Wound Care Management in Canada

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Canadian Home Care Association
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The Issue

- Wound care services delivered without a best practice approach are expensive, result in poor quality client outcomes and waste valuable human and financial resources.

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The Facts

- 71% of pressure ulcers occur in patients 70 + (Peres)
- Prevalence of leg ulcers increases to 10 to 30 per thousand in those 85 + (Callam et al)
- > 80% of ongoing management of chronic wounds occurs in the community (Graham)
- 33-50% of all home care clients have wound care needs (Baich et al, McIssac)
- Those with wounds use home care longer than those without (Sibbald)

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50 Years

- The first research-based recommendation for moist wound healing as opposed to allowing the wound to dry out was published almost fifty years ago in 1962 (Dale)
- Despite evidence, dry gauze dressing are still a common treatment choice for managing wounds ... approximately 50% of the time (Founder, McIssac)

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Costs

- In the community, the average cost to close a venous leg ulcer is $958.00 (McIsaac)
- The costs of home care for individuals with leg ulcers in Canada is estimated to be more than $100 million per year (Graham et al.)
- ALOS to close a wound for wound care clients in the community is 90 days (McIsaac)

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Potential Savings

- Savings of $338 million – a 66% reduction in costs in Ontario by adopting best practices for the estimated 90,000 diabetic foot ulcer patients and 15,000 leg ulcer patients (Shannon)
  - Also estimated that $24 million would be saved from reduced hospitalizations, due to fewer infections and amputations (Shannon)
- Median cost of treating those with leg ulcers per protocol decreased from $1,923 to $406 – average total number of visits needed for health dropped from 37 to 25 (Harrison et al.)

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Expertise

- 58% of family physicians in one study said they believe they can rely on the home care nurses to have current information on how to effectively treat leg ulcers
  - 89% indicated a desire for more information on treatment protocols (Graham et al.)
- Significant improvements in healing when a wound specialist is involved in care – directly or in a consultative capacity (Baich et al.)

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Current Practices

- Formularies
  - Collaborative decision making (British Columbia, Edmonton Alberta, Ontario)
- Standardized Care
  - Nova Scotia protocol
- Wound Care Clinics
  - Centre of excellence – Winnipeg Manitoba
- Expert Resources
  - Tele-monitoring outreach – Extra Mural Program New Brunswick, Edmonton Alberta, Winnipeg Manitoba

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Successes

- Team based approach
  - Multidisciplinary team most effective
- Data Collection
  - Outcome measurement - PEI, North Simcoe Muskoka Ontario

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Outcomes

- Increase in physicians following best practice recommendations
  - 57% of orders not matching best practice (ESC)
- Clinician satisfaction
  - All
- Cost savings – supplies , visits
  - use of traditional wound care products reduced from 75% in 2005 to 20% in 2007 (Niagara Ontario)
  - frequency of daily dressing changes reduced from 48% in 2005 to 15% in 2007 (Niagara Ontario) ; from 14% to 0% in six month period (PEI)

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Outcomes

- Improved wound healing
  - 30% increase (Extra Mural Program Horizon Health New Brunswick)
- Decreased hospitalization
  - 5% decrease (Extra Mural Program Horizon Health New Brunswick)
- Decreased cost
  - Total treatment cost was lowered by $10,700 (75%) per patient in 2006 (Niagara Ontario)
- Improved client quality of life
  - All

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Conclusion

- Wide variation in wound management amongst clinicians
- No commonly accepted standards, principles and approaches to wound management in home care sector
- Home care programs must establish and implement evidence based practice guidelines

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