Practice Change and the South West Regional Wound Care Program (SWRWCP)

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Objectives

By the end of this presentation, participants will be able to:

- Describe the concept of change
- Understand the drivers for change in the Ontario health care system
- Describe the financial impact of wounds in Canada
- Understand the changes needed to support evidence-informed wound care in Ontario
- Describe how to affect sustainable change in health care
- Understand the SWRWCP’s approach to making/sustaining wound care practice change, and the lessons learned so far
The Concept of Change

- Change has become:
  - Constant
  - Pervasive
  - Persistent

- To survive the change, health care organizations must be focused yet flexible

- Change requires modifications in technology, personnel, and structure
Health Care in Ontario

- Midst of unprecedented change in a climate of uncertainty:
  - Moving from a provider-centered global funding approach to a more person-centered, activity-based approach

- Why?
  - Demographic shift (population growth and aging)
  - Fiscal challenges:
    - Health specific price inflation
    - Increasing cost of physician services
    - Cost of providing hospital care
    - Technological change
    - Trends in utilization
Cost of Wound Care

- Conservative estimate of annual cost of wound care in Ontario - $1.5 billion

- PU and surgical wound infections cost individual Canadian hospitals more than $1 million/year

- Total annual cost in the community setting per person for treating a: 7-8:
  - DFU - $4,868
  - Venous leg ulcer - $5,554
  - Pressure ulcer - $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 million – 75 million
Wound Care Costs

- Wound care is more costly when\textsuperscript{10}:
  - There is variation in practices
  - Patient outcomes are uncertain

- We need to\textsuperscript{11}:
  - Standardize:
    - Education
    - Wound prevention, assessment and management practices
    - Risk/assessment/documentation tools
  - Expand clinical expertise
  - Implement technology
  - Expand quality research
  - Utilize an interdisciplinary team approach
  - Facilitate seamless transitions of wound patients
  - Implement a system of quality reporting
BUT ... 

Economics and good evidence is NOT enough to effect sustainable practice change¹⁰!
So How Can We Make A Change?

- Consider other factors:\
  - Values and expectations of the different cultures in the health care system
  - Perspectives on effective practice of health care professionals
  - Organizational variables:
    - Management structures
    - Organizational roles
    - Characteristics of patient populations
    - Geographic locations of services
Well ...

You need a comprehensive change strategy!
Change Strategy

- Mediation of diverse perspectives
- Team learning
- Adequate resources for experimentation and sustained commitment to the change until successful adoption is accomplished
- Proven methods that encourage adoption of a change:
  - Building effective interdisciplinary teams
  - Using change champions
  - High level management support
  - Development of communication processes that assure accurate/timely information exchange
  - Consensus building
  - Conflict management
Where Does The SWRWCP Fit In?

Vision
Integrated, evidenced-informed skin and wound care – every person, every health care 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.
Goals/Initiatives

- Standardize:
  - Education
  - Wound prevention, assessment and management practices
  - Risk/assessment/documentation tools

- Expand clinical expertise

- Implement technology

- Expand quality research

- Utilize an interdisciplinary team approach

- Facilitate seamless transitions of wound patients

- Implement a system of quality reporting
Organizing the Change Initiative

- Practice change clearly needed
- Educational needs assessment

- Developed an on-line ‘Toolkit’:
  - Principles of healing
  - Assessment forms/tools
  - Teaching/learning tools
  - PSW resources
  - Cleansing and dressing aides/algorithms
  - Resources based on wound etiology
  - Debridement and infection resources
  - Adjunctive therapy tools
  - Interdisciplinary referral algorithms
  - Ostomy resources
The Change Initiative

• Wound Care Champions cultivated:
  • Taught how to use Toolkit

• Product alignment between South West CCAC and Health Pro contracted hospitals

• Initial plans for data collection and outcomes measurements
2013 Re-Start

- Funding change

- New Clinical and Program Leads hired

- A lot of momentum lost ... needed to start over:
  - Completed a business/project plan
  - Reviewed/refreshed/created:
    - Vision and mission
    - Code of Ethics
    - Values
    - Strategic direction and goals
    - Communication/engagement strategy
    - Logo
  - Re-established governance structure and communications model
Re-Engagement

- Re-engaged our:
  - Long-Term Care Homes
  - Hospitals
  - Community Nursing Agencies

- Re-established our network of Wound Care Champions
  - New role
  - Toolkit education
  - CAWC-SWRWCP Education
Clinical Practice and Knowledge Translation Learning Collaborative

- Review historic ‘Toolkit’ and update contents
- New website (swrwoundcareprogram.ca)
- Develop new ‘Toolkit’ items
Product Evaluation Learning Collaborative

• Created cross-sector product evaluation procedures

• Initiating cross-sector product evaluations

• Created product selection enablers
Obtained Management Support and Buy-In

- Discussion re quantitative measurements to demonstrate practice change

- “The ultimate goal is to manage quality. But you cannot manage it until you have a way to measure it, and you cannot measure it until you can monitor it” (Florence Nightingale)
What information is already being gathered and/or monitored?
Community Performance Indicators

Community sector:
- 85% of wound care clients will receive 3 wound care visits per week or less
- % of new stage 2-4 pressure ulcers
Community Indicator #1

Percentage of Wound Care Clients with Nursing Service who met 3 visits or less/week best practice

Monthly Trend Analysis by County
2013-2014 Fiscal Year
Community Indicator #2

PERCENTAGE OF HOME CARE CLIENTS WITH A NEW PRESSURE ULCER (STAGE 2 TO 4)
2011/12

Data Source: HCRIS, provided by CIHI
LTC Home Performance Indicators

- Long-Term Care:
  - % residents with a stage 2-4 pressure ulcer that recently got worse
  - % residents who had a newly occurring stage 2-4 pressure ulcer
LTC Indicator #1

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Benchmark</th>
<th>ON Rate</th>
<th>Ontario Facility-Level Distribution (Percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer</td>
<td>1%</td>
<td>2.6</td>
<td>1.0 1.7 2.6 3.8 4.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
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</thead>
<tbody>
<tr>
<td>Bruce</td>
<td>2.1</td>
<td>0.0</td>
<td>4.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Elgin</td>
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<td>4.5</td>
<td>2.7</td>
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<tr>
<td>Grey</td>
<td>3.2</td>
<td>0.0</td>
<td>12.0</td>
<td>1.4</td>
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LTC Indicator #2

Quality Indicator: Safety
Has a Worsened 2 to 4 Pressure Ulcer

Benchmark value for publicly reported home-level indicator on pressure ulcers and the distribution of risk-adjusted indicator result for ON LTC Homes in 2011/12

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Hospital Performance Indicators

- % of PU hospitalizations with the exception of CCC and rehab
- % of 30 day readmits for surgical wounds
- % of patients in the CCC with new pressure ulcer
- % of patients in rehab with a new pressure ulcer
- % of patients in acute care with a new pressure ulcer
Lessons Learned

• Unidirectional mandates often fail to affect sustainable practice change

• Should have comprehensive strategies that:
  • Take advantage of organizational structure and culture
  • Exploit the value of the interdisciplinary team
  • Provide opportunity for end-users to become comfortable with change
Lessons Continued

• Work within the system

• Use a team approach

• Don’t rush the change

• Encourage and support participation
Conclusion

- Wide-spread change may be daunting, but it is NOT impossible
- There are many obstacles to be addressed
- A comprehensive change strategy that allows for negotiation is one in which there is:
  - Careful attention paid to ensuring information is communicated
  - Support of those going through the change
  - An understanding by those involved in the change, that their input and feedback is valuable
Questions?
Resources