INNOVATIVE PRACTICES

NAME OF PRACTICE: Nurse Specialist Wound Care Delivery

JURISDICTION: Ontario

HEALTH THEME: Quality Improvement and Patient Safety

PUBLICATION DATE: August 30, 2013

IMPLEMENTATION DATE: 2007

SNAPSHOT: This innovative practice seeks to improve the quality of services nurses provide patients that require acute and chronic wound care through enterostomal therapy (ET) and on a systems level, to mitigate unnecessary complications and hospital readmissions. A cross-sectional study-conducted in 2007 assessed the cost-effectiveness of these specialized services among five participating nursing agencies in the Waterloo Community Care Access Centres (CCAC). While this particular model of care underwent several changes due to concurrent provincial health care restructuring, it has inspired the development of similar models delivered through the South West Regional Wound Care Framework (SWRWCF) and Red Cross Care Partners. General ET is practiced by approximately 300 specialized nurses across Canada.

PRACTICE DESCRIPTION:

With 50% of wound care occurring outside of hospitals and in home care settings, there is a need to ensure that the visiting nurses are equipped with the necessary skills and knowledge of best practices. The majority of this care would typically be provided by a generalist nurse, however there has been question around the level of training and competencies required to manage more complicated cases, particularly with the aging population. In March 2007, The Canadian Nurse’s Association recognized The Canadian Association for Enterostomal Therapy as a distinctive nursing specialty through which the Enterostomal Therapy Nursing Education Program was offered at the postgraduate level for baccalaureate educated registered nurses.

In Ontario, registered nurses trained in the Enterostomal Therapy (RN ETs) are contracted through their respective nursing agency to provide specialized wound care services through the CCACs, which in turn are funded by the Ontario Ministry of Health and Long-Term Care. In the Waterloo setting, the RN ETs would undertake all wound admission visits and be responsible for more complex patients, supported by other nurses who were not trained to the same ET level but possessed advanced wound ostomy skills, and together collaborate with the attending physician for overall care plan.

IMPACT:

To determine the relative impact of specialized nursing services versus generalist nursing services in this area, there was a multicentre retrospective chart audit (n=496) of the participating nursing agencies and community care access centres in 2007. Three models of care were compared: 1) nurses trained specially in ET and/or advanced wound ostomy skills only; 2) a hybrid model of interventions developed by an RN ET and followed by a general visiting nurse; and 3) a control group involving generally trained registered nurses and registered practical nurses only. In this audit, 360 chronic wounds and 54 acute surgical wounds were followed and assessed outcomes based on the type of care provided.

Based on the cross-sectional data collected, estimates were produced to indicate differences in healing times and total costs of nursing care which were calculated based on the number of nursing visits and related reimbursement. When comparing the care for both acute and chronic wounds provided by the specialized ET/advanced wound ostomy skill services versus the hybrid
model, there was a difference of 45 days and a cost reduction of $5927.00 due to reduced length of stay and hospital readmission favourable to the specialized services. When wound treatment was stratified for acute wounds only, the expected cost-benefit margin was more obvious with healing time equivalent to 95 days and a cost difference of $9578.00 per case.

A subsequent systematic review was conducted in 2010 on the value of RN ETs in home care and wound care across Canada. Eight studies were identified as eligible and were analyzed based on outcomes including number of visits, wound-healing times, completed healing, cost of wound care, social support, emergency department visits, hospital readmissions, patient education, and application of standardized protocols. With the available evidence, improved outcomes were consistent across the board, reaffirming the need for specialized training and program implementation for home care nurses in Canada.

APPLICABILITY/TRANSFERABILITY:

This specialist nursing model was studied during a time when the province was introducing the Local Health Integration Networks and consolidating the number of CCACs (in 2007). Its continuation was complicated around support for more generalized services. However, after some transition time, the positive impact assessment and new opportunities, resources from this model have been continued via the SWRWCF (http://www.southwesthealthline.ca/librarycontent.aspx?id=231) — which provides a standardized wound care toolkit led by the primary author and available for all health care providers interested in becoming better informed and through the Red Cross Care Partners (http://www.redcrosscarepartners.ca/Our-Services/Nursing-Care) — where in response to a new provincial wound care initiative around outcomes-based pathways, has trained over 100 nurses front line, Wound Resource Nurses in a quality improvement initiative. Moreover, The Canadian Association for Enterostomal Therapy continues to represent the RN ETs and advocate for the highest quality of specialized ET services.

CONTACT INFORMATION:

Name: Connie Harris
Title: Senior Clinical Specialist Wound & Ostomy; Clinical Lead for Outcome-Based Wound Pathways
Organization: Red Cross Care Partners

Information last updated on: August 30, 2013

Content has been adapted from the following sources and relevant links:

Publications:


PRACTICE WEBSITE

The Canadian Association for Enterostomal Therapy
http://www.caet.ca/caet-english/about-et-nurse.htm