MODULE 1

Lower Extremity Wound Care in Saskatchewan - Introduction

(approx 5 minutes)

In 2013-14, the Provincial Leadership Team for health care in Saskatchewan identified the need for a clinical pathway for chronic leg and foot wounds, including:

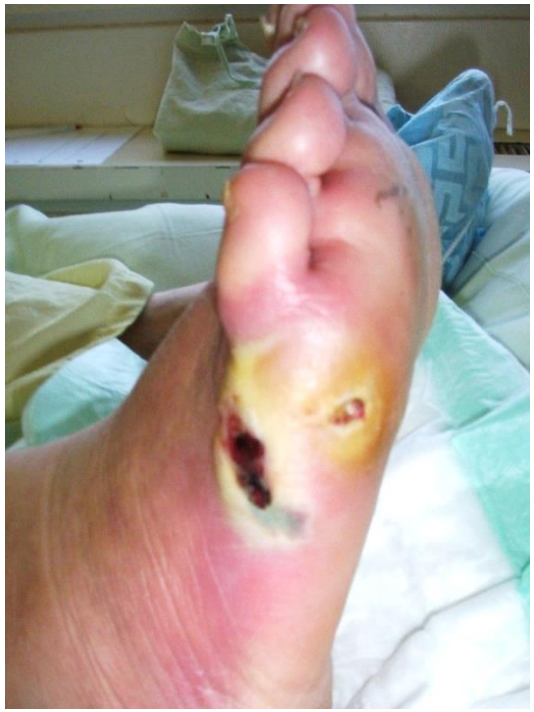
- Venous ulcers
- Arterial ulcers
- Diabetic ulcers – neuro-ischemic
- Mixed etiology ulcers
- Not including pressure ulcers at this time

A provincial clinical implementation committee (CIC) was formed that included representatives from vascular surgery, primary care, home care nurses and managers, wound clinician nurses, podiatry and patients. The CIC worked on a clinical pathway to support multi-disciplinary management of chronic lower extremity wounds (LEW).

Common chronic leg and foot wounds

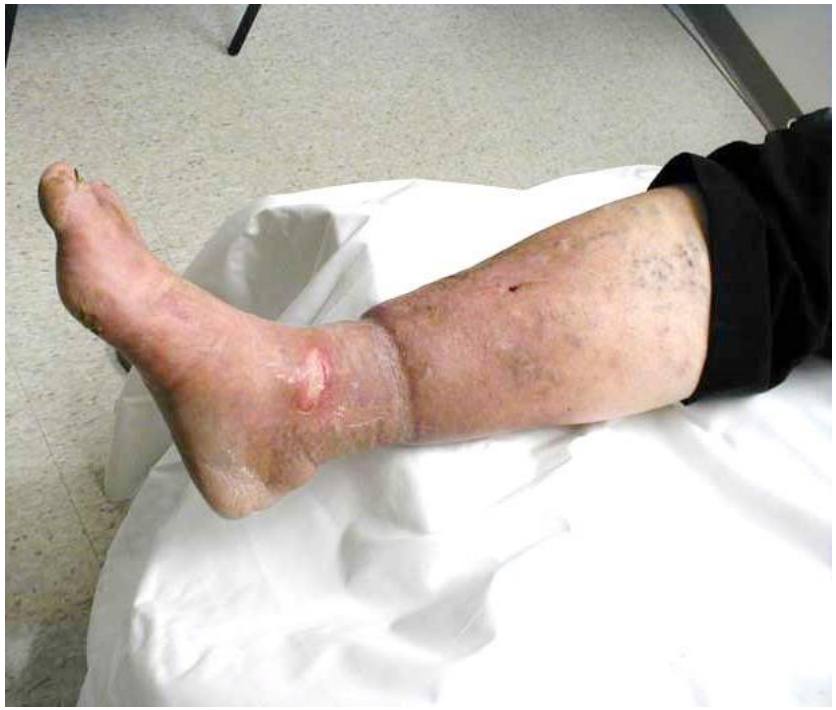
Diabetic Foot Ulcer

- Commonest cause of non-traumatic lower limb amputations in Canada



Venous Ulcer

- Comprises 70-80% of LEWs
- Seldom results in amputation, but takes months to heal



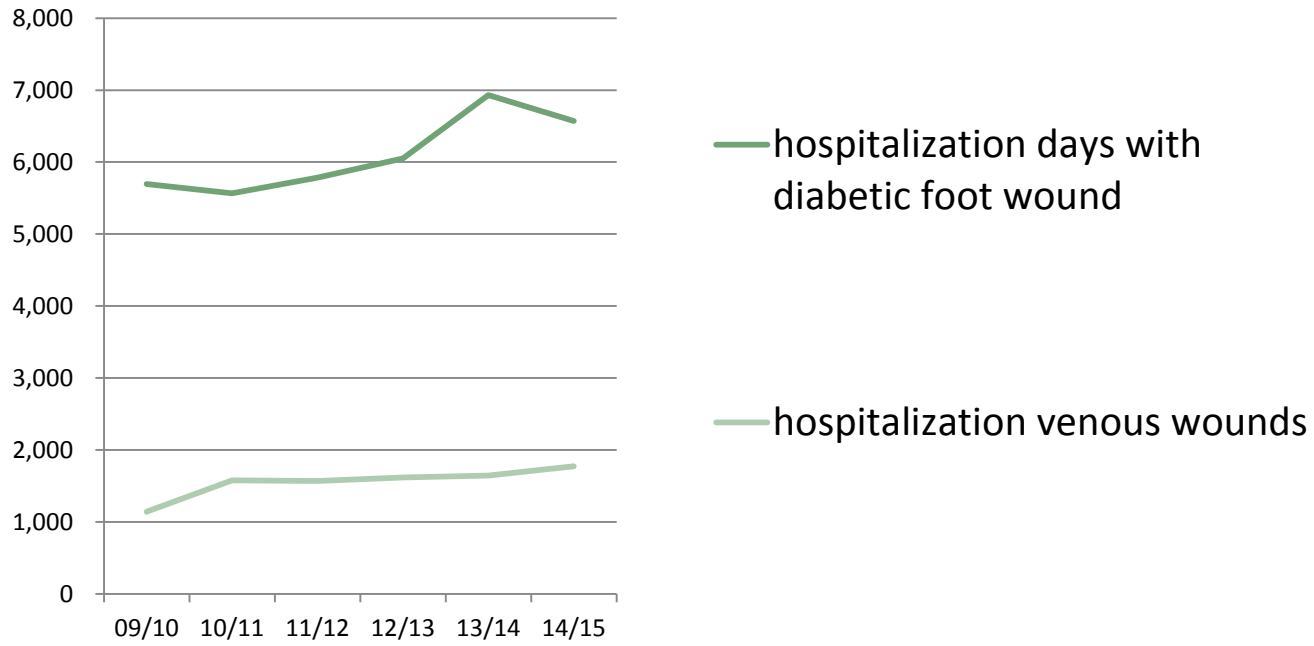
Chronic leg and foot ulcers are high cost to patients and the health care system

- In 2014/15 there were 189 amputations due to diabetic foot wounds in Saskatchewan.*
- Over 6,000 days of hospitalization for diabetic foot wounds in 2014/15.*
- Over 1,700 days of hospitalization for venous wounds.*
- Provincial data is not currently available for ER visits and homecare hours
- Patients may live with open wounds for months or years, causing considerable morbidity.

** CIHI Discharge Abstract Database 2014/15*

The problem is increasing

- Estimated 7.2% of persons with diabetes will develop foot ulcers annually
- Hospitalization days in Saskatchewan from 2009 to 2015



Chronic venous insufficiency (CVI)

- CVI without ulceration is common
- CVI is often overlooked and inadequately managed. Without management, CVI results in ulceration
- Ulceration with CVI takes significantly longer time to heal, causes additional morbidity and expense to the individual and the healthcare system
- In adults presenting with cellulitis of the lower leg, chronic venous insufficiency and stasis dermatitis are often not identified, resulting in prolonged, sometimes unnecessary, antibiotic therapy and hospitalization.*

**Qing Yu Weng et al. Costs and Consequences Associated With Misdiagnosed Lower Extremity Cellulitis JAMA Dermatol. Published online November 2, 2016.*

Current clinical barriers

The Lower Extremity Wound Pathway CIC identified barriers to best practice wound care in Saskatchewan:

- Inconsistent access to wound care services, with very limited access in some regions
- Primary care providers lack information about local/regional resources available for wound care or prevention
- Wide variation in treatment plans and referral patterns for wound care patients. No standardized nursing protocols
- Minimal sharing of information on a patient's wound assessment and management among multiple providers
- Number of acute care interventions (hospitalization, amputations) unacceptably high

Potential benefits of a pathway to health care providers

- Standardized protocols for assessment & treatment of wounds in primary care.
- Access to standardized wound care resources in the community.
- Clear criteria for specialist referral.
- Improved teamwork and communication among care providers.
- Prevention of wounds in people with diabetic foot complications or chronic venous insufficiency at high risk for ulceration.

Potential benefits to patients

- Improved teamwork and communication among care providers
- Resources for patient education
- Faster healing
- Avoid hospitalization or amputation

Worldwide data suggests that 50% of diabetic foot amputations could be avoided with early identification and multidisciplinary clinical care. *

* Charing Cross International Vascular Symposium 2014

So, why should you, the primary care provider, take this educational course?

The standardized resources will make it easier for you to care for patients with lower extremity wounds, and will most likely save you time and cause less frustration than the current system.

The LEW referral form is easy to use and intuitive, once you understand why it is structured the way it is.

You may learn new things about chronic venous insufficiency and the importance of identifying and treating it to prevent venous ulcers.

There is more to diabetic foot complications and diabetic foot exam than checking sensation with monofilament, and it only takes a couple of minutes!

END OF MODULE

There is no quiz for this module. Please proceed to Module 2.