Ontario Wound Care Interest Group Resolution 2011

**WHEREAS** one in four people who become institutionalized in the health-care system develop pressure ulcers resulting in longer treatment times, higher system costs, increased length of hospital stay and decreased quality of life; and

**WHEREAS** sector and geographical disparities exist in access to preventive and curative resources; and

**WHEREAS** there is a current lack of consistency, accuracy and standardization in the staging of pressure ulcers impacts the ability to communicate efficiently between members of the interdisciplinary team as well as across sectors and regions;

**THEREFORE BE IT RESOLVED** that the RNAO 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.

**Backgrounder – Wound Care Strategy**

One in 4 people who become institutionalized in the health care system develop pressure ulcers (bedsores)\(^1\). These patients require longer treatment times, that leads to higher cost in the system, increase LOS\(^2,3\) and decreases quality of life\(^4\). Wound care is the second most costly client grouping in Ontario\(^5\). Sector and geographical disparities exist in access to preventive and curative resources such as surfaces, dressings, compression etc\(^6\). Best practice guidelines (BPGs) have been developed for prevention of pressure ulcers and care of the diabetic foot by groups such as the RNAO. These BPGs have not been implemented consistently across the province. The reallocation of funds from assistive devices high intensity needs and other government funded programs would provide access to preventive resources for at risk clients, in addition to providing access to effective treatments options and devices to heal wounds and prevent recurrence.

Currently the system is reactive with few resources for prevention. Research done with the orthopedic population show that heel pressure ulcers can be eliminated with implementation of
best practices. Studies have shown reduction of pressure ulcer reoccurrence with education and intervention strategies.

The lack of a shared electronic record limits collaborative practice and interdisciplinary, cross-sectoral communication, negatively impacting wound healing trajectories. Currently, when patients attend clinics, the lack of test results can impact the ability to establish a diagnosis and can result in repeated testing that further delays treatment and reduces the efficiency of the consulting team. There is a lack of consistency, accuracy and standardization in the staging of pressure ulcers, as well as use of standardized and valid assessment tools. These gaps can create confusion particularly when pressure ulcers are documented in more than one location within a patient record using different definitions. Variation in the use of staging definitions can negatively impact patient safety. Incorrect staging practices can potentially threaten access to additional funding needed for appropriate care when patients have high intensity needs. Current databases used for benchmarking and planning include a variety of staging definitions and are not consistent with best practice guidelines.

References: