



# Evaluation of the Kenora Wound Care Pilot Project

Centre for Rural and Northern  
Health Research

February 12, 2010



# CRaNHR Research Team

- *Bruce Minore, Research Director*
- *Mary Ellen Hill, Senior Researcher*
- *Grace Bando, Research Assistant*
- *Rose Page, Research Assistant*
- *Serenity Perry, Research Assistant*
- *Megan Tiernan, Research Assistant*



# Objectives

- To examine perceived effects on provider's confidence in their abilities to delivery competent wound care using best practice guidelines
- To document provider and client experiences around implementation of integrated wound care
- Perceptions of program successes and challenges, including transferability of model to other Interdisciplinary Care Teams and Family Health Teams



# Approaches

- Examined available documentation on implementation of the Kenora Wound Care Pilot Project, (reports, assessments, and administrative utilization data)
- Interviewed 22 key informants (13 administrators and front-line providers and 9 clients and caregivers)



# Prior to Implementation

- Most clients requiring wound care went to LWDH Emergency Room
- Only exceptions were CCAC clients eligible for in-home care
- Some clients requiring wound care went to family physicians
- Definite gaps in system



## Issues Prior to Pilot

- Referrals were problematic
- Client frustration with delays in care and difficulties accessing appropriate care
- Discontinuities in care, people getting “lost in the shuffle”
- Perception that delays in care were leading to poorer outcomes, more serious complications



# Pilot Project Objectives

- Establish collaborative model of care centred on multidisciplinary team
- Expedite access to care from any point in the health care system
- Improve continuity of care by fostering partnerships between organizations
- Improve provider and client competencies through education



## Utilization – Pilot Project

- Each organization kept an independent system of tracking patients and visits
- No way to integrate datasets as type of information differed significantly from one dataset to another
- Each set of information was analysed separately for insights into pilot project operations

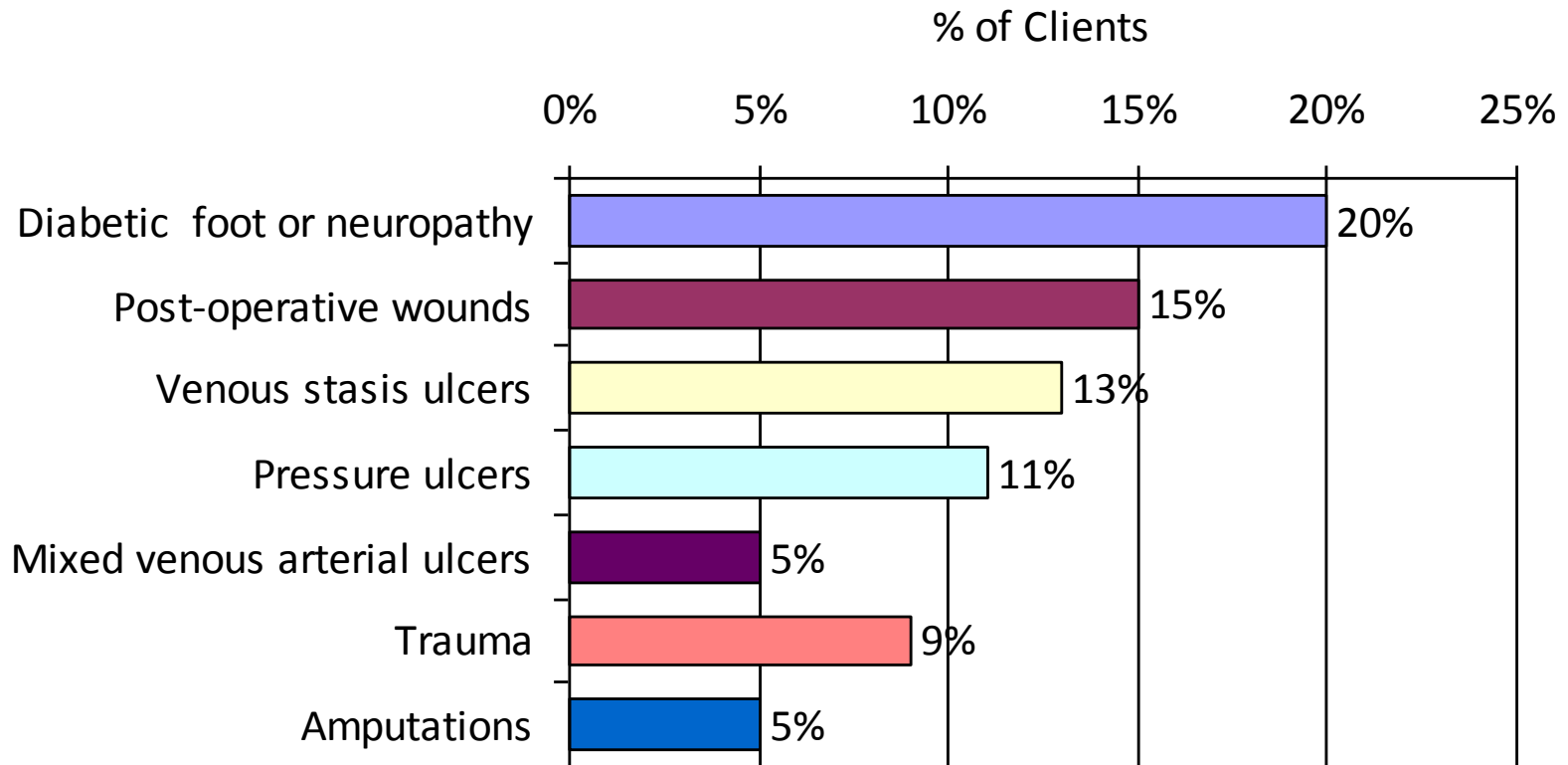


## i. LWDH Weekly Clinic

- 578 visits between April – October 2009
- 99 clients receiving care
- Average age 59 (youngest 15, oldest 96 years of age)
- Both acute and chronic wounds assessed



# Conditions Assessed



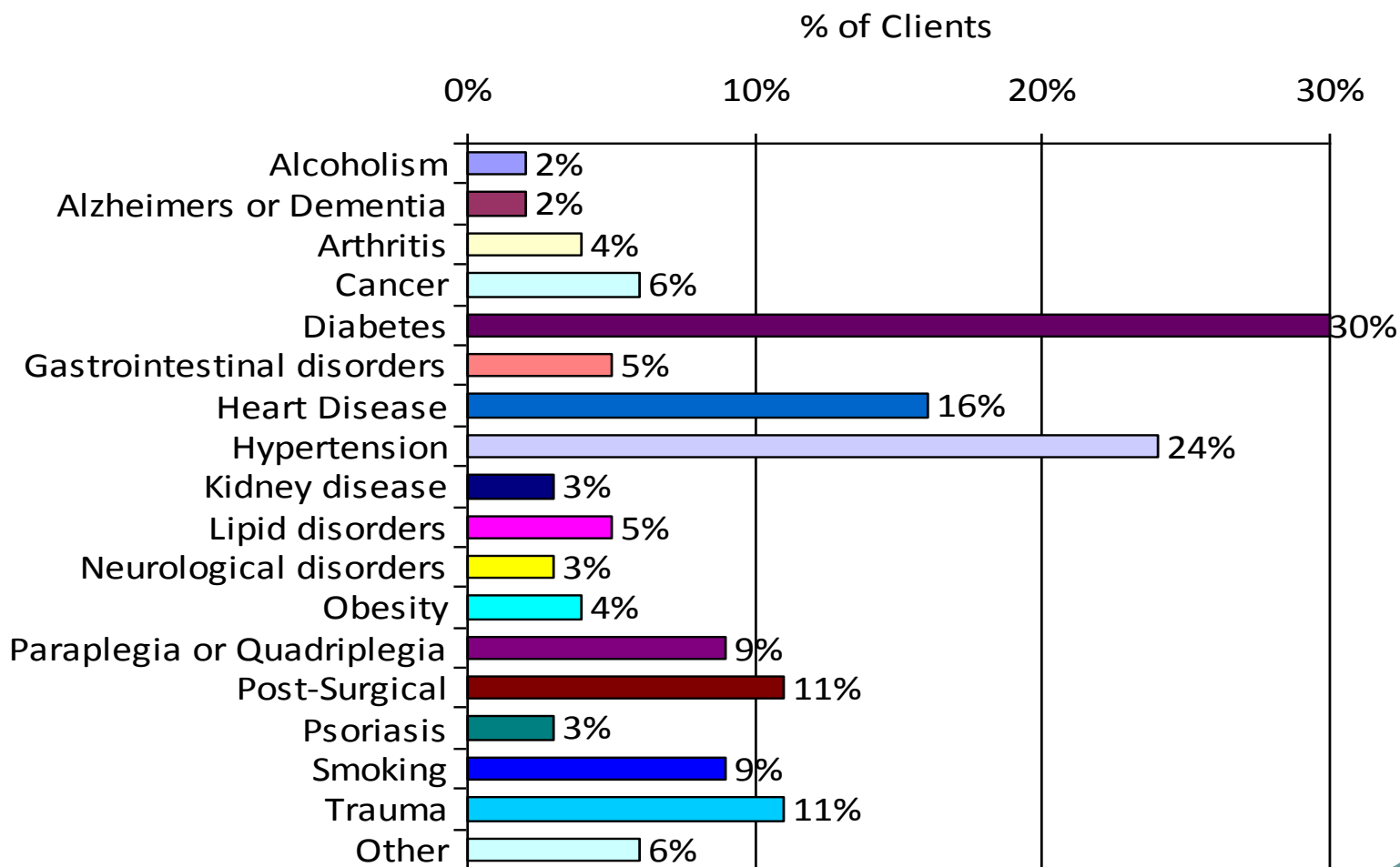


# Conditions Assessed

- 1/3 - ulcers (arterial, venous, pressure, mixed)
- 1/5 - diabetes complications (diabetic foot or neuropathy)
- 1/6 - post-op complications (variety of conditions)
- 1/7 - trauma or amputations



# Underlying Health Problems



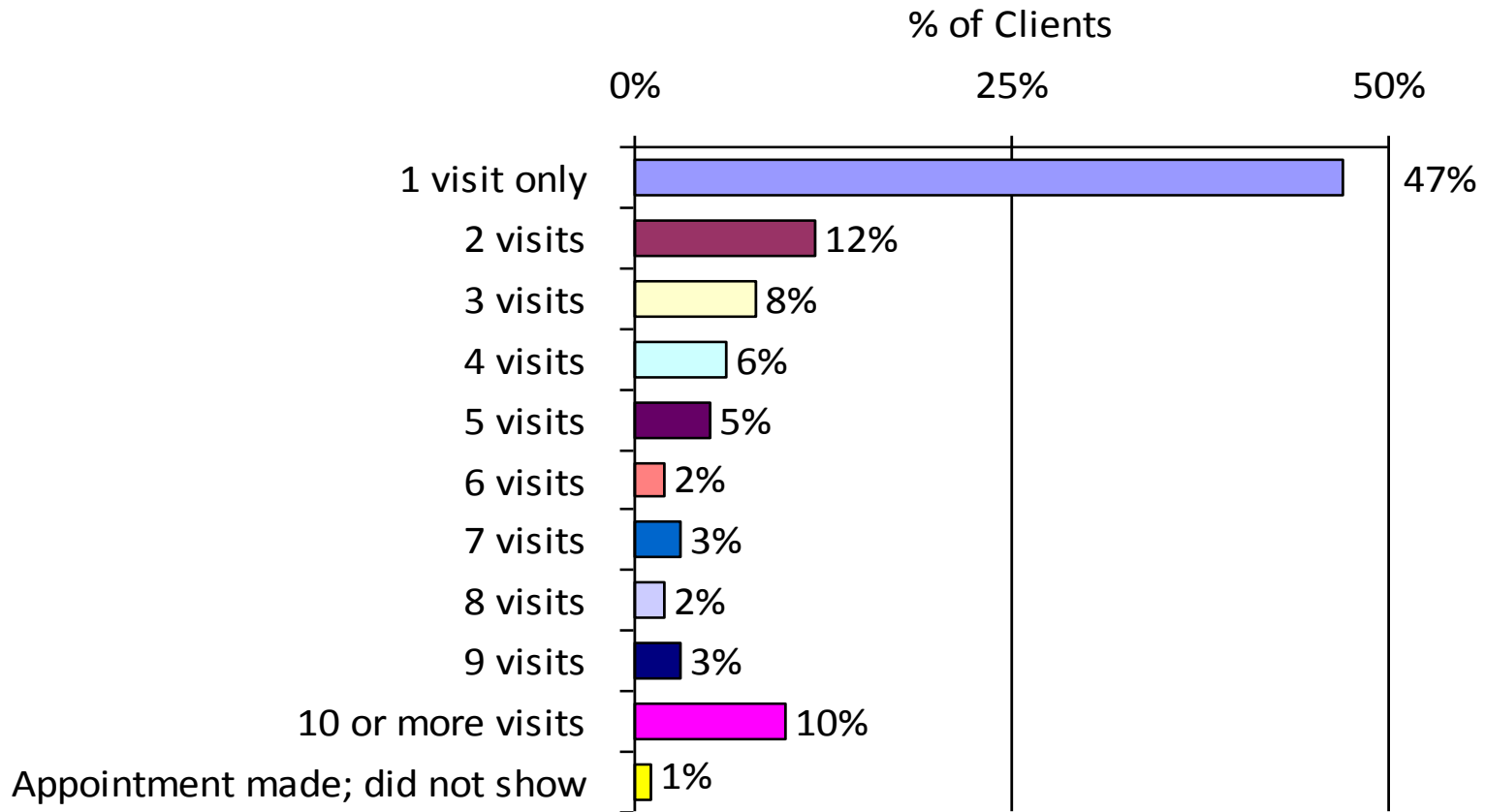


# Underlying Health

- More than 70% of clients had one or more chronic conditions and required complex wound care
- Diabetes in 1/3 clients; hypertension in 1/4 clients
- Additional risk factors that contribute to poor wound healing, such as smoking and obesity, also identified



# # of Visits Per Client





# Client Visits

- 1/2 clients visited Wound Care Assessment Team Clinic only once and were referred to other organizations
- Remainder required between 2-9 visits
- 10 clients, with complications or reoccurrences, each made more than 10 visits for care



## ii. CCAC

- 31 clients visited weekly Wound Assessment Team Clinic
- 24 returned more than once
- 5 clients required more than 10 visits
- Clients only eligible for in-home services if non-ambulatory and would experience extreme hardship to go outside home for treatment



### iii. SCFHT

- 688 visits for wound care
- Services included: assessments (148), suture removal (157), staple removal (18), simple dry dressings (190), complex dressings (311)
- Patient and family education (70)
- Referrals to other providers (101)



## iv. LWDH Emergency

- Data for 3 month period (June-Aug) for 2007, 2008 and 2009, shows reduction to 76.4% in volume of cases during pilot
- No statistics available on KWCP clients
- Reasonable to suggest that patients seen in the Wound Care Assessment Team Clinic were a large part of the previously existing ER traffic



# Effects - Human Resources

- Capacity of project increased significantly as organizations donated staffing support to make it succeed
- Challenging to accommodate increasing number of clients
- Difficult for front-line providers to balance wound care workload with other duties



## Effects - Coordination of Care

- Development of standardized referral process, flowcharts, significantly improved care coordination
- Enhanced referral process, more timely referrals, shorter wait times for appointments
- Improved communication with clients, enhanced patient satisfaction



## Effects - Education

- Provider education, dissemination of best practice guidelines and workshops
- Front-line providers confirmed that education and training increased confidence in delivery of care
- Client education materials improved understanding of wound care and better self-management of wounds



# Successes - Partnerships

- Project showed that partnerships and collaborative care model can produce better care
- Communications was seen as key in developing partnerships and fostering trust between organizations
- Improved providers knowledge of services and programs available



## Successes - Access

- Providers perceived fewer repeat visits for wound care
- Better healing and control over wounds that were previously challenging
- Fewer serious complications seen
- Improved access to care clients who did not have family physicians



# Successes - Collaboration

- Communication and collaboration as key factors in success
- Enhanced confidence in team-based care, ability to get feedback, consultation
- “One-stop shopping” approach gave clients easier access to care, more timely treatment and referrals



# Successes – Best Practices

- Adoption of Bates Jenson Assessment Tools and CAWC guidelines were key in ensuring best practices
- Organizations made sure that providers had easy access to guidelines, treatment algorithms, information about wound care products



# Successes - Competencies

- Educational initiatives, workshops and dissemination of best practice guidelines, seen as very successful
- Consensus that wound care competencies enhanced across the spectrum of care
- Increased number of providers with wound care training and skills (RNs, RPNs)



## Successes - Client Outcomes

- Many success stories around fact severity of wounds and frequency of complications had decreased
- Individualized care plans and client education was also seen as contributing to improved outcomes
- Increased confidence among clients and family caregivers around care provided



# Challenges - Volume

- Difficulties accommodating the increasing volume of wound care clients
- Additional staff, more time devoted to wound care, additional administrative supports, would have helped
- Some challenges around eligibility for services, clients moved to where they could access care



# Challenges - Sustainability

- Concerns around sustaining the collaborative care model, in its entirety, once pilot project ended
- Some organizations unable to find resources for specialized staffing, education, supplies and administrative supports
- Seamless system of care no longer exists



# Ideas - Transferability

- Agreement that collaborative care model could be transferred to other settings, provided supports were in place
- Partnerships, consultation between organizations, education essential
- Data on clients requiring care, common mechanism for collecting client data, ongoing client tracking important



# Summary – KWCP Project

- Widely viewed as success, by health care providers and clients alike
- Enhanced provider wound care competencies across spectrum of care
- Improved clients' access to wide range of services and supports
- More timely care, higher quality care and fewer complications evident



# After the Pilot Project

- Provider education, competencies and best practices?
- Client education, services and supports?
- Organizational collaboration and communication?
- Interdisciplinary approaches, multidisciplinary team care?



# Thank you!

If you have any questions, please contact  
CRaNHR:

Mary Ellen Hill

(807) 766-7278

[maryellen.hill@lakeheadu.ca](mailto:maryellen.hill@lakeheadu.ca)



Ontario