The South West Regional Wound Care Program:
A Collaborative Approach to Wound Care

2016 OACCACAC Conference
June 6, 2016
By the end of this presentation, participants will be able to:

- Understand drivers for change in the South West Local Health Integration Network (LHIN)
- Highlight the Program as an enabler for Outcome Based Pathways (OBP)
- Describe the history of the South West Regional Wound Care Program (SWRWCP)
- Appreciate the interdependencies required to sustain the Program
- Understand the Program benefits, resources, current/future state
OBPs identify expected outcomes reimbursed through an Outcome-Based Reimbursement model.

Outcomes are achieved as the result of the application of best practices.

SWRWCP does not replace OBPs - it enables change that facilitates OBPs and informs clinical pathways.
Outcome-Based Pathways

**Outcome** - Based Pathways

**OBPs**
Focus: Outcomes
Identifies indicators to measure outcomes

**Clinical Pathways**
Focus: Clinical goals
Identifies tools to measure progress

**SWRWCP**
Focus: Framework for sustaining best practice
Surveillance, collaboration, reinforcement and support
Drivers for Change

- Ontario healthcare system is in the midst of unprecedented change due to:
  - Shift in demographics
  - Fiscal challenges

Trends in utilization
Cost of hospital care
Tech. changes
Cost of physician services
Health specific price inflation

Drivers for Change

Traditional approaches to skin and wound prevention, assessment and management reflected:
• Fragmented and provider-centered service delivery
• Care plans delivered in silos across the healthcare settings
• Inconsistent delivery of evidence-informed practices
• Less than optimal utilization of financial resources
Cost of Wound Care

* Conservative estimate of annual cost of wound care in Ontario - $1.5 billion
* Pressure injury (PI) and surgical wound infections cost individual Canadian hospitals more than $1 million/year
* Total annual cost in the community setting per person for treating:
  - Diabetic foot ulcer - $4,868
  - Venous leg ulcer - $5,554
  - PI - $9,000
* Direct and indirect cost of amputation - $35,000 – $50,000
  - 1,500 Ontarians with diabetes had a limb amputated in 2008 = $52.5 – 75 million
Wound care is more costly when:

- There is variation in practices
- Patient outcomes are uncertain
How Do We Reduce Costs?

- Standardize:
  - Education
  - Wound prevention, assessment and management practices
  - Risk/assessment/documentation tools
- Expand clinical expertise and quality research
- Implement technology and a quality reporting system
- Utilize an interdisciplinary team approach
- Facilitate seamless transitions of wound patients
Context & Structure
The SWRWCP seeks to support the South West health system, where the system is the organization of:

- People
- Resources
- Working toward outcomes

Quality Improvement focus:
- Individual components
- Inter-relationships and inter-dependencies
What Are We Trying to Accomplish?

Better:
- Clinical outcomes
- Patient experience

OUTCOME: Improved Patient Experience & Outcome
Better outcomes depend upon adoption of **Leading Practice** at a patient and system level

**Enablers:**

- Ongoing senior clinical and executive commitment
- Effective single point for surveillance and identification of leading practice
- Facilitate review and consensus by clinical leaders
- Effective communication and deployment plan across organizations
Adoption of leading practice depends upon effective education

Enablers:

- Executive sponsorship in every organization
- Effective transfer of knowledge to all staff within and across organizations
- Recurring education sessions and on-demand access to current resources and tools
Providers need to have access to the wound products indicated by the leading practice

Enablers:
- Organizational commitment to provide product types
- Effective single point for surveillance and identification of products
- Facilitate review and consensus by clinical leaders
- Effective communication about new and de-listed products
How? Measurement

* Focused measurement at a **patient level** within every organization
  * Informs patient care at the bedside
  * Reinforces use of leading practice
  * Enables escalation to specialty resources at the right time
  * Aggregate organization, sector and system measurement ensures equity and consistency for patients
Effective, evidence informed product selection

Consistent use
- Confirms selection
- Critical mass = buying power

OUTCOME:
Improved Patient Experience & Outcome

How? Procurement

- Product Selection
- Leading Practice
- Education
- Measurement
How? Program Evaluation

- Cyclical System Engagement
- Value for money/effort
- Continuous Quality Improvement
Better use of HHR

Escalation to the right clinical skill at the right time:
- Improves healing
- Lowers overall cost
Lower Supply Cost

Efficient management of product ensures:
- Less waste, over/out of stocks
- Better use of budget resources
- Lower overall costs
Vision
Integrated, evidenced-informed skin and wound care – every person, every healthcare sector, every day

Mission
To advocate for the seamless, timely and equitable delivery of safe, efficient, and effective, person-centered, evidenced-informed skin and wound care to the people of the South West LHIN, regardless of the healthcare setting
Engagement and consultation strategy implemented across:

* 30 Hospital organizations
* 78 Long-Term Care (LTC) Homes
* 5 Nursing Provider Agencies, contracted by the South West Community Care Access Centre (CCAC)
* Program fully funded by member organizations
Leading Practice Resources

- Developed an on-line resource ‘Toolkit’:
  - Assessment, management and prevention guidelines, algorithms and tools
  - Patient pamphlets and self-care dressing guides
  - Concordance resources
  - Dressing, cleansing and adjunctive therapy selection enablers
  - Service directory
  - Links to articles, websites, journals and organizations of interest
Newest Toolkit Additions

E-modules

Training Videos
Dressing Selection Tool

Wound Care Dressing Selection Tool

1. Type


Pressure Ulcer
Venous Leg Ulcer
Mixed Venous / Arterial Leg Ulcer
Arterial Leg Ulcer
Diabetic Foot Risk Assessment Tool

### Primary Assessment - Date ___/___/___
- **No/Yes** - PHX PVD
- **No/Yes** - PHX ulcer
- **No/Yes** - PHX Amputation
- **No/Yes** - Deformity
- **No/Yes** - Calluses
- **No/Yes** - Fissure
- **No/Yes** - ingrown toe nails

- **No/Yes** - Blisters
- **No/Yes** - Active ulcer
- **No/Yes** - Neuropathy: L ___/10 R ___/10
- "Yes" - sensitive to ≤6/10 monofil check points
- "Yes" - sensitive to ≥6/10 Monofil check points
- **No/Yes** - abnormal Pedal Pulses: L: PT __ DP= __ R: PT __ DP= __
- "No" - either PT or DP is palpable on a foot
- "Yes" - both PT and DP are not palpable on at least one foot

If "No" to all primary assessment criteria:
- Document foot risk score of "0"

If "Yes" to any primary assessment criteria:
- Refer to Primary Care MD/NP or designate for secondary assessment

Completed by:

### Secondary Assessment - Date ___/___/___
- [ ] 0
  - No to all Primary Assessment Criteria
- [ ] 1
  - Neuropathy (<6/10 sensitivity)
- [ ] 2a
  - Neuropathy & Deformity
- [ ] 2b
  - PHX PVD
  - Absence of both Pedal Pulses on either foot
- [ ] 3a
  - PHX Ulcer
  - Active ulcer
- [ ] 3b
  - PHX Amputation

Follow up Plan:
- **Qyr FU**
  - With a Low Risk Services
    - Primary Care & give structured self care info
    - If no GP: SJHC PCDSP (F) 519 645 6961
- **Q6/12 FU**
  - With a Moderate Risk Services defined as a Service including access
    - AHCPS specializing in Diabetes: Wound prevention & Management & Social work
    - TVFHT (F)
    - SJHC PCDSP (F) 519 645 6961
    - Site Specific Service (F) ___________________________
- **Q3/12 FU**
  - With a High Risk Services defined as a Service including access to
    - Physician specializing in Wound Management, AHCPS specializing in Diabetes: Wound prevention & Management & Social work
    - Parkwood wound Clinic (F) 519 685 4027
    - London Diabetic Foot Clinic (F) 519 645 6961
    - SJHC PCDSP (F) 519 645 6961

Comments:

Completed By:
Order Sets
Use of Website

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<tr>
<th></th>
<th>Jan. 1 - Mar. 31</th>
<th>April 1 - June 30</th>
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<tbody>
<tr>
<td># of Website Sessions</td>
<td>1001</td>
<td>2727</td>
</tr>
<tr>
<td># of Webpage Views</td>
<td>3877</td>
<td>9389</td>
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<tr>
<td># of Website Users</td>
<td>646</td>
<td>2086</td>
</tr>
<tr>
<td>New Users</td>
<td>400</td>
<td>1558</td>
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Social Media Utilization

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<tbody>
<tr>
<td>Total Facebook Likes</td>
<td>61</td>
<td>93</td>
</tr>
<tr>
<td>Total Twitter Followers</td>
<td>24</td>
<td>116</td>
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### Use of HealthChat

<table>
<thead>
<tr>
<th>Total Number of Annual User Logins</th>
<th>March 31, 2015</th>
<th>March 31, 2016</th>
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<tbody>
<tr>
<td></td>
<td>255</td>
<td>528</td>
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Partnering with other LHINs

- Avoid duplication and reinventing the wheel
- Effective use of healthcare dollars
- Enabler of provincial change in wound care practice:
  - Wide spread integrated approach to wound care prevention
  - Wide spread standardization of:
    - Education
    - Wound prevention, assessment and management practices
    - Risk/assessment/documentation tools

Partnering with other LHINs
Product Evaluation

* Product, equipment, service delivery evaluations

* Cross-sector approach:
  * Hospital
  * LTC
  * Community
Wound Care Champions

* 203 Wound Care Champions

* Taught how/supported to utilize Toolkit contents
# About Our Wound Care Champions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Access the SWRWCP website</td>
<td>78%</td>
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<td>Incorporate SWRWCP website resources into their daily practice</td>
<td>56%</td>
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<tr>
<td>Facilitate wound care related education within their organization</td>
<td>83%</td>
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<tr>
<td>Sit as members of their organizations wound care team (or equivalent team)</td>
<td>83%</td>
</tr>
<tr>
<td>Become members of the SWRWCP’s Learning Collaboratives</td>
<td>44%</td>
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<td>Seek out wound care related professional development activities</td>
<td>89%</td>
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<tr>
<td>Collaborate in the development/review of wound care related policies and procedures</td>
<td>63%</td>
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<tr>
<td>Be involved in decisions regarding wound care contracts and/or formularies</td>
<td>59%</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>April 30</td>
<td>CAWC’s Advances for the Management of Diabetic Foot Complications</td>
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<tr>
<td>May 20-21</td>
<td>CAWC’s ‘Changing Practice through Applied Knowledge’</td>
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<tr>
<td>July 13</td>
<td>Hands-on RN/RPN Wound &amp; Ostomy Skills Workshop</td>
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<tr>
<td>July 20</td>
<td>Hands-on PSW Wound &amp; Ostomy Skills Workshop</td>
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<td>July 25</td>
<td>Hands-on RN/RPN Wound &amp; Ostomy Skills Workshop</td>
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<td>July 26</td>
<td>Hands-on PSW Wound &amp; Ostomy Skills Workshop</td>
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<td>August 26</td>
<td>RNAO’s Best Practice Champion Workshop (Level 1)**</td>
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<tr>
<td>December (date TBD)</td>
<td>CAWC’s ‘Changing Practice through Applied Knowledge’ <strong>Refresher</strong></td>
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★ Registration is now open for any event with a green star!
Work to align HealthPro contracted Hospital formularies with the South West CCAC formulary
Quarterly outcome indicator scorecard:
* % Acute care hospital admissions diagnosed with stage 2-4 pressure ulcer
* % Patients in acute care with newly occurring stage 2-4 pressure ulcer
* % of 30 day readmissions with diagnosis of an acute surgical wound complication

* % of South West CCAC patients receiving best practice nursing service
* % of South West CCAC long-stay homecare patients with a newly occurring stage 2-4 pressure ulcer
* % of South West CCAC homecare patients with a venous leg ulcer that closes within 84 days of service

* % of residents who had a stage 2-4 pressure ulcer that recently got worse
* % of residents who had a newly occurring stage 2-4 pressure ulcer
Program Evaluation

- Annual process indicator scorecard:
  - Wound Care Champions, their roles and education
  - Interdisciplinary wound care teams
  - Strategic Steering Committee and Collaboratives activity and membership
  - Satisfaction
  - Website and HealthChat access
  - Social media access
  - Policy and procedure development
Outcome-Based Pathways

- **SWRWCP**
  - Focus: Framework for sustaining best practice
  - Surveillance, collaboration, reinforcement and support

- **Clinical Pathways**
  - Focus: Clinical goals
  - Identifies tools to measure progress

- **OBPs**
  - Focus: Outcomes
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Next Steps

- Continuous quality improvement through:
  - Surveillance:
    - Indicators and measurable outcomes
  - Collaboration:
    - Advocating for improved patient experience, clinical outcomes and use of healthcare dollars and resources
    - Partnering with other LHINs
Next Steps

* Reinforcement:
  * Program interdependencies to maintain sustainability
  * Wound prevention strategy
  * Organizational self-sustainment

* Support:
  * Evidence-informed tools to inform clinical pathways
  * Enabler for OBPs
Questions?
References


