FEWER WOUNDS, FASTER HEALING
Framework for an Ontario Wound Care Strategy
Ontario Wound Care Interest Group
FOREWORD

On behalf of the Ontario Woundcare Interest Group (OntWIG), an affiliate interest group of the Registered Nurses of Ontario (RNAO), we are pleased to release our Ontario Wound Care Strategic Framework. It is our desire to see the Framework used to start a dialogue among health care providers, patients, policy-makers and the public about the growing challenge that wound care presents to the sustainability of the Ontario health system. We firmly believe that if the recommendations contained within this report are adopted, Ontarians will benefit from a coordinated system of wound care that will deliver improved patient outcomes and value-for-money.

Over the past few years, we have witnessed an increasing awareness of the fundamental role wound care plays across the continuum of care. With this renewed interest, Ontario policy-makers have come to learn that there is little information available on how wound care resources are being expended which, in turn, makes it virtually impossible to evaluate the effectiveness of wound care service delivery in Ontario. You can only improve what you measure. It is for this reason, we are confident that there will be considerable interest in the recommendations contained within this report and we look forward to the opportunity to work collaboratively with the Ontario government and its agencies to achieve our vision - Fewer wounds, Faster healing.

We must acknowledge the good work done that preceded this report. Across Ontario many public and private sector provider groups and organizations, have been planning, developing and implementing local wound care initiatives. With the Framework, we build on their achievements. In addition, we want to thank the hundreds of individuals within the wound care community that have taken part in OntWIG’s annual symposiums over the past 3 years. Their comments, questions and concerns have driven the vision, goals, principles and priorities set out in the Framework.

Finally, we are very encouraged by the willingness we see in the broader stakeholder community to work collaboratively towards a unified approach to wound care in Ontario. With their continued support, we expect to continue our momentum to ensure implementation and uptake of the Framework on a timely basis.

Laura Teague  Karen Laforet  Nancy Purdy
Past President  President  Policy Director

Ontario Wound Care Interest Group (OntWIG)
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I. PREFACE

Background

Wound care providers, researchers and organizations have always been committed to improving the lives of Ontario patients. They have had a positive impact on health care quality and saved innumerable numbers of patients and families unnecessary pain and suffering. A recent noteworthy example is the successful collaboration between the Ontario Woundcare Interest Group (OntWIG) and Accreditation Canada to develop a national standard or Required Organizational Practice (ROP) for pressure ulcer prevention across additional healthcare settings. ROPs are evidence-based practices that mitigate risk and contribute to improving the quality and safety of health services.

Despite consuming major health system resources, wound care has been largely over-shadowed by a disease-specific (e.g. cancer, diabetes) agenda and has received little attention from the public, policy-makers and politicians. As a result, wound care remains an under-researched subject and under-managed from a policy perspective.

Impetus for a Strategic Framework

In November 2009, OntWIG committed to gain support from stakeholders in order to pursue sector wide accountability related to pressure ulcer prevention using an interdisciplinary approach. A formal resolution was adopted at the 2011 RNAO Annual General Meeting RNAO “to advocate to the Ministry of Health and Long Term Care for a comprehensive, cross-sector, interdisciplinary, provincial wound care strategy, inclusive of sector-wide accountability for pressure ulcer prevention."

Building on the Resolution, later that same year, OntWIG hosted Symposium 2011 Quality, Risk, Accreditation – Towards a Wound Management Strategy. The meeting brought together a cross-section of 150 wound care stakeholders to share their ideas for tackling the fragmented, uncoordinated and uneven access to and delivery of wound management services across the Province of Ontario. From this consultation, four dominant issues emerged.

- Need for standardized assessment tools across the continuum of care;
- Lack of a shareable electronic patient health record;
- Failure of existing data collection tools; and
- Inequitable access to specialized expertise, equipment and supplies.

The diverse group of stakeholders agreed that what was required was to organize their ideas into a Strategic Framework to guide future discussions with the Ontario Ministry of Health and Long-term Care (MOHLTC) about improving wound care delivery in the province. With this document, our aim is to provide government with recommendations to move towards a unified made-in-Ontario wound care strategy that will deliver the same maximum benefit to all Ontario patients while ensuring value-for-money.
The Framework recognizes that system change is underway across the health care in Ontario. Our intent is to support this change effort by making recommendations to the MoHLTC for aligning, unifying and coordinating wound care initiatives already underway or being contemplated.

Despite the significant cost of wound care in Ontario, there has been little investment in a provincial wound care strategy to produce high quality health care outcomes and improved value-for-money. Instead, we have witnessed the development and continuing development of a number of local area-specific initiatives that have help create a fragmented and uneven system for preventing wounds in Ontario. For patients this means not having equitable access to expertise and advanced care because of where you happen to reside. For care providers this means insufficient resources to deliver the standard of care based on best practice guidelines. For researchers and policy-makers this means little or no service and cost data to make informed decisions about how the annual $1.5 billion wound care budget is spent.

As a province we can do better.

This document provides a framework to guide the development of an Ontario Wound Care Strategy.

THE CHALLENGE AHEAD

Our vision statement for this Framework is Fewer wounds, Faster healing in recognition of both the preventive and curative components of wound care.

The Framework provides the elements for building a broad consensus for a set of high-level goals, priorities and principles from which can flow a strategy with objectives and targets that are more focused on implementation (that is, on how to achieve the goals). That is the next step.

Transforming wound care in Ontario will require leadership. To succeed, the strategy needs to be practical, useful, and adaptable but most of all needs the support of MoHLTC to mandate the work be undertaken with some urgency.

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1 2010 “Ideas and Opportunities for Bending the Health Care Cost Curve Report” sponsored by the Ontario Hospital Association (OHA), the Ontario Association of Community Care Access Centres (OACCA) and the Ontario Federation of Community Mental Health and Addiction Programs (OFMHA), p14; Ronald J. Shannon, MPH A Cost-utility Evaluation of Best Practice Implementation of Leg and Foot Ulcer Care in the Ontario Community Wound Care Canada • Vol. 5, Suppl. 1
III. CONTEXT

Wound care is present in all areas of the healthcare system whether in hospitals, clinics, long term care institutions or in the community. It generally involves the main healthcare disciplines of nursing, surgery and general practice plus some medical specialties. The patient population requiring wound care is also diverse and includes the full spectrum of human life from infancy to old age. In fact, it is estimated that 30-50% of all health care involves wounds. Conservative estimates approximate the annual cost of wound care in Ontario at $1.5 billion and $3.9 billion for Canada. Further studies suggest that wound care costs could rise by 30% by 2020 due to changes in demography, life expectancy and incidence of chronic disease (including type 2 diabetes mellitus) during this period. Despite the significant cost of wound care, there has been little investment in a provincial wound care strategy to produce high quality health care outcomes and improved value-for-money.

While largely preventable, pressure ulcers remain one of the biggest challenges in wound care. Despite increased awareness, greater educational opportunities, wide dissemination of best practice guidelines and a better appreciation of quality improvement practices, there remains little evidence to demonstrate an overall trend in the decrease of pressure ulcer prevalence. Unfortunately, pressure ulcers continue to be one of the most expensive wounds to manage. The prevalence of pressure ulcers in individuals within the following health care settings across Canada was found to be the following:

- 24-26% in Acute Care hospitals
- 28-31% in Non Acute Care Facilities (Long Term Care, Nursing homes)
- 21-23% in Mixed Health Care Facilities (Acute and Non Acute care)
- 13-17% in Community Care

Wound healing is complex and impacted by a combination of factors. These factors impact the quality of wound care in Ontario which varies markedly due to uneven access to resources.

The 2010 “Ideas and Opportunities for Bending the Health Care Cost Curve Report” sponsored by the Ontario Hospital Association (OHA), the Ontario Association of Community Care Access Centres (OACCAC) and the Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) provides a preliminary estimate of the cost of wound care in hospitals and long term care in Ontario at over $1 billion. Add to that the estimated $511 million annual cost of lower extremity ulcer care in the community in Ontario, we can conservatively approximate the annual cost of wound care in Ontario at $1.5 billion. Despite the perceived significant cost of wound care as a percent of total health service delivery, there is little Canadian service and cost data and therefore little evidence to support policy development and decision-making. Data collection is fragmented and episodic.

Even less well understood and quantified are the indirect costs of wound care in Ontario. Indirect costs include (1) mortality costs associated with the loss of economic output as a consequence of

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2 OHA and OACCAC Report Four Pillars: Recommendation for Achieving a High Performing Health System June 2011, p15
3 Introducing Wound Care Alliance Canada, p4
4 A. Hjort, MSc, MPP, Chief Financial Officer, Government of Greenland, Properties Agency INI, Sisimiut, Greenland; F. Gottrup, MD, DMSci, Professor of Surgery, Copenhagen Wound Healing Center, Bispebjerg University Hospital, Copenhagen, Denmark. Cost of wound treatment to increase significantly in Denmark over the next decade. JOURNAL OF WOUND CARE VOL 19 , NO 5 , MAY 2010
Fewer wounds, faster healing

premature death and (2) long-term disability costs associated with lost or reduced productivity because of absence from the workforce.

Personal, family and societal burdens are other costs that are equally important yet unknown. It is only within the last few years that researchers have started to incorporate quality-of-life indicators in assessing the cost-effectiveness of wound care treatments and technologies.

IV. PROBLEMS

It is within this context that we begin to appreciate the urgency with which we believe the wound care community and government need to coalesce to better understand how wound care services are being delivered across Ontario and most importantly how can we improve wound prevention and healing.

Madeleine Flanagan’s work on the barriers to wound healing provides an excellent summary of the many factors that delay or prevent wound healing. 5

While all four dimensions are important, we draw your attention to the professional/organizational and educational barriers that mirror the issues raised and general sentiments expressed by the stakeholders during last October’s consultation. The overarching problem that emerges is that Ontario has a fragmented, uncoordinated and under-managed policy for wound care management. As a consequence, what we see are many local wound care initiatives that are being developed in isolation and a costly duplication of effort.

5 Madeleine Flanagan. Barriers to the implementation of best practice in wound care. Wounds UK
V. THE SOLUTION

A Coordinated Pan-provincial Strategy

What Ontario’s Cancer Strategy, Diabetes Strategy, Stroke Strategy, Brain Strategy and so on have in common is a unified policy-management process that provides oversight for ensuring alignment and coordination of local programs. In addition, their provincial structures provide central knowledge management and exchange functions as well standardization of indicators, data collection, tools etc.

We believe the practice of wound care should follow a similar trajectory. The Framework for an Ontario Wound Care Strategy outlines the key elements necessary to provide a pan-provincial strategy that will provide a standardized evidence-based platform incorporating performance measurement so that targeted investments can achieve greater system-wide efficiencies.

VI. BENEFITS

Our expectation is that the Framework will serve as the basis for starting a dialogue with the MoHLTC about moving towards a pan-provincial wound care strategy as described above. The Canadian Association of Wound Care (CAWC) estimates evidence-based wound care to be 66% less costly. Using best-practice-based wound care vs. standard approaches provides significant faster healing. For example, a CAWC study showed a 4 week healing difference (evidence vs. non-evidence) of 50% vs. 12% in diabetic foot ulcers and 42% vs. 26% in leg ulcers when comparing outcomes respectively. 6

With a concerted effort to develop a provincial wound care strategy that embraces the elements of the Framework, we can mitigate the increasing cost of care and deliver measurable health gains to Ontario patients.

VII. THE FRAMEWORK

A. Purpose

The purpose of the Framework is to outline the fundamentals of a wound prevention and care strategy for Ontario. In addition, the framework includes recommendations that the MoHLTC can implement to fill the policy-management gaps and, in large part, address the issues raised by stakeholders at 2011 Symposium. The Framework relies on building on existing Ontario wound care initiatives and provides the vision, goals, priorities and principles to guide the development of an Ontario wound care strategy.

B. Key Considerations

1. Alignment with Provincial Government Priorities

For the MOHLTC, the reduction in rates of emergency department visits, alternative level of care patients and avoidable hospital readmissions are top priorities. All of these indicators can be impacted in a positive way by improvements in wound care and adoption of the Framework, is a necessary first step.

In addition, the reduction of pressure ulcers naturally aligns with the MOHLTC’s Excellent Care for All Act (ECFAA), which fosters a culture of continuous quality improvement in health care by requiring health care organizations to undertake quality-related activities including an annual quality improvement plan. Specifically, pressure ulcer prevention can be found under the safety domain in the quality improvement plan framework adopted by the MOHLTC.

Finally, the Framework adopts one of the core principles of the ECFAA – that is, a focus on value for patients and clients; improved efficiency results in more and better care for the dollars invested.

2. Alignment with Other Wound Care Initiatives

Our approach in proposing a Framework is to recognize and build upon the numerous wound care projects and initiatives, both completed and underway, in Ontario. There are guidelines, toolkits, education resources, and processes that already exist. Here are a few:

- The Registered Nurses Association of Ontario (RNAO) has made a significant contribution to wound care with several initiatives including:
  - Best Practice Guideline for Risk Assessment and Prevention of Pressure Ulcers
  - Best Practice Guideline for Assessment and Management of Stage I to IV Pressure Ulcers
  - The Wound Care Institute/Champions Workshop

- The Integrated Client Care Project (ICCP) for wound care is co-sponsored by the Ministry of Health and Long-Term Care; Ontario’s Local Health Integration Networks (LHINs); the Ontario Association of Community Care Access Centres; the Collaborative for Health Sector Strategy at the Rotman School of Management at the University of Toronto, with quality improvement and capacity support from Health Quality Ontario. The goal of the Project is to move toward a model of care that delivers the greatest value for the money spent and is focused on improving health outcomes for clients with diabetic foot ulcers or venous leg ulcers. The project includes four early implementation sites, led by a CCAC and primary Service Provider.
  - Erie St. Clair CCAC and Saint Elizabeth (Windsor)
  - Central West CCAC and Saint Elizabeth (Brampton)
  - North East CCAC and Bayshore Home Health (Sudbury)
  - Champlain CCAC and Carefor Health & Community Services (Ottawa)
As ICCP work progresses, linkages are anticipated with other key provincial initiatives and strategies such as Aging at Home, ALC/ER wait times, Chronic Disease Prevention Management, Advancing High Quality, High Value Palliative Care in Ontario and Ontario’s new Action Plan for Health Care.

- One of the first and most comprehensive wound care initiatives in Ontario is the South West Regional Wound Care Framework Initiative which began in May 2009. The project includes development and implementation of clinical protocols for system-wide application of evidence-based wound care; a sustainable system-wide wound care education model and processes for quality evaluation; a model for effective wound management product selection across all sectors and a sustainable and effective business model for the procurement of wound management supplies across all sectors.

- The North Simcoe Muskoka LHIN has developed a LHIN-wide wound management strategy focused on providing evidence-informed care. Their two major objectives are (1) Increased value in care for patients across the continuum and (2) Improved efficiency in resource use/increased capacity.

- The Seniors Health Research Transfer Network (SHRTN) has established a Wound Care Community of Practice (CoP) with a number of key wound experts including the Registered Nurses Association of Ontario (RNAO) Wound Interest Group, the Toronto Health Economics and Technology Assessment (THETA) Collaborative, the Ontario Health Quality Council (OHQC) and the Canadian Association of Wound Care (CAWC).

- The Wound Healing Clinic of Women’s College Hospital along with their partners the University of Toronto, Registered Nurses’ Association of Ontario (RNAO) and Toronto CCAC received funding for a Primary Care Reform Project to develop a new community primary care model for persons with lower extremity ulcers. With $1,588,000 in funding from the Primary Care Reform initiative of the Ontario Ministry of Health and Long-Term Care the project developed a number of tools and processes.

All of the above local area-specific initiatives offer great learnings. What is missing is a mechanism to capture, evaluate and share this work for the benefit of all parts of the Province. Ending fragmentation and duplication of effort is a key to achieving a coordinated system of wound care.
Framework

One Vision
Fewer wounds, Faster healing

Goal 1
Pan-provincial Wound Care Strategy

Goal 2
Provincial Wound Care Governing Body

Priorities
Access
Information
Awareness

Principles
Integrated
Evidence-based
Patient-centred
Value-based
C. Vision, Goals, Priorities, Principles

1. One Vision - Fewer wounds, faster healing
2. Two Goals
   1. PAN-PROVINCIAL WOUND CARE STRATEGY
      Rationale: Wound care in Ontario costs an estimated $1.5 Billion annually yet there is no provincial strategy providing direction on how best to coordinate the system so that it delivers improved patient outcomes and value-for-money. We are seeking a pan-provincial approach that synchronizes local efforts in order to develop a system-level strategy.
   2. PROVINCIAL WOUND CARE GOVERNING BODY
      Rationale: Wound care in Ontario is under-managed from a policy perspective. There is no central body or organizing entity with the necessary resources that has taken a leadership role in advancing wound care in the province in a comprehensive way.

D. Three Priorities

1. Access – People, Products, Processes
   Rational: Stakeholders identified uneven access to wound care expertise, advanced wound care equipment/supplies and standardized knowledge/tools as a major barrier for patients across Ontario.
2. Information – Collection, Evaluation, Dissemination
   Rationale: There is general consensus that the lack of universal, standardized wound care service and cost data is hampering the development of system-improvements.
3. Awareness – Patients, Providers, Public
   Rationale: There is little awareness of wound care as a major health issue despite consuming 30-50% of all health activity. More attention paid by the media and public may influence policy-makers when establishing priority areas for investment.

E. Four Guiding Principles

1. Integrated
   The Framework must reflect an integrated system of care where prevention and curative services and acute, community and long-term care sectors function as a unified system across all of Ontario. Links between programs, sectors and regions serve to prevent duplication of service and emphasize optimum utilization of existing resources.
2. Evidence-based
For this principle, we have adopted the Excellent Care for All Act’s definition of evidence-based care as “a treatment philosophy focused on using the very best current evidence to support decision-making about the care of individual patients. 
Evidence-Based Care also supports better use of health care resources by focusing resources on delivery of care that is known to be effective.” To ensure that all Ontarians receive a high quality wound care, the strategy would promote the use of practices and care that are supported by scientific evidence, or are considered the gold standard (“best practice”) according to prevailing knowledge.

3. **Patient-centred**

For the purpose of the Framework, we have adopted the Picker Principles of Patient-Centered Care as informing the pan-provincial strategy. They are: (i) respect for patients’ values, preferences and expressed needs; (ii) coordination and integration of care; (iii) information, communication and education; (iv) physical comfort; (v) emotional support and alleviation of fear and anxiety; (vi) involvement of family and friends; (vi) transition and continuity and (vii) respect for patients’ values, preferences and expressed needs.

4. **Value-based**

The MoHLTC recommends focus should always be on producing value for patients and better care for the dollars invested. The concept is based on the work done by Professor Michael E. Porter and Elizabeth O. Teisberg entitled “Redefining Health Care” (2006). According to this approach, to achieve the highest value for patients, services should be organized around clinical conditions to ensure coordinated, specialized care delivered in a patient-centred, seamless manner.
VIII. CONCLUSIONS

RECOMMENDATIONS

Creation of a Provincial Structure Responsible for Provincial Wound Management Oversight

Using the goals, priorities and principles of the proposed framework, it is recommended that a provincial structure be created to provide ongoing oversight of the Integrated Wound Care Management Program across Ontario and to perform three major functions:

1. Coordination of Wound Care IT and Centralized Knowledge Management
2. Standardized Provincial Performance Measurement
3. Alignment and Collaboration with Provincial and National Organizations & Initiatives

Other provincial-wide strategies that have achieved success in the coordinated delivery of health services to focused populations need to be replicated e.g. Cancer Care Ontario, Ontario Renal Network.

NEXT STEPS

1. Obtain feedback from membership of OntWIG.
2. Collaborate with and obtain endorsement from Interprofessional stakeholders for wound care in Ontario.
3. Present the Integrated Wound Care Management Project to the Ministry of Health and Long Term Care for consideration and endorsement.
4. Participate as a consulting group in moving forward with the project with the Ministry of Health and Long Term Care.

Evidence to support the savings impact of a province-wide wound management strategy includes:

- The CAWC calculated a cost savings of over $9,000 for managing skin ulcers on a young diabetic patient using a “best practice” protocol versus a “previous management” protocol.


- A 2007 Wound Care Canada report estimates that the cost of community care in Ontario for leg ulcers and diabetic foot ulcers is approximately $511 million. Taking a much more
conservative approach than that used in the report (with estimated savings at 66%), even a ten percent savings would yield a substantial $50 million.


The Toronto Health Economics and Technology Assessment (THETA) Collaborative is a new multidisciplinary research collaboration based at the University of Toronto. Their study “The cost-effectiveness of gel-filled overlays for the prevention of pressure ulcers in surgical patients” estimates that by adding gel pads to all of Ontario's operating tables for operations greater than 90 minutes in duration would lead to significant reduction in pressure ulcers, saving the province $26 to $29 million per year.
http://theta.utoronto.ca/projects/16
IX. ACKNOWLEDGEMENTS

This work would not have been possible without the support of the following Ontario Woundcare Interest Group (OntWIG) Executive Members.

- Nancy Purdy
- Laura Teague
- Valerie Winberg
- Debbie Hannah-Bull
- Elaine Calvert
- Karen Laforet
- Lyndsay Orr
- Debbie Hanna-Bull
- Ruth Thompson

We are also indebted to the following Registered Nurses of Ontario (RNAO) staff members who provided supporting materials, comments and guidance.

- Sara Clemens
- Josie Santos
- Kim Jarvie