



NURSES SPECIALIZED IN
WOUND, OSTOMY AND CONTINENCE
CANADA
INFIRMIÈRES SPÉCIALISÉES EN
PLAIES, STOMIES ET CONTINENCE
CANADA

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ALBERTA WOUND, OSTOMY, AND CONTINENCE SUMMIT



OCTOBER 5, 2023

REPORT ON THE SUMMIT BRINGING TOGETHER GOVERNMENT, ADMINISTRATORS, CLINICAL LEADERS, PATIENTS,
AND INDUSTRY IN RED DEER, ALBERTA



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We wish to acknowledge that we are on traditional territories of the many First Nations, Métis, and Inuit peoples in Alberta and express gratitude and respect for the land we use to work, meet, and live. We are very grateful to learn from all the traditional peoples of these lands, as without learning the truth, there can be no reconciliation.

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PRIORITIES FOR SPECIALIZED WOUND, OSTOMY, AND CONTINENCE CARE IN ALBERTA

There is a need to address access to specialized wound, ostomy, and continence care in Alberta among three stakeholders.

Government of Alberta

- Strengthen patient access to specialized wound, ostomy, and continence care within the Province of Alberta, including, rural and remote communities and First Nations Communities.
- Continue to support the reimbursement of ostomy supplies within the Province of Alberta.

Alberta Health System (AHS)

- Consider Nurses Specialized in Wound, Ostomy and Continence (NSWOCs)† as a critical part of health care provider staff mix to support patient-centred improvements.
- Stop the Union declassification of NSWOCs within the Province of Alberta.
- Recognize that an NSWOC job position is beyond an RN generalist role having advanced specialized education, and skills their ability to be innovative, provide education both informal and formal, contribute to provincial initiatives, projects, clinical guidelines, and research.
- Invest in NSWOC positions across AHS particularly in North, Central, and South zones so that patients have access to wound, ostomy, and continence specialty.
- Invest in developing Skin Wellness Associate Nurses (SWANs) to support day to day skin wellness—wound, ostomy, continence as a part of the wound, ostomy, and continence interprofessional team.
- Establish a plan for accurate tracking of wound, ostomy and continence statistics in Connect Care and provide annual reports to senior health executives, directors, managers, and health care professionals within AHS to evaluate clinical and cost outcomes.

Indigenous Services Canada

- Provide equitable access to NSWOC care within Indigenous Communities.
- Support Indigenous Registered Nurses in becoming specialized in wound, ostomy, and continence.
- Support the navigation of Non-Insured Health Benefits (NIHB) for nurses and patients caring for First Nation people.

“Every person deserves specialized wound, ostomy, and continence care”

Summit Objectives

The Red Deer October 5, 2023, summit had the following objectives:

- update partners on best practices in wound, ostomy, and continence within Alberta;
- evaluate a patients’ experience living with an ostomy and provincial impact;
- determine the economic burden for people living with an ostomy through the review of the ostomy impact study;
- provide information on the value of a wound, ostomy, and continence tri-specialty to support patient-centred improvements; and
- discuss how to provide better access to specialized wound, ostomy, and continence care in the province of Alberta by supporting health care teams and Indigenous communities.

† NSWOCs are baccalaureate prepared registered nurses recognized as a nursing specialty by the Canadian Nurses Association (CNA). Accredited by the CNA and World Council for Enterostomal Therapists, the NSWOC Wound, Ostomy and Continence Institute Education Program is competency based and leads to CNA certification–WOCC(C)–these competencies are linked to the *NSWOC Standards of Practice*.¹ This sets the national standard of nursing practice for specialized wound, ostomy, and continence care in Canada



Bev Smith, Michelle Buffalo, Anne Le, Mary Hill, Kim LeBlanc, Cathy Harley

THE CURRENT STATE OF WOUND, OSTOMY AND CONTINENCE CARE IN ALBERTA

Mary Hill, MN, BScN, RN, NSWOC, WOCC(C)
 Anne Le, BN, RN, NSWOC, WOCC(C)



Note. Five AHS Zones

QUICK FACTS ABOUT ALBERTA

Population*: 4,695,290
 Population over 65*: 14.8%
 Indigenous communities: 145
 Land area: 661,848 km²
 Population density: 7.1/km²
 Health budget**: 24.5 billion
 Individuals with an ostomy in AB: 14,670

Source. *Statistics Canada. **Government of Alberta - Health Budget.² ***Canada Revenue Agency people in the Province of Alberta with an ostomy registered for Disability Tax Credit.



Mary Hill, MN, BScN, RN, NSWOC, WOCC(C)



Anne Le, BN, RN, NSWOC, WOCC(C)

“There is NSWOC inequity across the province. We know that AHS’s goal is to expand community based and home care options to decrease demands on acute care. There’s poor representation of NSWOCs in the community to support this goal. We know that many of our clients are in the community and needing that support. Across AHS the processes, programs, and support for community, acute, and ISFL are very different in each of the zones, and we are not standardized in those processes. We want to support aging in place, yet we need to have access to specialized knowledge and care to do that.”

~ Mary Hill

1. United Nurses of Alberta (UNA) classification system for nurses does not reflect the changing roles and responsibilities of nurses and do not reflect specialization of nurses. The classification system needs to be updated to include specialized nurses and UNA need to recognize NSWOC nurses for the value their role and responsibilities bring to quality and specialized patient care. The declassification process needs to stop for the NSWOC roles that has been occurring in AHS.

“At the end of the day, there is an impact on patient safety and access to care from declassification. Advanced knowledge and skills benefits patients.”

2. There is an inequity of NSWOC working in roles specific to wound, ostomy, and continence specialty across the province with more NSWOC positions in acute care per capita than community and rural. Many NSWOCs cover multiple programs such as acute, integrated supportive and facility living (ISFL), community. Refer to Table 1. For example, in the In Northern Zone there is no coverage for communities north of Manning and east of Cadotte Lake. In the South Zone there is no NSWOC position designated to the specialty in community care to support clients with ostomies in their homes.

Table 1 NSWOC Representation and Classification Across AHS Zones

ZONE	ACUTE	COMMUNITY	ISFL	CLASSIFICATION
North	2	1 covers both community and ISFL settings		RN
Edmonton	19	6	5	16 RN, 6 nurse clinician, 7 instructor, 1 CNS
Central	8 cover all settings			RN
Calgary	13	8	7	18 RN, 1 nurse clinician, 1 instructor
South	1			RN
Indigenous communities	1 covers both community and ISFL settings			RN

Note. CNS = clinical nurse specialist; ISFL = integrated supportive and facility living; RN = registered nurse.

Community representation is less than acute care and rural representation of NSWOCs is poor if not nonexistence (North and South Zone).

- There is a lack of data for wound, ostomy, and continence patients. There are many extraneous factors that make accurate data challenging such as multiple data bases, AHS’s new electronic medical record system, differences in the processing of data collection between zones and a lack of standardized language for wounds, ostomy, and continence. NSWOCs are not identified in the Connect Care system and so you need to know the name of the nurse to search for them and send a referral. [Connect Care is the clinical information system used by AHS].

“Lack of data impacts patient safety and care”

Calculating the cost of wound, ostomy, and continence cost is problematic due to multiple funding options, limited financial information available, and patients paying for own supplies. AHS spends \$13 million on advanced wound care products supplies in 2022 (CPSM).

- \$60-100 million–total contract award value and seeking long-term agreements between 5-8 years (CPSM);
- \$186,526–total ostomy supplies in 2022. The majority are postoperative clients: maximum 5 days in hospital (CPSM);
- 1.3 million–ostomy clients based on catalogue numbers (AADL);
- 6,800–clients funded for intermittent or indwelling catheters (AADL);
- 121,560–home care clients with 9.2% of patients discharged tend to get readmitted within 30 days (AHS);
- The costs reflected above for ostomy and continence are not robust as they don’t include data from ISFL, Veterans Affairs/RCMP, Indigenous people and others. There are multiple funding options that include AADL, Veterans Affairs/RCMP, NIHB, private insurance; and
- Between January and September 2023 there were 14,772 wound referrals done by NSWOCs in Edmonton Zone alone (Pixalere).

4. A survey sent to NSWOCs in Alberta in August 2023 indicated that the demand for NSWOCs has increased in patient complexity and care, referrals, and consultations. NSWOCs roles and responsibilities have increased in both formal and informal education for staff, engagement in provincial projects and committees and policy/directive development. [$n = 56$].

Anne Le described an NSWOCC initiated survey conducted among members in Alberta during August 2023 Even though many NSWOCs are classified at an RN level, respondents described demand for NSWOCs over the past five years had showed a:

- 91% increase reported in the complexity of care;
 - 86% increase reported in referrals and consultations;
 - 63% increase reported in requests for staff education;
 - 55% increase reported in leadership responsibilities; and
 - 46% increase reported in policy development.
5. With a nursing crisis occurring, AHS has been seeking international nurses to fill the gaps. By 2068, the proportion of Canada's seniors is projected to be 21.6%–29.8%.³ The impact of an aging population will escalate the burden of wounds, ostomy, and continence issues. One of AHS's goals is aging in home. The adoption of best practices for wound care through specialized nurses with knowledge, skills, and judgment can reduce cost 40-50%.⁴ Aging in place requires support!

[Zone map image link.](#)



PATIENT'S PERSPECTIVE – A NEED FOR BETTER ACCESS TO CARE

Ann Durkee-Maclsaac – person living with an ostomy and presently the past chair of Ostomy Canada Society.

Ann shared her journey living with an ostomy following a previously undiagnosed episode of acute ulcerative colitis and surgery 23 years ago. She emphasized the essential role of the NSWOC as many physicians and nurses are not familiar with the use of ostomy products and how to avoid and manage complications. Recognizing that advocating is a difficult process, she began her journey to advocate both locally and nationally with Ostomy Canada.

Ann highlighted the emotional impact of ostomy surgery, noting that many experience mental health challenges, summarized in Table 2.

Table 2 Emotional Impact of Ostomy Surgery

Social Isolation	50% reduction in social activities
Sexual dysfunction	up to 40% of ostomies have sexual issues
Hopelessness	79% at 3 and 58% at 6 months postoperatively
Suicidal thoughts	97% at 3 and 84% at 6 months postoperatively
Quality of life	stoma patients presented difficulties the first 6 months
Depression	53% compared to 25% in those without an ostomy

Note. Data courtesy of Coloplast Canada

Ostomy surgery is indeed a journey, one that is a life change and most often takes from one to two years both physically and mentally. This is Ann's reason for asking for *access to more care* for persons living with an ostomy.



Disability Tax Credit

Ann described how one cannot get data on the number of ostomy surgeries from many of the provincial health departments. The best surrogate data is the Disability Tax Credit managed by Canada Revenue Agency (CRA), which indicates 135,000 people living in Canada with an ostomy. The data records that there are 14,670 in Alberta. However, we know this is a dramatic underestimate. There are many people who do not know about the Disability Tax Credit. Many people are afraid to apply for it. NSWOC joined with Ostomy Canada Society, to promote it and assist

people living with an ostomy how to access it. CRA will back date one's tax return up to 10 years. Updated statistics are expected from CRA in 2024.⁵

[Refer to the Disability Tax credit brochure](#)

“The subject of an ostomy has been relegated to the closet for decades is now emerging demanding a place in our health system.”

*~ Ann Durkee-Maclsaac,
an individual living with
an ostomy*



Ann Durkee-Maclsaac, an individual living with an ostomy

IMPACT OF LIVING WITH AN OSTOMY IN CANADA: CROSS-SECTIONAL SURVEY

Kim LeBlanc, PhD, RN, NSWOC, WOCC(C), FCAN

As the Academic Chair, NSWOCC Wound, Ostomy and Continence Institute, Dr. LeBlanc provided insights into a cross-sectional survey on the impact of living with an ostomy in Canada. The study examined the access to NSWOCs, access to reimbursement programs, how much individuals pay out of pocket and the overall financial burden of living with an ostomy or continence issue in Canada.⁶

Across Canada, fifteen percent typically report problems with skin surrounding an ostomy. From the study, seventy-six percent of individuals spend more than \$1,000 annually on ostomy supplies. Almost 75% of respondents reported having to choose between pouching supplies and necessities such as food, medications, or travel. The consequence of this is that individuals end up wearing ostomy appliance for longer than they should despite pouching system leakage, resulting in peristomal skin breakdown. Consequently, 19% reported that their ostomy has impacted their ability to work. Individuals who seek help from an NSWOC spend less per year on ostomy supplies; albeit almost 40% don't have access to an NSWOC. An NSWOC can help guide patients on the most appropriate supplies and fitting, ultimately resulting in lower spending on supplies.

In Alberta, catheter, ostomy pouches and supplies are partially covered for clients receiving medical surgical benefits through AADL. Clients pay 25% of AADL maximums up to a maximum of \$500/family/year, disregarding product upgrades (clients are responsible for 100%). This cost share may be appealed if the client believes it will lead to financial hardship. Clients are exempt from the cost share if receiving social assistance, or if their income is less than \$20,970 for a single person, \$33,240 for a family with no children, or \$39,250 for a family with children. Medical supplies must meet AADL generic product requirements and must be purchased through an AADL approved vendor.⁷ Quantities are limited and are based on a two-month supply.

The declassification of NSWOCs to generalist RNs in Alberta must stop. Declassification acts as a disincentive for nurses to seek specialist education and preceptorship. The study demonstrated that patient outcomes are associated with the availability of specialist nurses. NSWOCs can ensure that patients are marked preoperatively for a stoma resulting in fewer complications and saving the provincial health care system money.⁸



Kim LeBlanc, PhD, RN, NSWOC, WOCC(C), FCAN

“There's this underlying theme that a nurse is just a nurse, and that we're interchangeable. And what always strikes me is you would never take a general surgeon and suddenly tell them that they are now going to be a family physician. If you put me in the emergency department people would die. I am no more prepared to be an emergency department nurse than an ER nurse is to work in my ostomy clinic. Each province is unique. But there's a common theme of devaluing nurses and refusal to recognize nursing specialties. Every province has their battles, it is important that we work together to promote nursing specialty, while at the same time recognize and understanding provincial differences.” ~ Kim LeBlanc.



PROPELLING PATIENT-CENTRED IMPROVEMENTS WITH SPECIALIZED WOUND, OSTOMY, AND CONTINENCE MANAGEMENT

Cathy Harley, eMBA, RN, IIWCC

NSWOCC CEO, Cathy Harley started sharing the story of a consultation with an elderly male patient suffering from dementia with a lower extremity leg wound. Only by listening to the gentleman's family did she learn he had been a former Korean Olympic champion boxer. Acknowledging that he had the mentality as a fighter helped her understand the context of who he was. We must get to know our patient.

Looking at patient-centred care shows we really need to become navigators for patient to help them bridge between the parts of the system and have a seamless transition across the health care

continuum. This requires a team approach. While health care professionals see the setting in which they work, the patient is experiencing the health care system more as a whole.

Life-changing conditions such wounds, ostomy, or continence demands specialized care. We must consider that:

- individuals with wound, ostomy and continence want to **recover as quickly and as pain-free as possible**, and to **live comfortably**; and
- the intimate nature of wound, ostomy, and continence conditions, means that **trust is paramount** to a positive care experience.

“We need a seamless transition across the continuum of care. It is a team approach where someone takes the lead as the patient transfers across the healthcare system. Health spending is only going to go up with the aging population and the accompanying growth of chronic diseases. Administrators and managers will be continually facing pressure to minimize costs while still delivering the high quality of care. The pressure on administrators will continue, and so budget allocation and managing the funds is going to be critical. We are in a national health care crisis coming out of the pandemic” ~ Cathy Harley

An aging population means that there will be an increasing number of individuals who will suffer from wound, ostomy, and continence related skin issues. These individuals will require more health care providers with specialized knowledge and skills to manage skin wellness. The Canadian Nursing Association notes that Canada was short almost 60,000 full-time equivalent RNs in 2022.⁹

With specialist physicians are retiring, nurses need to be prepared to increase their scope of practice, with nurse prescribing coming in many provinces across the country. We know that the more education nurses can get, the better off the patient will be as we move forward into the future. We need to empower and motivate nurses to gain additional knowledge, skills, and judgment.



Cathy Harley, eMBA, RN, IIWCC

Nearly 50% of home care cases involve wounds.⁴

More than 80% of ostomy patients experience a complication within two years after surgery.⁶

Incontinence is one of the main reasons cited for admission into long-term care facilities.⁶

Government priorities for health care investment include home care, mental health and addiction, Indigenous health, innovation; and PharmaCare.¹⁰ Wound, ostomy, and continence cuts right across all these priorities.

Targeted care plans developed and carried out by NSWOCs improve outcomes, resulting in:

- faster wound healing;
- less pain during surgeries and other procedures;
- reduced chance of complications; and
- increased ability to self-manage conditions through pre- and postoperative education.

Increasing numbers of individuals in Alberta with wound, ostomy, and continence related skin issues will require more health care providers with specialized knowledge and skills to manage skin wellness. One study showed that NSWOC involvement in the management of chronic wounds showed a 45-day reduction in the length of healing time and savings of \$5,927 per chronic wound.

NSWOCs deliver best practice in wound care.

NSWOCs have the specialized knowledge to successfully **assess, treat, and manage acute and chronic wounds**. The more NSWOCs are involved in wound management, the **greater the cost savings** and the **faster the healing times**.

NSWOCs positively impact the health outcomes of people faced with ostomy surgery.

Ostomy requires NSWOCs to support proper stoma site marking. Both the **Canadian Urological Association** and the **Canadian Society of Colon and Rectal Surgeons** recommend preoperative marking and teaching for all ostomy surgeries.⁸

NSWOCs are trained to select and mark stoma sites, **improving outcomes** and **reducing comorbidities**.

NSWOCs can **minimize discomfort** by **selecting appliances that are appropriate** to a patient's needs, ostomy type, and abdominal skin contours.

NSWOCs provide optimal care for better clinical and cost outcomes for continence issues.

Incontinence is a **highly prevalent condition** that involves the accidental leakage of urine or feces and is often mistakenly considered a natural part of aging. **Proactive management strategies** are critical to reduce complications associated with continence challenges. An NSWOC's **expert care** can help **prevent continence-associated urinary tract infections, incontinence-associated dermatitis**, and other complications.

The Wound, Ostomy and Continence Institute operated by NSWOCC provides Canadian Nurses Association accredited education programs for NSWOCs. NSWOCs represent three specialties in one nurse. NSWOCs are the **only Canadian nursing specialty** that can write the **Canadian Nurses Association Certification** exam and achieve the credential WOC(C), which demonstrates excellence in wound, ostomy, and continence care and ongoing maintenance of

competencies. These competencies are connected to the Canadian Standards of Practice for Nurses Specialized in Wound, Ostomy and Continence to support best practice in wound, ostomy, and continence care.¹ They also operate under a National Standard of Practice for NSWOCs which includes a standard for Indigenous cultural safety.

There is also a CNA accredited education program for Skin Wellness Associate Nurse (SWANs). SWANs are practical nurses or diploma registered nurses who have taken this 5-month continuing education program in skin wellness relating to wound, ostomy, and continence which is also competency based. SWANs play a crucial role as champions of wound, ostomy and continence patients providing the daily care and act as a liaison between the local nurses with no specialized training and NSWOCs who support the more complex cases. It is important to establish a team when caring for patients with wound, ostomy, and continence issues.



Nurses Specialized in Wound, Ostomy and Continence Canada also manages the following two special interest groups and is working to make an impact in the field of skin tears and pressure injuries:



The International Skin Tear Advisory Panel (ISTAP) was formed to raise international awareness of the prediction, assessment, prevention, and management of skin tears. The ISTAP comprises a panel of multidisciplinary health care professionals representing: Africa, Asia, Australia, Europe, Middle East, North America, and South America.

Pressure injuries are a growing concern in Canada. In order to address the national issue of pressure injuries in Canada, a national interprofessional panel was brought together. This pan-Canadian panel is represented by a cross section of clinicians and researchers from different health care sectors from acute care to the community.

EQUAL ACCESS TO SPECIALIZED WOUND, OSTOMY, AND CONTINENCE CARE FOR INDIGENOUS CARE

Bev Smith, BScN, RN, NSWOC
Michelle Buffalo, BScN, RN, NSWOC, WOCC(C)

We wish to acknowledge the traditional homeland of the many diverse First Nations, Métis, and Inuit people whose Elders have walked this land before us and those persons of whom we share this great land with today.

NSWOCC – Indigenous WOC Health Core Program

The commitment was met to develop this core program in June 2018.

Thomas H. Anderson explains the story behind the logo development:

“Remember all that is around you and what binds us all together as one, for we all are in this together. No matter what race, nationality, and even species. We must all keep love in our hearts for ourselves and each other. Love is the greatest force in the universe and so, it is the greatest medicine that it can offer. My best wishes to you and your families, as we are all one family.”

Sharing Circle



There is a reason behind choosing the name of Sharing Circle for the new website that provides culturally safe wound, ostomy, and continence information for Indigenous health care professionals and those caring for Indigenous people. A communication style utilized by many Indigenous cultures, there are different types of circles. Within the Indigenous cultures these circles can assist with discussion and decision making. There are Sharing, Talking, and Healing circles. Sharing and Talking circles are more of a way to provide a space that provides a means of sharing and discussion of the area of need and keeping people connected. As the Indigenous WOC Health Core Program strongly advocates for the need of equitable health care access the Sharing Circle was born as a way to facilitate connectedness nationally with those that work alongside our Indigenous peoples helping work at providing a centralized space to share WOC information, connection and support nationally. <https://www.sharingcircle.online>

Indigenous Communities in Alberta

There are 138 First Nations and 18 Métis scattered across Alberta. Despite federal and provincial commitments to addressing and resolving these health inequities, Indigenous peoples continue to face barriers to accessing culturally appropriate care and achieving equity. There are numerous examples of trauma inflicted on the Indigenous People of Canada due to colonization and key calls to action have been identified by the Truth and Reconciliation Committee of 2015.¹¹

Determinants of health of Indigenous populations are closely linked to a history of colonialism and its devastating consequences. Determinants of health are indicators that measure things that influence individual and community health and include boil water advisories (BWA). Water is just one of the many unique health determinants that affect Indigenous communities today. See Table 3 showing an illustration of BWA in Alberta from October 25, 2023.¹²

Table 3 Boil Water Advisories in Alberta

Filter Name	Showing 1 to 5 of 5 entries Show 10 entries								
First Nation	Community	System name	Type of advisory	Date set	Date resolved	Population	Infrastructure financially supported by SIC		
Blood	Blood	Standard Public Water System	BWA	2023/11/09	None	0-100 people	Yes		
Chinagan	Jasper	Jasper Public Water System	BWA	2023/10/27	None	101-500 people	Yes		
Little Red River Cree Nation - Fox Lake	Fox Lake	Fox Lake Public Water System	BWA	2023/10/24	2023/11/01	1001-5000 people	Yes		
Little Red River Cree Nation - Garden River	Garden River	Garden River Public Water System	BWA	2023/10/20	None	501-1000 people	Yes		
Whitfish Lake #128 Band (Gowditch)	Gowditch	Gowditch Lake Public Water System #1	BWA	2023/09/28	None	501-1000 people	Yes		

To read more about BWA, visit the [Indigenous Services Canada website](#).

BWA are issued when:

- There are problems with the water treatment system, such as chlorine levels that are too low; or
- Water test results confirm the presence of disease-causing microorganisms.

BWA advise home users that they should bring their tap water to a rolling boil for at least 1 minute before:

- drinking water; or
- using water to cook, brush teeth, wash fruit and vegetables, make infant formula, or feed pets.

During a BWA do not use tap water to bathe.

Lack of access to clean water means children are unable to wash and susceptible to skin rashes and skin breakdown. For individuals with an ostomy, cleaning around the stoma requires clean water. Where there is an inability to access clean water, patients are at risk for skin complications and keeping their stoma area clean.

According to the United Nations declaration on the Rights of Indigenous Peoples, they have the right to access water that is culturally acceptable and also the UN also recognizes Indigenous peoples right to maintain and strengthen their spiritual relationship with water. Healthy water is not just for bathing and drinking it is also important and necessary in the creation of Indigenous peoples' natural medicines.

Equitable Access to WOC

In order for Indigenous people to access equitable and culturally safe wound, ostomy, and continence specialized services and support for Indigenous people it requires understanding of the specialty and coordination from community members, community nurses, AHS, Indigenous Services Canada (ISC), and NSWOCC.

STOP PRESS – On the day of the summit, Non-Insured Health Benefit (NIHB) announced approved of exception benefit coverage of single-use negative pressure wound therapy (sNPWT) device and related accessories. They are an exception of the NIHB Program and is not publicly listed for coverage. In order to prevent delays and ensure all the required information is submitted, the program is publishing a sNPWT assessment form for this exception benefit (ISC, n.d.).

Since 2018, NSWOCs have been officially recognized as prescribers of wound, ostomy, and continence supplies by NIHB.

As identified, currently in AHS's North Zones, there is a lack of NSWOC positions and support for these northern communities. There are no NSWOCs employed by AHS or Covenant Health in Treaty 8 northern Alberta.^{13,14}

Employing NSWOCs is an effective strategy for controlling costs through high-quality, evidence-based care that leads to better outcomes for patients. NSWOCs bring about these benefits as care providers but also as sources of specialized knowledge for interprofessional health care teams, care consultants to other health professionals, as well as through best practice and protocol development, research, and another avenue. Having an NSWOC easily accessible to all Indigenous people, in Alberta, provides them with equitable access to the health care they deserve. NSWOCs continually work to meet the needs of individuals and their families, who have WOC problems, in a holistic and culturally appropriate manner.

The NSWOCC's Indigenous WOC Health Core Program is working with KITE Research Institute at University Health Network (UHN) in Toronto on a project for smart socks with the goal to ultimately get culturally appropriate footwear for clients that have diabetic foot ulcers. The *NSWOC Standards of Practice* supports TRC with a new standard of Indigenous cultural safety.¹

Recommended Video

- [Sharing Circle video](#)
- [NSWOCC Conference role play](#)



THE VALUE OF SPECIALIZED CARE IN A TEAM APPROACH

Glen Vajcner, MD, MSc (HINF), FRCSC

General surgeon, Dr. Vajcner described how beekeeping has made him a better surgeon. Dr. Vajcner noted that as a general surgeon he does a reasonable amount of colorectal work and anyone seeing emergency room patients will encounter patients with wounds and stomas. Dr. Vajcner briefly described cases involving consults on patients with colorectal issues and wounds.

The patient as the queen bee



There are three caste of honeybees: the queen, worker, and drone.

According to Dr. Vajcner, medicine has evolved. Gone are the days when the doctor walked in and knew everything. It's estimated that globally, our knowledge is increasing at such an exponential rate that predictions were that in this decade, our global knowledge is doubling every 12 hours across all topics. The growth in medical knowledge by 2020 was projected to double every 73 days.¹⁵ Physicians and surgeons can no longer be a jack of all trades, master of none. We need experts.

Who in the beehive of the hospital is the queen? Historically, it was the doctor. It's not like that anymore, says Dr. Vajcner. It's probably the patient that's the queen. We're all showing up to serve and trying to meet their needs. Without them, we don't have jobs, we're trying to achieve a goal for them. We're there to work together, as worker bees in various stages, and must use expert skills to provide the goal of the hive

to provide help. And it's not just physicians or nursing, it's everybody who cleans the floor, who manages admissions, it's everyone who steps in through the doors of the hospital. And it's required that we all give 100% of our effort 100% of the time.

"I graduated from medical school in 2006 and residency 2011. There were probably three lectures devoted to the scientific phases of wound healing. We truly do need this specialist care." He noted how he would expect specialty nurses to be on top of how best to manage patient care, in the same way our anesthesiologist are the best pain or nausea management. The goal of helping our queen—the patient—remains the primary focus.

The hospital as a beehive is an appropriate analogy. Hospital staff are worker bees, trying to help many queens/many patients to bring the best knowledge to every single patient encounter. Medical knowledge is increasing at the rate that no one person can stay on top of everything.

"We truly do need this specialized care."

Dr Vajcner spoke about the value of having NSWOCs as part of the patient team and finished by thanking NSWOC teams who help prevent complications by appropriate preoperative stoma site marking and pre- and postoperative patient education.⁸



Glen Vajcner, MD, MSc (HINF), FRCSC

CALL TO ACTION

We call on the Government of Alberta, AHS, and Indigenous Services Canada to:

Government of Alberta

- Strengthen patient access to specialized wound, ostomy, and continence care within the Province of Alberta, including, rural and remote communities and First Nations Communities.
- Continue to support the reimbursement of ostomy supplies within the Province of Alberta.

Alberta Health System

- Please consider NSWOCs as an essential part of health care provider staff mix to support patient-centred improvements.
- Stop the Union declassification of NSWOCs within the Province of Alberta.
- Recognize that an NSWOC job position is beyond an RN generalist role having advanced specialized education, and skills their ability to be innovative, provide education both informal and formal, contribute to provincial initiatives, projects, clinical guidelines, and research.

- Invest in NSWOC positions across AHS particularly in North, Central, and South zones so that patients have access to wound, ostomy, and continence specialty.
- Invest in developing SWANs to support day to day skin wellness–wound, ostomy, continence as a part of the wound, ostomy, and continence interprofessional team.
- Establish a plan for accurate tracking of wound, ostomy and continence statistics in Connect Care and provide annual reports to senior health executives, directors, managers, and health care professionals within AHS to evaluate clinical and cost outcomes.

Indigenous Services Canada

- Provide equitable access to NSWOC care within Indigenous Communities.
- Support Indigenous Registered Nurses in becoming specialized in wound, ostomy, and continence.
- Support the navigation of NIHB for nurses and patients caring for First Nation people.



Speaker Anne Le

GLOSSARY

appliance—applied over the stoma to contain the stool and gas. Sometimes referred to as a pouching system.

incontinence—a highly prevalent condition that involves the accidental leakage of urine or feces and is often mistakenly considered a natural part of aging.

ostomy—a surgically created opening into the digestive or urinary system, diverting stool or urine from its normal route.

pouching system—also called an appliance. Composed of a skin barrier and pouch. May be a one or a two-piece system.

preoperative stoma site marking—the identification of the ideal stoma placement marked on a patient's abdomen after assessment before surgery.

sharing circle— Sharing circles are more of a way to provide a space that provides a means of sharing and discussion of the area of need and keeping people connected. Within the Indigenous cultures these circles can assist with discussion and decision making.

tri-specialty—three specialties in one nurse covering wound, ostomy, and continence. Patients may often need assistance in two or more areas.

wound—a separation of the tissues of the body.

ABBREVIATIONS

AADL—Alberta Aids to Daily Living

AHS—Alberta Health Services

BWA—Boil Water Advisories

CNA—Canadian Nurses Association

ISFL— Integrated Supportive and Facility Living

NSWOC—Nurse Specialized in Wound, Ostomy, and Continence

SWAN—Skin Wellness Associate Nurse

WOC Institute—Wound, Ostomy and Continence Institute

APPENDIX A — SUMMIT AGENDA

0900 **Opening Remarks and Elder Prayer**

Bev Smith, BScN, RN, NSWOC
Elder Lena Cutknife, RN
Kim LeBlanc, PhD, RN, NSWOC, WOCC(C),
FCAN – President Elect, Canadian Nursing Association

0910 **The Current State of Wound, Ostomy and Continence in Alberta**

Mary Hill, MN, BScN, RN, NSWOC, WOCC(C)
Anne Le, BN, RN, NSWOC, WOCC(C)

0930 **Patient's Perspective – A Need for Better Access to Care**

Ann Durkee MacIsaac

1000 **Ostomy Impact Study**

Kim LeBlanc, PhD, RN, NSWOC, WOCC(C), FCAN

1030 Health Break With Wound, Ostomy, and Continence Exhibitors

1100 **Propelling Patient-Centred Improvements with Specialized Wound, Ostomy, and Continence Management**

Cathy Harley, eMBA, RN, IIWCC

1130 **Equal Access to Specialized Wound, Ostomy, and Continence Care for Indigenous Care**

Bev Smith, BScN, RN, NSWOC
Michelle Buffalo, BScN, RN, NSWOC, WOCC(C)

12:00 Lunch Break

1300 **The Value of Specialized Care in a Team Approach**

Glen Vajcner, MD, MSc (HINF), FRCSC

1330 **Engaging and Strengthening Wound, Ostomy, and Continence Stakeholders in Alberta – Group Discussion**

1400 Meeting Close & Networking



APPENDIX B – USEFUL RESOURCES

AHS Indigenous Wellness Care

<https://www.albertahealthservices.ca/findhealth/service.aspx>

Disability Tax Credit

https://www.ostomycanada.ca/wp-content/uploads/2021/12/Brochure-DTC_brochure_Dec2021_English-final.pdf

<https://www.nswoc.ca/financial-support-reimbursement>

<https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit/eligible-dtc/eliminating.html>

Indigenous Services Canada

<https://www.canada.ca/en/indigenous-services-canada.html>

KITE Research Institute

<https://kite-uhn.com>

NSWOCC Ostomy Patient Booklets

<https://www.nswoc.ca/patient-education>

Nurses Specialized in Wound, Ostomy and Continence Canada

<https://www.nswoc.ca>

Sharing Circle

<https://www.sharingcircle.online>

Wound, Ostomy and Continence Institute

<https://wocinstitute.ca>

APPENDIX C – JODI QUINLAN'S POST

“I'm with you in spirit.

This week I've had a couple of ostomy patients ask me how come I'm the 'only one doing this for the whole area?' It's hard for me to keep saying that they say 'there's no money' or 'they don't care (my opinion).’

This comes from relatively new persons living with an ostomy and established persons living with an ostomy.

My ask is this:

I am a registered with a tri-specialty, in high demand in my area,

See me,

I have concerns, I am a confident and strong clinical educator,

Hear me,

The patients I/we care for are more than a procedure, they are people with unique needs, that can be met with my/our specialty,

See them,

My/our patients are facing lifelong changes in some cases, they are scared, their livelihood is/has changed,

See them.

I am more than 'just a nurse.'



INDUSTRY IN ACTION



3M



7 Generations Medical Ltd



EO2



Hollister Limited



Coloplast Canada



Market Drugs Medical



Home Health Store



Convatec



McKin Health



Medline



Mölnlycke Health Care



NanoTess



Premier Ostomy



Smith+Nephew



Urgo Medical North America



Westech Health Care Ltd

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NURSES SPECIALIZED IN
WOUND, OSTOMY AND CONTINENCE
CANADA
INFIRMIÈRES SPÉCIALISÉES EN
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CANADA

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NURSES SPECIALIZED IN WOUND, OSTOMY AND CONTINENCE CANADA (NSWOCC)

<https://nswoc.ca>

Nurses Specializing in Wound, Ostomy and Continence Canada (NSWOCC) is a registered charity of nurses specializing in the nursing care of patients with challenges in wound, ostomy, and continence. NSWOCC provides national leadership in wound, ostomy and continence promoting high standards for practice, education, research, and administration to achieve quality specialized nursing care.

OSTOMY CANADA SOCIETY

<https://www.ostomycanada.ca>

Ostomy Canada is a Canadian charitable volunteer organization dedicated to all people living with an ostomy, and their circles of support, helping them live life to the fullest through advocacy, awareness, collaboration, and support.

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