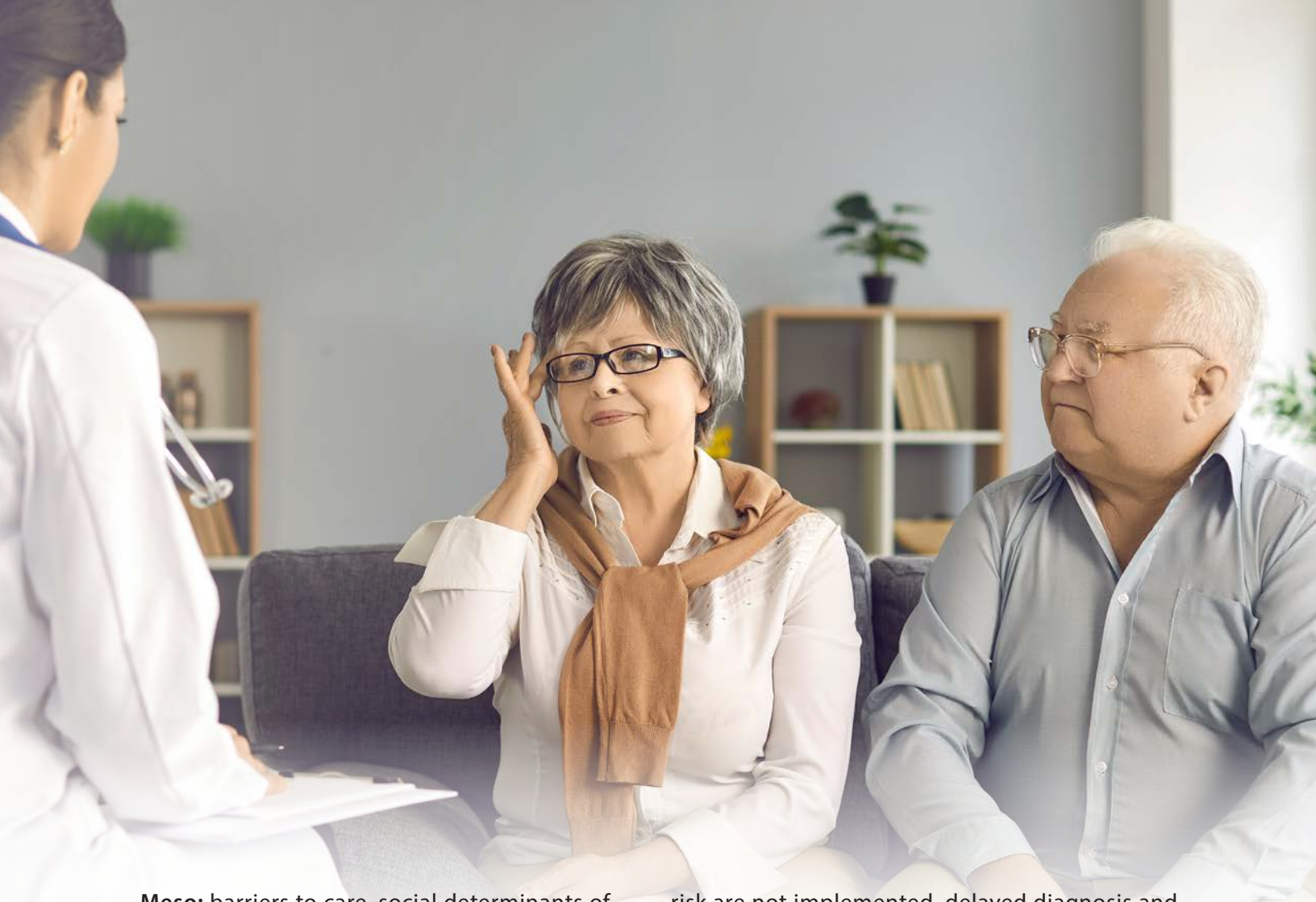
Wound care advocates play a much-needed role in helping to improve and sustain skin and wound care in any health system — and anyone can be an advocate.

- **Patients** can advocate for themselves.
- **Family members** and other care partners can advocate to ensure their loved ones receive the care they need.
- **Frontline health-care providers** can advocate for individual patients and for general improvements in their facilities/organizations, such as direct health-care-related processes, as well as issues such as workplace safety and ongoing professional development/training.
- **Administrators and policy makers** can act as advocates and also implement processes and procedures for which others have advocated.

Advocacy can take place at an **individual level**, such as when a health-care professional or family member works to ensure a patient receives the best care possible and at an **organizational level**, where an advocate lobbies for changes in a facility, institution or health region. At a **national or international level**, individuals and organizations can work to create awareness and inspire change at the highest (macro) levels. In all cases, the advocacy should be informed by the best science available.

Advocacy works best when the different levels have different areas of focus. For example:

Micro: screening, proper care, patient self-management education, frontline staff time allocation



Meso: barriers to care, social determinants of health, working within the institution to address issues

Macro: increased public awareness, best-practice-based policy recommendations, support for frontline staff, health leaders, purchasers, managers, directors, researchers, and policy makers

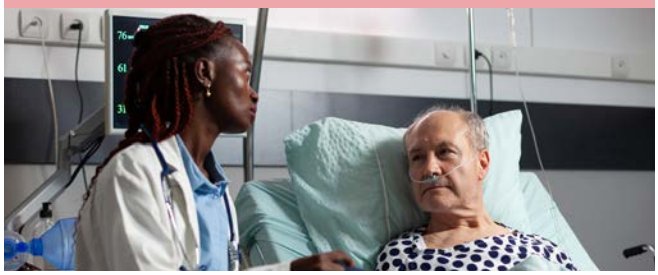
Why are advocates important?

Every Canadian will develop a wound in their lifetime, and many will heal without health-care system intervention. However, preventing and managing wounds and treating and managing hard-to-heal and complex wounds represent a significant burden to people at risk for, or living with, wounds, their families and society as a whole. Complex and hard-to-heal wounds consume significant health-care system resources, involving health-care professionals, educators, researchers and multiple areas of health-care systems.[1-4] When best practices in identifying risk are not implemented, delayed diagnosis and improper intervention can be the result. This can add to the development or complexity and chronicity of wounds, as well as further complications, such as chronic inflammation and infection, risk of amputation, hospitalizations and death.[5,6]

Knowledgeable and effective advocates can influence policies that support best practice in all areas of wound prevention and management. This can be accomplished by:

- working within individual institutions and agencies to influence decision making regarding policies, procedures, culture and resource allocation
- presenting a unified voice to governments and actively leveraging collaborative relationships to develop and implement public health policy related to prevention, assessment, prevention, assessment and management of wounds.[7]
- raising the profile of wounds in Canada with the public and decision makers

Can I be an advocate as a skin and wound care clinician? *"What is clear is that everyone can do it, and indeed everyone probably is doing it, or has done it, at some point, whether as part of their job or as an individual."*[8]



If you are a frontline clinician or administrator, you are also likely to regularly engage in interactions with someone — such as a family member of a patient — who is advocating to you on behalf of someone else. Aviles[9] challenges health-care professionals to ask themselves: Are you truly engaging individuals and their health advocate in wound care planning? Are you welcoming to the health advocate? Do you engage the advocate alongside the patient? Do you fully explain the assessment process and findings? Do you discuss the care options, considering social determinants of health and relevant real and perceived barriers to wound care?

Health advocate organizations promote positive change at a systems level through general implementation of best practices for wound prevention and management, improved funding for wound care, better access to needed services and support for wound-related education and research. The following are a few recent examples of advocacy activities that had specific targets:

- improved access in Ontario to offloading devices for persons with diabetic foot ulcers[10]
- increased availability and use of pressure relieving surfaces for persons experiencing a pressure injury[11]
- advocating for application of best practices across Canada for persons injecting drugs who may experience skin and soft tissue abscesses[12]

The Challenges of Being an Advocate

While being an advocate can be a rewarding calling, there are some associated difficulties, and even risks. One of the challenges of the advocacy role is the sense of hesitation that may occur with mention of the words *being a supporter, being in alliance,* or *being an advocate* or *lobbyist*. The Berkeley Group[13] discusses the importance of being an advocate, though individuals and organizations may shy away from the objective of advocacy, or from the roles of an advocate or lobbyist, as they fear appearing too forceful or radical on the issue. If one believes they may be putting their employment at risk, they may back away from advocacy activities.

Family members can be afraid to advocate for a loved one because they think it may have a negative impact on care. Kelly O'Leary, speaking about her situation when her father was in the hospital following surgery for a broken hip, said: "One of the biggest things I think that I had was fear to speak up. I was so afraid to speak up and ruffle feathers that I thought his care would get even worse, so I was afraid to approach anybody."[14]

Advocates can also become frustrated, and may even give up, when their advocacy efforts are ignored, or if the role is not fully understood. As well, organizations may pull back from certain types or degrees of advocacy activities if they fear it will negatively affect their funding or essential relationships.

Advocacy Theories and Frameworks

Advocacy carried out by civil society, including non-governmental organizations (NGOs) and academics, plays an important role in policy processes, and uses a range of actions to frame issues, set agendas, influence discourse, stimulate policy change and ensure adequate policy implementation so as to protect the public good and promote public health.[8]

Advocates may use several types of activities, depending on the political milieu or skin and wound issues at hand (see Table 1).

Table 1: Advocacy Theories and Frameworks[8]

Type	The Role of Advocacy	Methods and Activities	Examples of Application in Wound Care
Advocacy Coalition Rooted in political sciences and requires co-ordinated efforts, shared beliefs and vision to increase likelihood of change	• Share resources, expertise, knowledge and people – power across sectors to help increase power and leverage change • Focus on changing public opinion/norms with a range of methods • Target different stakeholders, rather than focusing on the policy makers themselves • Research	• Policy analysis • Coalitions/networks • Use of social media • Consumer awareness • Watchdog role (industry and governments) • Undertake research	National coalition to address the offloading funding initiative: www.woundscanada.ca/docman/public/wound-care-canada-magazine/2017-vol15-no3/1012-wcc-winter-2017-v15n3-final-p-12-17-thousand-steps/file
Punctuated Equilibrium Theory Implies that significant changes in policy can occur abruptly when the right conditions take place (e.g., following a crisis, research development, new perceptions/governments, increased media attention, public interest, new stakeholders) May be useful for looking at large-scale policies.	• Increase the likelihood of change occurring • Be prepared for a quick response when such a change does occur • Frame, mobilize, attend to policies at a fundamental level	• Secure media coverage • Stakeholder meetings • Provide expert advice at hearings and committees • Consumer awareness • Undertake research	New reports highlight action needed to save limbs and improve lives: www.diabetes.ca/media-room/press-releases/new-reports-highlight-action-needed-to-save-limbs-and-improve-lives
Policy Window Theory Focuses on policies, politics and problems and argues that change occurs when "windows of opportunity" arise due to two or more of these streams aligning *Politics* refers to the political climate, stakeholders and national mood on the issue. *Problem* refers to how a policy issue is framed, and the relevance of policy to address it. Policy refers to the different policy options available to do this.	• Ensure the problem is framed in a palatable way for politicians • Suggest range of policy options • Be prepared for a quick response when a change does occur • Raise awareness among citizens and stakeholders to create demand • Advocate for knowledge, time, relationships and good reputations	• Policy analysis • Publish reports and briefs • Use of social media • Consumer awareness • Watchdog role (industry and governments) • Calls to action/manifestos	How is COVID-19 affecting the delivery of wound care?: www.woundsinternational.com/resources/details/early-covid-19-and-experiences-canadian-wound-care-clinicians-preliminary-findings
Social Movement Theories and Grassroots/Community Organizing Focuses on the processes required to stimulate change, e.g., the coalitions, framing and sustained action. Collective action is defined as "collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities" while grassroots and community organizing theories suggest that policy change is made through collective action of those affected by the problem. These theories suggest that power is changeable and dynamic, rather than being held by elites. Power comes as a result of capacity building and coalitions that focus on the need for change by institutions not individuals.	• Build social networks • Share resources, e.g., expertise, knowledge and people-power • Frame the issue • Seek support, empower others • Facilitate collaborations	• Secure media coverage • Publish reports and briefs • Form coalitions/networks • Use social media • Train and build capacity • Protests and media stunts	A journey of a thousand steps to #ActAgainstAmputation: www.woundscanada.ca/docman/public/wound-care-canada-magazine/2017-vol15-no3/1012-wcc-winter-2017-v15n3-final-p-12-17-thousand-steps/file

Adapted with permission from Brinsden and Lang.[8]

Tips for Being an Effective Advocate

The Canadian Medical Protective Association[15] recommends the following when advocating within your institution:

1. Approach the issue with transparency, professionalism and integrity.
2. Work within approved channels of communication.
3. Discuss concerns, suggestions and recommendations calmly.
4. Provide an informed perspective and seek the perspectives of patients and other health-care professionals.
5. Use evidence to help persuade others.
6. Remain open to alternative suggestions or solutions and try to build on areas of consensus.
7. Be cognizant that not all good ideas can be implemented at once; be patient.

What now?

Several not-for-profit organizations have created various types of advocacy toolkits you may find helpful (see Table 2).

The Canadian Community Economic Development Network[16] recommends the following before you start an advocacy campaign:

1. Create a "who's who" list
2. Compile useful data
3. Build a coalition
4. Know the players
5. Understand the process
6. Brief your Board of Directors

To then operationalize the advocacy campaign do the following: identify the goal, who the targeted are, what the message is, who the messenger is, who are our trusted partners and identify tactics and how the campaign will be implemented.

Call to Action

Our existing health-care systems are complex and rapidly changing. As a result, patients will continue to look to you for information and support. Practice your leadership by being a health-care advocate to advance change and improvement.

- **Leverage** conferences, research, events and publications to engage
- **Attend** meetings and contribute to submissions and development of proposals
- **Build** and connect alliances
- **Identify** opportunities for formulating strategic, persuasive arguments
- **Join** awareness campaigns

Table 2: Not-For Profit Organization Advocacy Resources

Organization	Resources
Canadian Health Advocates Incorporated	Health Advocates: www.canadianhealthadvocatesinc.ca/advocates/ Patient Advocacy Case Studies: www.canadianhealthadvocatesinc.ca/patient-centered-education/case-studies/
March of Dimes of Canada	Self-advocacy Toolkit: www.marchofdimes.ca/en-ca/aboutus/govtrelations/dan/Pages/Self-Advocacy-Toolkit.aspx
Ontario Nonprofit Network	Advocacy Toolkit: A guide for nonprofits to meaningfully engage your community: www.theonn.ca/wp-content/uploads/2019/07/ONN-Advocacy-Toolkit.2019.pdf
Royal College of Physicians and Surgeons of Canada	Health Advocate: www.royalcollege.ca/rcsite/canmeds/framework/canmeds-role-health-advocate-e

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Sterile fixation of primary dressings and compresses.
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Bacteria barrier and waterproof protection of surgical incisions.
Absorbs blood and wound fluid.
Covers and protects superficial cuts, lacerations and minor burns.

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Additional Reading

Association of periOperative Registered Nurses. Five (5) ways to be an infection prevention advocate. 2022. Available from: www.aorn.org/about-aorn/aorn-newsroom/periop-today-newsletter/2018/2018-articles/5-ways-to-be-an-infection-prevention-advocate

CanMEDS. Health advocate. 2022. Accessed September 9, 2022. www.royalcollege.ca/rcsite/canmeds/framework/canmeds-role-health-advocate-e

Lindsay E, Renyi R, WEilkie P, Valee F, White W, Maida H, et al. Patient-centred care: A call to action for wound management. JWC. 2017;26(11). Available from: www.magonlinelibrary.com/doi/full/10.12968/jowc.2017.26.11.662.

Tannous C. Therapists as advocates for their clients with disabilities: A conflict of roles. Australian Occupational Therapy Journal. 2000;47:41-6. Available from: www.researchgate.net/profile/Caterina-Tannous/publication/249435876_Therapists_as_advocates_for_their_clients_with_disabilities_A_conflict_of_roles/links/5bebcd5b92851c6b27bd18ca/Therapists-as-advocates-for-their-clients-with-disabilities-A-conflict-of-roles.pdf.

Wolfensberger W. Citizen advocacy for the handicapped, impaired, and disadvantaged: An overview. 1972. Available from: www.mn.gov/mnddc/parallels2/pdf/70s/72/72-CAH-Wolfensberger.pdf.

World Health Organization. Advocacy guide: HIV/AIDS prevention among injecting users: workshop manual / World Health Organization, UNAIDS. 2004. Available from: www.unodc.org/documents/hiv-aids/advocacy%20guide%20on%20prev%20for%20IDU.pdf.

References

1. Blanchette V, Kuhnke JL. Accessibility of wound data in Canada: The current situation for non-healing wounds. Wound Care Canada. 2021;19(1):60–9.
2. Denny K, Lawand C, Perry SD. Compromised wounds in Canada. Healthc q.. 2014;17(1). Available from: www.longwoods.com/content/23787/compromised-wounds-in-canada
3. Guest JF, Ayoub N, McIlwraith T, Uchegbu I, Gerrish A, Weidlich D, et al. Health economic burden that wounds impose on the National Health Service in the UK. BMJ. 2015;5(12).
4. Wounds Canada. The burden of wounds in Canada. 2022. Available from: www.woundscanada.ca/members-of-the-media/overview-media/burden-of-wounds-in-canada.
5. Frykberg RG, Banks J. Challenges in the treatment of chronic wounds. Adv Wound Care. 2015;4(9):560-82.
6. Sen CK. Human wound and its burden: Updated 2020 compendium of estimates. Adv Wound Care. 2022;10(5):281–91. Available from: www.liebertpub.com/doi/epdf/10.1089/wound.2021.0026.
7. Wounds Canada. Advocacy program. 2022. Available from: www.woundscanada.ca/about/11-patient-caregiver/8-advocacy-program.
8. Brinsden H, Lang T. An introduction to public health advocacy: Reflections on theory and practice. Food Research Collaboration. 2016. Available from: foodresearch.org.uk/publications/an-introduction-to-public-health-advocacy-reflections-on-theory-and-practice.
9. Aviles F. Patient advocacy: Are we measuring success by intentions or actions? 2017. Accessible from: www.hmpgloballearningnetwork.com/site/twc/articles/lets-be-frank-patient-advocacy-are-we-measuring-success-intentions-or-actions.
10. Registered Nurses' Association of Ontario. Offloading devices for people with diabetic foot ulcers. 2017. Available from: rnao.ca/sites/rnao-ca/files/QP_Day_2017_-_Offloading_Devices_final_-_public.pdf.
11. Norton L, Parslow N, Johnston D, Ho C, Afalavi A, Mark M, et al. Best practice recommendations for the prevention and management of pressure injuries. In: Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada; 2017. Available from: www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/172-bpr-prevention-and-management-of-pressure-injuries-2/file.
12. Strike C, Hopkins S, Watson TM, Gohil H, Leece P, Young, et al. Best practice recommendations for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HcV, and other harms: Part 1. Toronto, Ontario: Working Group on Best Practice for Harm Reduction Programs in Canada. 2013. Available from: www.catie.ca/sites/default/files/2021-11/3382_CATIE_CarolStrike_BestPracticeRecommendations_2021-EN-Final.pdf
13. Berkley Group. The why, what, and how of effective nonprofit advocacy. 2021. Available from: insights.theberkeleygroup.org/the-why-what-and-how-of-effective-nonprofit-advocacy-750b0a9eeb46.
14. O'Leary K. Kelly's Story of advocating to be heard as caregivers within our health-care system. Wound Care Canada. 2022;20 Suppl:25.
15. Canadian Medical Protective Association. Advocacy for change: An important role to undertake with care. 2014. Available from: https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2014/advocacy-for-change-an-important-role-to-undertake-with-care.
16. Canadian Community Economic Development Network. The art of advocacy: A handbook for non-profit organizations and charities. Accessed online Sept 2, 2022 at: ccednet-rcdec.ca/sites/ccednet-rcdec.ca/wp-content/uploads/2022/09/art_of_advocacy_en_online.pdf.

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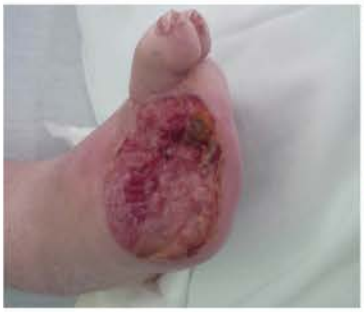
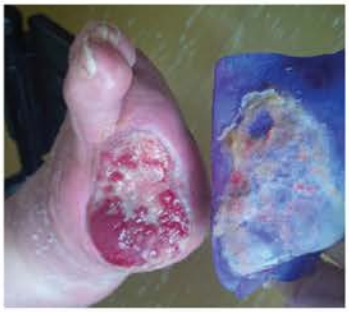
Hydrofera Blue® addresses all four factors of local wound care.

Debridement

There are various methods of debridement (e.g., autolytic, simple gauze debridement, mechanical debridement, enzymatic debridement, sharp debridement) that can be used depending on the wound presentation and the health-care professional's scope of practice. Contraindications for debridement include ischemia, uncontrolled pain, risk of uncontrolled bleeding, inadequate skill level, lack of resources and local policies and procedures.

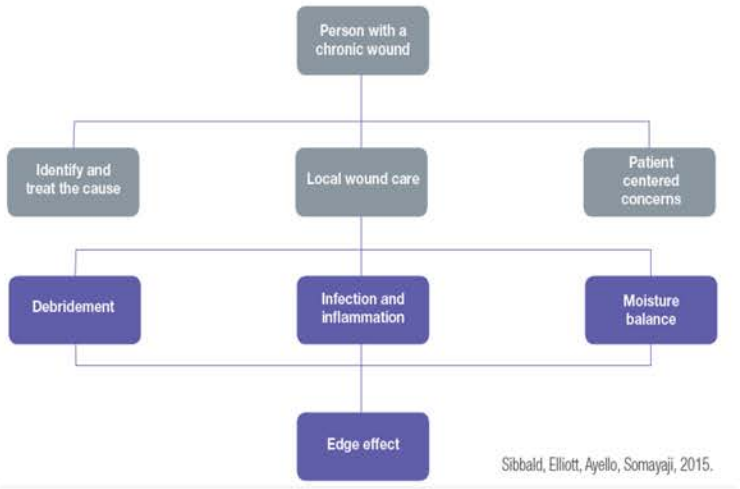
Hydrofera Blue CLASSIC dressings have natural negative pressure and provide safe, natural autolytic debridement. If debridement is not in your scope of practice, try Hydrofera Blue. Its compatible with enzymatic debrider or can be used on its own. This is an example of using Hydrofera Blue alone.





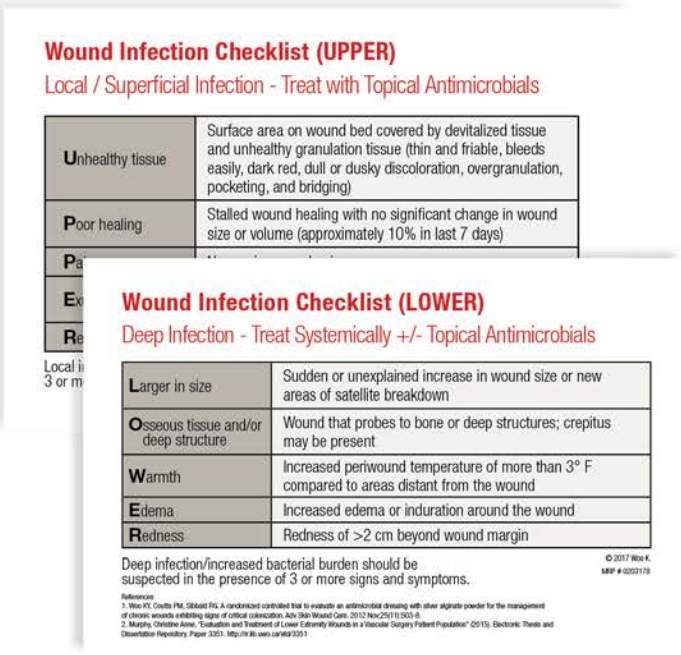
Infection and Inflammation

Hydrofera Blue dressings are Non-cytotoxic, do not inhibit growth factors and are safe to use throughout the continuum of care. Bacteria laden exudate is absorbed into the dressing where bacteria are killed, safely and effectively.



Sibbald RG, Ovington LG, Ayello EA, Goodman L, Elliott JA. Wound bed preparation 2014 update: management of critical colonization with a gentian violet and methylene blue absorbent antibacterial dressing and elevated levels of matrix metalloproteases with an ovine collagen extracellular matrix dressing. Adv Skin Wound Care 2014;27(3 Suppl 1):1-6

Ask us for this handy UPPER/LOWER card to help you manage wound infection. Email: daniel@hydrof.com



Wound Infection Checklist (UPPER)

Local / Superficial Infection - Treat with Topical Antimicrobials

Unhealthy tissue	Surface area on wound bed covered by devitalized tissue and unhealthy granulation tissue (thin and friable, bleeds easily, dark red, dull or dusky discoloration, overgranulation, pocketing, and bridging)
Poor healing	Stalled wound healing with no significant change in wound size or volume (approximately 10% in last 7 days)
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Wound Infection Checklist (LOWER)

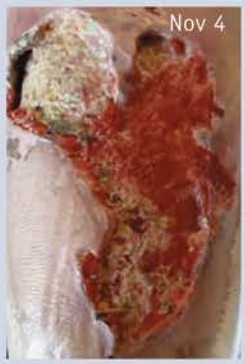
Deep Infection - Treat Systemically +/- Topical Antimicrobials

Larger in size	Sudden or unexplained increase in wound size or new areas of satellite breakdown
Osseous tissue and/or deep structure	Wound that probes to bone or deep structures; crepitus may be present
Warmth	Increased periwound temperature of more than 3° F compared to areas distant from the wound
Edema	Increased edema or induration around the wound
Redness	Redness of >2 cm beyond wound margin

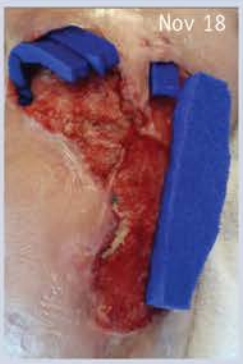
Deep infection/increased bacterial burden should be suspected in the presence of 3 or more signs and symptoms.

References
1. Woo KY, Coutts PM, Sibbald RG. A randomized controlled trial to evaluate an antimicrobial dressing with silver alginate powder for the management of chronic wounds exhibiting signs of critical colonization. Adv Skin Wound Care. 2012 Nov;25(11):503-8.
2. Murphy, Christine Anne, "Evaluation and Treatment of Lower Extremity Wounds in a Vascular Surgery Patient Population" (2015). Electronic Thesis and Dissertation Repository. Paper 3351. http://ir.lib.uwo.ca/etd/3351

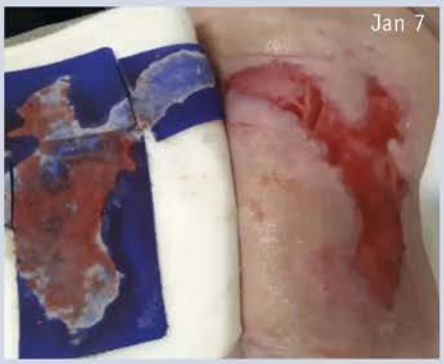
Hydrofera Blue through the continuum of care



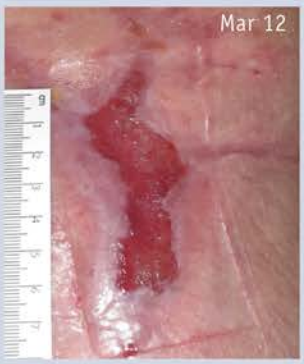
Debride with CLASSIC



Heavy Drainage with NPWT



CLASSIC with Disposable NPWT



READY-Border to wound close

Tip

When using Hydrofera Blue in wounds with undermining or tunnelling, cut the CLASSIC dressing in a coil-like fashion. Coiling the dressing allows you to address the undermining with one piece.

How to Flatten Rolled Edges

When treating a wound with rolled edges, cut the Hyrdofera Blue CLASSIC dressing about 1–2 cm larger than the wound to overlap the rolled edges.

Hydrofera Blue READY-Transfer

The NEW Hydrofera Blue READY®-Transfer does just that – it absorbs bacteria-laden exudate into the dressings where the bacteria are effectively killed, then transfers the exudate out and away from the wound. The Transfer dressing is ideal over VLUs, under TCCs and compression between digits and toes and under trach and PEG tubes.

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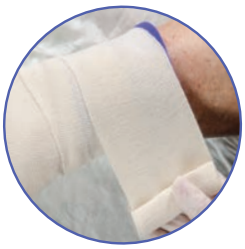
Under TCC



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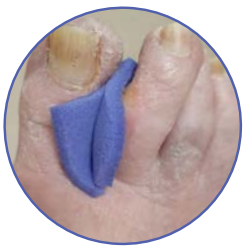

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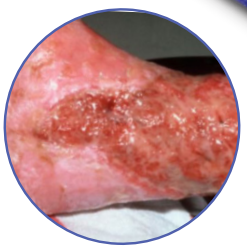

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Our Voices, Our Stories: A Patient Journey Initiative

By Idevania Costa, PhD and Darren Levine, EdD

On June 9 and 10, 2022, the School of Nursing and School of Social Work at Ontario's Lakehead University, in partnership with Wounds Canada, and with funding from the Social Science and Humanities Research Council of Canada, hosted Our Voices, Our Stories, a national person-centred conference. This conference was aimed at raising awareness among researchers, scholars, practitioners, policy makers, community leaders, civil servants and politicians—about the needs and challenges of, and barriers to, health and social care faced by individuals living with complex wounds.

The goals of the conference were to:

- share individual and family stories of balancing everyday life while living with complex wounds
- advance intersectoral exchanges between academic researchers in the social sciences, humanities and health science disciplines; and with researchers, practitioners and policy makers from the public, private and not-for-profit sectors

Over the course of two days, 191 participants took part in 17 interactive sessions that involved eight research-based presentations, six patient and patient-advocate stories of lived experience and four co-creation sessions in which participants worked together to identify emerging themes and opportunities for action.

This unique event held space for the sharing and exploration of patients' and patient-advocates' stories of navigating social life and Canada's health-care systems to access wound care services. Together, conference participants listened to and learned from one another while sharing insights about the patient experience, the impact of a wound on one's life and opportunities to strengthen wound care. On the last day of the conference, participants were invited to a collective action session focused on creating ways to strengthen and

improve wound care, and to create a pathway toward a person-centred approach that will help improve outcomes for all Canadians.

When combined, the shared stories, reflections and dialogue converged around several key areas of focus, including advocacy, change, collaboration, wound specialists, barriers, cultural safety and accessibility. Within these areas of focus, examples of emerging themes included the need for greater:

- advocacy and awareness surrounding wounds in Canada
- wound care education for care providers, patients and patient advocates
- cultural safety and cultural competence education, practices and policies
- standardization of wound-related best practices that focus on a person-centred care model
- collaboration and communication between disciplines, and among care providers, patients and their advocates (e.g., family members)
- shifts within health care and wound care away from a biomedical model and toward a holistic person-centred model
- local community co-production of community-based wound care services
- easy and timely access to specialized wound care services across jurisdictions

Next Steps

Conference partners are now moving into the next phase of this long-term project by transforming each of the areas of focus discovered at the conference into a roadmap for concrete actions while continuing to collect and promote patient stories. Any proposed actions will consider the ways in which the stories, experiences, research, reflections and insights that were shared at the conference and gathered afterward can inform efforts towards a national person-centred wound care strategy.

While the 2022 Our Voices, Our Stories conference has concluded, our work as a wound care community continues. For a full report on the conference, summaries of the sessions and links to the patient story videos, please visit www.woundscanada.ca/health-care-professional/publications/publications-supplements. To become involved in, and stay informed about, proposed next steps, please visit Our Voices, Our Stories.

Call to Action

Do you have patients who would like to share their stories? At Wounds Canada, we believe in prioritizing the voices and stories of the patient. That's why we would love to hear about their experiences as persons living with, or at risk of, wounds or as care partners for someone living with wounds. The more diverse stories we can compile, the better equipped we are to do what we do best: advocate for and provide education about wound prevention and management. Please encourage your patients to go to www.woundscanada.ca/patient-or-caregiver/patient-stories/share-your-patient-caregiver-story and share their story!

The Wound Care Pathway

Your 5 step guide to wound healing

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Developed by clinicians for clinicians

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Coloplast Sponsored Session:

Addressing a Global Challenge in Wound Care: Introducing the Wound Care Pathway

Click to view

Presenters: Christopher Hoffmann, RN; Melanie Yaceyko, RN MN NP NSWOC; David Keast, BsC(Hon) MSc DipEd MD

Wounds are big burden on patient lives. Many patients with a wound can't live an active and social life. 15% of wounds remain unhealed after one year, and 17.8% of patients have had their wound for 1–5 years.

Wounds are also a major burden on health-care systems. Many generalist health-care providers lack education specific to wound prevention and management, which can result in a lack of confidence in their ability to effectively manage patients with or at risk for wounds. Wound care specialists pass along their knowledge and experience, but time doesn't always permit for staff education, and high staff turn-over means there is a constant need for it.

The Coloplast Consensus Project

A 2019 Coloplast study conducted in Europe sought to understand the day-to-day life of clinicians managing patients with wounds. According to results, there are three main challenges faced by clinicians:

1. Clinicians often receive limited training in wound care management, leading to insecurity

2. Established guidelines are lacking or not used, leading to variation in treatment decisions

3. Treatment decisions are often based on trial and error and are not always evidence-based

Coloplast concluded that there must be a focus on providing access to education and guidance by developing simplified, evidence-based guidelines aimed at non-specialists.

In 2019, Coloplast started the Consensus Project, in which 85 wound care specialists from 19 countries came together with a panel of wound care experts (the Global Expert group) to discuss best practice in wound care (see Figure 1).

During the 2019 Wound Care Days, eight important topics were discussed:

1. Wound assessment
2. Wound bed preparation
3. Managing the gap (dead space between the wound and the dressing)
4. Effective exudate management
5. Recognizing the early signs of infection
6. Managing biofilms
7. Holistic wound management
8. Patient education

Consensus was achieved when more than 80% of participants agreed with a given recommendation, and no participants disagreed with the recommendation.

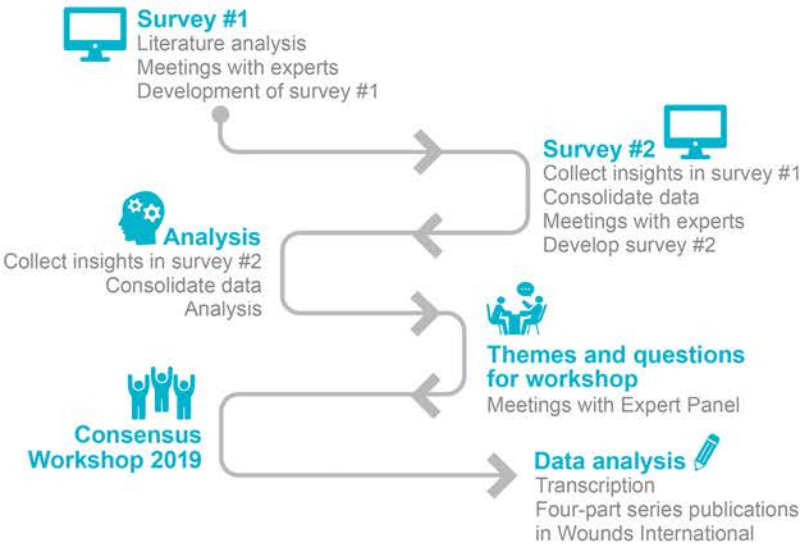

Figure 1. A Step By Step Approach

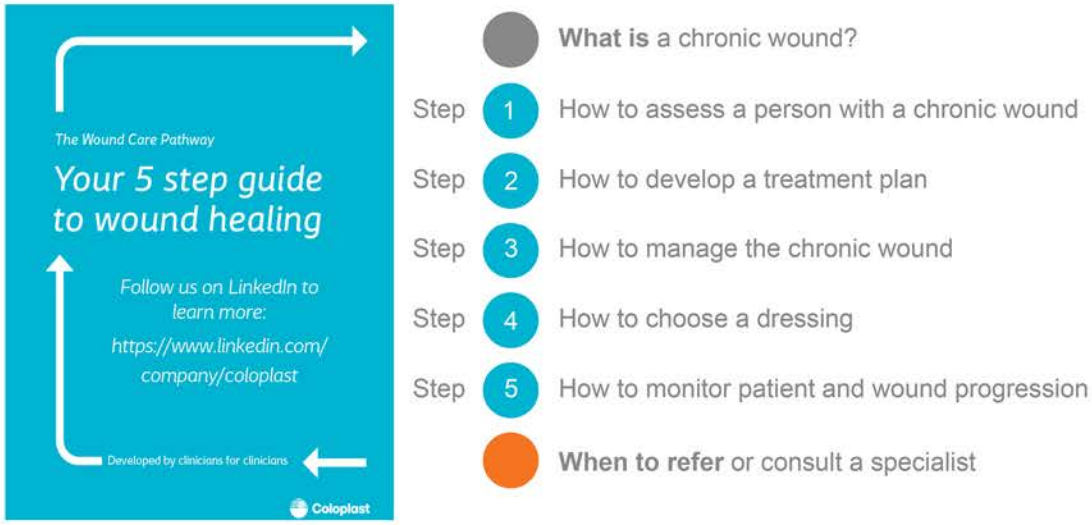

Figure 2. The Wound Care Pathway

Consensus was reached on several topics, including:

- Wound care treatment should be primarily focused on providing an optimal healing environment
- One of the most important factors in promoting and optimal healing environment is managing the gap between the wound bed and the dressing
- Gap management is about exudate management and must promote moisture balance in the wound

The new evidence was published in Wounds International in four installments in late 2020[1-4]:

1. Managing the gap to promote healing in chronic wounds – an international consensus

2. Closing the gap between the evidence and clinical practice – a consensus report on exudate management

3. Preventing & treating infection in wounds: translating evidence & recommendations into practice

4. Advancing practice in holistic wound management: a consensus-based call to action

The Wound Care Pathway

In collaboration with the wound care community, Coloplast developed a wound care pathway that can guide clinicians through the care process. Responses to a survey sent out to consensus workshop participants indicated that the pathway needed to be developed by clinicians, for clinicians. Coloplast sent a global survey out to both specialists and non-specialists to gather information on what should be included in the pathway, from which they received 2194 responses. Next, the draft was developed and eight local focus group meetings were held to gather feedback on The Wound Care Pathway (see Figure 2). Then, in early 2021, the Global Expert group reviewed and approved the pathway, and it was ratified in seven countries.

The Wound Care Pathway supports the implementation of Wounds Canada's Best Practice Recommendations[5]

References

1. Keast D, Bain K, Hoffmann C, Swanson T et al. Managing the gap to promote healing in chronic wounds: An international consensus. Wounds International 2020. Vol 11(3): 58-63.

2. Dowsett C, Münter KC, Bain K, Bain M. Closing the gap between the evidence and clinical practice: A consensus report on exudate management. Wounds International 2020. Vol 11(3): 64-68

3. Ruettimann M, de Moura L, Dowsett C, Bain K, Bain M. Advancing practice in holistic wound management: A consensus-based call to action. Wounds International. 2020 Vol 11(4):1-6

4. Swanson T, Keast D, Bain K, Bain M. Preventing and treating infection in wounds: translating evidence and recommendations into practice. Wounds International 2020. Vol 11(4): 82-86.

5. Wounds Canada. Best practice recommendations; [cited 2022]. Available from: https://www.woundscanada.ca/health-care-professional/publications/dfc-2

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Practical Pearls from Two Wound Care Clinicians

By Patricia Coutts, RN IIWCC and Xiu Chang Zhao, MD CCFP IIWCC

Prevention of a chronic wound is beneficial not only to the person and their circle of care but to the health-care system as well. It is estimated that in 2021, diabetes and its complications cost, $966 million USD in health expenditures.[1] The total financial cost to the individual with the wound is not clearly understood, but it is generally accepted that it is a detriment to their quality of life. The adage "an ounce of prevention is worth a pound of cure" rings so true in this patient population. This article was written with the intention of providing some pearls for the prevention and management of the most common risk factors seen in our wound clinic. It is not meant to cover any of the topics in detail, but hopefully it will whet one's appetite for small changes in care in the prevention and healing of hard-to-heal wounds.

Many health-care professionals are aware that diabetes mellitus puts a patient at risk for developing wounds; however, there are many other conditions that can increase a patient's risk of getting a hard-to-heal wound. These include venous disease, cardiovascular disease (e.g., CHF), peripheral arterial disease, end stage renal disease, collagen vascular disease, IBD (e.g., ulcerative colitis) and paraplegia/quadriplegia. Cancer patients may have skin changes associated with radiation therapy or non-healing surgical wounds.

In this particular population, as well as in patients with non-healing wounds in spite of adequate treatment, it is also important to consider cancer masquerading as a chronic wound.

Patients can also experience increased risk when on certain drugs. Prescription drugs such as methotrexate, prednisone or hydroxyurea are often cited as culprits. Recreational drugs, such as cocaine and levamisole, have also been known to cause vasculitis-associated chronic wounds.

Pearl: *A complete history is crucial in completing your assessment. If you have a patient with a known risk factor, add in a question about their skin health when noting their history or do a quick skin examination during your physical exam or preventative care visits.*

Many of the previously mentioned chronic diseases and conditions may lead to poor mobility or immobility. Some are more obvious, as in the case of a person with paraplegia, but some may be harder to identify. For example: a person with diabetes may develop sensory and autonomic neuropathy translating to a lack of sensation and subsequent foot deformities. These complications will then affect a person's gait, causing areas of pressure on the foot that are not meant to bear their full body weight. This will not only put a patient at risk for developing a wound, but also make it much harder to heal.

Pearl: *Every visit with a person with diabetes should include review and inspection of both feet for calluses, blisters, cracks (fissures) or other abnormalities. As well, this should be completed by the individual daily. It would be equally important to look at the patient's footwear to ensure that general shape and size properly fits the foot.*

A person with venous disease may experience swelling that may resolve when the legs are elevated, but over the years may devolve into venolymphedema if the venous disease is not managed.

Pearl: *Individuals with occupations that require long periods of standing or sitting are at increased risk. The clinician should recommend using a suitable compression garment for prevention.*

Someone who is paraplegic or quadriplegic is at risk for developing a pressure injury at any point due to pressure management issues such as a deflated chair cushion or being in one position for an extended period.

Pearl: *Patients should be encouraged and shown how to establish a daily skin inspection routine. They should also know how to inspect the surfaces in their beds and wheelchairs to ensure they are functioning as required. An ongoing relationship with an occupational therapist (OT) is an asset.*

Incontinence is another risk factor that may precipitate the development of a pressure injury or incontinence-related dermatitis and make a wound more difficult to heal.

Pearl: *Where possible develop a toileting routine for the individual. Having a schedule for checking briefs and changing them as soon as possible after soiling will help to eliminate this issue.*

Pearl: *In persons experiencing moisture-related dermatitis, many management techniques that work for diaper rash in infants will also work in adults (e.g., barrier cream, diaper-free time [if appropriate], etc.)*

Lymphedema and obesity can lead to excess tissue or extreme edema where skin surfaces will rub together. This creates friction, which can lead to a painful erosion and potentially a long-standing wound.

Pearl: *Good skin hygiene is essential. Patting dry all skin fold areas after bathing will help to manage perspiration.*

Pearl: *A sweat-wicking material (e.g., an athletic shirt) tucked between skin folds may*

also be helpful in certain individuals.

Fragility of the skin secondary to being at an advanced age can lead to wounds with minimal insult. For example, as one ages the skin becomes drier and tends to damage more easily, resulting in skin tears. These individuals may also be at risk of increased difficulty in getting these wounds to close once they occur.

Pearl: *First-aid treatment for skin care includes trying to lay the skin back down over the wound as soon as possible.*

Other risk factors that can lead to poor healing once a wound has occurred include low hemoglobin, infection, dementia, poorly controlled congestive heart failure, sleep apnea, smoking, overuse of alcohol and poor nutrition. The individual should be encouraged to reduce any modifiable risk factors, and clinicians should be willing to work with the individual regardless of their readiness/willingness for change.

Pearl: *For poor nutrition, the use of the screen from the Canadian Malnutrition Screening Tool is recommended as it only has two questions. A positive screen may be a reason to include a dietitian on the wound healing team.*[2]

As health-care providers, we need to be conscious of the potential impact that food and housing insecurity may have on the overall wellbeing of the individual. This, along with the person's mental wellbeing, support and the availability of family/friends and system support services in the community, all have an impact on a patient's ability to heal and prevent hard-to-heal and/or complex wounds.

Pearl: *Realize that the person at risk is more than just the risk factors, but is an individual in a community and in an environment within a system; all of which need to be taken into consideration. Advocate for change at a systems level if you are able to do so.*

We hope that the above short article has provided some suggestions that you can incorporate into your practice. If any of the above ideas have sparked your interest, many of the contained suggestions are discussed in more detail in the Wounds Canada's Best Practice Recommendations for the Prevention and Management of Wounds[3] or in the article by Aktins et al., Implementing TIMERS: The race against hard-to-heal wounds.[4]

References:

1. International Diabetes Federation. Diabetes facts and figures 2021. Available from: www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html.
2. Canadian Nutrition Society. (March 2014). Canadian Nutrition Screening Tool. Available from: CNST.pdf (nutritioncareincanada.ca).
3. Orsted, HL, Keast DH, Forest-Lalande L, Kuhnke JL, O'Sullivan-Drombolis D, Jin S, Haley J, Evans R. Best practice recommendations for the prevention and management of wounds. In: Foundations of Best Practice for Skin and Wound Management. A supplement of Wound Care Canada; 2017. Available from: www.woundscanada.ca/health-care-professional/publications/dfc-2.
4. Atkin L, Bućko Z, Conde Montero E, Cutting K, Moffatt C, Probst A, Romanelli M, Schultz GS, Tettelbach W. Implementing TIMERS: The race against hard-to-heal wounds. J Wound Care 2019; 28(3 Suppl 3):S1–S49.

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3M Sponsored Session:

Unwrapping the Complexity of Venous Leg Ulcers

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Presenter: Bart Maene, RN BScN BSc Wound and Tissue Repair

Venous leg ulcers (VLUs) are the result of a combination of impaired venous return and chronic ambulatory venous hypertension. VLUs are the most common type of lower extremity wound, affecting approximately 1% of the western population during their lifetime. These wounds are a significant burden for patients and healthcare systems. The annual cost to treat VLUs in the U.S. is estimated to be $14.9 billion. Patients with a healed VLU have a 55% chance of recurrence within 12 months of closure. Furthermore, 28% of patients experience more than 10 VLU episodes in their lifetime.

Assessment and Diagnosis

International expert consensus recommendations classify VLUs as simple, complex or mixed etiology (see Figure 1).

Compression Therapy

International expert consensus recommendations define compression as key to the management of VLUs. The application of external compression (see Figure 2) initiates a variety of complex physiological and biochemical effects involving the venous, arterial and lymphatic systems. Provided the level of compression does not adversely affect arterial flow and the right application technique and materials are used, the effects of compression can be dramatic.

Figure 2. Compression Bandages

Compression in Lymphedema Treatment

In obstructive lymphedema, lymphatic wall muscular fibers become damaged and the spontaneous contractility becomes ineffective in lymph transport because of low generated pressure and lymphatic valve insufficiency. In this scenario, the lymph-propelling task is

Figure 1. VLU Assessment

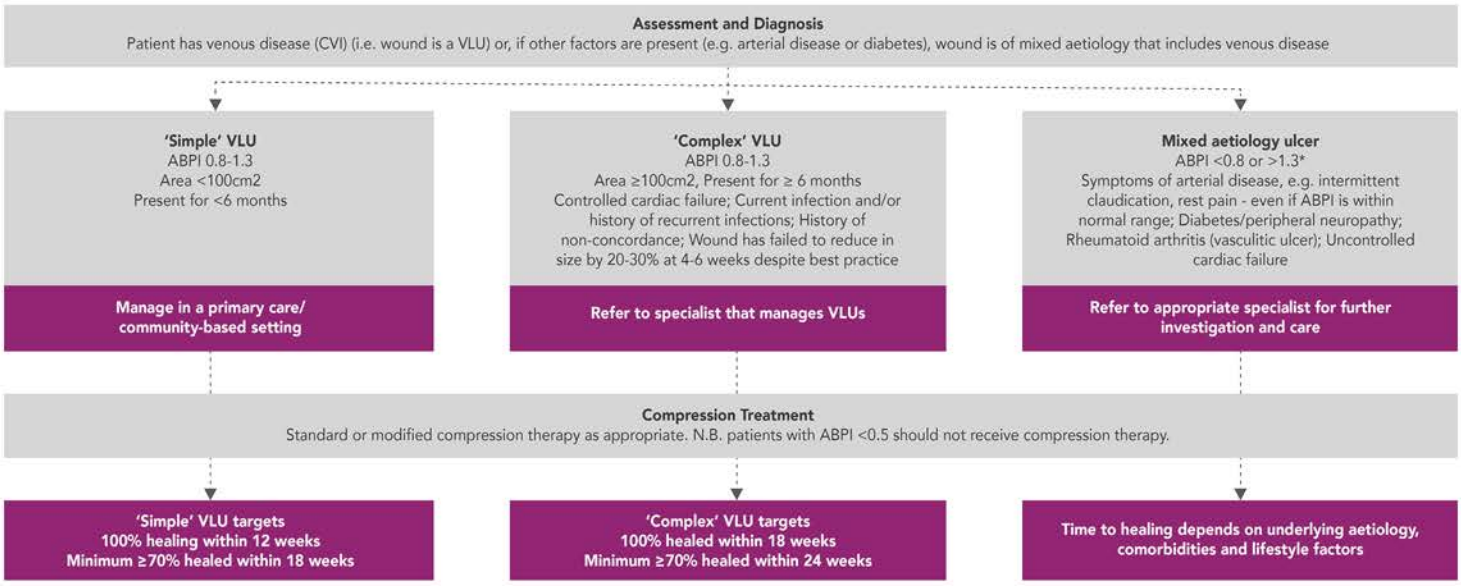


Figure 3. Physiologic Sequence of Venous Return During Ambulation: Foot Pump, Distal Calf Pump, Proximal Calf Pump

taken over by leg muscle contractions (see Figure 3). The ideal compression system is an inelastic, conformable, low-profile sleeve with an anatomical fit around the patient's leg that allows functional activities, that does not slip; that provides, in rest, a safe and tolerated pressure but generates effective working pressures and is easy to reproduce and apply by clinicians.

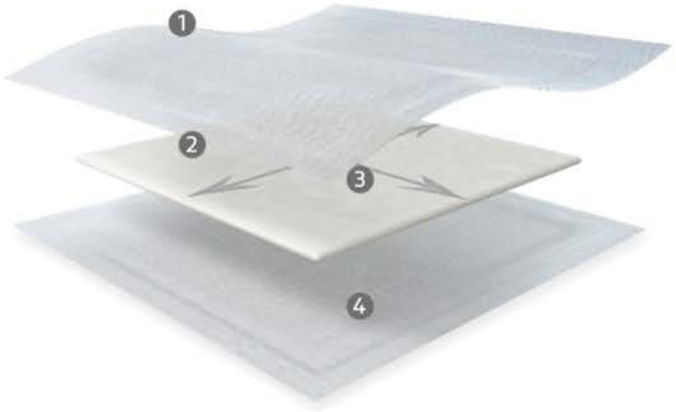
3M™ Coban™ 2 Two-Layer Compression System

3M advanced the science of compression therapy by designing materials engineered with Intelligent Compression Dynamics to create a comfortable, inelastic sleeve that stays in place and is comfortable to wear. In compression, dynamic refers to the difference between high and low working pressure points, reflecting intermittent changes in pressure caused by the patient's own muscle movement.

3M™ Kerramax Care™ Super-Absorbent Dressing

The 3M™ Kerramax Care™ Super-Absorbent Dressing uses Exu-Safe™ technology for highly exuding wounds.

Figure 4. 3M™ Kerramax Care™ Super-Absorbent Dressing



The dressing (see Figure 4), indicated for moderately and highly exudating leg ulcers, pressure injuries and diabetic foot ulcers, is comprised of:

1. Soft, non-woven material
2. Horizontal wicking layer
3. Super-absorbent core with Exu-SafeTM technology
4. Heat-sealed border

The 3M™ Kerramax Care™ Super-Absorbent Dressing absorbs and retains high levels of exudate; is soft, comfortable and foldable; sequesters bacteria and MMPs; is easy to apply (using either side); can be used under all forms of compression and can be left in place for seven days.

3M™ Kerracel™ Gelling Fiber Dressings

Kerracel dressings are a primary wound contact dressing range with high absorption and retention capacity (see Figure 5). They are designed to create a moist wound healing environment by managing moderate to highly exudating wounds and micro-contouring to the wound bed.

The 3M™ Kerracel™ Gelling Fiber Dressing is easy to apply, comfortable, can be used under compression, can be cut, supports vertical absorption and can be worn for seven days.

Figure 5. 3M™ Kerracel™ Gelling Fiber Dressing

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The Role of a Certified Orthotist in Wound Care

By Linda Laakso, MSc CO(c) FCBC

The wound care team is an interdisciplinary team of health professionals who each play a vital role in wound management. A specific and valued member of this team is the Certified Orthotist (CO[c]), who is uniquely trained and highly skilled in evaluating and designing solutions for patients requiring an orthosis due to muscle/bone impairment, disease and/or deformity. The primary goal of the CO(c) is to restore mobility and prevent or limit disability. CO(c)'s provide comprehensive care for individuals in need of externally applied physical treatments, which can include:

- footwear
- foot orthotics
- Charcot Restraint Orthotic Walkers (CROWs)
- ankle foot orthoses (AFOs)
- spinal orthoses
- wrist hand orthoses
- custom-made helmets

The term "orthotic" can be used quite liberally and does not often accurately reflect a CO(c)'s scope of practice. Often people think of an orthosis or orthotic device as just a foot orthosis or insole. However, an orthosis is defined as an "externally applied physical device that is used to support, align, correct and/or protect a body part". An orthosis can be applied to any body part.

In the context of wound care, an orthosis has many applications: supporting, protecting (offloading), correcting, or preventing deformity or pathology. All are important when addressing a wound or an at-risk area of the body. An orthotic treatment plan includes a comprehensive history, an assessment, the orthosis, re-evaluation as required, necessary adjustments and long-term follow up.

Guidance from Wounds Canada,[1] the International Working Group of the Diabetic Foot[2] and various other clinical practice guidelines recommend protecting the at-risk foot and offloading areas of pressure and wounds. The role of the CO(c) in the wound team is to do just that, applying evidence, experience and individual patient needs to protect feet and offload pressure.

The CO(c) assesses each individual's unique needs and provides a treatment plan that is most appropriate based on factors such as the physical, biomechanical, cognitive, social, and financial status of the patient. Treatment options for individuals with wounds, or at risk for wounds, include the

standard and well recognized Removable Cast Walker (RCW), Irremovable Cast Walker (ICW) and Total Contact Cast (TCC). However, they are not limited to those. The CO(c) is not restricted to the provision of prefabricated designs but can create, build, and modify custom treatments and interventions, that address the individual's needs for any area of the body that has a wound or is prone to skin breakdown. While most prophylactic treatments and offloading concerns the lower extremity, other areas of the body such as the elbows, the greater trochanter and surgical sites are also prone to wounds and may require protection.

Acute Offloading

Total Contact Casts (see Figure 1), wound shoes and cast walkers may be used to start offloading in the acute phase of treatment. These off-the-shelf options are available quickly and relatively inexpensively. While they may be effective for many people, they are limited by size or shape and, as such, they do not fit or address the needs of every patient. For complicated wounds that do not heal in an ideal time frame, it is necessary to re-evaluate how much offloading is being achieved. Modifications and customizations to readily available devices allow the CO(c) to optimize patient interfaces to provide enhanced offloading, while minimizing further complications. Through adjustments, pressure can be redistributed away from areas of concern, such as a wound, to tissues that are more pressure tolerant. A *customized* removable cast walker renders it more closely

Figure 1: Working on a Total Contact Cast (TCC). Image courtesy of www.customorthotic.ca.

to the outcomes of the total contact cast, yet with the ability to remove and adjust the orthosis to provide wound care and dressing changes.

Custom-Made and Long-Term Solutions

When deformities are not able to be accommodated by an off-the-shelf item, CO(c)'s excel at creating custom devices to provide solutions for wound management. Areas of the body with irregular contours are sometimes prone to wounds and need custom protection. Boney areas such as the elbow or sensitive areas such as a fistula sometimes develop wounds and are not well suited to commercially available offloading strategies. Such wounds require a unique custom solution that a Certified Orthotist can design, provide and adjust as the wound closes.

Custom-made ankle foot orthoses, such as a Charcot Restraint Orthotic Walker (CROW), provide the custom offloading benefits of the TCC with the access to wound management of an RCW or ICW (see Figure 2). They function much like a total contact cast but with the ability to be removed in order tend to the wound. Transitioning a patient from an acute device to a long-term maintenance device involves identifying specific medical needs of the patient, as well as lifestyle issues, including employment, support and living situation and requires the design of a treatment plan that addresses these needs.

Ongoing Care

CO(c)'s provide ongoing patient care through follow-up appointments to assess the fit and function of their devices. Collaboratively, other members of the wound team may suggest adjustments to devices over time as the patient's situation changes. It is a coordinated effort that requires effective communication by all members of the wound team in order to maintain wound closure and minimize adverse events. Ongoing interactions with the patients also include patient education, reinforcing the need to continue to see the members of their wound team and to continue to use their offloading devices. The CO(c), as an integral part of the interdisciplinary team, assesses each individual to determine the most appropriate treatment plan for offloading based on evidence, experience and, most importantly, the individual needs of the person. The treatment plan extends to more than just a device and incorporates a long-term plan for ulcer management, closure and protection to ensure long-term success.

Figure 2: Clinician modifying a cast for a custom Charcot Restraint Orthotic Walker (CROW). Image courtesy of www.customorthotic.ca.

Funding

The funding for the services that a Certified Orthotist provides varies greatly across Canada. Some provinces/territories have funding models that provide full coverage of the services, others have partial coverage while some still do not have any. Navigating the funding is not clear and sometimes not consistent within each jurisdiction. Non-Insured Health Benefits for First Nations, Inuit and Aboriginal Health (NIHB), Department of Veterans Affairs and private insurance companies recognize Certified Orthotists as authorizers or providers for care and provide funding. A Certified Orthotist in each respective province/territory would be able to provide specific information on funding.

Credentialling Requirements/Education

To become credentialed as a CO(c) in Canada, a candidate must have an undergraduate degree in engineering, kinesiology, or a related program and then complete a two-year certificate program at an Orthotics

Prosthetics Canada (OPC) accredited orthotic and prosthetic school. After completion of the formal education program, candidates must complete a 3,450-hour residency and successfully complete the OPC certification examinations.

The pathway to become a CO(c) or Certified Prosthetist in Canada is accredited by the International Society of Prosthetics and Orthotics (ISPO), the standard of reference for the World Health Organization (WHO) for prosthetic and orthotic occupations.

The profession is regulated by OPC and recognized by provincial health ministries (Alberta and Ontario for example). Certification of the profession in Canada is recognized globally and is one of only six entities globally that employ nine core practitioner standards within the orthotics and prosthetics profession. These include:

- education
- entry level competencies
- scope of practice
- code of ethics
- school accreditation
- continuing professional education
- language/communication skills
- recency of practice
- return to practice standards

To find a CO(c) near you, refer to the Find a Professional Directory the Orthotics Prosthetics Canada (OPC) website at www.OPCanada.ca and select CO(c) under the 'Designation' menu.

The author wishes to thank Nicole Bianchi MSc, Melanie Freedman BA, CO(c), IIWCC, Seamus Gearin CAE, and Allan Moore BA, RTPO(c), CO(c), FCBC for their assistance in the preparation of this article.

References

1. Boutros M, Kuhnke J, Embil J, Goettl K, Morin C, Parsons L, et al. Best practice recommendations for the prevention and management of diabetic foot ulcers. Foundations of Best Practice in Skin and Wound Management. A supplement of Wound Care Canada. 2017;68 pp. Available from: www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/895-wc-bpr-prevention-and-management-of-diabetic-foot-ulcers-1573r1e-final/file.
2. Bus S, Lavery L, Monteiro-Soares M, Rasmussen A, Raspovic A, Sacco I, van Netten J. Guidelines on the prevention of foot ulcers in persons with diabetes (IWGDF 2019 update). Diabetes Metabolism Research and Reviews. 2020; e3269. Retrieved from: iwgdfguidelines.org/prevention-guideline.
3. Clarke L, Puli L, Ridgewell E, Dillon M, Anderson S. (2021). Regulation of the global orthotist/prosthetist workforce, and what we might learn from allied health professions with international-level regulatory support: a narrative review. HumResourHealth (2021) 19:83.

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Mölnlycke Sponsored Learning:

Fighting the Odds: Challenges in Diabetic Foot Ulcer Management and the Impact of COVID-19

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Presenter: Michele Labbie, RN MN NP

The Impact of DFUs

Sixty percent of people with a diabetic foot ulcer (DFU) have their ulcer recur within three years. Because of this, ulcers should be thought of as being in remission rather than being closed or healed[1]. Eighty five percent of amputations related to diabetes are preceded by a neuropathic foot ulcer[2]. Approximately 20% of moderate to severe diabetic foot infections lead to some level of amputation. About 27% of people with diabetes and a lower limb amputation will not be alive in one year [3,4]. Of those who survive, about 63% will not be alive five years post amputation[5]. This five-year survival rate is worse than that of many common types of cancer[6].

The Costs of DFUs

The direct cost of treating diabetic foot complications exceeds the treatment costs for many common cancers[6]. Additionally, the cost associated with hospital admissions related to diabetic foot ulcers is more than double that associated with admissions for non-diabetic foot ulcers[7].

The Impact of COVID-19

Delayed wound care can lead to serious infections, increased hospitalizations and higher rates of amputation. Preliminary data have shown a marked increase in the rate of untreated diabetic wounds and wound-related amputations since the COVID-19 pandemic began[8]. According to a 2020 study, patients admitted with a DFU had more than three times the risk of amputation compared to those admitted in 2019[9]. Some of this impact can be attributed to the use of alternative modes of patient consultation during the pandemic when in-person appointments had to be cancelled and telephone or video-chat consulta-

Threats to DFU Management During COVID-19

- Routine lab tests, including those used for monitoring diabetes, were put on hold
- Routine investigations such as X-rays, MRIs and peripheral arterial disease screening were put on hold
- Routine non-invasive procedures such as interventional radiology were put on hold
- Non-emergency surgical procedures such as vascular bypasses were put on hold
- Non-emergency minor surgical procedures, including those for hammer toes, bony remodeling and debridement, were put on hold
- Staff specialized in managing this patient population were redeployed to acute care
- Businesses closed, reducing access to specialty devices such as footwear, orthotics and dressing supplies
- Access to foot care services, including nail and callus care, became limited or non-existent
- Home nursing services were restricted
- Some patients avoided hospitals or clinics even in severe situations due to the fear of exposure to COVID-19

tions became the predominant method of communication[10].

While managing patients with diabetes and DFUs during the pandemic, clinicians had to adapt to changing circumstances. Some strategies used to provide care included choosing dressings that were easy for the patient or care partner to apply, ensuring the patient had a supply of dressings, reinforcing the importance of callus management, reinforcing the importance of offloading, emphasizing when the patient should seek more urgent assessment and planning regular telephone monitoring. In some cases, patients were moved to a wound maintenance strategy to prevent the wound from worsening. In these cases, education, support and engagement in goal setting were critical.

Molnlycke offers a number of versatile dressings designed to optimize the management of DFUs. The Mepilex® Border Flex dressing is built with innovative flex technology that allows it to move in every direction. The dressing has five layers that absorb, channel and tap exudate and allow you to track wound progress. The dressing's Safetac technology reduces pain and trauma to the skin during dressing changes.

The Pandemic Within the Pandemic

As we begin to return to our "new normal," clinicians are clearly seeing the increase in amputation and mortality risk for patients when DFU management is delayed, especially for patients with ischemia and infection. Health-care providers are learning to triage diabetic lower-extremity risk to determine which patients to see when, and with what level of urgency. This is extremely complex; some patients present with urgent, limb- or life-threatening wounds, while other patients with less urgent wounds benefit greatly from early intervention. These "less urgent" wounds can very quickly become urgent and life-threatening if the proper care is not put in place in a timely manner. In many cases, health-care providers must consider what level of risk is acceptable for people with diabetes and foot complications, and determine how to support prevention while also addressing acute need.

References

1. Armstrong, D., Boulton, J.M., Sicco, A. (June 2017). Diabetic foot ulcers and their recurrence. N Engl J Med 2017;376:2367-75. DOI: 10.1056/NEJMra1615439
2. Palumbo PJ, Melton LJ III. Peripheral vascular disease and diabetes. In: Diabetes in America: Diabetes Data. Government Printing Office, Washington. 1985. Available from: https://archive.org/stream/diabetesinamericOOnati/diabetesinamericOOnati_djvu.txt.
3. Lipsky BA, Berendt AR, Cornia PB, et al. 2012 Infectious Diseases Society of America clinical practice guideline for the diagnosis and treatment of diabetic foot infections. Clin Infect Dis 2012; 54(12): e132-e173.
4. Lavery LA, Armstrong DG, Wunderlich RP, Tredwell J, Boulton AJ. Diabetic foot syndrome: evaluating the relevance and incidence of foot pathology in Mexican Americans and non-Hispanic whites from a diabetes disease management cohort. Diabetes Care 2003; 26: 1435-8.
5. Mishkin DH, Zolper EG, Chang K, et al. Long-term mortality after nontraumatic major lower extremity amputation: a systematic review and meta-analysis. J Foot Ankle Surg. 2020;60(3):567-576.
6. Armstrong DG, Wrobel J, Robbins JM. Guest editorial: Are diabetes-related wounds and amputations worse than cancer? Int Wound J. 2007 Dec; 4(4):286-7
7. Syed MH, Salata K, Hussain MA, Zamzam A, de Mestral C, Wheatcroft M, et al. The economic burden of inpatient diabetic foot ulcers in Toronto, Canada. Vascular. 2020;28(5):520–9.
8. Shin L, Bowling FL, Armstrong DG, Boulton AJM. Saving the diabetic foot during the COVID-19 pandemic: a tale of two cities. Diabetes Care. 2020;43(8):1704-1709. doi: 10.2337/dc20-1176Wounds International, 2013.
9. Rogers LC, Snyder RJ, Joseph WS. Diabetes-related amputations: a pandemic within a pandemic. J Am Podiatr Med Assoc. 2020;20- 248. DOI: 10.7547/20-248
10. Caruso, P et al. Diabetic foot problems during the covid-19 pandemic in a tertiary care center: The emergency among the emergencies. Diabetes Care 2020 Oct; 43(10): e123-e124

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Wound Sleuth

By Laura J. Dann, DSW Diploma, BPA (Human Services) and Janet L. Kuhnke, RN BA BScN MSc NSWOC DrPsychology

What is causing this new skin breakdown?

History

AC is a 33-year-old male with an acquired brain injury since the age of 10 months, because of pneumococcal meningitis. He resides in his privately owned home with staff on site providing 24-hour care. He moved to his new home in the fall of 2019. AC's mother is his primary care manager, power of attorney and first author. AC is legally blind, with fleeting vision. He functions with a left-side hemi-paresis and has an intractable seizure disorder moderately managed with levetiracetam, topiramates and lamotrigine administered three times each day. He has a sleep disorder successfully managed with clonazepam and tryptophan and sleeps up to 10 hours each night.

Communication Challenges

AC has both bowel and bladder incontinence, with irregular bowel movements successfully managed with an over-the-counter fibre supplement. He wears briefs full-time, utilizes a barrier cream and has high urine output at night. He takes vitamin D daily for skin and bone health. AC has a communication disorder that impairs age-appropriate communication and comprehension. His communication is rudimentary, with short phrases of rote learning, the use of music tunes including words to make his needs and wants known, and occasional single-word requests. During observation, AC appears to comprehend at a higher learning level than he is able to reciprocate with verbal response. He has a prominent stutter when generating words. AC has a pleasant demeanor, smiles easily, and appears healthy.

AC has a nurse case manager who oversees his care, a family doctor who does home visits, a dental hygienist who visits about once every two months for dental cleaning and a neurologist supporting him every four to six months through online appointments. AC was on a regular diet with 1500 to 1800 calories based on his daily activity, and is able to chew and swallow with no difficulty. He has no allergies, but reacts to spider bites with local skin swelling only, which responds to benedryl.

Looking For Answers

In the fall of 2019 shortly after moving, AC presented with scattered 1–1.5 cm open wounds, with minimal drainage and with exudate from the centre of the wounds, on his hips and buttocks without apparent injury or cause. AC is unable to respond to inquiries whether he was itchy or not, though he did not scratch at the skin areas. He has no history of skin breakdown (daily care team charting and well-being data supported these findings). AC eats a regular diet, with water as his primary choice of fluid. While he has a complicated history specific to his acquired brain injury, his heart, lungs, liver, kidneys, skin and teeth have never presented any concern.

Q What is the cause of the open wounds?

A Possible causes were investigated through data review, conversations with his doctor and support staff and communication with the manufacturers of the various medical devices and supplies being used.

His care team considered and assessed the following possible causes:

- A recent move to a new home with well water versus water treated by the town in which he lives
- A change in laundry soap (eliminated, as it had not been changed)
- The fit of his briefs worn during day and night (emailed queries were sent to the manufacturers of his incontinence supplier regarding any possible changes to their products)
- A review of his weight, food plan and nutritional status
- His moderately sedentary activity level
- Side effects of his prescribed and over-the-counter medications
- Check of continuity of his body hygiene products
- Review of personal hygiene routine with care team
- Review of his sheets, bed pads, etc., and their placement on the bed.

Q How would you determine a diagnosis?

A AC's care team communicated skin images every two weeks to his family doctor via telehealth. The case manager attended the telehealth appointment to present the findings. The doctor was of the opinion that AC's open wounds were not diagnosable, and would be a "chronic" condition. An antibiotic cream was prescribed to be applied two times each day. The case manager questioned the diagnosis of "chronic" because it was a new condition—but accepted the doctors' opinion. No further wound care follow-up was offered, which discouraged the care team.

Treatment

In week four, a second course of antibiotic ointment (5 days x 2) was prescribed, as no other option seemed available. However, the antibiotic ointment did not provide an effective treatment for the existing sores nor did it slow the development of new sores. Barrier cream use was suspended during this time. No referrals were offered.

Staff increased their diligence across all hygiene activities and collectively tried to problem-solve AC's skin breakdown. During this time, staff returned to using a durable barrier cream.

Discovering the Problem

In the weeks to follow, the answer came from a logical, yet never considered, source. When AC moved to his new residence, his bed changed from a double bed to a queen bed. The older cotton pads used previously by staff to prevent urine from leaking through to his mattress were replaced by larger white washable bed pads that fit the new bed size. Three new pads protected his sheets each night. Each morning the pads were heavily soaked with urine.

In an effort to identify where the urine was leaking from, two layers of colored cotton terry towels were placed on top of the white pads each night. This added a breathable layer between his body and the bed pads. On the fifth morning, staff observed that his skin breakdown appeared to be less heated, new skin breakdown was not present, and the older skin breakdown appeared to be drying up (see Figure 1).

With continued use of the cotton terry towels, and three

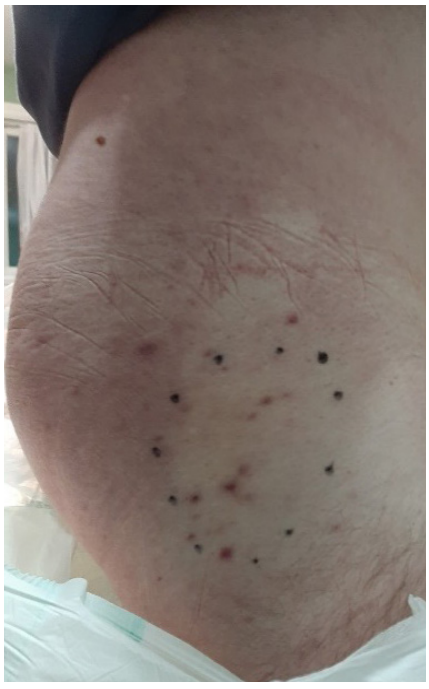

Figure 1: Right hip and buttock with issue resolving.

weeks after the completion of the antibiotic cream, AC's skin healed, leaving dark plum/brown discoloration where open sores had been, with no new spots visible. The care team and his mother determined that urine had been pooling in the new pads and not being wicked away from his skin (as it had been with the multiple layers of older, inferior bed pads used on his previous double bed) during his 10-plus hour night-time sleep cycle.

While AC's doctor offered a routine course of treatment and described the condition as "chronic" with no specific diagnosis, it was through a detailed assessment of AC's environment and care routine that the problem was successfully identified and changes were made. When AC's skin had no open sores present, the durable barrier cream was used several nights a week as a preventative measure. Nutritional intake remained stable, with no changes made.

In the past two years, AC has not had a reoccurrence of multiple open wounds on his hips and buttocks.

Conclusion

AC is fortunate to have a home-based support program where his support staff did not accept that his condition was to be chronic. This case emphasizes the importance of determination and communication among the home-based care teams, health-care professionals, the patient and his/her family.

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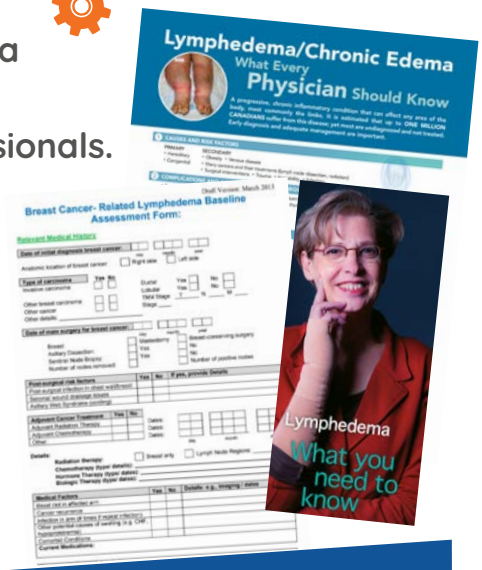

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The Next Stage in the Story of Wound Hygiene: Implementation of Proactive Care

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Presenter: Chris Murphy, PhD RN MCIScWH WOCC(C)

Wound Hygiene

Wound Hygiene is a proactive wound care protocol that, through consistent and repetitive decontamination, promotes the healing of hard-to-heal wounds. The four steps of Wound Hygiene (see Figure 1) are:

1. Cleanse the wound and periwound skin
2. Debride
3. Refashion the wound edges
4. Dress the wound

International Consensus on Wound Hygiene

In a survey of 1,478 international respondents, 57% had heard of Wound Hygiene; of those, 75% had implemented Wound Hygiene; of those 80% reported improved rates. The major barriers to implementation identified in this survey included lack of confidence, lack of competence, minimal specific research data and the need for further publications to support implementation as an addendum to the original consensus statements.

Barriers to Implementing Wound Hygiene

- Lack of equipment
- Lack of educational support
- Lack of peer support
- Lack of leadership support
- Existing protocols

A recently published international consensus statement, Embedding Wound Hygiene into a Proactive Wound Healing Strategy[1] was developed to provide

Figure 1. The four activities of Wound Hygiene

more detail on implementing proactive Wound Hygiene into practice (see Figure 2). The document states that all hard-to-heal wounds benefit from Wound Hygiene and emphasizes proactive care for better healing results.

Wound Hygiene targets biofilm, which is present in the majority of hard-to-heal wounds and is a key physical barrier to the healing process. All open wounds are vulnerable to biofilms. Management of biofilm requires repetitive removal to improve the wound environment; it must be addressed on an ongoing basis.

Implementation of Wound Hygiene

Provision of Wound Hygiene depends on clinical skill set, tissue type, intensity of pressure and available method(s) of debridement.

Clinical Competence

General care practitioners provide routine care including wound cleansing, debridement with a soft pad or gauze, assessment for signs of infection, application of a wound dressing and referral of a patient to an advanced practitioner. A general wound care provider can assess vascular supply and the environment in a more holistic manner. They can also identify local or spreading infection, perform selective sharp debridement of non-viable tissue, and refashion wound edges to achieve pinpoint bleeding. An expert wound care provider can diagnose and manage the wound's underlying pathophysiology. They can use pharmacology, as required, and perform surgical sharp debridement. Clinicians should refer to local regulations for competency requirements and specific policies.

Tissue Types and Considerations

Necrotic (or devitalized) tissue is black or brown in colour with either a hard/dry/leathery or soft/wet texture. It can be either firmly or loosely attached to the wound bed. For patients with necrotic tissue, removal of eschar may open an area that is unhealable, may allow bacteria into the wound, and may induce unsolvable pain. For these reasons, complete wound diagnosis and development of a comprehensive plan of care is critical. Dry necrosis may be "nature's Band-Aid," but underlying issues need to be identified and addressed. Debridement may be indicated if the patient has undergone revascularization, if there is an abscess or active infection or if the patient presents with a superficial healing area with detaching eschar and periwound skin ingrowth. If indicated, necrotic tissue can be vigorously debrided by an expert wound care clinician in a surgical procedure.

Sloughy tissue is yellow/white material in the wound bed that is typically wet. It may present in thick patches over the surface of the wound or as a thin coating. Clinicians need to ensure it is not an exposed tendon, joint capsule, dressing debris, deep-dermal or full-thickness burn, purulence, or extracellular matrix/

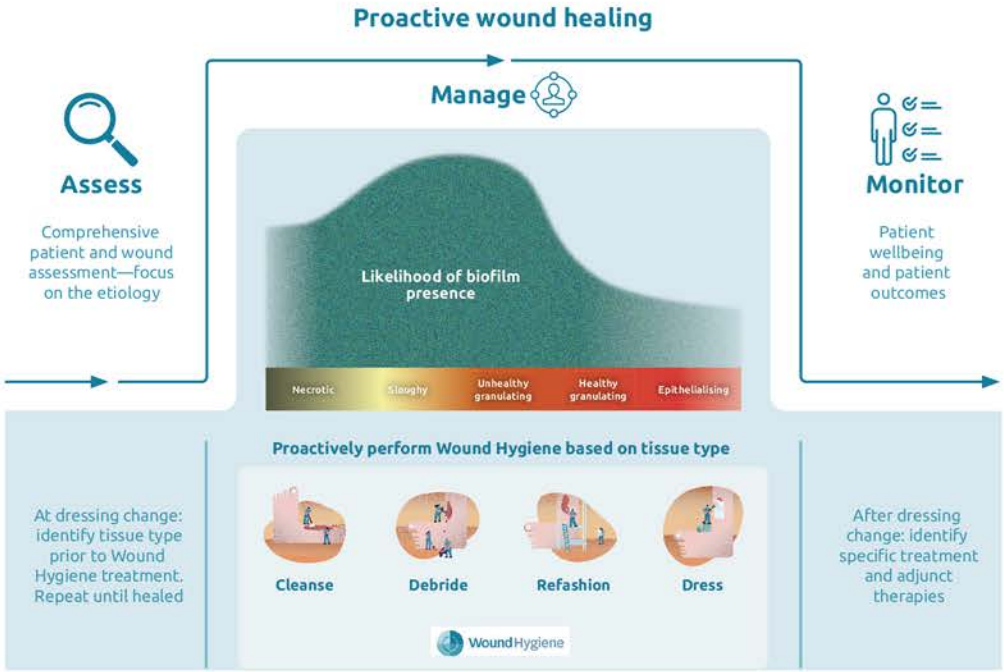

Figure 2. Proactive Wound Healing

biological product. Pain and bleeding must be considered before removing slough. Sloughy tissue can be removed using surgical, sharp, larval or mechanical debridement at a vigorous intensity. The surface should be agitated to pinpoint surface bleeding.

Healthy granulation tissue needs to resolve in order for epithelialization to occur. Clinicians should monitor patients for hypergranulation (the result of abnormal wound bed conditions, such as granuloma or chronic infection), where the tissue extends above the level of the surrounding skin. Hypergranulation is common in wet wounds but can also be a tumour (e.g., basal cell carcinoma). Healthy granulation tissue should be mechanically cleansed or debrided with soft debridement pads, gauze or wipes, at a moderate to gentle intensity.

Epithelialization is the final stage of wound closure, during which new skin cells begin to grow at the wound edges or on the surface to cover and close it, restoring barrier function. Epithelialization is matte in appearance, pale pink or white in colour. This skin should be differentiated from maceration, debris or superficial slough. It can be very fragile. For Wound Hygiene, clinicians should use only gentle irrigation.

Antimicrobial Dressings with Antibiofilm Properties

Antimicrobial dressings with antibiofilm properties such as the AQUACEL® Ag+ have three components: an antimicrobial (silver) agent, a surfactant (to break biofilm and allow silver access) and a chelating agent (which stops the chemical binds of biofilm).

Unhealthy granulation is a newly identified tissue type proposed by the authors of the 2nd International Consensus document. Unhealthy granulation is a stage in which the wound does not appear outwardly unhealthy and where granulation tissue is present, but where the wound is also failing to progress. This tissue is typically dark red, but may present as pale when there is poor blood supply. Unhealthy granulation tissue often bleeds (friable) on contact and may indicate wound infection. It can be present due a number of factors including ischemia, untreated pathology or biofilm. This tissue should be vigorously and intensely debrided using surgical, sharp selective, larval, ultrasonic or mechanical debridement. The wound surface should be agitated to pinpoint bleeding.

The key principle of Wound Hygiene is 'do something.' Embed Wound Hygiene as part of a holistic approach: Assess, Manage & Monitor, focus on the wound as well as the patient. Biofilm is the key barrier to healing hard-to-heal wounds and should be recognized as a threat throughout the healing trajectory. Wound Hygiene should be performed on every tissue type, at every dressing change, at every stage, until healing. The Wound Hygiene protocol has been developed/designed to enable and inspire anyone who manages wounds to adopt this 4 simple step – protocol of care.

References

1 Murphy C, Atkin L, Vega de Ceniga M, Weir D, Swanson T. International consensus document. Embedding Wound Hygiene into a proactive wound healing strategy. J Wound Care 2022;31:S1–S24

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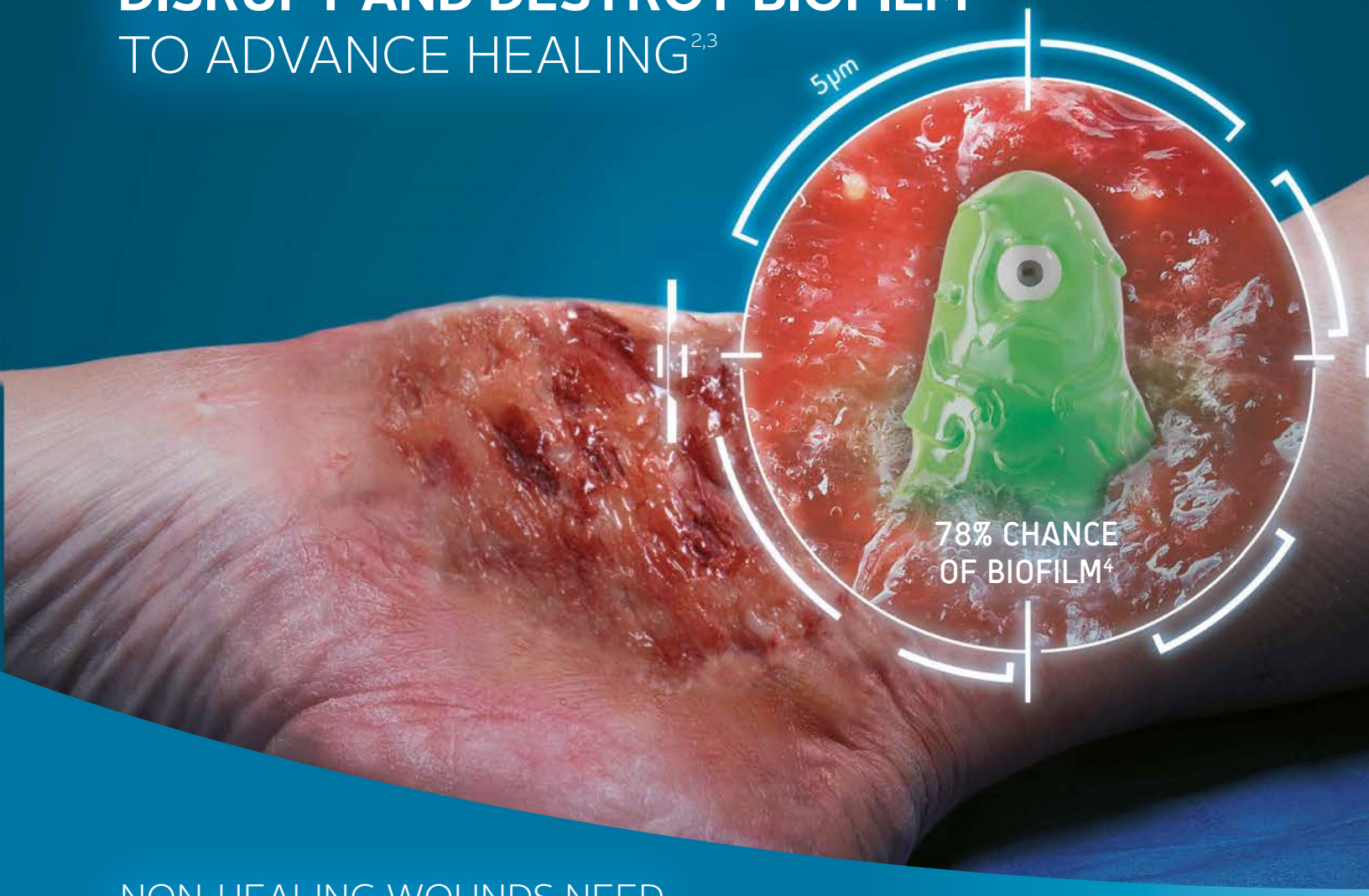

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1. Bowler PG, et al. Parsons, Wound Medicine 14 (2016) 6–11. 2. Metcalf DG et al. J. Wound Care 2016; Vol25, No3. 3. Metcalf DG, et al. Int Wound J 2017; 14: 203-213. 4. Malone M et al. 2017. JWC; 20-25.

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Essity Sponsored Session:

#SkinMatters in More Ways than One

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Presenters: Trish Idensohn RN Midwife (RM); Beth Freeman-Gray, CCRN; Liezl Naude RN BCur

Skin: A Complex Structure

The epidermis is the outermost, avascular layer, which provides a waterproof barrier to control the passage of moisture into the body. The dermis below accounts for approximately 90% of the weight of the skin and forms the foundation of this organ system. The subcutis (also known as the hypodermis or subcutaneous layer) is the deepest layer of the skin. This is a section of loose, connective tissue that stores half of our body fats.

Skin has a number of vital functions, including:

- Physical barrier
- Chemical barrier
- Immunologic barrier
- Microbiome barrier
- Thermoregulation
- Osmoregulation
- Endocrine function
- Blood pressure maintenance
- Sensory function
- Socialization and reproduction

Injury to the skin can result in pain, infection, chronic wounds, disability, disfigurement, impaired quality of life, increased cost of care, increased length of stay, and death.

Skin Frailty

If an individual's skin has enhanced vulnerability, they are at increased risk of damage to the skin. Multiple intrinsic and extrinsic risk factors contribute to skin frailty (see box). Extrinsic risk factors include irritants from dressings, repeated skin cleansing, UV radiation damage, maceration (incontinence), some medications, smoking and pressure. Intrinsic risk factors include genetic conditions (e.g., ichthyosis), skin conditions (e.g., atopic eczema), underlying illnesses and aging. Individuals at high risk for skin frailty include older adults, individuals with mobility issues/paralysis, children/neonates, individuals with spina bifida or cerebral palsy, bariatric patients, oncology patients and those with chronic illnesses.

Skin Integrity

Skin integrity is defined as "the combination of an intact cutaneous structure and a functional capacity that is high enough to preserve it."

Impaired skin integrity refers to an altered epidermis and/or dermis.

Skin frailty is defined as at-risk, vulnerable skin; not necessarily a wound, break or disruption.

Dressings for Frail Skin

The ideal dressing for patients with fragile skin should take the following factors into consideration:

- Control bleeding
- Easy to apply and remove
- Atraumatic on removal
- Provide a protective anti-shear barrier
- Optimize the physiological healing environment (e.g., moisture, bacterial balance, temperature, pH)
- Be flexible and mould to contours
- Be cost effective
- Afford extended wear time
- Optimize quality of life
- Provide secure, but not aggressive, retention
- Be non-toxic

The Leukoplast skin sensitive products (see Figure 1)

offer the following benefits:

- Help to maintain skin integrity
- Atraumatic removal
- Skin-friendly silicone adhesive
- Reliable adhesive
- Latex free

Figure 1. Leukoplast Products

Leukoplast Hypafix® skin sensitive can be used to secure dressings, secure devices such as catheters, tubes or drainage pipes, and protect the peri-wound skin and closed skin. Leukoplast skin sensitive tape can be used on an antimicrobial spool for scar management. The Leukoplast T&T plus skin sensitive dressing is a waterproof, skin friendly, anti-shear barrier that is flexible and mouldable and is easy to apply and remove.

Impaired Skin Integrity

Some of the consequences of impaired skin integrity (see box) include increased risk of infection, impaired mobility, decreased function, increased length of stay in hospital, loss of limb and loss of life.

In addition to the physical impacts listed above, impaired skin integrity also affects quality of life and well-being for individuals. The World Health Organization defines quality of life (QoL) as "an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Clinical factors associated with QoL include:

- Wound duration
- Wound etiology
- Wound size
- Type of exudate
- Presence of odour
- Presence of pain

It is important to gain insights from the patient and their family into motivators for shared/self-care and any misunderstanding, skepticism or objections and to address these factors to increase treatment compliance.

Well-being encompasses several domains, including physical, spiritual/cultural, psychological and social (including economics). The physical domain refers to the ability to function independently and attend to activities of daily living. Cultural and spiritual wellbeing is the ability to experience and integrate meaning and purpose in life through connections with one's self and others, and may be associated with a specific religion, cultural beliefs or personal values. Mental wellbeing is the ability to function cognitively free of fear, anxiety and other negative emotions. Social wellbeing is the ability to be part of a family and have interactions with friends.

Skin Care

Essential elements of effective skin care include a

Figure 2. Navigating Compression Choices

Skin Tone and Skin Assessment

The following are considerations specific to skin tone:

- Assess and monitor any skin changes with awareness of skin tone
- Use natural lighting or the light from a pen or phone – avoid fluorescence
- Include touch for assessment and diagnosis
- Remember, erythema is replaced by patches in patients with darker skin colour
- Document the usual degree of skin pigmentation for comparison

Skin Injury Prevention

Skin injury can be prevented with holistic patient care that incorporates the skin safety model. Clinicians should encourage skin cleansing using pH-balanced, no-rinse cleansers and soft, disposable, non-woven cloths. Care must also be taken with device application and removal; use the "low and slow" framework for atraumatic dressing removals.

thorough, holistic assessment; continued skin monitoring and documentation; consideration of individual needs and preferences, general health status, mobility, nutrition, continence status and socioeconomic/psycho-social status; and development and delivery of evidence-based, person-centred care.

Presentation Digest is a production of Wounds Canada (www.woundscanada.ca).

The views expressed in this report are those of the presenters and do not necessarily reflect those of Wounds Canada, which has neither reviewed nor endorsed this report.

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Medline Sponsored Session:

Facing multiple skin challenges? Proven Practices that Improve Clinical Outcomes

Click to view

Presenter: Rosemary Hill, BSN CWOCN WOCC(C)

Solutions for skin challenges should improve clinical outcomes and diminish patient suffering while also being safe and simple, not painful, readily available, effective on denuded skin, cost effective, and low-maintenance (i.e. does not require frequent application).

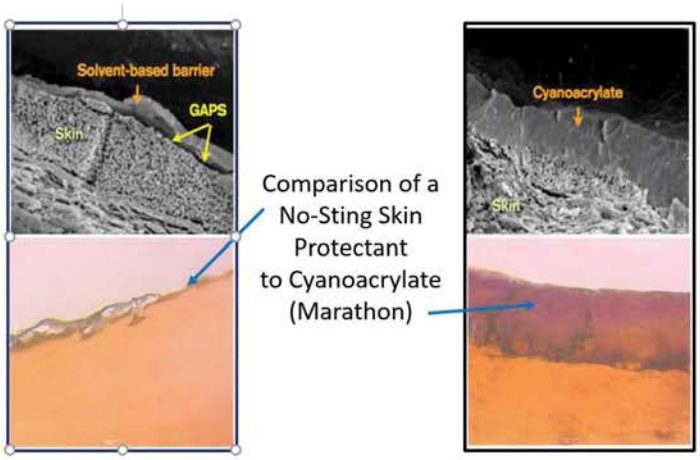
Marathon

Marathon (99% cyanoacrylate) (see Figure 1) is a no-sting barrier film that is used for the protection of intact or damaged skin. It is applied as a liquid and dries to the touch in less than one minute to form a fully flexible and strong protective layer that is breathable and transparent.

Figure 1. Marathon

A 0.5 g applicator covers a 10 cm x 10 cm area that bonds chemically to the skin at a molecular level. Marathon is not a skin glue; it is much thicker layer that provides strong protection (see Figure 2).

Figure 2. Marathon vs. Traditional Skin Protectant



Peristomal Skin Damage

Reported rates of peristomal skin complication (PSC) incidence following ostomy surgery range from 10–70%. Estimates of the lifetime prevalence of PSCs range from 6–80%, depending on the type of ostomy and how PSCs are defined. Marathon can be applied to wet skin to provide a dry platform for further care.

Skin Tears

Skin tears are generally more common among the long-term care population. Prevalence rates range from 10–54% across countries. Rather than taping up with steri-strips, Marathon can be used on Type 1 skin tears to minimize the number of dressings needed (and therefore home care visits). Furthermore, patients using Marathon can shower, and anecdotal evidence suggest minimal scarring.

Incontinence-Associated Dermatitis

In the United States, there is an overall prevalence rate of 21% for incontinence-associated dermatitis (IAD). There is a 46% incidence rate among patients with urinary, fecal or dual incontinence. Marathon can be used on raw, weeping skin caused by IAD. For these cases, Marathon is available in a larger size with a wand applicator.

Prevention

Patients at risk must have a skin care regimen of cleaning, moisturizing and protection. In British Columbia, a committee reviewed the ingredients in the 56 skin products being used and analyzed them based on a number of factors. Now, there is a common regimen of only a handful of products from Medline that are paraben free, sulfate free, aloe free, fragrance free, pediatrician tested and hypoallergenic (see Figure 3). These are used across all care settings and include a surfactant foam cleanser, moisturizer, silicone barrier and a shampoo and body gel.

Figure 3. Line of Skin Products

This standard skin protocol has led to a quick response to shortages and backorders, standard education across sectors and health authorities, an engaged vendor and a fast response time to practice concerns.

Visit Connecting Learners with Knowledge at www.clwk.ca to access additional resources.

Skin & PIP Resources

This section provides British Columbia's resources for skin and pressure injury prevention (PIP) best practices.

Wound Resources

This section provides British Columbia's resources for overall management and specific wound-eticology best practices.

Product Information Sheet Resources

This section provides indications, precautions, contradictions and "how-to" use a variety of skin, wound, continence and ostomy products.

Ostomy Resources

This section provides British Columbia's resources for ostomy best practices.

Continence Resources

This section provides British Columbia's resources for continence best practices.

Modules & Video Resources

This section provides learning modules and videos.

Presentation Digest is a production of Wounds Canada (www.woundscanada.ca).

Urgo Sponsored Learning:

When Your Wound Is Chronic, Your Lifeboat May Be the Cleanser You Use

Click to view

Presenters: Kimberly LeBlanc, PhD NSWOC WOCC(C) IIWCC FCAN; Amanda Loney, RN BScN NSWOC WOCC(C); Britney Ann Butt, MSIc-WH BScN RN NSWOC WOCC(C)

Wound Cleansing

Wound cleansing is the active removal of surface contaminants, loose debris, non-attached non-viable tissue and micro-organisms from the wound surface and surrounding skin. Therapeutic wound cleansing is a more rigorous cleansing of hard-to-heal wounds to remove exudate or debris and optimize assessment, to enable collection of a swab or biopsy sample or to assist in hydrating a wound bed. It is important to realize that wound cleansing is not an afterthought.

There is no "ideal" wound cleansing solution; rather, selection of an appropriate solution should be based on the following:

- Wound assessment (etiology, location, visible structures)
- Infection risk
- Colonization with drug-resistant organisms
- Efficacy and organism sensitivities of solutions
- Goals of care
- Local policies and resources

According to guidelines published by thought leaders in a consensus guideline published in the Journal of Wound Repair and Regeneration (JWC), "All chronic wounds should be assumed to be contaminated or infected with bacteria." (See box). This guideline on hard-to-heal wounds in JWC states, "The presence of biofilm in hard to heal wounds and its significant contribution to delay healing is well documented. To initiate and support wound healing the biofilm must therefore be disrupted/removed."

These guidelines also suggest that certain wound cleansers may be more effective than others for managing bacteria and removing biofilm while not killing an unacceptable amount of wound cells (keratinocytes, fibroblasts, vascular endothelial cells) that are required to heal the wound.

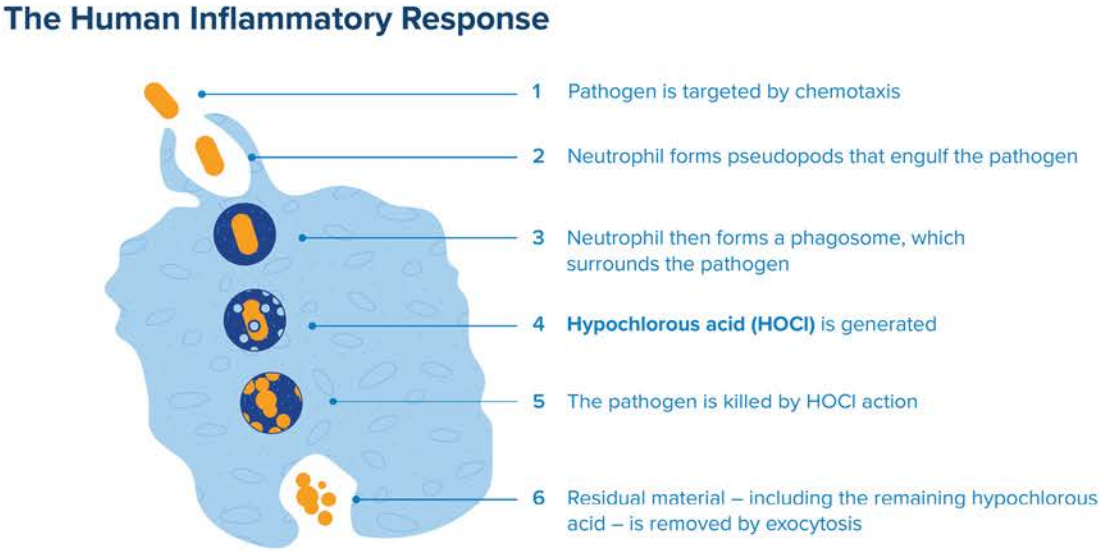


Figure 1. Oxidative Burst Pathway

Latest Treatment Guidelines[1-4]

April 2022: Wound Repair and Regeneration – Treatment Guidelines

March 2022: International Wound Infection Institute (IWII) – Wound Infection in Clinical Practice

March 2020: Journal of Wound Care (JWC) International Consensus Guidelines – Hard-to-Heal Wounds

November 2019: National Pressure Injury Advisory Panel (NPIAP) – International Guidelines

Topical Antiseptics

The NPIAP recommends clinicians "Use topical antiseptics in tissue-appropriate strengths to control microbial burden AND promote healing in pressure injuries." The IWII warns that topical antiseptics are non-selective and can by cytotoxic. This means they can kill skin and tissue cells that are critical to wound repair and thus impair the healing process. According to these guidelines, older antiseptics like hydrogen peroxide, traditional sodium hypochlorite, specifically Dakin's solution, and chlorhexidine (CHG) are no longer recommended for use in open wounds due to the risk of tissue damage that is associated with their use.

Hypochlorous Acid as an Antimicrobial Preservative

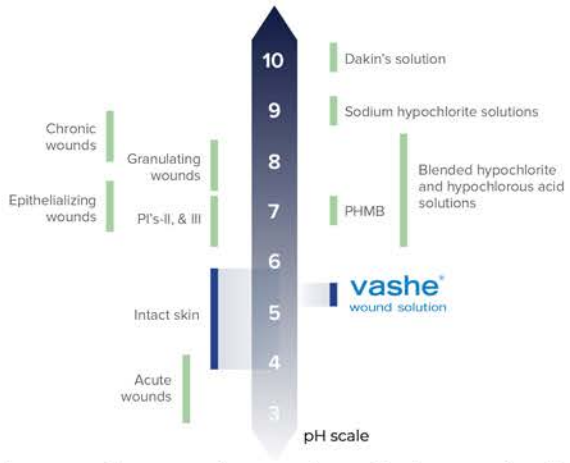
Pure hypochlorous acid is naturally generated in the body to kill pathogens (pHA) (see Figure 1). Vashe Wound Solution (see Figure 2) contains 0.033% hypochlorous acid as an antimicrobial preservative that is included for safe use and storage of the product. It is relatively non cytotoxic compared to many other traditional cleansers that contain antiseptic ingredients and other antimicrobial preservatives.

Wound Bed pH

As chronic wounds heal, there is a significant decrease in the wound pH, and the reverse is also likely true - that wound acidication via mildly acidic means creates a better healing environment. This increases protease activity and oxygen release, reduces toxicity of bacterial end products, enhances destruction of abnormal collagen and increases macrophage and fibroblast activity and control of enzyme activity. A higher pH also seems to select for pathogens, versus more harmless bacteria, over time. Vashe Wound Solution has a pH that mimics that of intact skin (see Figure 3), thus optimizing the wound's pH for wound healing, and at the same time discouraging the growth of pathogens, which evidence shows, prefer a higher pH wound environment, which is, of course, also associated with chronicity, tissue growth and decreasing bacterial growth.

Figure 2. Vashe Wound Solution

Figure 3. Cleanser Solutions pH Levels



References

1. Eriksson, Liu, Schultz et al. Chronic wounds: Treatment consensus. Wound Repair and Regeneration. 2022;30(2) (April 2022): 156–171. https://doi.org/10.1111/wrr.v30.2
2. International Wound Infection Institute (IWII). Wound infection in clinical practice. Wounds International. 2022.
3. Murphy, Atkin, Swanson et al. Defying hard-to-heal wounds with an early antibiofilm intervention strategy: Wound hygiene. Journal of Wound Care Consensus Document.2020;29(3) (March 2020)
4. National Pressure Injury Advisory Panel (NPIAP). International Guidelines. 2019
5. Jones EM, Cochrane CA, Percival SL. The Effect of pH on the Extracellular Matrix and Biofilms. Adv Wound Care (New Rochelle). 2015 Jul 1;4(7):431-439.
6. Nagoba BS, Suryawanshi NM, Wadher B, Selkar S. Acidic environment and wound healing: a review, Wounds 2015;27(1):5-11.

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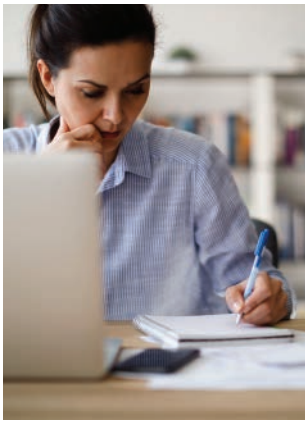

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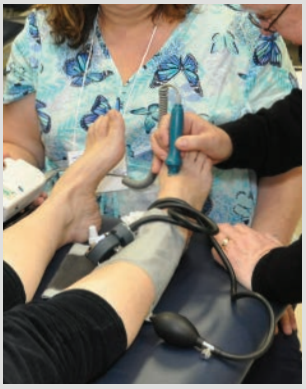
- Faculty-facilitated online discussion forum
- An objective structured clinical examination (OSCE)



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