



ENGAGE, ALIGN, INFLUENCE

Welcome

Val Winberg began the day by welcoming everyone to this, the 8th annual OntWIG Symposium and 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 partners are further acknowledged at the end of this paper.

OntWIG Finances

Alexandra Crowe, OntWIG Finance & Administration delivered her summary.

OntWIG began the fiscal year with \$31,000. Total income was \$31,300 comprised of:

- membership fees - \$11,600
- symposium fees - \$5,000
- vendor support - \$14,700

Expenditures included:

- administrative - \$3,721
- promotions - \$669
- symposium costs - \$7,448
- conference and meetings - \$9,242

OntWIG ended the fiscal year with a balance of approximately \$37,000



Accomplishments - 2017-2018

2017-18 marks the tenth anniversary of our organization and this marks the 8th annual symposium. OntWIG focuses much of its efforts in policy formation and recommendation in the hands of its workgroups.

One OntWIG workgroup has been developing a position statement on what should define a “Woundcare Specialist” and how that credential should be applied inter-professionally. The purpose is to provide a guideline for policy makers.

A second workgroup has been focused on submitting health technology assessment applications. This team has been working within the framework laid out by Health Quality Ontario (HQQO) and has been submitting formal requests for reviews of technologies including:

- a submission for funding for Total Contact Casting has proved to be a



Health Quality Ontario

Let's make our health system healthier

Health Quality Ontario

Lee Fairclough - VP Quality Improvement

Lee is the former Vice President of Strategy, Knowledge Management & Delivery at the Canadian Partnership Against Cancer, a national organization responsible for improving cancer control in Canada, after initially joining their executive team to establish the newly created organization. Lee also served as the Director of the first Toronto Regional Cancer Programme, as well as the Director of Informatics and the Clinical Research Unit at Princess Margaret Hospital.

Lee holds an undergraduate degree in Biology and Mathematics from McMaster University, and was trained as a Medical Radiation Technologist (MRT) through Sunnybrook Health Sciences Centre and the University of Waterloo. She has a Master of Health Science from the University of Toronto, where she was a recipient of the Robert Wood Johnson Investigator Award in Health Policy Research. In May 2014, she was awarded the inaugural Louise Lemieux Charles Emerging Health Leaders award from the Society of Graduates.

Wound Care Quality Standards

The Standards for Diabetic Foot Ulcers, Pressure Injuries and Venous Leg Ulcers are now publicly available.

successful effort and is now in the rollout-definition and planning stage.

- A second submission was submitted, requesting a review of compression evidence for compression hosiery for management of prevention of recurrence of venous ulcers
- A third submission was a review for the drug pentoxifylline in the management of venous leg ulcers.
- A fourth submission was for electrical stimulation for the management of pressure injuries.

As always, this symposium is where OntWIG draws upon the experience and ideas of its members in order to define new directions and submissions for the group.

After 10 years, OntWIG thanks everyone who, over the years, has contributed their time and energy and we are looking forward to the next decade of engagement, alignment and influence.

Setting and Implementing Provincial Health Quality Standards in Wound Care



HQO's goal now is how to implement the standards for wound care, how they can advance the recommendations for adoption and how to get all relevant parties across the province to focus on wound care.

HQO has now publicly published the quality standards.

The standards:

- Describe what quality care should look like
- Focus on topics where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive
- Are grounded in the best available evidence



Each quality standard consists of

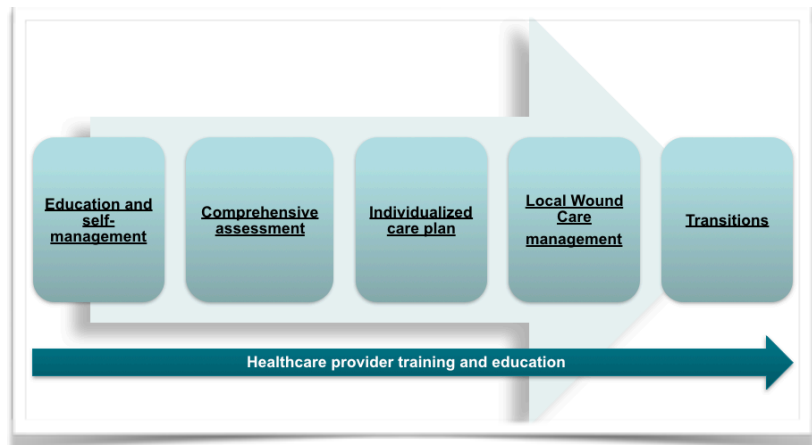
As the diagram to the right illustrates there are five elements to each quality standard:

1. The Quality Standard;
2. Recommendations for Adoption;
3. The Getting Started Guide;
4. The Patient Reference Guide; and
5. The Information and Data Brief



Wound Care Quality Statements: Cross Cutting Themes

Be aware of cross-cutting themes related to healthcare provider training and education.



Local, Regional and Provincial Implementation

Implementation of the quality standards must be considered at multiple levels.

Implementation must be equitable, consistent and collaborative. This leads to a systematic approach to adoption.



Other Important Considerations

It is always important to keep in mind that recommendations for adoption include five key sections as laid out to the right.

Expectations must also be aligned with the realities of the timelines for implementation which revolve around a three year time horizon.

The stakeholders in the process are diverse and each will have their own perspective and lens through which they bring their input to the table.

Current Status of the Health Technology Assessments

Fibreglass Total Contact Casting to treat Diabetic, Neuropathic Foot Ulcers - Recommended

Electrical Stimulation for Pressure Injuries - Status - Not Recommended at this time

Compression Hosiery for prevention of recurrent venous leg ulcers - In Development

Hyperbaric Oxygen Therapy for the Treatment of Diabetic Foot Ulcers - Not Recommended at this time

Turning for the prevention and management of Pressure Ulcers - Recommended

Other Summary Recommendations

- Use Health Quality Ontario's health technology assessment recommendation to inform funding decisions related to expanding access to pressure offloading devices.

The Recommendations for Adoption includes the following sections:

- Quality improvement
- Access to care
- Coordination of care
- Education and training
- Policy and system planning

There are three time frames for adoption: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.

The stakeholders included but were not limited to:

Health Shared Services Ontario (HSSO)	Registered Nurses' Association of Ontario (RNAO)
Ontario Wound Care Interest Group (OntWIG)	Ministry of Health and Long-term Care (MOHLTC)
Ontario Telemedicine Network (OTN)	Ontario Home Care Advisory Committee
Provincial Emergency Service Advisory Committee	LHIN/Health Quality Clinical Quality Leads
Spinal Cord Injury Ontario	South West Regional Wound Care Program
Ontario Long Term Care Association (OLTCA)	AdvantAge Ontario – Nursing Advisory Committee
Wounds Canada	Additional interviews with 15 front-line clinicians across five LHINs

The delegates were then walked through HQO's Summary Recommendations and the actions required to move to implementation. The gaps are highlighted as follows:

1. There is a lack of standardization around data collection. Improved access to wound care data is necessary to better understand how care is delivered and how resources are allocated.
2. Access to inter-professional and specialty services is a particular challenge in rural and remote areas due to the scarcity for qualified health care providers. Providers are often unaware of what services are available in their region or which providers can provide certain interventions. This may delay care.
3. Primary care providers require further education to support appropriate referral and management. Personal support workers (PSWs) would benefit from basic knowledge about skin care,

Other Summary Recommendations (continued)

- Use the Health Quality Ontario's 2014 health technology assessment on turning for the prevention and management of pressure ulcers to inform funding decisions related to expanding access to support surfaces.
- Amend Ontario Drug Benefit approvals for pentoxifylline by expanding the indication to include venous disease.
- Identify appropriate payment models and accountability mechanisms to support quality outcomes for wound care, including a shift in focus to prevention and early identification.

Ministry of Health & Long Term Care

Amy Olmstead - Director, Home and Community Care Branch

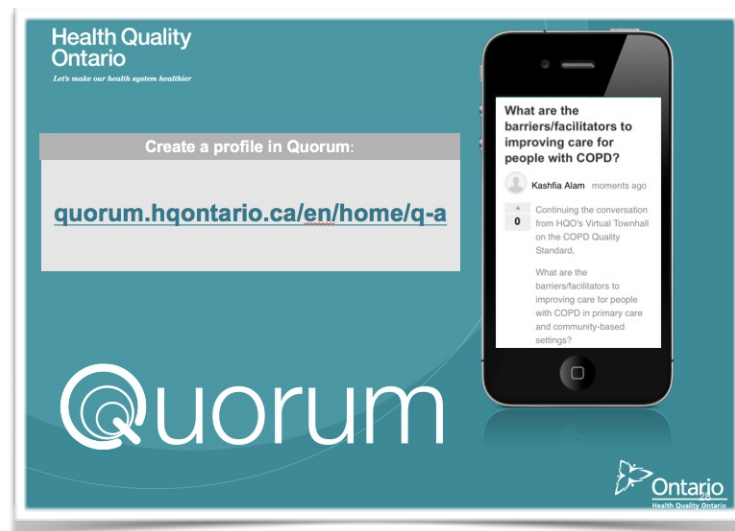
Among other work, the Home and Community Care Branch is leading the implementation of Patients First: A Roadmap to Strengthen Home and Community Care (2015) and supporting The Patients First Act, 2016, which expands the mandate of Local Health Integration Networks.

Prior to her appointment, Amy was Manager of the Universities Unit in the Ministry of Training, Colleges and Universities. Amy also served as Manager in the Capital Programs Branch in the Ministry of Education, and as Policy Advisor and as Policy Director to the Minister of Education.

prevention strategies, and care of the diabetic foot.

4. There is a lack of practical tools to help providers and organizations to integrate the quality standard into daily care practice

5. Patients are often given inconsistent information about their wounds. There is no centralized repository of information that patients can easily access, and available materials may not always be written in plain language.



Finally, HQO has set up the Quorum site where OntWIG members are encouraged to share the work they are doing, share tools, strategies, etc.

Wound Care Quality Standards Implementation Initiative – Update from the Ministry of Health and Long-Term Care



Amy's focus was to highlight how critical and indispensable the work of HQO is to the Ministry.

The standards were viewed as an opportunity to develop, leverage and align a number of elements of the Ministry's work with LHINs.

The leadership for wound care implementation within the

Wound Care Context in Ontario

- Wounds can have a significant impact on people and certain communities of patients.
- Wound care is performed in a number of settings across the system.
- Clinical capacity, including access to qualified health care professionals with the skills and competencies to prevent and treat wounds, varies across LHINs.
- Wound prevention and management is complex and is optimally supported by an inter-disciplinary integrated approach as patients transition through the health care system.
- Patients often have other co-morbidities and care needs that can be multiple and complex.
- Wound care and outcomes may be exacerbated by socio-economic and other factors.

HQO's Quality Standards

- Health Quality Ontario's three quality care standards related to wound care encompass evidence-based prevention and management of diabetic foot ulcers, venous leg ulcers and pressure injuries.
- The standards are a key component of the ministry's plan to:
 - Improve the quality of wound prevention and treatment.
 - Reduce the burden of wounds on patients.
- MOHLTC has engaged stakeholders on the planning and implementation of wound care initiatives to support:
 - The implementation of the wound care quality standards.
 - Targeted investments to strengthen wound prevention and management for patients in Ontario.

Ministry lies within the Home and Community Care branch.

The delegates were walked through the Ministry's **Wound Care Context in Ontario, HQO's Quality Standards and the Ministry's Goals and Implementation Priorities.**

The context and the quality standards are summarized in the sidebar to the left. It is worth noting that the Ministry acknowledges the complexity of the issues surrounding wound care.

The Ministry's goals and implementation priorities are summarized below:

In partnership with LHINs, the ministry is working to:

Engage with Stakeholders on Wound Care: Identify opportunities for wound care stakeholder engagement to solicit input and expertise on initiatives to support evidence-based wound care initiatives.

Support System Capacity Review and Planning: Assess capacity, gaps and opportunities related to current services, referrals/clinical pathways, inter-disciplinary models of care.

Identify and Fund Training and Education Resources: Assess needs for training and education resources to support capacity building and expand training and education. Opportunities focus on patients and caregivers, clinicians and system planners.

Develop a Performance Monitoring and Data/Analytics Framework: Identify process and outcome indicators and potential data sets, as well as related systems requirements for data collection and monitoring.

Fund New Wound Care Devices: Provide offloading devices funding and assess impact. Explore other related wound care devices/technologies recommended through Ontario Health Technology Advisory Committee and Health Quality Ontario.

The Ministry also discussed their "Key Initiatives to Date".

These include:

• Public Funding for Offloading Devices

- In November 2017, the ministry announced new public funding for offloading devices for the treatment of diabetic foot ulcers.
- By 2019-20, base funding for offloading devices will be increased to \$3.35M annually.
- The three funded devices include total contact casts, irremovable cast walkers and removable cast walkers.

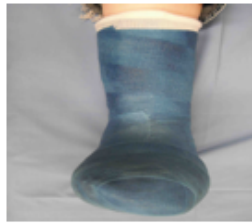
System Capacity Assessment

- Current prevention and treatment capacity are not well documented.
- A capacity and gap assessment in collaboration with the LHINs is required to guide tactical priorities.
- Assessment will include:
 - Identification of current patient/ caregiver and health care provider education and training requirements;
 - Referral patterns for wound care;
 - Treatment capacity;
 - Current clinical pathways;
 - Existing wound care specialty centres;
 - Key gaps; and
 - Challenges/impacts for vulnerable/ priority populations.

IDEAS - Improving and Driving Excellence Across Sectors

Joe Mauti - QI Advisor, HQO

Joe Mauti is a Quality Improvement Advisor at Health Quality Ontario. Previously, he served as the Director of Organizational Development at the CCAC of Peel and as a Health System Planner with Mississauga Halton LHIN, where he led the engagement strategy with the primary health care sector. In his spare time, he conducts small tests of change with his three children and spouse to maximize the capacity of the dishwasher.



• Training and Education

- A comprehensive training and education strategy is under development to include resources for clinicians as well as patients and caregivers.
- Additional training and education activities are being identified.
- Patient and caregiver education is also a priority. Targeted approaches are under development.



Improving & Driving Excellence Across Sectors



Joe walked the delegates an exercise designed to introduce the gathering to the work of IDEAS.

IDEAS (Improving & Driving Excellence Across Sectors) is a comprehensive, evidence based quality improvement training program for Ontario's health professionals. Participants become well versed in a common language and approach to quality improvement with the explicit aim to improve patient care,

About IDEAS

- Mission
 - IDEAS contributes to a high performing health system by encouraging and educating healthcare professionals using evidence based knowledge, practical tools and leadership skills to support and lead quality improvement initiatives that provide patients across the province with sustainable high quality care.
- Vision
 - All Ontario healthcare professionals are skilled, knowledgeable and respected for their relentless commitment to quality improvement. Through the learning and knowledge sharing of these committed healthcare professionals, Ontario is a high performing healthcare system with the capacity to provide all Ontarians with high quality care in a more sustainable way.
- Success
 - Since 2013, more than 3,300 healthcare clinicians and administrators have successfully graduated from IDEAS. Evaluation results show that participation in IDEAS has had an impact.
- Partners
 - Ministry of Health and Long-Term Care (MOHLTC)

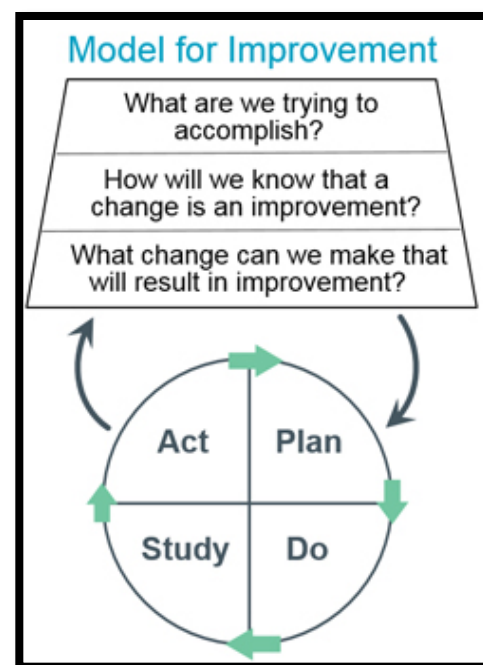
HQO Panel

- The three speakers, Lee Fairclough, Amy Olmstead and Joe Mauti fielded questions from the symposium members. The session was moderated by Laura Teague.

experience and outcomes. IDEAS is also the methodology framework which HQO has adopted for quality improvement.

Led by a high caliber faculty, IDEAS participants complete the program with the tools, practical skills and knowledge required to build capacity in quality improvement, change management and adaptive leadership across all healthcare sectors.

OntWIG encourages their members to learn more about the IDEAS methodology, as it is aligned with HQO and potential funding opportunities related to the wound care quality standards.



Panel Questions

1. ***A representative from industry asked for the Ministry to comment on how difficult it is for industry to address 14 LHINs with 14 different RFP processes. He asked if the Ministry might look at value based outcomes rather than commodity based price competition.*** Amy acknowledged the issue. She was unaware of any active process to address the challenges. The government is looking at bringing some consistencies to the procurement process. Lee added that there is work going on to bridge the disconnect.

2. **Laura Teague noted that there was a disconnect when transferring patients from care in hospitals to non hospital locations. An example was the challenge of moving dressings and equipment from the institutional setting to the home setting.** The Ministry acknowledged the issue and noted that a cross sector approach being worked on with the LHIN's. The focus on patient centred care as a primary driver of bridging this gap.
3. **There was a suggestion for Joe that one of the next IDEAS sessions be wound care focused.** Lee agreed that HQO might contemplate a dedicate cohort. She also added that there are the open calls which can be applied for regardless of whether there is a dedicated cohort. Amy agreed that there was an interest in a wound care IDEAS theme. Laura added that there is a Foundation IDEAS program at McMaster coming soon. Joe added that the objective of these sessions is to motivate application of the program to projects.
4. **Jim Morando, a chiropodist in the private sector noted that they have not been able to get funding for total contact casting. He asked what steps are being taken to allow clinics to access the same funding as hospitals. Joe also added that in trying to create links to publicly funded institutions has also resulted in roadblocks.** Amy noted that the initial implementation of the funding was limited to large, publicly funded care centres. As the Ministry evaluated the impact of the program on access to care, the LHINs will start to work with the Ministry to understand whether that should be expanded to privately funded clinics.
5. **The Central East LHIN expressed concern over difficulties for patients with recurring issues who cannot afford private chiropody treatment. Laura Teague added a question as to how better quality data could be gathered.** Amy acknowledged that they are hearing this as a recurring question and they are thinking about what to do. There are no plans at present but they are seeking advice. Lee noted that there will be an active process to gather feedback on this and other areas and that feedback is the starting point for expanding the process. Nancy Peroff - Johnston from the Ministry added that they are exploring the new rules, receiving feedback and starting the iterative process to look at next steps. The Ministry is working on a reporting tool for the LHINs as it relates to wound care. They are trying to put mechanisms in place to gather granular information to support future decision making.



6. ***Jacqueline from HSS Ontario questioned whether there was an movement towards data collection on a Provincial scale.*** This will be a long term process. The data in home care and LTC is fairly well developed and so the longer term process will focus on how to introduce the same level of data collection to the health centre side.
7. ***Laura Teague asked about the Think Research order set projects and whether their work would become cross sectoral in order to have a greater impact.*** It is early days in this process but Lee pointed out that the acute care project was focused on implementing order sets through the ***Think*** solution and the second theme was to translate some of the quality standards into the order set format as a starting point. The data must be structured in a way that yields good data for wound care. HQO's first focus has been opioids but generally speaking they are thinking about this for collection of discrete data for wound care. Laura cautioned that the order sets should not become too busy.



Question 1

Considering the barriers and challenges to effective wound care in Ontario outlined by Health Quality Ontario:

<i>What are the barriers that most resonate with you and where should the ministry be focusing its priorities in wound care policy?</i>	<i>Among the recommendations for adoption from Health Quality Ontario, what are the recommendations for quality improvement efforts that the ministry should prioritize?</i>	<i>Are there great examples of quality improvement efforts that the ministry could draw from?</i>
LHIN silos – BPGs are being implemented differently	Target efforts in populations with high risk	Wound care specialists to coordinate and network
Physicians have less knowledge of basic wound prevention and screening	Ensure physicians are fully versed and trained in wound prevention and screening	EMR that is accessible for all sectors – home care suffers the most as has no access
Gap in resources	Embed woundcare in nursing education criteria	Funding for wound prevention before wounds develop or recur
Gap from institutional care to home care	Outcome reports should be made available to home care givers	
Communication of the order sets to handle woundcare		

Question 2

Do you have advice regarding developing more robust interdisciplinary treatment capacity in Ontario? What sort of skills mix and competencies are required on such a team?

- The HCP mix needs to be tailored to the right problem, it cannot be just nursing focused.
 - Should include NPs, nurses, chiropody, OT/PT, nutrition with access to specialists on an as needed basis
 - Need standard polices and forms for referrals
 - Need core teams that can rapidly refer to tertiary team for specialist care
 - Primary care teams need access to products to provide treatment as well as assessment
 - NPs could lead primary wound care teams
 - Regional clinics – could be set up using MOH standards
 - EMR needs to be x-sectoral

Question 2 (continued)

- Order sets – x sectoral
- In hospital – not enough wound clinicians – need to have more treatment and prevention in hospital to reduce the transfer of preventable wounds to other sectors
- Chiropractic is currently not publicly funded – patients cannot afford to pay privately
 - Need at least one chiropractor on wound teams for DFU (trained in biomechanics and offloading)
- Need a mechanism in place for patients who cannot get to clinic-
 - Tele-home care is an option for follow-up and for homebound people
- Need to develop smart discharge plans from one sector to next
- Need executive leadership to build and implement programs and to be accountable at the LHIN exec level
- Look at palliative care model for exemplar of how wound care could work.
 - Palliative care is complex and they seem to be doing things right.

Question 3

What is this group's advice regarding key gaps in or barriers to education and training for health care professionals? What should the ministry be focusing on in education and training as a priority? Through what avenues should the ministry provide training and education opportunities?

Key Gaps Include:

- Time and cost of education
- Lack of education and missing basic wound care foundations in curricula in nursing and other disciplines
- Only CNA certification for ETs – needs to be broader and include other disciplines
- Lack of established pathways of care
- Lack of funding through professional organizations

Solutions Include:

- Ministry should fund basic wound care foundation/skill based training with mentorships to develop competencies
- PSW, diabetes education and patient/family education to recognize high risk and trigger further assessment for prevention.

Bullet Presentations

- Mary Mustard - Nurse Practitioner at St. Michael's Hospital



Mary is a Nurse Practitioner in the CVICU at St Michael's Hospital with over 25 years of critical care nursing experience and a strong passion for clinical care. She is interested in opportunities that both advance and showcase nursing practice.

Mary believes in "lifelong learning" and strives to create meaningful learning opportunities.

Through professional associations with the Canadian Nurses Association, the University of Toronto, and George Brown College, Mary encourages nurses and students to demonstrate commitment to nursing by meeting and/or surpassing current professional standards.



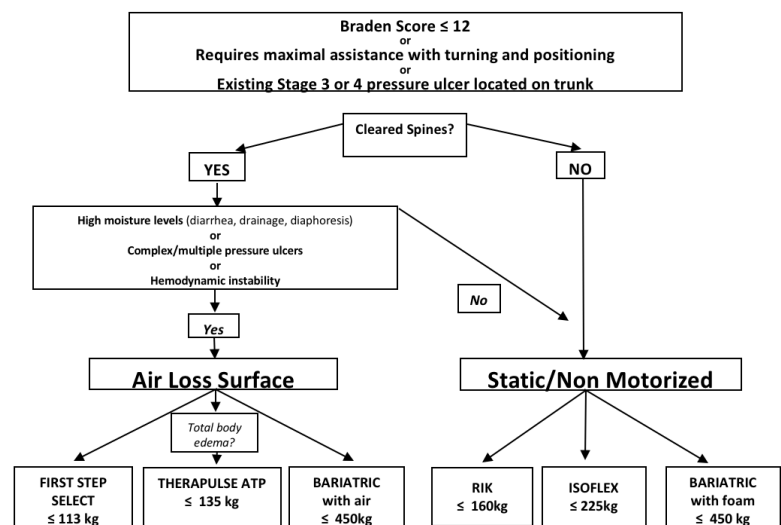
Presentations

Mary walked through her team's work on a **bed algorithm for choosing therapeutic surfaces**. She proceeded to:

- Describe the clinical setting;
- Highlight environmental / cultural factors that affect patient care; and
- Discuss the algorithm development & sustainability

Mary presented the methodical approach to developing the algorithm, the need, the implementation and the results. It was an insight for all into the process required to clinically gather data, test surfaces and apply the learning to the decision making process.

Guidelines for use of Therapeutic Surfaces



Bullet Presentations

- Elaine Calvert - Senior Lead, Long Term Care and Alternatives, Mississauga Halton LHIN



As a Registered Nurse and patient focused leader, for over 35 years Elaine has passionately embraced opportunities to improve the healthcare experience for patients and families. From 2003 to 2010, a keen interest in senior's health led to Director of Nursing positions in the Long Term Care sector. In 2010, Elaine joined the Registered Nurses Association of Ontario in the role of Long Term Care Best Practice Coordinator for the Hamilton Niagara Haldimand Brant LHIN. In this role, she worked with provincial and community partners to implement clinical and healthy work environment guidelines eventually serving as a coach in the first cohort of Ontario long term care homes to achieve Best Practice Spotlight Organization designation. Elaine currently holds the position of Director of Post-Acute and Senior Services at Ross Memorial Hospital in Lindsay, Ontario. Elaine's education background includes a Diploma in Nursing from Mohawk College and specialty certification in Gerontology from the Canadian Nurses Association. In 2017, Elaine received a Master of Arts in Leadership from the University of Guelph Business and Economics program.



Presentations

Elaine walked the delegates through her experience in **implementing/testing best practices in how an organization can use a simple and transferable approach to ensure the correct surface is assigned to the correct resident at the correct time.**

Elaine described the process of engaging stakeholders to identify the need for change and determine the best approach that could work effectively and efficiently for all. The stages followed included:

- Establishing Goals
- Reviewing ideas for change based supported by evidence based tools
- The creation of an iterative decision tree
- Lessons learned, Feedback loops and implementation

The end result can best be summarized by her Sustainability Plan slide below.

Sustainability plan

Competing priorities threaten sustainability.

Embedding a surface support project into established/mandatory processes included:

- Development of a related QIP measure
- Reporting to the Quality Committee of the BOD
- Addition of Skin and Wound category to Resident/Family Experience surveys
- Inclusion in Operational work plan/program review
- Unit orientation revision
- Capital budget consideration

Bullet Presentations

- Ruth Thompson DCh, MCISc-
Wound Healing



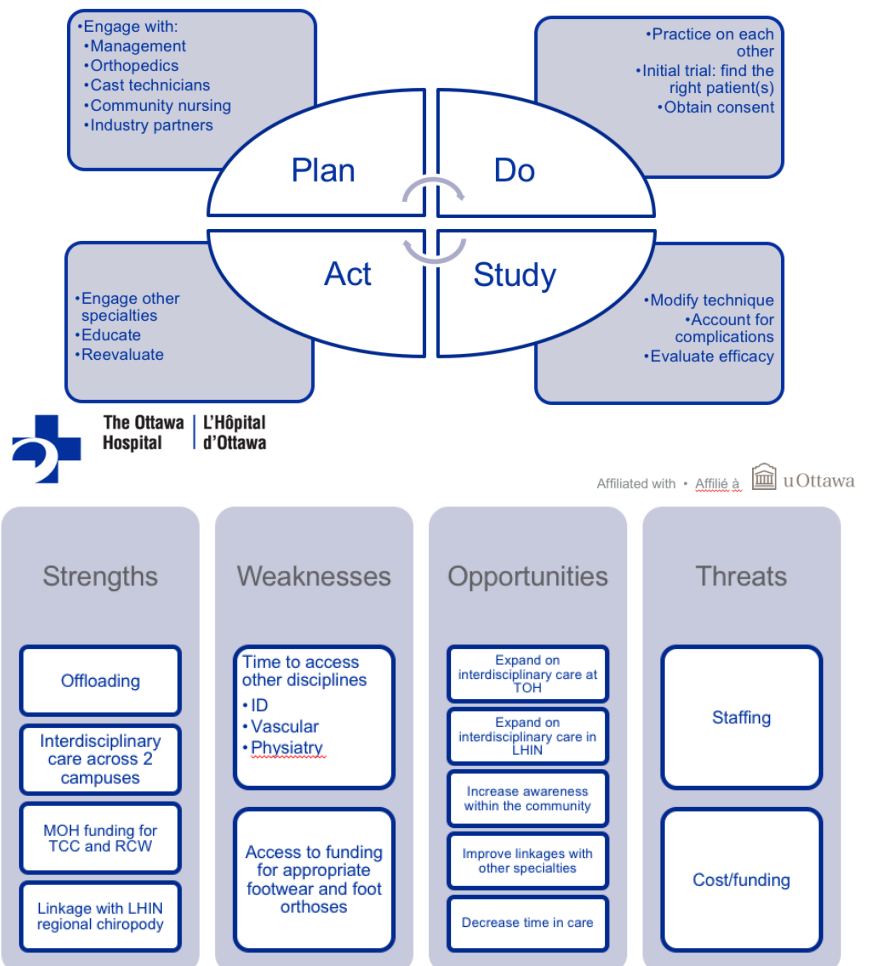
Ruth is a registered chiropodist at The Ottawa Hospital High Risk Foot Clinic. Ruth is an executive member of The Ontario Wound Care Interest Group. She has completed a Masters of Clinical Science Degree in Wound Healing from The University of Western Ontario and a Bachelor of Science Degree from Mount Allison University. Ruth has served as an expert in the development of the Health Quality Ontario Wound Care Quality Standards as well as for the Health Technology Assessments for total contact casting and now compression for prevention of recurrence of venous leg ulcers. She has also been involved as a clinical specialist for the RNAO Best Practice Guideline for the Assessment and Management of Foot Ulcers for People with Diabetes. She also sits on the interdisciplinary Champlain LHIN high risk foot committee. She is a clinical coordinator for chiropody student placements through The Michener Institute of Education at UHN. She implemented Total Contact Casting to treat neuropathic wounds in her clinic 6 years ago.



Presentations

Ruth walked through her team’s experiences with the implementation of **total contact casting persons with neuropathic foot ulcers.**

As an active participant in the adoption process, Ruth provides a tremendous real-time insight into the process of implementation and testing. Two of her slides illustrate the collegial path Ottawa has taken and represent highlights of her story. The second slide also points out both the opportunities and challenges implementation has presented.



Bullet Presentations

- Nicole McGrath RN, BScN, MScN is a Clinical Nurse Specialist for Wound Care with the Toronto Central LHIN



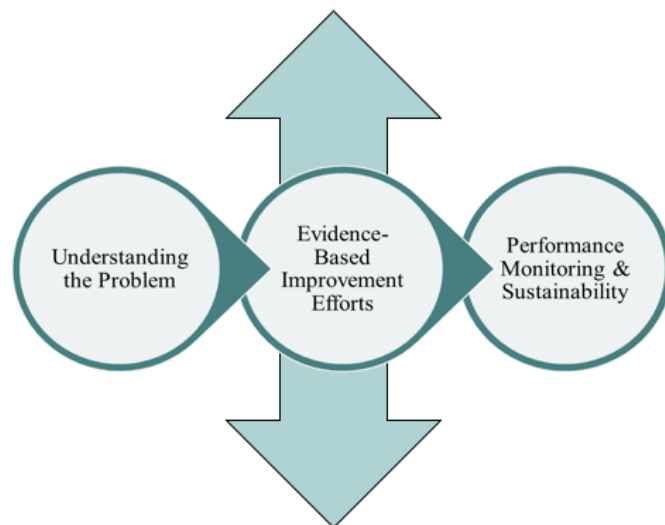
In her role, Nicole ensures evidence based best practice and cost-effective care to clients with wounds in the community and assists with complex client transitions from hospital to community. Nicole completed her graduate nursing studies at D'Youville College in Buffalo, New York in 2010, and the IIWCC in 2014. Nicole is a member of the professional nursing society Sigma Theta Tau, a long standing member of RNAO, and is involved with the Ontario Woundcare Interest group. Her 11 years' experience with Toronto Central LHIN includes case management in the community and hospital sectors, and she has served as Hospital Preceptor/ Mentor to new staff. She also worked as Tele Wound Project Care Coordinator for Toronto Central LHIN.



Presentations

Nicole's presentation was entitled, **Transitioning patients' compression from acute to maintenance with garments.**

Nicole started off defining the challenges the Toronto Central LHIN faces and then began to illustrate the LHIN's response, leveraging a quality improvement approach focused on understanding the problem, using evidence-based best practices and focusing on sustaining improvements



The path to designing a solution was illustrated and the implementation process was clearly laid out and Integrated Wound Care Bundles based upon evidence based best-practice recommendations were developed, in-line with Health Quality Ontario's Quality Standards



Delegate Suggestions for OntWIG Priorities in 2018-2019

The delegates provided their input as to areas OntWIG might focus on during the year ahead. These were divided into four categories: **Health Technology Assessments; Specific areas to advocate with regards to standardized education materials; Collaboration with Stakeholders; and Ongoing work.** The results are presented below with the most popular requests in Blue.

1. Health Technology Assessments

- A review and examination of Footwear for the prevention of DFU re-occurrence (7 requests)
- A Review of biological wound care products (4 requests)
- Care Equity and Consistency between the LHINs (2 requests)
- LHINs should directly pay for technology to reduce wait times for technologies like NPWT
- Therapeutic Support surfaces
- Help create policies so that equipment and products are used in a safe and effective manner
- Measurement systems
- Adoption of new technologies (streamline across LHINs)
- Collaboration: need consistent data, engage various groups to merge
- Look at all pressure injury strategies, use evidence based best practice to make recommendations

2. Advocate for Standardized Education Materials

- Standardize wound education in nursing, medical schools. PSW Curriculum and allied health (7 requests)
- Quality improvement, planning and education. Education slated to the implementation and evaluation of the HQO wound standards. Need funding for more education (4 requests)
- Standardize data collection/data set for wounds in community care (3 requests)
- One pager for pentoxifylline (2 requests)
- Education related to HQO: Survey physicians regarding current education /comfort and interest in wound care
- Trental in venous ulcers
- In depth provincial practice recommendations for the 3 wound types (HQO published)

3. Collaboration with Stakeholders

- Public awareness campaign (of cost -both financial and quality of life) (4)
- Wound care specialist definition with competencies and not education as the standard/ Identify wound specialist term but also ensure that care and policies are left to these care providers (3)
- Increase public awareness of HQO standards so patients can advocate for themselves and know what they should be receiving
- Closing the gap between the hospital and community of care
- Work with all wound care groups to raise awareness of the prevalence of pressure injuries

- Advocate for university nursing, OT/PT courses to have wound curriculum
- Create a wound care hackathon
- How to have LHIN be more collaborative especially acute and home-care
- Collaborate with wound care association to represent “one voice” under an existing association
- Run a symposium at Wounds Canada conference on health policy
- Develop order sets that computer programs can be similar across all institutions
- Collaborate with public- articles in paper or news (in high school) – make wound care common language

4. Ongoing work

- Standardize wound care pathways and or medical directives for all sectors (community, LTC, Primary care and acute care)
- Create an OntWIG twitter account
- Guidelines and defining wound care specialist
- Acute/LTC- Dietician as part of OntWIG
- Promote an event #hashtag for next year’s symposium- Review and recommendation for one standard wound assessment tool. (this will help initiate the discussion about common data that needs to be collected for wounds.)
- Improving standardization of nutrition within order sets, nutrition screening for high risk patients=prevention
- Develop a funded standardized SMART discharge tool for wounds
- Look at wound care as a medical speciality based on Cardiff/Wales example
- Have chronic wounds recognized as a chronic disease
- Develop a wound program that would be launched in all LHINs and be supported by the LHIN CEOs
- Expand sector lens to include all areas consuming services. IE. Retirement, Transitioned car
- Standards for province of frequency and methods for incidences (not HAPI)

Thank you for your attendance and support. OntWIG’s work is an increasingly important element of impacting woundcare policy and change and with your continued involvement and participation, we look forward to further success in the months and years ahead.

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