



# The South West Regional Wound Care Program (SWRWCP): A Collaborative Approach to Wound Care

2017 OACCAC Conference

June 15, 2017



#OACON17 | @OACCAC | @SWRWCP

# Disclosures



\* None

# Objectives



By the conclusion of this presentation attendees will be able to:

- \* Describe the current state and challenges in the long-term care (LTC) home sector in Ontario
- \* Discuss the burden of wound care in Ontario and solutions
- \* Provide a brief overview of the SWRWCP's Remote Regional Enterostomal Therapy (ET) Nurse Consultation Pilot
- \* Briefly describe the SWRWCP

# LTC Sector Current State<sup>1-3</sup>



- \* 78,519 LTC home beds in Ontario in 2016
  - \* 114,082 seniors supported
  - \* 20,000 + waitlisted
  
- \* 7,428 LTC home beds in the South West Local Health Integration Network (LHIN)
  - \* 77 homes

# Ontario's LTC Residents<sup>1</sup>



- \* Average age = **85**
- \* 2:1 females to males
- \* **9/10** have some form of **cognitive impairment**
- \* **40%** exhibit **aggressive** behaviors
- \* **1/3** are completely **dependent** on staff
- \* **2/3** use a wheelchair
- \* Almost every resident has **multiple chronic conditions**

# The Challenges<sup>1, 5-6</sup>



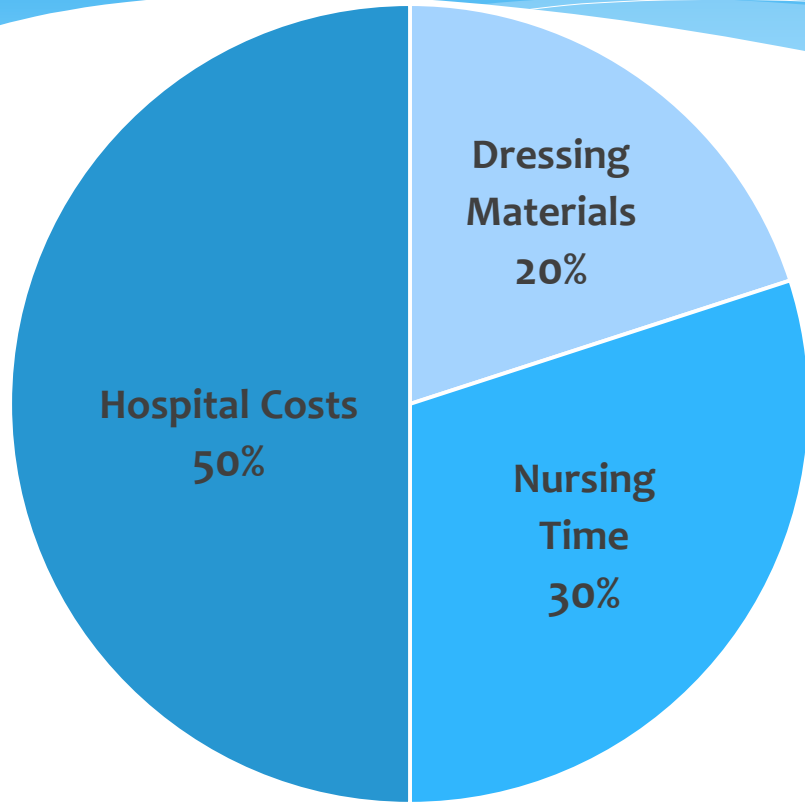
- \* Demographic shift
  - \* The number of seniors living in Ontario will double by 2030:
    - \* **1.8 million (2009) → 3.7 million (2030)**
- \* Out-of-date infrastructure
- \* Access to services close to home
- \* Management of dementia
- \* Medical complexity

# Cost of Senior Care<sup>5-6</sup>



- \* Cost of care for a senior is **3x higher** than average person
- \* Seniors consume **44%** of provincial health dollars
- \* If nothing changes, in 2030 our annual health costs would increase by **\$24 billion** (50%)

# Direct Cost of Wound Care<sup>7</sup>



Conservative estimate of annual cost of wound care in Ontario - **\$1.5 billion**<sup>8</sup>



# Improving Wound Care



We need to<sup>9</sup>:

- \* Standardize education, practices, tools
- \* Expand **clinical expertise**
- \* **Implement technology**
- \* Expand quality research
- \* Utilize an interdisciplinary **team approach**
- \* Facilitate seamless transitions
- \* Implement a system of quality reporting

# Virtual-ET Pilot Drivers

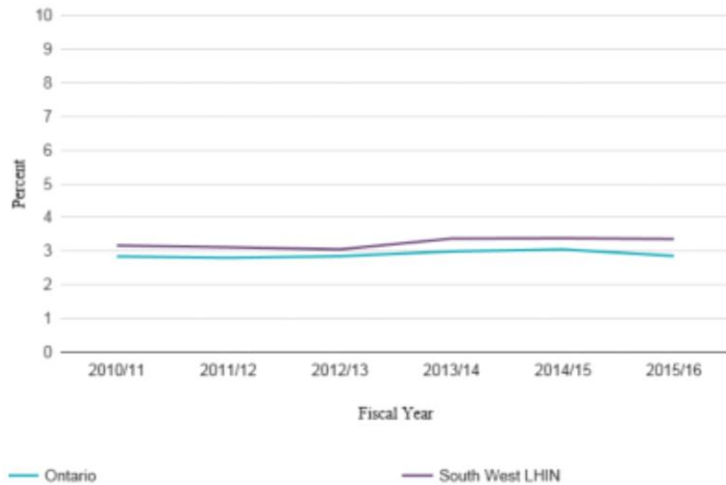


- \* Desire to:
  - \* Provide the **right care** at the **right time** in the **right place** by the **right provider**
  - \* Improve resident outcomes and experience
  - \* Increase staff's wound care related knowledge
  - \* Reduce overall costs associated with wound care

# Pressure Injury Rates



Percentage of long-term care home residents who developed new or worsened pressure ulcers, in Ontario, by LHIN region, 2010/11 to 2015/16



## 2015/16 Results:

- Ontario – 2.9%
- South West LHIN – 3.4%

Benchmark – 1%

# Virtual-ET Pilot Objectives



To determine through a 12-week pilot whether a shared, regional, virtual consultation model for ET services within the LTC home setting can produce improved:

- \* Access to ET consultation
- \* Resident outcomes and resident/provider experience
- \* Cost affordability/sustainability

# Why ET Services<sup>10</sup>?



- \* Decrease number of dressing changes
- \* Improved healing rates
- \* Reduced cost of wound care
- \* Greater support for nurses and families
- \* Fewer emergency department visits and hospital admissions
- \* Increased interest in education in wound care
- \* Standardized protocols for wound care

# Why Virtual Consultation?



- \* Travelling to a specialist may not be feasible due to:
  - \* Ill health
  - \* Frailty
  - \* Distance

# Eligibility



- \* Pilot eligibility was assessed at four levels:
  - \* Virtual-ET (v-ET) provider
  - \* LTC facility
  - \* Resident
  - \* Wound

# Eligibility: Virtual-ET Provider



Nursing service provider agencies were eligible and approached for the study by the SWRWCP Team via a formal 'Expression of Interest' (EOI) if they had an existing contract with the South West Community Care Access Centre (CCAC)





# Eligibility: LTC Homes



## Eligibility criteria:

- \* Located within the South West LHIN
- \* Signed up to the SWRWCP's 'full program'
- \* No existing contract for ET services
- \* Anticipate adequate volume of eligible wound patients
- \* Committed to using SWRWCPs resources and implementing the pilot
- \* Dedicated Wound Care Champion and wound care team
- \* Participate in data collection and evaluation
- \* Clinical skills to support virtual process

# LTC Home Participants




Tri-County  
Mennonite Homes  
Aldaview Services  
Greenwood Court | Nithview Community

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*Making Every Day Matter*

**Greenwood Court**



ST JOSEPH'S  
HEALTH CARE  
LONDON

**Mount Hope Centre  
for Long Term Care**



**McCormick  
Home**  
Advancing long-term  
and dementia care

**McCormick Home**



**Georgian  
Heights**

**Georgian Heights**



**Maple View**

**Maple View**

# Eligibility: Residents



- \* Consent to participation in pilot
- \* If incapable of providing informed consent, consent was obtained from the resident's Power of Attorney for Personal Care

# Eligibility: Wounds



- \* Wound that met the **FUN** criteria:
  - \* **F** = frequency of dressing changes has not reduced to 3 times per week or less by week 3
  - \* **U** = etiology of the wound is **unknown** or the nurse is **unsure** of best practice
  - \* **N** = The surface area (**number**) of the wound has not decreased by 20-30% in three weeks of treatment

# Methods



- \* Two phases:
  - \* Training of the Wound Care Champions (WCC)
  - \* Remote support of the WCC by the v-ET Provider via telephone, e-mail and use of TAWC™ (St. Elizabeth Health Care's Technology Assisted Wound Care™ application)

# Phase One: Training



- \* January 2017
- \* Home's WCC and their Director of Care (or delegated Senior Clinical Leader) were trained on the TAWC™ application
- \* Fundamental wound care knowledge pre-test completed

# Phase Two: ET Support

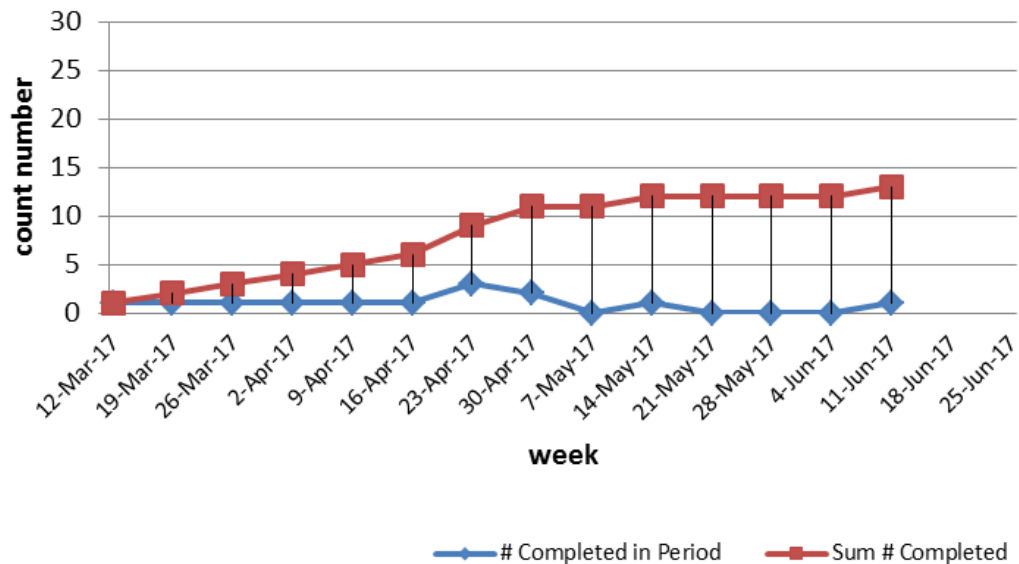


- \* April – July 2017
- \* Remote support of WCCs by the v-ET:
  - \* WCC identifies resident with a complex wound
  - \* WCC completes an assessment and submits an ET referral
  - \* ET reviews referral, develops recommendations and follows-up with the WCC
  - \* WCC accesses the consultation report, consults with the Medical Director for orders and implements the recommendations

# Preliminary Results



SWRWCP V-ET Pilot Sample Progression



**Number of  
residents referred**



# Quantitative Results



## Resident Characteristics

<b>Resident Assessments</b>	n=13
<b>Male</b>	n=5
<b>Female</b>	n=8
<b>Average Age</b>	82 years
<b>Median Age</b>	85 years
<b>Average # Medical Diagnoses</b>	8
<b>Average # Medications</b>	10
<b>Average Days from Onset of Wound</b>	553 days

<b>Wound Types</b>	<b>Number</b>	<b>Percent</b>
<b>Pressure Injury</b>	7	53.8%
<b>Skin Tear</b>	1	7.7%
<b>VLU/ALU</b>	2	15.4%
<b>Surgical</b>	2	15.4%
<b>DFU</b>	1	7.7%

<b>Location</b>	<b>Number</b>	<b>Percent</b>
<b>Coccyx</b>	3	23.1%
<b>Thorax</b>	1	7.7%
<b>Hip/Leg/Foot</b>	9	69.2%

# Results: Process Measures



**Goal:** 80% of v-ET referrals will be completed within 24 hours of receipt of the referral (inclusive of Saturdays)

**Current Result:** 30% of v-ET referrals are completed within 24 hours

- \* Median days to completion of full consultation → 3 days
- \* Challenge: Completion of telephone consultation

# Results: Process Measures



**Goal:** Wait times for ET services will be reduced by a minimum of 24 hours compared to pre-pilot wait times

**Current Result:** 84% of the time, the v-ET reached out to Wound Champions within 24 hours of their completed assessment

# Results: Process Measures



**Goal:** Within 72 hours of v-ET consultation, recommended changes to the resident's care plan will be fully implemented

## **Current Result:**

- \* 54% of dressings were started with next dressing change
- \* 23% required a physician's order prior to initiating

# Results: Qualitative

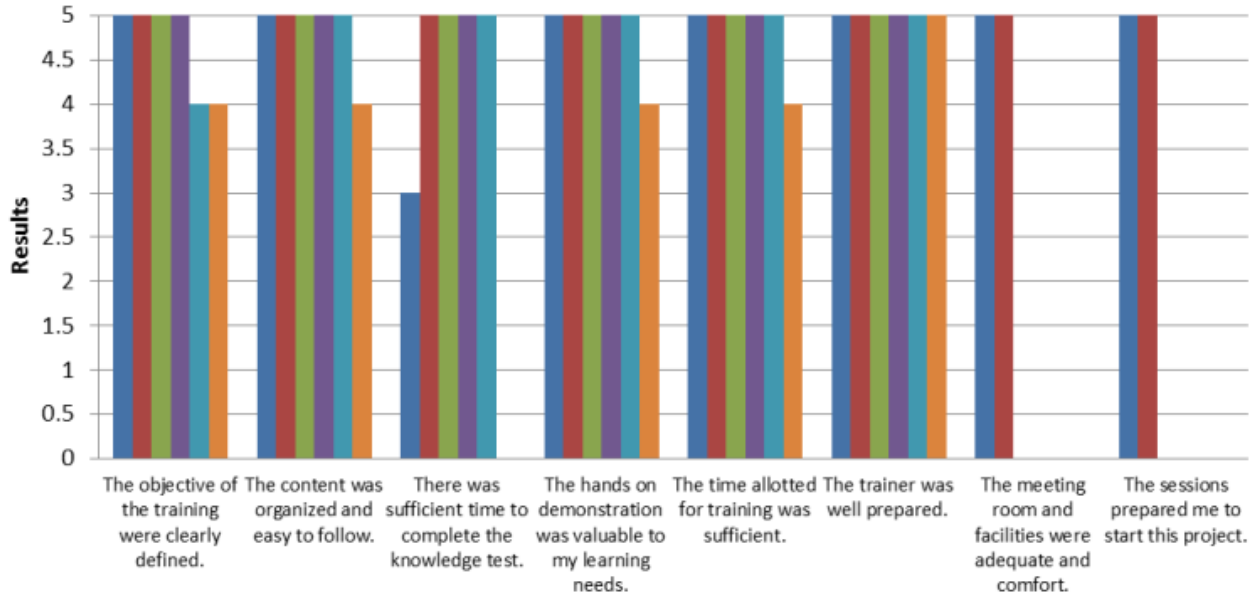


- \* A v-ET consultation service available to residents of LTC Homes in the South West LHIN will result in a positive experience for:
  - \* Residents
  - \* Family
  - \* Staff

# Training Satisfaction



Participant Satisfaction with Training Day



# Reflection: Provider



- \* “... we have seen one really significant change with one resident who's wound had not changed in years now starting to show signs of healing ...”
- \* “ ... for those who have not done many assessments, the tool is probably really hard to use, but my Champion has done at least 5 now and she says it is taking her much less time ...”

# Results: Knowledge



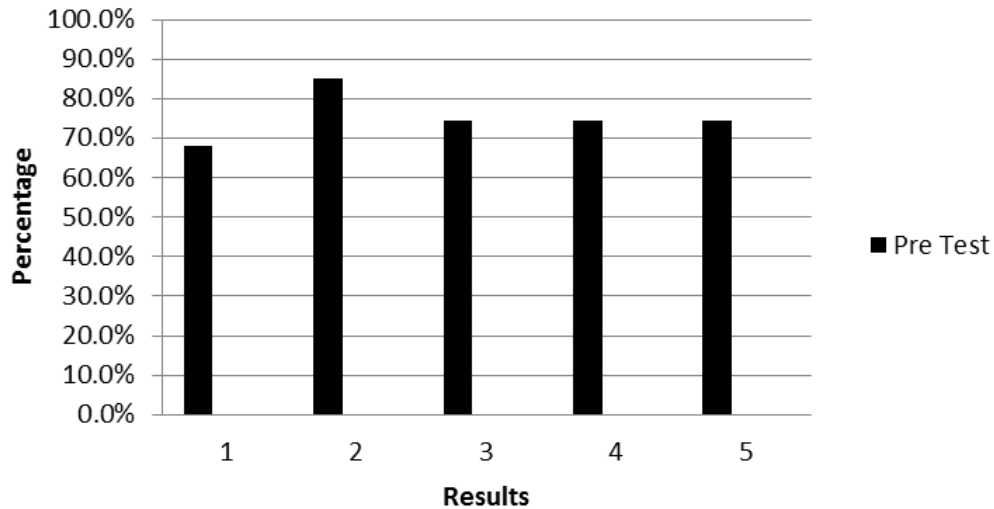
- \* Fundamental wound care knowledge post-test will be completed by WCCs at the conclusion of the pilot and compared to pre-test results to measure change in knowledge
- \* Change in knowledge and identification of knowledge gaps will also be identified at the end of the pilot via interviews and surveys



# Knowledge Pre-Test Results



SW Virtual ET Pilot Pre/Post Knowledge Test Results



# Results: Economic

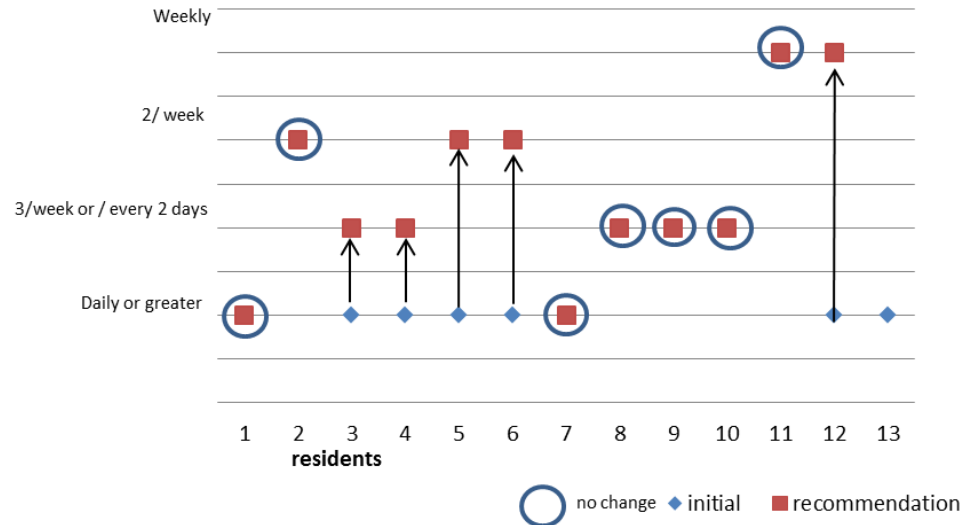


- \* A 10% reduction in wound care related costs will be realized, determined by a calculation and comparison of dressing supply and health human resource costs (staff time to change dressings and ET consultation fees) pre and during the v-ET pilot

# Dressing Change Frequency



## Impact of V-et Consultation on Dressing Frequency



# Lessons Learned



- \* **Time to go-live: Underestimated r/t Privacy Assessment**
  - \* Provided orientation too early
- \* **Familiarity with tool**
  - \* Significant impact on time / early uptake for WCCs

# Lessons Learned



## \* Collaborative Design

- \* Opportunity to more carefully review and integrate into workflows for LTC Homes
- \* More carefully design in PDSAs
- \* Phone meetings were extremely helpful

## \* Education / Support for Champions

- \* Directed and scheduled touch points with WCCs

# Next Steps



- \* Completion of the v-ET pilot in LTC
- \* Dependent on outcomes:
  - \* Development of a business case to provide v-ET services to LTC Homes in the South West LHIN via the SWRWCP
  - \* V-ET PDSA in a couple of small, rural hospitals in the South West LHIN

# About the SWRWCP



The South West Regional Wound Care Program (SWRWCP) is a patient-centered collaboration, aspiring to support integrated wound care practices in order to:

- \* Improve patient outcomes
- \* Create a seamless experience across care settings
- \* Reduce overall costs (supplies + health human resources)

# Review of Objectives



By the conclusion of this presentation attendees will be able to:

- \* Describe the current state and challenges in the long-term care (LTC) home sector in Ontario
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# Questions?



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