OntWIG Ontario Woundcare Interest Group

Welcome

Val Winberg, President, began the day by welcoming everyone to this, the 9th annual OntWIG Symposium and presented the syllabus for the day.

Thanks to Industry Partners

OntWIG recognized the support, attendance and contributions made by industry partners. The gold, silver and Symposium sponsors and partners are further acknowledged at the end of this paper.

ONTWIG Finances

Alexandra Crowe, OntWIG Finance & Administration, delivered her summary.

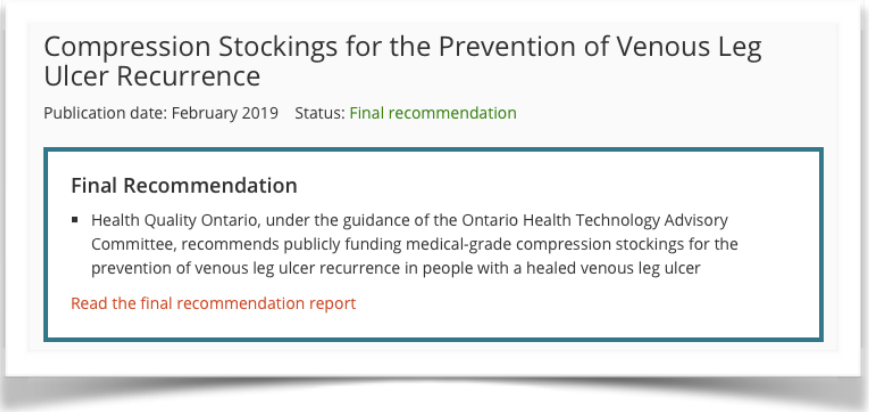
In 2018, our membership was comprised of 225 members from a wide range of professions including Occupational Health, Physiotherapy, Chiropody, Nursing, Dieticians as well as 14 students.

ONTWIG began the fiscal year with approximately $37,000. Total income was $30,600 comprised of membership fees, symposium fees and vendor support. Admin, Conference, Symposium and Meeting expenditures totalled $33,000, leaving a balance of just over $34,000.

Accomplishments 2017-2018

2018-19 marks the 11th anniversary of our organization and this marks the 9th annual symposium. OntWIG's mission is to collaborate in policy formation and recommendation via its inter-professional workgroups. We are very proud of the achievements we have been a part of over the past year including:

OntWIG's integral role in the recommendation for publicly funding compression stockings.



OntWIG worked diligently to have the drug Pentoxifyline approved as part of the treatment for venous ulcer treatment.

New Reason For Use Code

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02230090	Pentoxifylline SR	400mg	SR Tab	AAP

New Reason For Use Code and Clinical Criteria

Code 529

For the treatment of patients with venous ulcers lasting, or expected to last, more than 8 weeks.

Treatment should be discontinued after 3 months if there is no indication of objective benefit.

The duration of therapy with pentoxifylline should not exceed 12 months.

NOTE: Pentoxifylline should be used in combination with compression therapy.

LU Authorization Period: 1 Year

Currently, OntWIG workgroups are actively preparing Health Technology Assessments (HTAs) in three key areas:

- Therapeutic mattresses for prevention and treatment of pressure injuries;
- Therapeutic footwear for DFU; and
- Biological wound healing technologies.

We need you to volunteer for these workgroups so that our work can continue. Without you volunteering, we could not have the impact we have had to date.

As part of the work we are doing, we will send out a draft letter that we would like you to consider, improve and deliver to your MPPs wherever you reside. We are trying to encourage the government's awareness of the issues we are trying to address and we need your help.

OntWIG has never sought recognition for its ongoing work. Our work is entirely the result of dedicated volunteers supported by interdisciplinary cooperation. That said, OntWIG was honoured to have received the RNAO's Interest Group of the Year award.

In this review of the 9th symposium, we hope that we have presented a memorable day that impacts your work life in a positive way.

Provincial implementation of Wound Care Initiatives

Amy Olmstead
Director Home and Community Care, MOHLTC

Amy Olmstead is Director for the Home and Community Care Branch in the Ministry of Health and Long-Term Care.

Among other work, the branch is leading the implementation of Patients First: A Roadmap to Strengthen Home and Community Care (2015) and supporting the Patients First Act, 2016, which expands the mandate of Local Health Integration Networks to include the delivery of home care services.

In addition, the branch is supporting the implementation in the community of Health Quality Ontario's quality standards, including improving access to off-loading devices for diabetic foot ulcers. The branch's work is driven by ongoing engagement with LHINs, care delivery providers, clients and caregivers, Indigenous partners and French-language advisors.

The Ministry's goals as they relate to wound care include:

•Improve patient experience across the province;
•Prevent wounds;
•Provide better, evidence-informed treatment that reduces healing time and treatment costs;
•Reduce the associated burden on the acute care system (e.g. from lower limb amputations); and
•Reduce healthcare system costs associated with wound treatment.

The ministry is continuing to lead the implementation of Health Quality Ontario's (HQO's) Wound Care Quality Standards, in collaboration with regional wound care and home care leaders to enhance wound prevention and management in home care as an initial priority. To support this, the ministry has convened a Wound Care Project Team with representation of wound care leaders from all regions to seek advice on the adoption and alignment of wound care best practices across the province.

This work is aligned with the four themes identified in the first report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine:

•A pressing need to integrate care around the patient and across providers in a way that improves health outcomes for Ontarians;
•Growing demand and opportunity to innovate in care delivery, particularly in the use of virtual care, apps, and ensuring patients can access their own health data;
•The potential for greater efficiency in how we streamline and align system goals to support high quality care; and
•The critical role for a long-term plan so that we have right mix of health care professionals, services, and beds to meet our changing health care needs.

The Ministry's Implementation Priorities are as follows:

Short Term

- ***Expansion of the provision of publicly funded offloading devices to patients through Health Service Providers (HSPs), LHIN-delivered home care and Aboriginal Health Access Centres (AHACs);***
- ***Development of a common, evidence-based wound care program for home care including standardized clinical pathways for all major wounds;***
- ***Identification of training and education opportunities for service providers;***
- ***Identification of key performance indicators and standardized data collection and monitoring; and***
- ***Approaches to phased/prioritized implementation of the HQO Wound Care Quality Standards.***

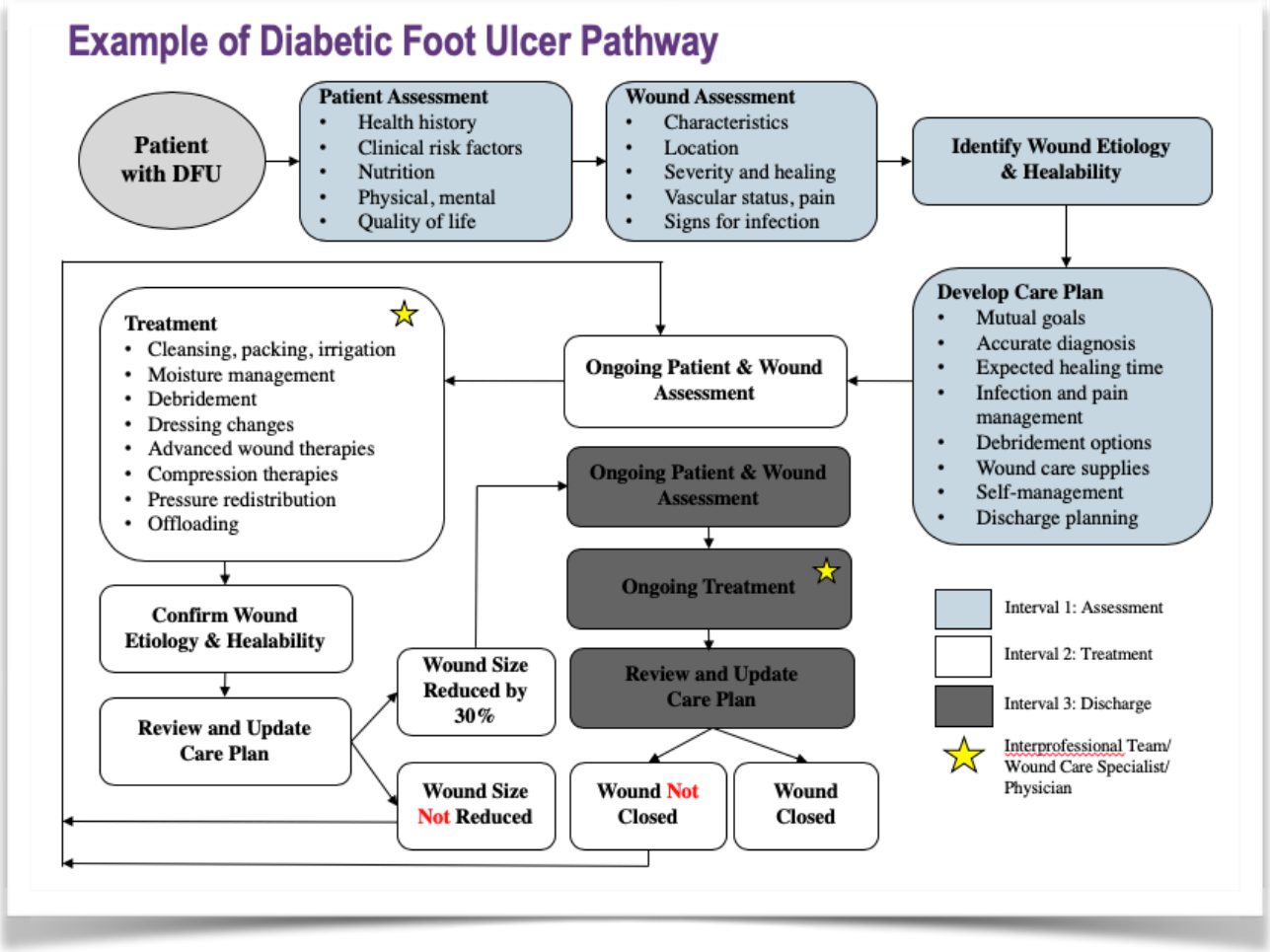
Long Term

- ***Broader healthcare system collaboration to improve wound prevention and management across other sectors; and***
- ***Improved access to wound care services for underserved and priority populations (e.g. Indigenous, rural and remote communities).***

A tip of the hat to OntWIG and its efforts, the ministry is continuing to fund total contact casts, removable cast walkers and irremovable cast walkers for patients with diabetic foot ulcers through home care, HSPs and AHACs as recommended by the Ontario Health Technology Advisory Committee (OHTAC).

The ministry continues to fund training and education opportunities for health care providers to support wound care capacity building.

In collaboration with home care leaders, the ministry has initiated the development of common, evidence-informed wound care clinical pathways for use by all health service providers across the province. Pathways will be standardized for all major wounds, such as diabetic foot ulcers, venous leg ulcers, pressure injuries, arterial leg ulcers and surgical wounds.



Go Forward issues include:

- ***Continue to assess system gaps in wound care;***
- ***Continue to examine evidence for other types of devices including second tier devices and compression stockings and expansion of HHR capacity;***
- ***Seek continued support from the Wound Care Project Team to support the adoption and alignment of wound care best practices province-wide;***
- ***Continue to work in partnership with the Expert Technical Sub-Group to develop standardized clinical pathways and provider reporting;***
- ***Continue to identify training and educational opportunities that will meet current and future needs of health service providers in the treatment and management of wounds; and***

- ***Support continued focus on this work through the health system transformation process.***

Current Wound Care in the LHINs

The program included presentations from three LHINs. The Waterloo Wellington LHIN, the South West LHIN and the North East LHIN.

The Waterloo Wellington LHIN

Lee Ann Murray, **NCA RN BScN MA, Patient Services Director** - Lee-Ann Murray is passionate about Home and Community Care and has spent the majority of her career in some form of community nursing care. She a dynamic and experienced leader in the health care system and has held a variety of influential leadership positions. She has an undergrad from McMaster University in Nursing and Masters in Leadership from University of Guelph. Most recently Lee-Ann is employed by Waterloo Wellington Local Health Integration Network as Patient Services Director. She has the wound care program and is the Nursing Lead for the LHIN.

Jane Hyde, **RN BScN IIWCC NSWOC, Advanced Practice Nurse** - Jane is the Advanced Practice Nurse for WWLHIN Wound Care Program. In this role, Jane is a member of an integrated wound care team, who is accountable for providing and promoting advanced wound care within WWLHIN. Jane is a RN, who completed the Post-RN, BSc N at McMaster University, the Masters level, IIWCC at the University of Toronto, and most recently the WOC Nursing Education program at Rupert B. Turnbull, Jr., MD School of Wound Ostomy, Continence Nursing at Cleveland Clinic, Cleveland, Ohio.

WWLHIN Wound Care Team consists of 3 dedicated Wound Care Coordinators, 1 Nurse Specialized in Wound Ostomy and Continence (NSWOC), 1 Clinical Nurse Specialist - Masters Wound Care and 1 Manager Clinical Care.

The focus of the LHIN is threefold, ***Wound clinical pathways***, ***Automated provider reporting*** and ***Collaborative education*** and in 2018, their focus was specifically:

- HQO quality standards implementation with WWLHIN Regional Quality Table:
- DFU – Individualized care plan – supporting transitions with coordinated care plans
- Comprehensive assessment – collaborative evaluation and process improvement in assessment and communication
- Offloading devices, education, collaboration

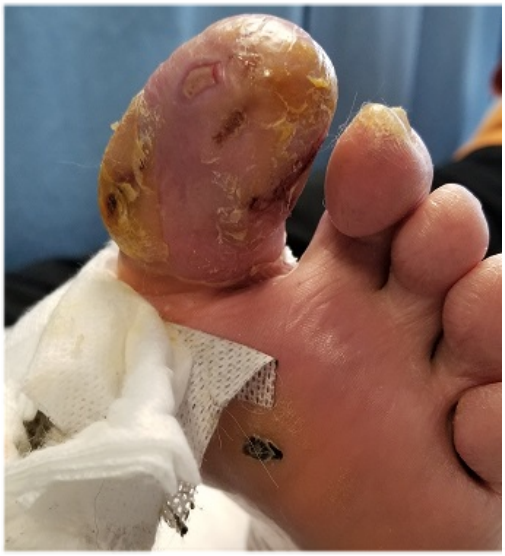
Ministry Support for offloading has had a positive impact in the LHIN

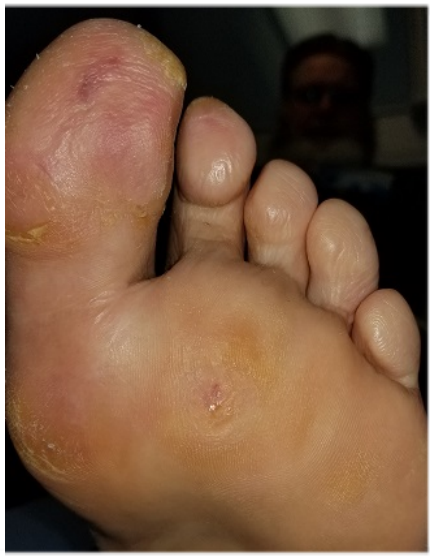
- Total Contact Casting (TCC) and Removable Cast Walker (RCW)
- Engagement: diabetic education clinic, acute care, community health centre, family health teams, physician wound leaders such as Dr. Mayer and Dr. Landis
- SPO support: identify patients, sustainability plans, TCC presentation and resource centre, patient literature, protocol for integrating both offloading devices

- Education: product rep for first time applications and education for SPOs and care coordinators

The LHIN presented a case study - “Meet Joe”

- Joe is a 56 year-old male, long history of IDDM
- Joe has a 2 year history of wounds to the plantar aspect of left foot
- Joe has required rounds of antibiotics, 2 ED visits, 1 requiring a hospital stay due to his deteriorating wound
- Within 5 weeks Joe’s wounds were healed and patient was inspired to get proper fitting shoes and change his foot care habits





A Patient’s Journey to Healing

Component	Pre RCW	Post RCW
Nursing	$12,530.00	$450.00
Supplies	$7,046.00	$275.00
IV antibiotics (3 courses, 56 total days)	$842.00	N/A
Hospitalizations (1 hospitalization x 4 days)	$5,400.00	N/A
ED visits (2 ED visits)	$1,600.00	N/A
Totals	$27, 418.00	$725.00
		Difference of $26,693

* Estimates

The financial impact of the offloading process has been excellent. While there remain a number of challenges to full and even implementation of offloading, the LHIN is intent on collaboration as the path to success.

- Utilizing working groups to create and promote;
- Criteria, patient education, nursing literature and development of individual clinic sustainability plans;
- WWLHIN NWSOC leadership and support;
- Industry support in education and engagement;
- Skills development sessions (sharps debridement, TCC); and
- Roadshows with Care Coordinators and SPOs.

The South West LHIN

Nichole Wood, RN MSc BScN Wound Care Educator and Resource Officer - Nichole is the Wound Care Educator and Resource Officer (WERO) for the South West Regional Wound Care Program based out of London Ontario. Nichole graduated from her bachelor of nursing degree from Lakehead University in 2013. In 2017, Nichole was awarded her Master of Science in Wound Healing and Tissue Repair from Cardiff University in Cardiff Wales. Nichole's master's thesis was focused on primary health care providers' educational needs and barriers to providing best practice care for the prevention and management of diabetic foot ulcers.
Nichole's nursing background has included clinical neurosciences, cardiology, intensive care, and community care. Nichole also practiced as a wound care specialist in the London, Elgin, and Middlesex area.

In addition to her position as WERO, Nichole has worked with Wounds Canada as a workshop facilitator and is also a Course Instructor for Western University's Master of Clinical Science in Wound Healing Program.

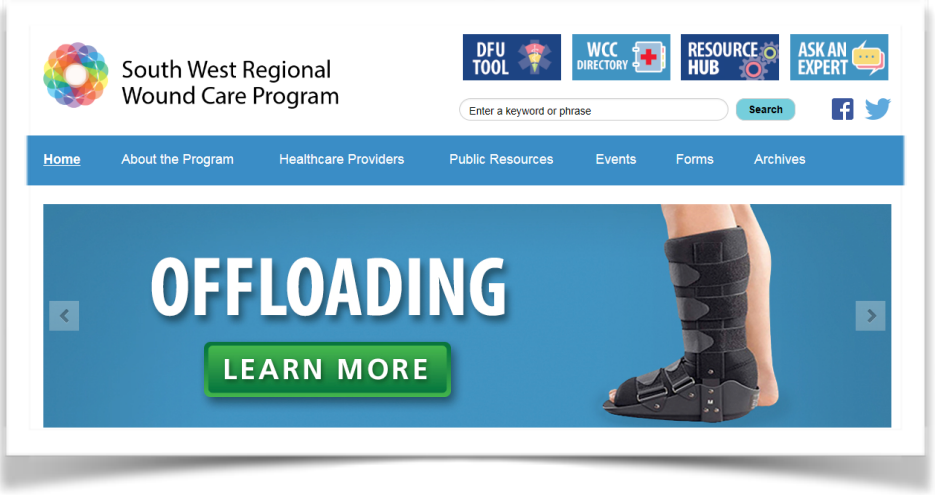
The South West LHIN is focused on Integrated, evidence-informed skin and wound care management. The LHIN's mission is to advocate for the seamless, timely and equitable delivery of safe, efficient, and effective, person-centered, evidence-informed skin and wound care, regardless of the healthcare setting.

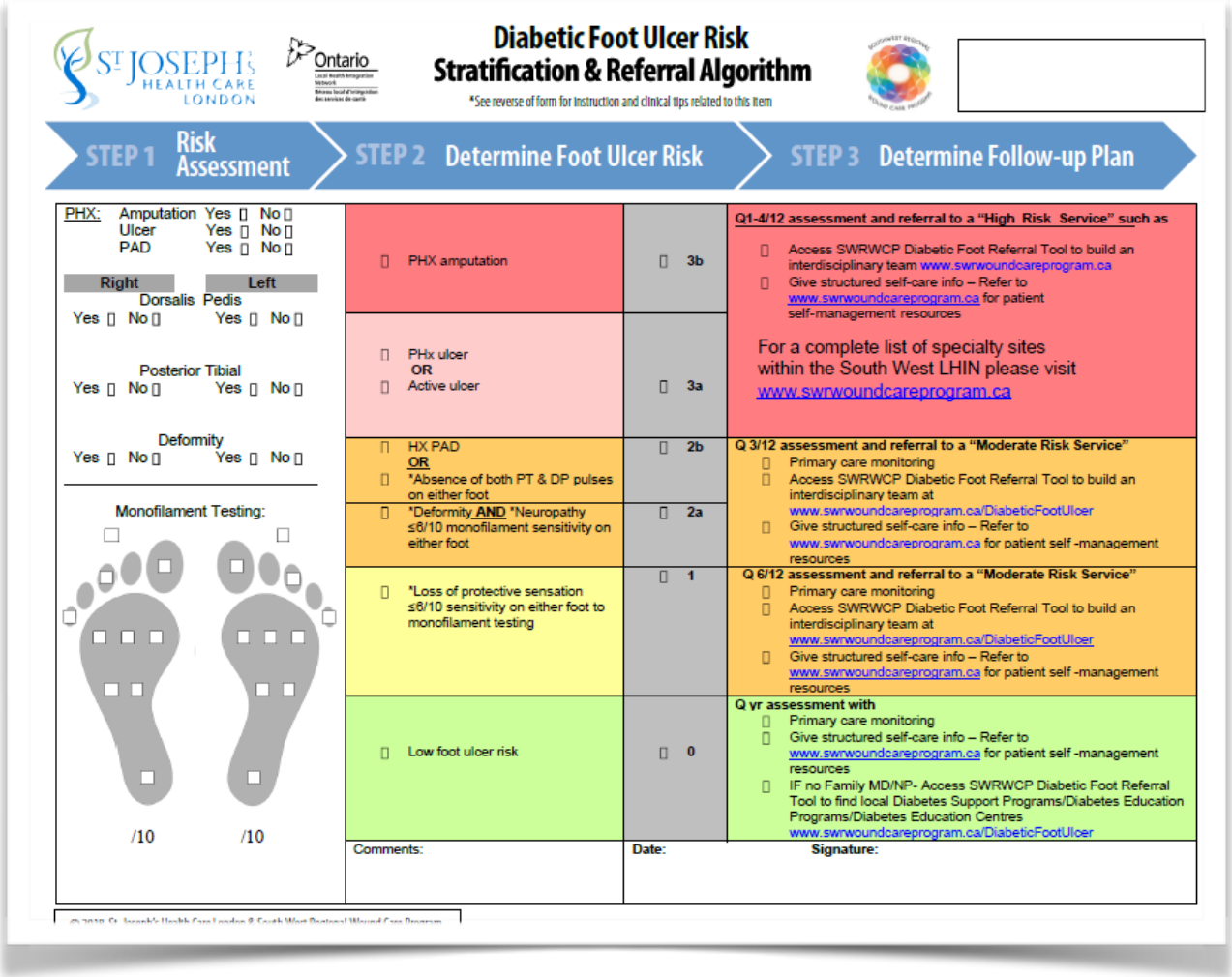
The LHIN has delivered a website which is sustainable, easy to use, has lots of resources as well as social media. The site includes just in time questions, videos, dressing enablers, etc. The website is also used as a metric to track usage.

The LHIN's program is also involved in multiple special projects with the goal of improving integrated, sustainable wound care initiatives including:

- Centralized virtual wound care specialist referral and consultation service
- Educational Framework- interactive eLearning modules to be housed on a regional learning management system; Levels include hands on workshop
- eHealth for wound care management-communication, documentation, data collection
- An offloading Initiative

The LHIN has worked with our hospital partners to develop a risk assessment, “FURST” tool modified from the Inlow 60 second tool, which also could be used as a referral tool for primary care physicians and built into the EMR.





St. Joseph's Health Care London

Ontario

Diabetic Foot Ulcer Risk Stratification & Referral Algorithm

*See reverse of form for instruction and clinical tips related to this item

STEP 1 Risk Assessment | **STEP 2 Determine Foot Ulcer Risk** | **STEP 3 Determine Follow-up Plan**

PHX: Amputation Yes ☐ No ☐
Ulcer Yes ☐ No ☐
PAD Yes ☐ No ☐

Right		Left	
Dorsalis Pedis			
Yes ☐	No ☐	Yes ☐	No ☐
Posterior Tibial			
Yes ☐	No ☐	Yes ☐	No ☐
Deformity			
Yes ☐	No ☐	Yes ☐	No ☐

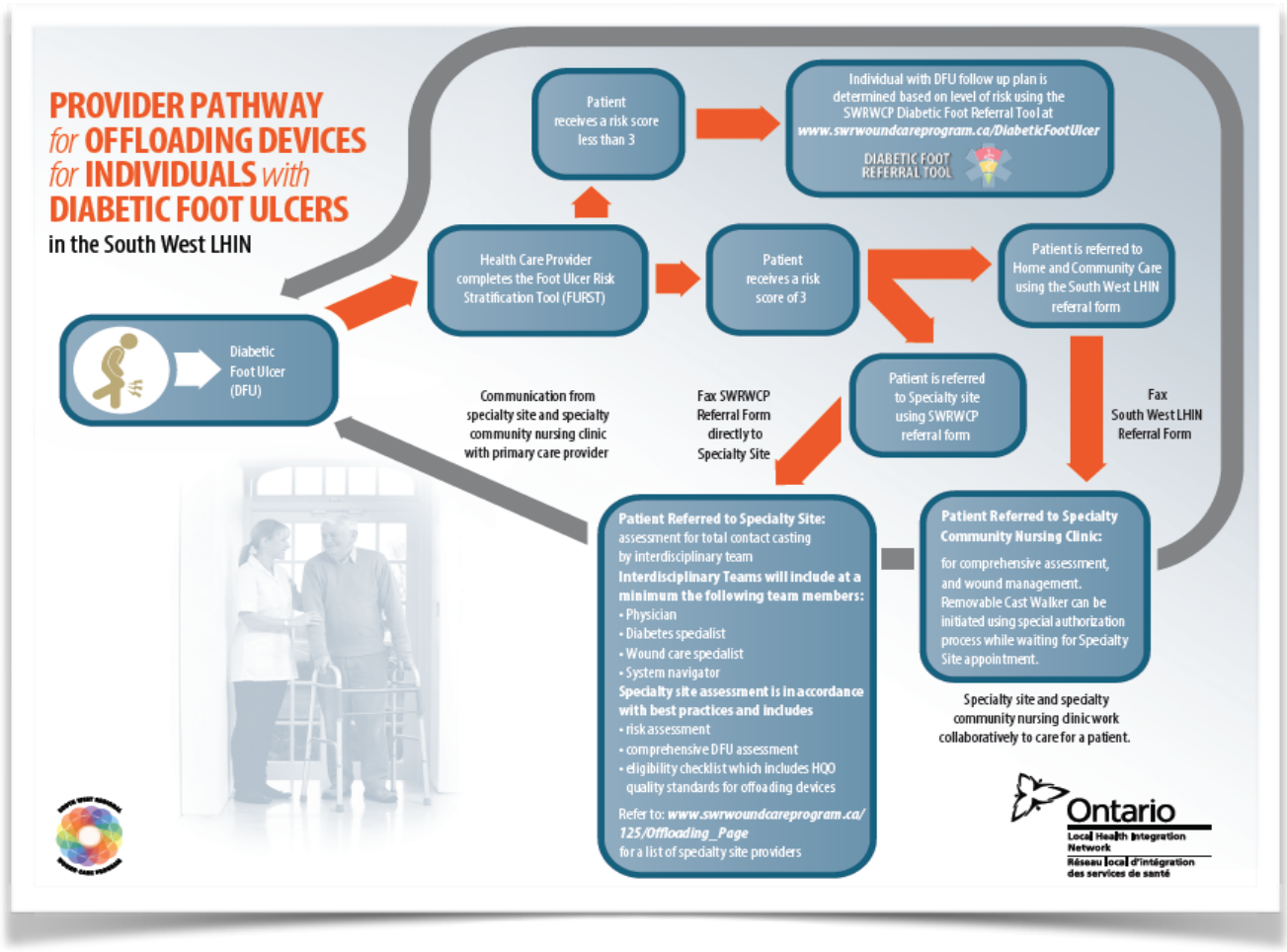
Monofilament Testing:

/10 /10

☐ PHX amputation	☐ 3b	**Q1-4/12 assessment and referral to a “High Risk Service” such as** ☐ Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team www.swrwoundcareprogram.ca ☐ Give structured self-care info – Refer to www.swrwoundcareprogram.ca for patient self-management resources For a complete list of specialty sites within the South West LHIN please visit www.swrwoundcareprogram.ca
☐ PHx ulcer OR ☐ Active ulcer	☐ 3a	
☐ HX PAD OR ☐ *Absence of both PT & DP pulses on either foot	☐ 2b	**Q 3/12 assessment and referral to a “Moderate Risk Service”** ☐ Primary care monitoring ☐ Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team at www.swrwoundcareprogram.ca/DiabeticFootUlcer ☐ Give structured self-care info – Refer to www.swrwoundcareprogram.ca for patient self -management resources
☐ *Deformity AND *Neuropathy ≤6/10 monofilament sensitivity on either foot	☐ 2a	
☐ *Loss of protective sensation ≤6/10 sensitivity on either foot to monofilament testing	☐ 1	**Q 6/12 assessment and referral to a “Moderate Risk Service”** ☐ Primary care monitoring ☐ Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team at www.swrwoundcareprogram.ca/DiabeticFootUlcer ☐ Give structured self-care info – Refer to www.swrwoundcareprogram.ca for patient self -management resources
☐ Low foot ulcer risk	☐ 0	**Q yr assessment with** ☐ Primary care monitoring ☐ Give structured self-care info – Refer to www.swrwoundcareprogram.ca for patient self -management resources ☐ IF no Family MD/NP- Access SWRWCP Diabetic Foot Referral Tool to find local Diabetes Support Programs/Diabetes Education Programs/Diabetes Education Centres www.swrwoundcareprogram.ca/DiabeticFootUlcer
Comments:	Date:	Signature:

The LHIN has developed a tool to help providers, urban and rural, to build a team based on their level of risk for amputation. Our tools fosters the ability to build teams based on the patient location.

The LHIN also developed a pathway to incorporate risk assessment and the need for teams to treat individuals with DFUs. Specialty sites have been developed across the LHIN with interdisciplinary teams who can assess patients and provide evidence based treatment and recommend TCC. We also have developed specialty community nursing clinics where patients have access to WCS and can be initiated with offloading using a RCW.



Barriers to fully effective wound care solutions still exist, including communication barriers, front line staffing shortages and inconsistencies in care, and the need to improve patient engagement.

The LHIN's team approach to these barriers is straightforward and includes:

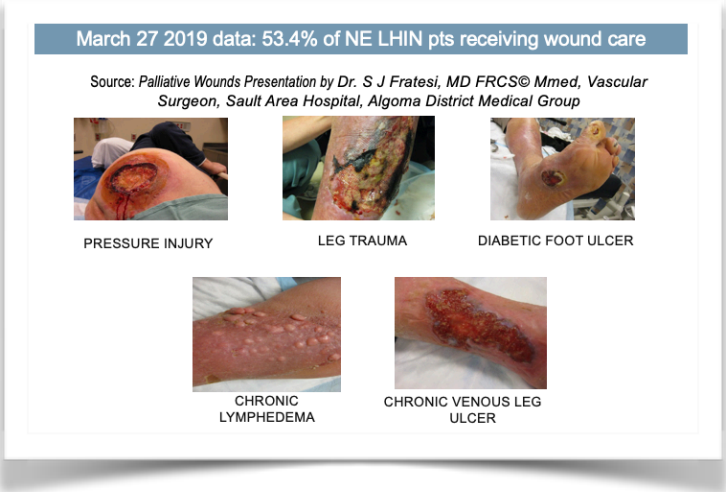
- Promoting a Team approach – collaboration
- BreakING down silos – harnessing existing technology to bridge gaps
- Dissemination of pathway to all sectors – increased awareness
- Outreach education to create common language
- Patient outreach and education – promote surveillance and self management.

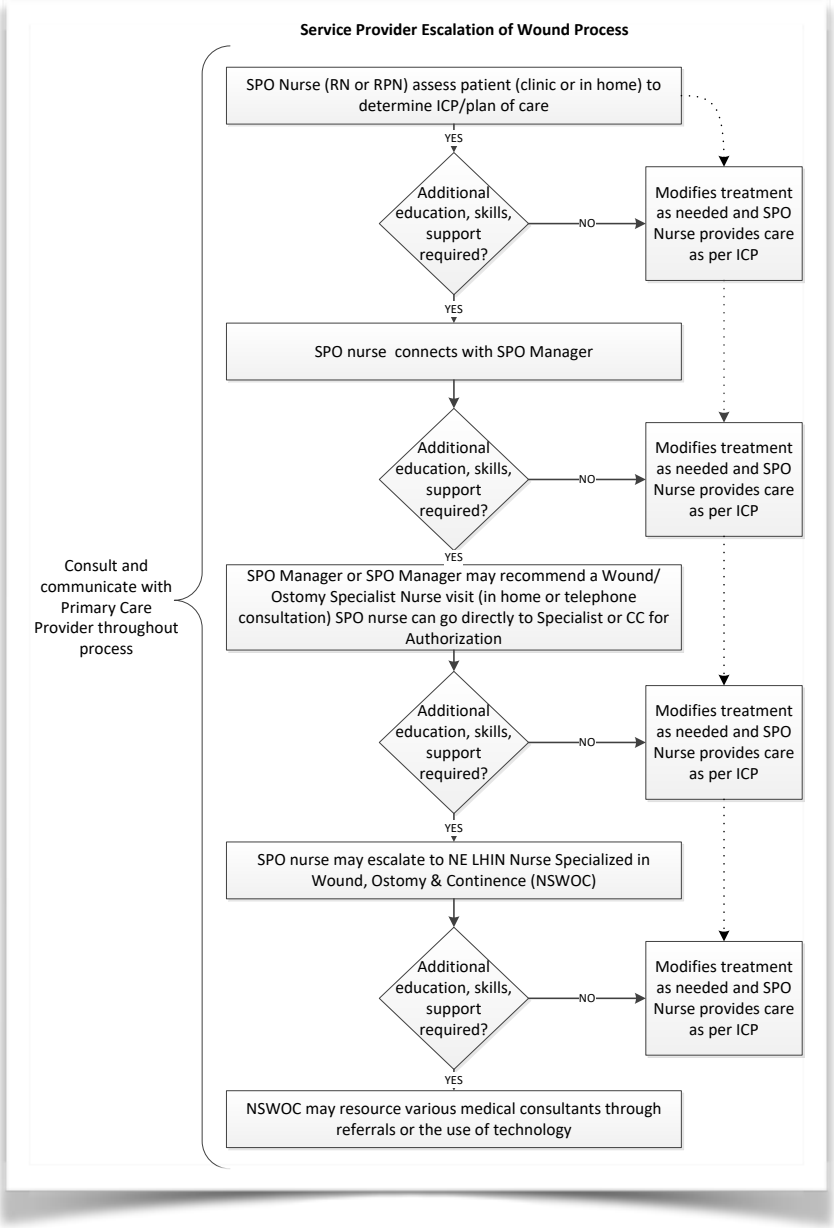
The North East LHIN

Martha Musicco, MBA Director, Home and Community Care - Martha joined the North East LHIN in 2012 and is a Director of Home and Community Care. Prior to that she obtained her MBA from the University of Ottawa and worked at the Temiskaming Hospital in New Liskeard and Stanton Territorial Hospital in Yellowknife. Her acute care experience brought her back to northern Ontario where she was one of a handful of staff who project managed the opening of the new medical school: Northern Ontario School of Medicine. At the North East LHIN, Martha has been involved in many projects such as virtual care, palliative care, and wound care. To add punch to her day, she and her English Setter Poncho volunteer as part of pet therapy with Magical Paws to local long term care homes, the hospice, and schools.

Melissa Pretty, RN, Regional Manager, Clinical Services - Melissa is a Regional Manager of Clinical Services with the North East LHIN currently working with the Nurse Practitioner and Nurses Specialized in Wound, Ostomy & Continence teams. She has a background in nursing including Geriatric Medicine, Surgical & Emergency department nursing and is a Nurse Continence Advisor.

The North East LHIN views wound care as a priority. As of March 27, 2019, 53.4% of the North East LHIN's patients are receiving wound care. The challenges of geographic range and diversity lead to communication and treatment challenges fairly unique to the north. The LHIN has tried to build its wound care strategy around the wound care issues and concerns most often felt in the region and has taken a practical approach to addressing the issues arising surrounding wound care.





Issue #1 - Complaints about the quality of wound care - The LHIN offers and facilitates specialty clinical training including: Debridement, Care planning, NPWT, ICP training, The essential role of nutrition, Palliative Wounds, Partial Thickness Burns, and Compression.

Issue #2 - Complaints about varied quality of care - The LHIN has developed ICP's & patient teaching pamphlets including: Acute Surgical, Chronic Maintenance, Diabetic Foot Ulcer, Pilonidal Sinus Surgical – Incision and Drainage, Pressure Injury , Surgical Site Infection, Trauma , Venous Leg Ulcer , and Burns

Issue #3 - "We don't know what products are available" - The LHIN a chronic care wound protocol which guides a prescriber to what is available for treatment

Issue #4 - "We don't know who you are or what you do" - The LHIN set up collaborative clinical meetings including: Monthly Regional Wounds & Ostomy, A Quality Improvement Committee Meeting, A Regional Medical Supplies committee, Monthly wound meetings for some local regions, and Discussions at monthly SPO and SPO quarterly meetings

Issue #5 - "Nurses are isolated in the home setting and resources are limited" - The LHIN created the wound escalation process encapsulated in the flow chart to the right

Issue #6 - "Access to wound care in the North is limited" - The LHIN has hosted regional pop-up clinics to foster awareness and collaboration. Patients learn while we learn from each other!

Issue #7 - Complaints about wait time for NPWT - NPWT Policy & Procedure development, Procured alternative disposable NPWT products, Developed an Eligibility Criteria, Triage, Length of stay, and Clinical NSWOC oversight

Issue #8 - Questions about accessibility - The NE LHIN uses technology for Wound Care consultations including: Clinical image uploads, OTNinvite, Satellite sites, and e-consult

Issue #9 - "NSWOC's are impossible to find" - The LHIN is focused on Growing Clinical Capacity and Expertise.

The LHIN continues to improve wound care delivery in an extremely difficult environment. The LHIN has taken a collaborative approach to promoting educating and engaging cross disciplinary teams in the treatment of wounds across the region. Technology gives access at a level that has never before existed. Wait times have gone away.

LHIN and Ministry Panel Discussion - Issues and Comments

Paperwork has doubled or tripled with the addition of the CCAC into the LHINs. The panel asked if there was a proposed solution.

A specific example was given: an ambulatory clinic required four different forms of documentation of the same issue. 1. A note back to the community nurse, 2. A LHIN re-referral for any changes. 3. Dictate a note to the family doctor. 4. Also write it all down on a form. So many different vehicles of communication fosters "misses" when they should not occur.

The panel focused on the need for common charts and reporting systems. It was felt that while commonality still does not exist, there have been steps towards this taken over the past 5 years that are indicative of a movement to commonality of reporting in future.

There is hope that the Ontario Health Team Platform will be helpful as one of its overarching goals is a move to commonality of electronic communications.

There is a desire to see coding standardized as right now coding can be extremely inconsistent and varied.

> This issue was not disputed and the focus of the responses was on communication and education which is a path all LHINs are pursuing.

Have you kept track of the recurrence of injury after total contact casting and what is the process after that. There is concern that the elimination of the assisted devices program in the long term is short sighted.

> Recurrence is on the LHIN's radar. Some of the lHINs are focused on standardized coding right now as well as capture files that track issues surrounding the wounds. The Ministry said part of the next steps for the Ministry are to look at the longer term.

There is a frustration that Nurse Practitioners cannot sign off on many of the essential needs for wound care that create barriers to a smooth flow for patients. It may work in hospitals but does not work in regional offices

There is a pan provincial wound care movement and OntWIG feels that we should start to evolve interdisciplinary and long term care into the process.

Leveraging Technology to Improve Wound Assessment and Management

Joanna Carroll LL.B., Chief Operations Officer - Joanna currently drives the execution of business strategy and scalability of companywide operations. She is the Executive lead on several large scale product delivery programs. She was formerly a lawyer at Miller Thomson LLP and Blaney McMurtry LLP [Commercial and Employment Litigation (1999-2010)].

Elaine Calvert RN MA GNC (c) - **Director of Research and Development, Long Term Care -** In her role as Director, Research and Development, Elaine oversees the knowledge translation process to ensure that Think Research Clinical Support Tools reflect current evidence and the context of the LTC environment. Prior to joining Think Research, Elaine held senior leadership positions in Acute care, Long term care, and the LHIN. From 2010-2015, Elaine served long term care homes provincially in her role as Long Term Care Best Practice Coordinator for the RNAO. In all roles, Elaine has focused on ensuring quality improvement approaches support capacity building that will lead to improved outcomes.

Leveraging Technology to Improve Wound Assessment and Management

Think Research began their session with an overview of the history of their business, an organization founded upon the principal of organizing the world's health knowledge so that everyone gets the best care.

Think Research fits into the Ontario healthcare ecosystem along the lines illustrated in first diagram below:

Think Research is focused on delivering the Ministry's newly released or refreshed quality based procedures (QBP's) within 90 days of being released. The QBP objectives are highlighted below.

PROVIDE PRACTICAL TOOLS FOR CLINICIANS

- Validated QBP reference order sets content derived from QBP Clinical Handbooks and Quality Standards to facilitate adoption and standardization across hospitals
- Some local customization of evidence-based tools to support local differences (i.e. formulary) and workflow

REDUCE RESOURCE-INTENSIVE MANUAL PROCESS

- Technology supported documentation to save clinicians time, enable granular analysis of trends, usage, and variation and allow for efficient content management

BUILD REAL-TIME ANALYTICS CAPABILITY

- Real-time data, owned by the hospital, is generated to inform quality improvement initiatives
- Performance dashboards and analytics tools are provided to support quality initiatives
- LHIN and Ministry data allowing for regional and provincial comparisons on QBP performance

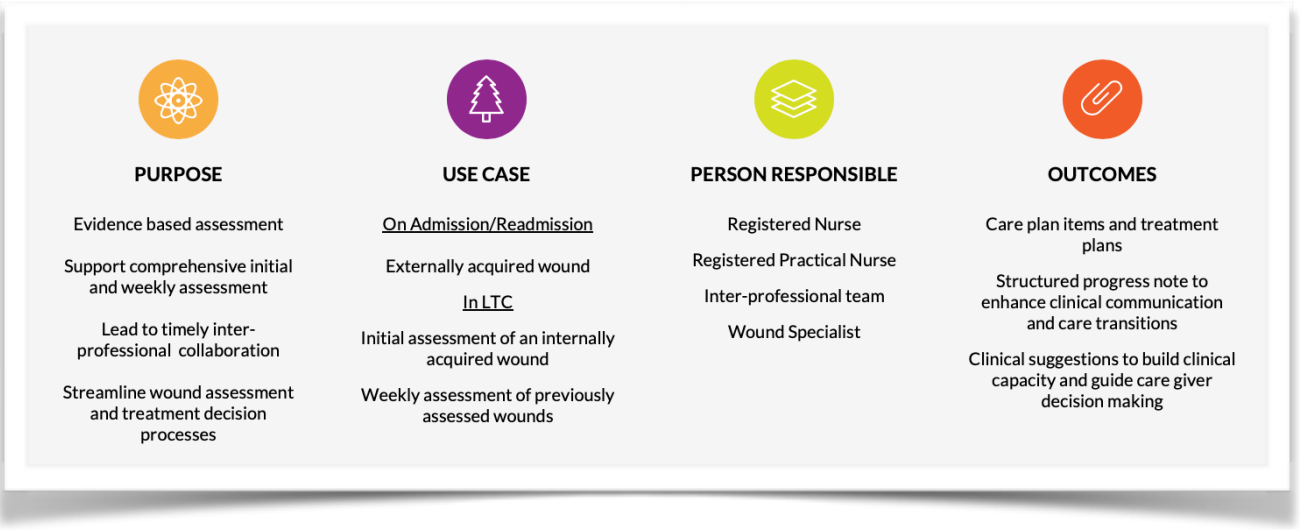
BUILD COMMUNITIES OF PRACTICE

- Building on shared peer experiences and successes to facilitate the implementation of QBPs and foster the adoption of regional clinical standardization initiatives

thinkresearch

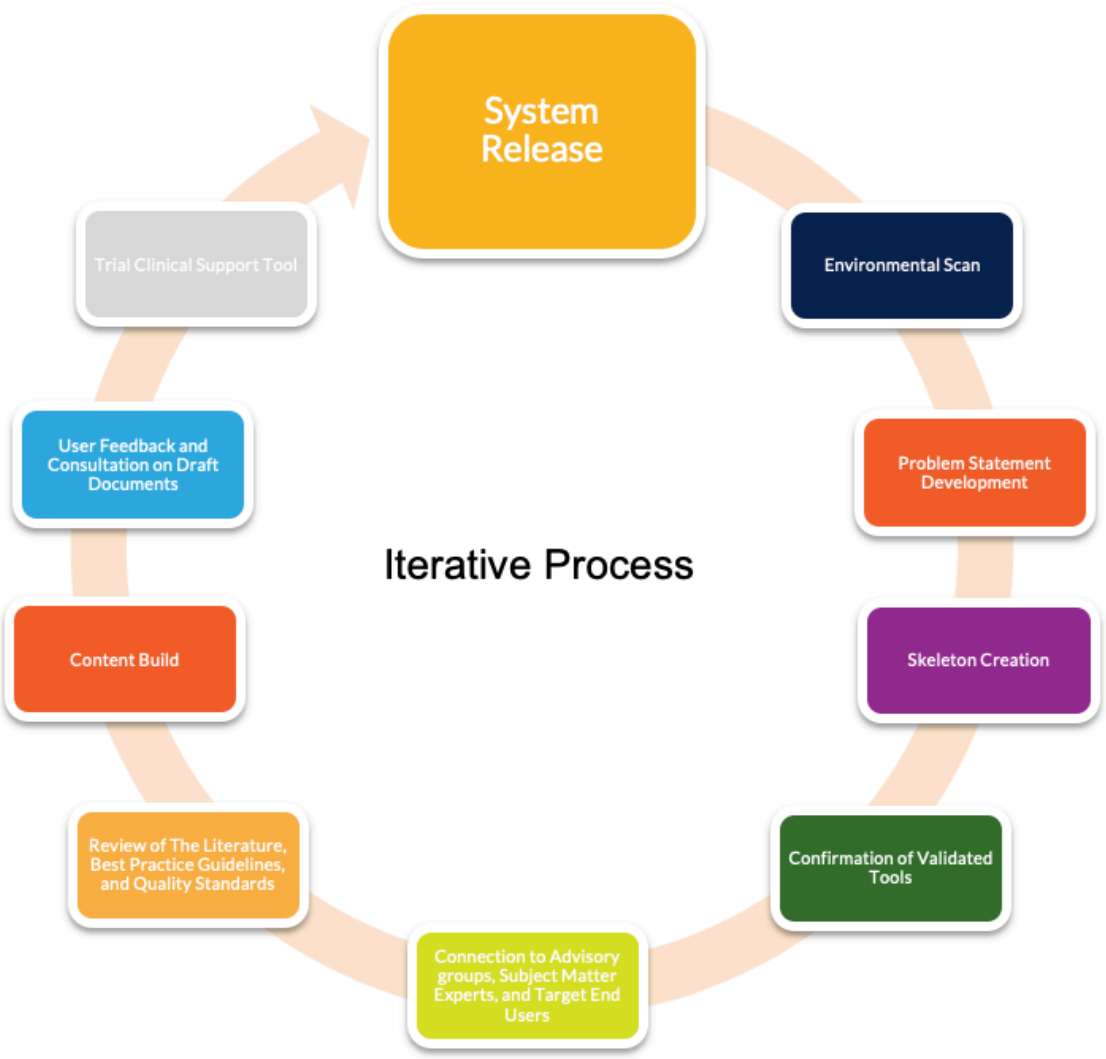
Finally, the dashboards created for the stakeholders allow for anonymization and aggregation of the data so that macro trends can be identified, understood and translated into useful and reapplied knowledge. Governance of the process is both pragmatic and geared towards structured and successful execution.

Long Term Care - What is the problem we are trying to solve?



The Think Research tools are designed to:

- provide up-to-date clinical best practices – we update the content
- provide clinical guidance to nursing staff- Actively and passively; and
- standardize documentation to streamline inter-professional communication



Think Research focused on the creation of a clinical support tool for wound care in LTHC. In approaching the creation of such a tool, it is essential to address the purpose, the use case, those responsible for care and outcomes.

Think Research content is based on a rigorous process that begins with an environmental scan and examination of a local context that includes government regulations and priorities, and consideration for the complexity of the population served. An extensive review of literature and current best practices related to a specific clinical topic area is completed to determine current sources and strength of evidence. Following this step, content is reviewed with consideration for compatibility with workflow. Engagement with a number of stakeholders that include sector leaders, point of care staff, subject matter experts, advisory groups, and other key opinion shapers complements the content search and is coordinated to continue throughout the development, testing, and review process. As a result of this approach, improvements to the tools are ongoing. Some examples of improvements made during this process in Canada include:

- Multi section – can be completed over time and by multiple users
- Early risk identification
- Embedded care plans that can be chosen during completion
- A focus on areas that are routinely monitored in an environment
- Can be completed on admission to a facility or at any other time when the client will benefit or the clinician requires the information
- Designed to build capacity in care staff through use of clinical suggestions and prompts; and
- Removal of avoidable duplication where organizational policy already covers content.

Ultimately, tool use is intended to support the provision of safe care wherever the assessment is taking place. An additional benefit of tool use is the ability to collect data based on responses to questions within the tool. The process is and must remain iterative to capture important trends and issues not obvious at the start.

Think Research's quality assurance process (QAP) follows three main steps.

1. Authoring covers the translation of clinical content into the applicable EHR. This is done by our internal EMR Specialists, who make full use of functionalities available
2. A content QA is completed, in which the source material is compared to the authoring material to ensure content matches; and
3. A clinical QA is done in which one of our in-house clinicians reviews the final content and ensures it is clinically accurate and safe

The Inputs:

Pathway 1: Initial Wound Assessment	Pathway 2: Weekly Wound Assessment(s)
• Supports identification of etiology and factors contributing to wound development • Comprehensive, baseline assessment to support development of an individualized plan of care • Identification of resident/SDM/Family education needs • Impact of wound on Quality of Life	• Identifies and tracks healing progression, response to treatment, and effectiveness of the plan of care • Includes review of potential factors that could impede or stall healing • Wound management funding potential

Think Research has started an exciting "Integrated Knowledge Translation research study, that seeks to answer the question "What is the effectiveness of Clinical Support Tools (CSTs) in creating practice change and improving the quality of care in Ontario LTC homes?"

This project will be guided by the Knowledge-to-Action framework and be based on integrated partnerships with knowledge users in LTC. In this project, researchers and research users will collaborate to shape the research process (e.g., setting the research questions, methodology, data collection, tool development, interpreting findings and disseminating results). To that end, over the next three months, TRC will be approaching DOCs who chose to use TRC's CSTs as a change idea.

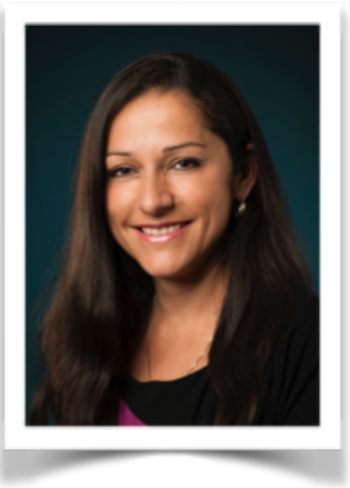
An iterative mixed methods approach will be used to determine if CSTs have made an impact on both clinical practice and research outcomes using measures of the following indicators: reach, use, usefulness, partnership, practice change as well as program and policy measures. The Outputs:

Think Research is focused on gatherings like this to ensure we are raising awareness, providing the tools and evangelizing our story so that word spreads across the Province. The path to making a huge impact is laid and we seek your collaboration to help it generate the results we all know are possible.

Q&A - Key Points

- CST's need to be reversible and shareable across sectors. This takes time.
- There is a plan to build and deploy something that is integrated to allow for more comprehensive analytics.
- There is no cost to organizations to use the QBP or the CST programs. This is a four year program.
- The CST program is funded by the Ministry.
- The tools are available to all LTC homes at present and Think Research is working hard to bring organizations onboard. There are presently almost 300 participants/soon to be participants

Leveraging Inter-professional Teams - Team Stories, Today, and Envisioning Tomorrow



Tracey DasGupta, RN, MN, CON(C) Director of Inter-professional Practice Sunnybrook Health Sciences Centre - Tracey is passionate about healthcare, quality of life, leadership and inter-professional collaboration since becoming a nurse in 1991. Her decision to become a nurse was influenced by her father who lived with muscular dystrophy. Tracey obtained her Masters of Nursing from the University of Toronto and is an adjunct lecturer at the Lawrence S. Bloomberg Faculty of Nursing. She has fulfilled front line roles along the continuum of care has had the opportunity to continue to grow in leadership roles such as Educator, Professional Practice Leader and Director of Nursing Practice. In her current role she is providing leadership for compassionate person-centred inter-professional care.

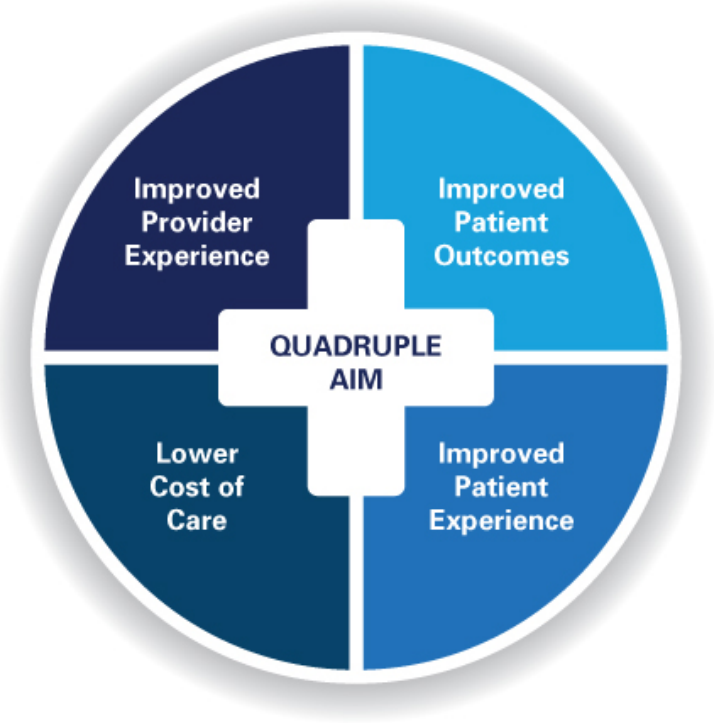
Tracey's talk began with an exploration of the concept of "team". She believes that in life....it is important to find something worth pursing and then to purse it with passion. The team concept was delivered in a brief exercise where the question was, "think of a time when you were part of a team, and as a team, you were at your best."

Changes in Ontario: Ontario Health Teams

- The Ontario government is building a connected health care system centred around patients, families and caregivers.
- These changes will make it easier to navigate the system and strengthen local services.
- Health care providers will work together to take the guesswork out of transitions, where we know patients often feel lost and unsupported.

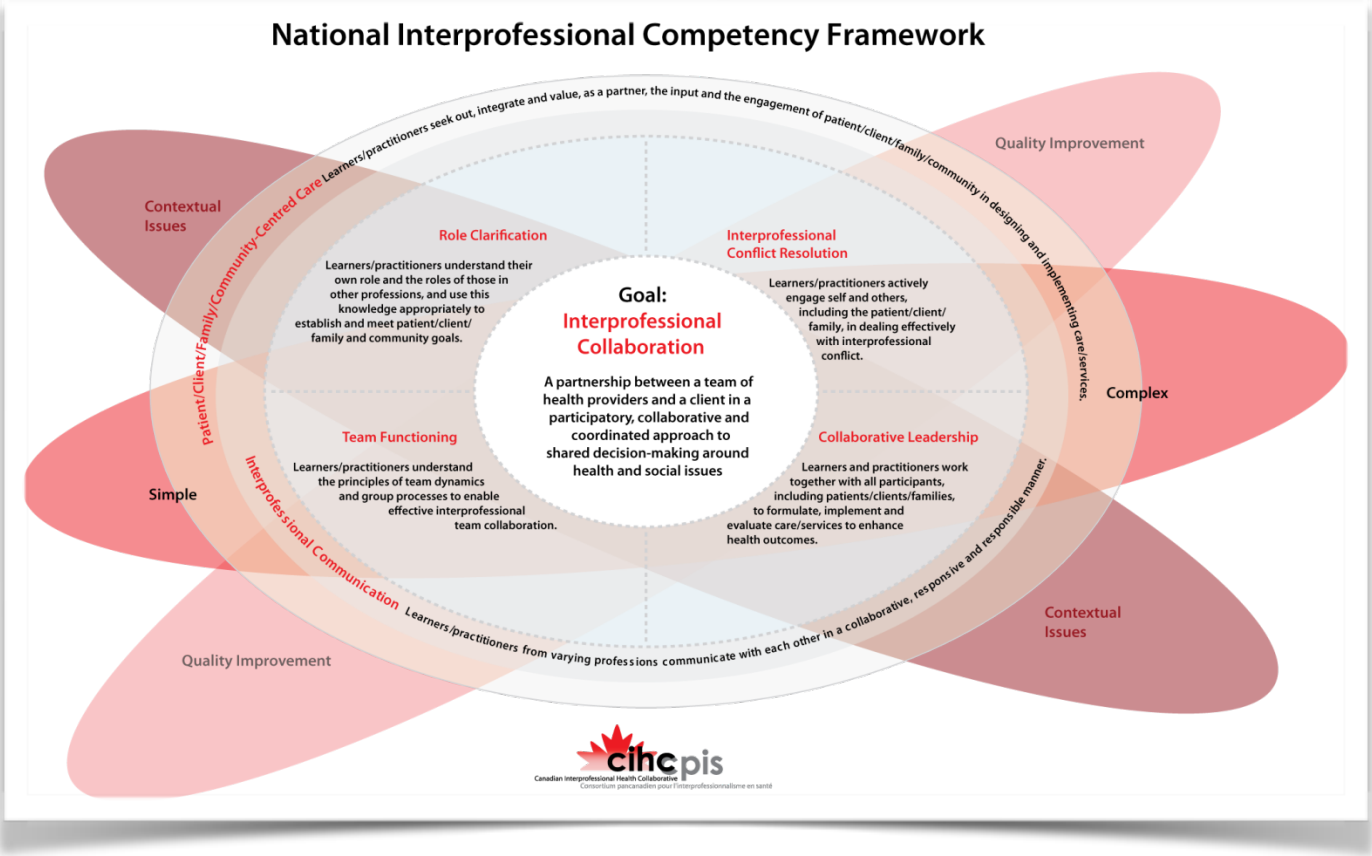
The vision for the new health team structure includes:

- Coordinated continuum of care within a geographic region
- 24/7 access to coordination of care and navigation services, to ensure seamless transitions
- Defined population and In-Scope Services
- Performance Measurement, Quality Improvement, Continuous Learning to meet Quadruple Aim
- Leadership, Accountability and Governance
- Integrated funding envelope
- Digital Health



Inter-professional Care

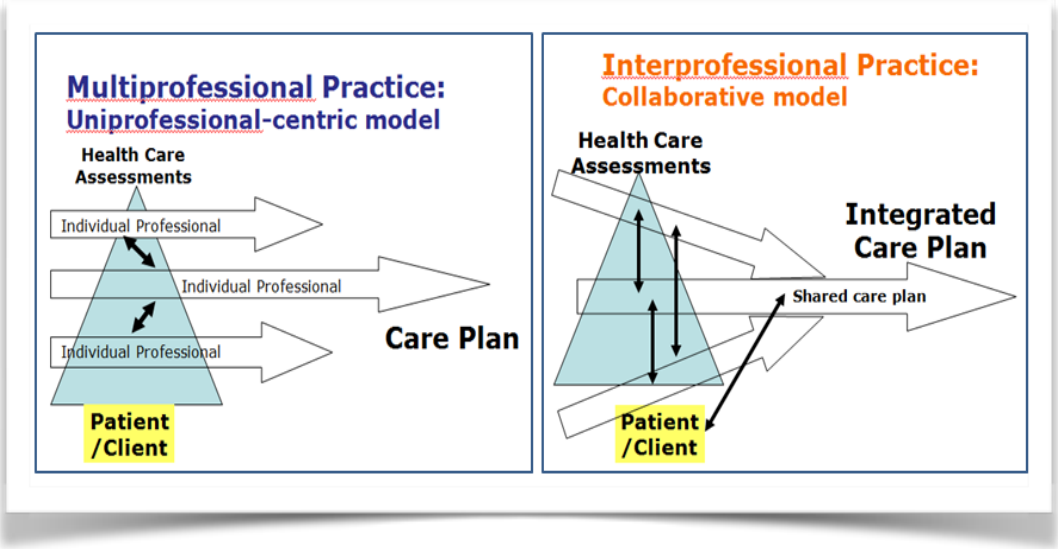
- **Occurs when multiple health workers from different roles/professions provide comprehensive health services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.**
- **Our new challenge will be to think about how we collaborate, develop relationships and partner outside of our own clinical settings.**



Inter-profesional collaboration has resulted in:

- Decreased complications
- Decreased adverse events
- Decreased length of stay
- Decreased re-admissions
- Decreased mortality rates
- Increased patient satisfaction
- Increased staff satisfaction
- Decreased staff turnover

An interesting insight is how Inter-professional teams differ in function from Multi-professional teams.



Inter-professional Practice Collaboration always takes into account:

- Active listening
- Valuing other's expertise
- Consideration and acknowledgement
- Initiating dialogue
- Two-way learning
- "Respect"

The reflexive relationship with the health professionals with whom one works characterized by nurturance and empathy; the concept that teams just don't happen, they require work and care.

Two areas of priority for (Toronto Academic Health Sciences Network) TAHSN as a system:

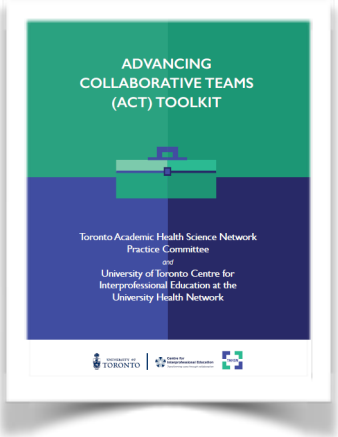
1. Identify & implement team-based diagnostic & intervention(s) to support healthcare teams Team Assessment Tool and Toolkit
2. Integrate IPC competencies in recruitment & performance evaluation processes

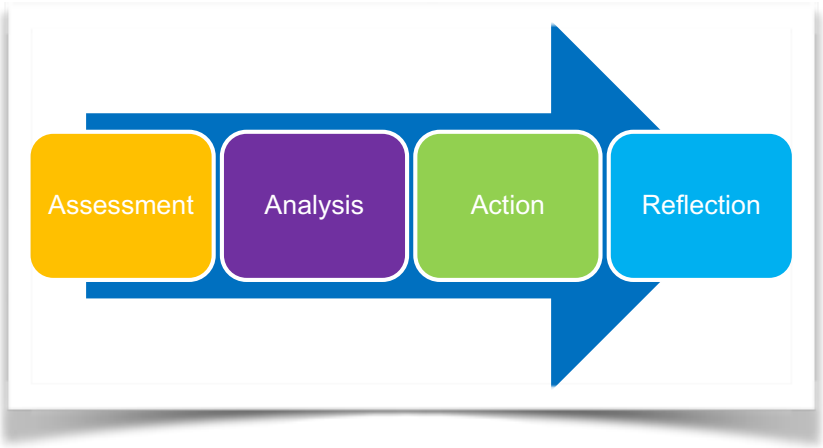
Collective Opportunities for TAHSN:

1. Enable all organizations to align efforts in integrating & advancing team-based care
2. Consistent approach to team development
3. Align recruitment & performance management practices with team-based care
4. Create accountabilities across TAHSN organizations to affect patient outcomes
5. Patient-centred focus of care

Our IPC Initiative:

1. Reviewed and adopted Canadian Inter-professional Health Collaborative National Framework
2. Developed IPC Framework and Toolkit to describe how individuals and teams would live these competencies in their practice, including behaviour examples and language understandable to patients, clients and families
3. Mapped team assessment tools to competencies





What was the most significant change?

Communication:
•"structure to our team rounds allowing all parties to communicate and contribute"
•"enhanced communication with satellite team members during process"
•"increase in organization….helped to create a routine…schedules now blocked for the specific time every week to leave space for rounds."
•"Debriefs were valuable to have to talk about what went well, what went wrong, and what was out of our control."

Conflict:
•"First time team really addressed team work, conflict…. clear that there was work to do to recognize different roles, work on conflict, work on teamwork."
•"Opportunity to raise issues, such as conflict, with 'hidden' discussions and themes unearthed, not previously addressed"

Shared Understanding of Roles, Processes and Teams:
•"after the debriefs, we had clarification to some of the processes that should have been in place for those cases"
•"As a new member to the team, it was the first time the entire team was together… learned much more about the history of the program, past successes and challenges, shared views and values, and more about the contributions and roles of each of the disciplines."

Team Functioning and Process:
•"Significant- we all worked together and decided on what we wanted to change, we piloted it and had some time to discuss our views. Great sense of accomplishment."
•"This team has been together for a number of years, and it was good to step back and formally evaluate collaboration, and this process could be included yearly especially when new members join the team."

- The Wound Care Quality Standards describe what high-quality care looks like across the Ontario health system.
  - Based on the best available evidence
  - Each quality standard addresses an area where there is high variation in care in the province and where data demonstrates that there are opportunities for improvement
  - Diabetic Foot Ulcers, Pressure Injuries, Venous Leg Ulcers
    - Common provincial pathway
    - Engaging patients and families through education
    - Optimizing roles
    - Inter-professional care across the continuum

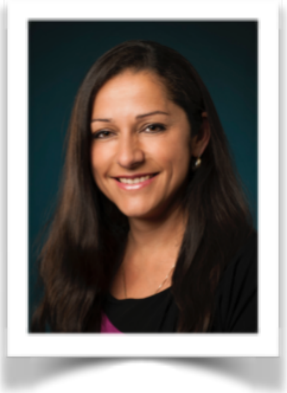
Assessment	**Step 1**	• Identify and engage team(s) to participate in the process • Set context and provide orientation to process • Team completes Assessment
Analysis	**Step 2**	Team Debrief with facilitated discussion
Action Planning	**Step 3**	Team creates Action Plan using SMART goals, specifying tools, activities, and interventions to support team learning and practice/performance enhancement
Reflection	**Step 4**	Team reflects on on process, team learning and impact

Panel Discussion: Leveraging Inter-professional Teams - Harnessing collective knowledge, expertise and experience to provide optimal patient outcomes

Tiziana Bontempo, Manager, Professional Practice, Ontario Society of Occupational Therapists - Tiziana has been a registered occupational therapist for nearly 20 years. She has received her BScOT from McGill University, MScOT and MSc Rehabilitation Science from Queen's University. Practicing mainly in acute care and rehabilitation centres, she has acquired an excellent foundation in issues affecting occupational therapists. She is currently the Manager of Professional Practice at the Ontario Society of Occupational Therapists.

People experience life to the fullest through the things they enjoy doing everyday – at work, in school, in their homes, or out in their communities. Occupational therapy, or OT for short, is a health profession that helps you or your family member develop the skills needed for day-to-day activities when these abilities are reduced or lost because of injury, illness, chronic disease, mental health issues, developmental delays, learning problems, the impacts of getting older or other health factors.

Tracey DasGupta, RN, MN, CON(C) Director of Inter-professional Practice Sunnybrook Health Sciences Centre and Keynote Speaker (Bio presented earlier)



Carrie Johnston, Dietitian, Hamilton Health Sciences - Carrie Johnston is a Registered Dietitian at Hamilton Health Sciences. Carrie has over 20 years of clinical nutrition experience working with Burn, Spine and Trauma patients, specializing in nutrition therapy for wound healing. Carrie holds a Master's degree in Applied Human Nutrition from the University of Guelph. Most recently, Carrie has participated in a research project entitled Narrowing the Protein Deficit Gap in Critically Ill Patients Using a Very High Protein Enteral Formula, which was presented as a poster of distinction at the 2019 ASPEN Nutrition Science and Practice Conference.

Dr. Chris Murphy, President, NSWOCC - Dr Murphy is a nurse specialist in complex vascular wounds who has worked with her team to develop a multi-professional Limb Preservation Clinic. Chris has been a nurse for over 30 years and completed a degree in Tissue Viability, Masters of Clinical Science in Wound Healing, and Phd investing healing challenges in a vascular population. Her research included a RCT on ultrasound debridement in the vascular population. Currently President of NSWOCC and co-chair of the RNAO ostomy guideline update, Chris is a core faculty member of the Western University MClSc Wound Healing program.

Dr. Robert Sargeant, Chief of Internal Medicine, St. Michael's Hospital - Dr. Rob Sargeant studied undergraduate sciences prior to completing Masters and Doctoral degrees in Biochemistry at the University of Toronto. After a brief Post-Doctoral Fellowship in Vancouver, British Columbia, he returned to Toronto to attend U of T's Faculty of Medicine; graduating in 2000. Rob went on to complete his Internal Medicine residency in Toronto, including a General Internal Medicine Fellowship year at St. Michael's Hospital.

Rob has been a member of the Division of General Internal Medicine at St. Michael's since 2004. He holds the rank of Associate Professor in the Faculty of Medicine at U of T. As a Clinician Teacher, Rob enjoys teaching and mentoring medical students and residents on hospital wards and in ambulatory clinics. Rob has held numerous university and hospital-based administrative roles that span the full range of undergraduate and post-graduate education. He has been the Head of the Division of General Internal Medicine at St. Michael's Hospital since 2015. Rob is the recipient of many hospital and university-based teaching and mentorship awards. His clinical interests include wound care and the provision of comprehensive, inter-professional care to inner city populations.

Rick Werkman, Board member of the Ontario Society of Chiropodists - Rick Werkman is a Chiropodist and owner of Werkman, Boven & Associates, a private practice in Oakville, ON. Rick has been practicing since 1991 and is a member of the Canadian Federation of Podiatric Medicine (CFPM) as well as a board member of the Ontario Society of Chiropodists. Rick completed his BSc in Podiatric medicine in the U.K. with a focus on biomechanics and related injuries. Through his focus on continuing education, Rick strives to provide exceptional foot-care to all ages.

Q&A

After introductions from each of the panelists, covering their roles and how those roles relate to and interact with wound care, the session turned to questions from the symposium attendees.

- How could the Private Practice of chiropody integrate more into the healthcare community. Collaboration, team education, community education and patient education.
- There is a need to understand what the role of chiropodists and other health practitioners are actually there for. You have to seek out the chiropodist that understands wound care. There needs to be a focus on building partnerships and getting the messages out.

- Discussion of rapid access to wound care. The St. Michaels example was given. An integrated solution from intake, assessment, stabilization to full care. Inter-professional and Inter-disciplinary collaboration. Admissions have been cut by 75% over time due to the hard work in building and fostering an integrated team approach.

- As we start to see common and shared records, we have to ensure that everyone is on the same page and the same path

- Discussion of pubic vs private funding requirements

- Tools need to be developed so that any LHIN can easily adopt however commonality of solution is becoming more and more important.

- Inter-professional teams are being set up to address the issue with real or perceived borders. Currently there are many distinct borders either geographic, demopgraphic, information, access or economic. This leads to discussions including:
  - How does the practitioner find a solution and funding for an issue?
  - How does the patient find a solution without becoming lost
    - Roadmaps, online and offline, common language were discussed
    - The Province needs to look at all its communications and drive this process
  - The discussion was about what the province is or should be doing to create collaborative materials. Suggestions for review included:
    - MyChart
    - Patient oriented discharge summaries - action plans for care and self care
    - Common Uploading and then patient or case customization

- How do we move beyond patchwork solutions
  - The government recognizes the issue
  - eHealth false start is being recovered from now
  - One standardized health records structure is desired
  - There is active advocation for this

- There was a discussion surrounding the pros and cons of the Extension for Community Health Outcomes (ECHO).

- There was discussion of specialty centres where everybody has access to best practice

- OntWIG expressed a continued desire to partner with other associations. Ideas included:
  - Task forces among associations to avoid each association educating its members and advocating for others to learn and utilize their services
  - Discussion of workgroups within organizations coming together

- HQO's website offers a process but access in different regions becomes the key issue
  - There has to be a solution that allows a professional or a patient understand their best path based upon where they live and where care can be offered.
  - There was a discussion of a centralized wound care hotline.

- A historical perspective was offered. Woundcare used to be a complete "wasteland" when it came to information on best practices. Today we find ourselves light years ahead of where we were even ten years ago.

Conclusion

Thank you to all of our wonderful sponsors without whom our work would not be possible.

This symposium has been all about understanding the need to build inter-professional bridges where traditionally silos exist. There is so much tremendous work going on in this province and we must find a way to cross fertilize, cooperate and collaborate in building a more effective and efficient future for wound care.

OntWIG is pleased to introduce you to its new name and brand, **Wound Policy Ontario.**

Wound Policy Ontario

Stay tuned as we encourage our members and others to reach out to their local MPPs and speak up for the important work in wound care being done across this province and by this interest group.

There is a new website coming this year and we are in the process of transitioning our information to that platform.

Keep Friday April, 28th, 2020 open for our 10th annual symposium. We look forward to seeing you all then.

Val Winberg
President