



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



Ostomy  
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Personnes Stomisées

# NOVA SCOTIA WOUND OSTOMY AND CONTINENCE SUMMIT SUPPORTING SUSTAINABILITY



**SEPTEMBER 22, 2022**

REPORT ON THE SUMMIT BRINGING TOGETHER GOVERNMENT, ADMINISTRATORS,  
CLINICAL LEADERS, PATIENTS, AND INDUSTRY IN HALIFAX, NOVA SCOTIA

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Wound, Ostomy and Continence Nurse Specialist  
(WOCN) and certification (WOCN) in Wound,  
Ostomy and Continence through the Canadian Nurses  
Association (CNA)





# THE NEED TO ADDRESS ACCESS TO SPECIALIZED WOUND, OSTOMY, AND CONTINENCE CARE: SUPPORTING SUSTAINABLE HEALTH CARE

On September 22, 2022, sixty-six health care stakeholders, registered charities focused on specialized nursing care, and industry came together to discuss the current situation of wound, ostomy, and continence care in the Province of Nova Scotia. There was a need identified by a person living with an ostomy to better understand how critical health care providers could collaborate and contribute to better access to specialized care and the sustainability of health care in the areas of wound, ostomy, and continence.

The most current information was shared in these three domains of wound, ostomy, and continence, as well as best practice and innovation. While outstanding progress has been made in wound care within the Province of Nova Scotia, a patient voice demonstrated the harsh reality that people are facing living with an ostomy. Many people are left in the community alone and unsupported. Many are paying for their ostomy supplies out of pocket and have to choose whether to buy groceries or purchase ostomy supplies. Ostomy complications can occur which cause an impact on quality of life and costs to the health care system. Having access to specialized wound, ostomy and continence care has been proven to improve clinical and cost outcomes—and yet, the number of Nurses Specialized in Wound, Ostomy, and Continence (NSWOCs) is inconsistent across the province and lacking in the community.

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.<sup>1</sup> This sets the national standard of practice for specialized wound, ostomy, and continence care in Canada.

Working towards establishing a Centre of Excellence in wound reinforces the Nova Scotia Health Authority (NSHA) goal to be a leader when a person is faced with a wound, and can support prevention and data flow/tracking, which in turn will greatly benefit patients across the region.

Contributing to and supporting a Nova Scotia provincial health care strategy in relation to wound, ostomy and continence care is important to provide equitable access to all people living in Nova Scotia - sustainably.

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

## Summit Objectives

1. Update our stakeholders on best practices in wound, ostomy, and continence within Nova Scotia.
2. Evaluate a patient's experience living with an ostomy in Nova Scotia.
3. Determine the economic burden for people living with an ostomy through the review of the ostomy impact study.
4. Provide information on the value of a wound, ostomy, and continence tri-specialty to support patient centred improvements.
5. Deliver updated information of the Nova Scotia continuing care Provincial Wound Care Program.
6. Discuss wound care innovation within the Province of Nova Scotia.
7. Engage and strengthen wound, ostomy and continence health within Nova Scotia.

# THE CURRENT STATE OF WOUND, OSTOMY AND CONTINENCE IN NOVA SCOTIA

Karla Lohnes, MCISc-WH, BScN, RN, NSWOC, WOCC(C) – NSWOC, QEII Hospital, Halifax, Nova Scotia

One of Nova Scotia's NSWOCs Karla Lohnes helped frame the context of the summit focus and point to the disconnect for the patient journey across the continuum of care.

For a patient with an ostomy, as well as those with wounds and continence, much of the care need is in the community setting or long-term care (LTC) after discharge from hospital. In Nova Scotia there are no NSWOCs assigned to LTC and none employed by VON who provide the vast majority of home care in Nova Scotia.

Of the NSWOCs across the province, there is a 0.4 vacancy at Aberdeen hospital. A member of the Provincial Wound Care Program team is available to consult on wounds only in the Eastern zone. 1.8 FTE NSWOCs are specific to paediatrics at IWK, which acts as a referral centre for newborns, children, and women across the region.



## QUICK FACTS ABOUT NOVA SCOTIA

- Population: 1,007,049 an increase of 0.4% (Stats Can)
- Population over 65: 218% an increase of 0.5% (Stats Can)
- Indigenous communities: 13
- Land area: 52,942 km<sup>2</sup>
- Population density: 18.31/km<sup>2</sup>
- Health budget: \$5.7 billion<sup>2</sup>
- NSWOC positions in NS: 11.7 full time equivalents
- NSWOCs/100,000 population: 1.17
- Estimated number of ostomates in NS: 3,000

Nova Scotia Cancer Care program offers programs and services in two adult cancer centres as well as several community cancer clinics across the province. The two Cancer Care Centres are located in Sydney and Halifax. Both of these centres provide a full range of cancer programs and services including, medical, radiation, gynecology, hematology, treatment, and follow up. They have a multidisciplinary team of dedicated professionals to help patients and their families cope with the physical, emotional, and financial impact of cancer and its treatment.

“The purpose of the Nova Scotia Rectal Cancer Treatment Standards is to define the standards that must be met by physicians, other members of the interdisciplinary care team and healthcare facilities that treat patients with rectal cancer. This will ensure that all patients receive consistent, high quality care regardless of where they live in the province. This document addresses all aspects of rectal cancer care from diagnosis to survivorship and/or palliation.”<sup>3</sup>

The *Clinicals Standards for the Treatment of Rectal Cancer in Nova Scotia* noted that “rectal cancer patients report that bowel-related concerns have a significant and enduring negative impact on their quality of life.”<sup>3</sup> Section 10.3 on Perioperative Stoma Education and Marking states in bold that “All **rectal cancer patients who will receive a planned stoma...will be referred to a qualified Enterostomal Therapy Nurse (ETN) prior to surgery.**” The clinical standard goes on to state that “**patients who have a stoma will be provided with information about the peer and community-based supports** for ostomy patients.” It finally describes that “**Assessment and follow-up by a qualified ETN are recommended.**”



Karla Lohnes MCISc-WH, BScN, RN, NSWOC, WOCC(C) speaks on the current state of Wound, Ostomy and Continence in Nova Scotia.

There are two hospitals in Nova Scotia without an NSWOC and an expectation that patient will drive up to 180 kilometres each way to access one in their health zone.<sup>†</sup> Preoperative stoma site marking and education should be undertaken by certified specialist nurses NSWOCs. Rectal cancer surgery should be performed in institutions that provide appropriate facilities with an NSWOC (ETN) on staff as stated in the standards. However, the need for NSWOCs is as important in the community as it is in hospital.

*Note.* Enterostomal Therapy Nurse (ETN) is the former title for Nurse Specialized in Wound, Ostomy, and Continence. When the clinical standards are revised then the terminology should be updated to reflect the change of title.

<sup>†</sup> St Martha's Regional and Cumberland Regional

The 2009 Registered Nurses' Association of Ontario is referenced as the source of evidence. These have been revised to the 2019 Second Edition Guideline titled *Supporting Adults Who Anticipate or Live with an Ostomy*.<sup>4</sup> The College of Colon and Rectal Surgeons of Canada and NSWOCC published a position statement on preoperative stoma site marking in 2020.<sup>5</sup>

In the central zone there has been an 18% increase in the need for preoperative stoma site marking between 2013-4 and 2020-21. During the same period the full time equivalent (FTE) staffing levels has increased by just 0.2.

Ultimately, NSWOCs help patient improve their quality of life, while:<sup>6</sup>

- reducing costs;
- enhancing patient safety; and
- improving patient access and flow.

*“But the trends are that there is an increasing workload no matter where you are working as an NSWOC, there is an insufficient increase in NSWOC positions. There is a dire need for NSWOCs in the community. Universal access to a NSWOC will contribute to a sustainable health care system in Nova Scotia,” concludes Lohnes.*





# PATIENT PERSPECTIVE – A NEED FOR BETTER ACCESS TO CARE

Ann Durkee-MacIsaac – Chair of the Board, Ostomy Canada Society, Yarmouth, Nova Scotia

*“Twenty-two years ago, I was on vacation in Ontario with my husband. I went to the washroom and when I turned around there was blood. I was terrified. Upon my return home I was diagnosed with ulcerative colitis. The pain was so bad that I felt like I couldn’t go on another day. I just felt like I wasn’t a normal person. To handle the mental part is tougher than the physical part. I went downhill for the next three years. Pill after pill, steroid enemas nightly, and ointments for skin irritations. I considered myself a permanent patient and after 20 years I am still a patient. I consider myself very fortunate to have had an NSWOC nurse while having my surgery in Halifax. When I returned to Yarmouth, they didn’t have an NSWOC and I was told by my physician that he couldn’t help me. I didn’t have anything wrong, but I had lots of questions. My surgeon was long gone. I asked myself the question, “Where would I go for help for skin irritations, appliance fitting and life skill questions concerning my ostomy.” What I decided to do was just start advocating. I’ve been doing that for 19 years. There are lots of patients out there that need your support, the help of the Nova Scotia Health system.”*

*“There isn’t enough pre-op and post-op ostomy care in my province [of Nova Scotia]. There aren’t enough specialized nurses in ostomy, wound and continence. There are no NSWOC positions in community care. There isn’t anyone coming to anybody’s house to provide care.”*

*“I’m concerned that the Government of Nova Scotia and our health system doesn’t realize that ostomy surgery could be a positive experience if the patient is in the care of an NSWOC. Health care in Nova Scotia spends millions of dollars on ostomy complications, both pre-op and post-op, skin irritations, dietary issues, mental issues, blockages, stoma relocations, and reversals. All of which need the specialized care of an NSWOC.*

*If we had the proper specialized care in my province, we could save the government thousands of dollars.”*

*“Am I different than most of you... no I am not... but I do have a stoma, I do have problems, I wear an appliance that the costs keep rising, I go to the washrooms differently than you, I do have to eat properly, and I have to advocate for improvements for specialized care in my province. And most importantly, I need you to understand that if I hadn’t had this surgery, I would more than likely be in the hospital right now dying from cancer or have already passed away. This surgery saved my life, and if we had more specialized care during my ostomy lifetime since 2003, we could have saved the Government of Nova Scotia money. Just to mention, I have had nine blockages in the past, nine stays in the hospital to get me back functioning again and several appointments for review following my stay. Costs that might have been prevented if I could have been a patient of an NSWOC.”*



*Ann Durkee-MacIsaac, Chair of the Board, Ostomy Canada Society, describes the need for better access to care as a patient living with an ostomy.*

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



# OSTOMY IMPACT STUDY

Kim LeBlanc PhD, RN, NSWOC, WOCC(C), FCAN – Academic Chair, NSWOCC Wound, Ostomy and Continence Institute, Ottawa, Ontario

Dr. LeBlanc provided insights into a cross-sectional survey on the impact of living with an ostomy in Canada.<sup>7</sup> 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.

While across Canada 15% report problems with skin, with 3,000 people living with an ostomy in Nova Scotia that represents 450 ostomy/wound consults a year. Perhaps even more significant is the impact on people's ability to work. It is a misnomer to think that ostomies only affect people of retirement age. Nineteen percent indicate that their ostomy has impacted their ability to work.

*“Imagine never being able to leave your house because you're afraid of leakage. It's disheartening to hear stories of patients taping garbage bags to themselves because they were so worried about leakage.”*

Seventy-six percent of individuals spend more than \$1,000 annually on ostomy supplies. In Atlantic provinces rely primarily on private insurance for funding. This is a problem for those without insurance or without access to an NSWOC. Individuals who seek help from an NSWOC spend less per year on ostomy supplies. People living with an ostomy have reported having to decide between buying supplies and other essential purchases for the family. 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. An NSWOC can help guide patients on the most appropriate supplies and fitting, ultimately resulting in lower spending on supplies.<sup>7</sup>

*“Involvement of NSWOCs in the care of individuals living with an ostomy has demonstrated the reduction of stoma and perisomal complications, reduction in costs associated with ostomy supplies and improved quality of life.”*



*Dr. Kim LeBlanc PhD, RN, NSWOC, WOCC (C), FCAN, answers questions from the audience during a panel session.*

# THE NOVA SCOTIA CONTINUING CARE PROVINCIAL WOUND CARE PROGRAM

Sheri McPhee, MEd, BScN, RN, NSWOC, WOCC(C) – Consultant Eastern Zone, Cape Breton, Nova Scotia

Nova Scotia has been able to demonstrate what can be achieved through a provincial priority action plan to address pressure injury (PI) rates. The initiative saw an environmental scan across facilities in the province. Through this initiative, it was identified that:

- ongoing education and clinical support for the community care sector was imperative for the prevention and management of complex and challenging wounds;
- the team then looked at facilities that had a robust wound care program in place; and seconded individuals from two specific facilities to assist with developing a plan of action to implement a new provincial program; and
- as a result of this initial scan, all provincially funded LTC facilities are required to report the number of PI each month to the government.

In April 2021, The Ministry of Health and Wellness of Nova Scotia announced they were partnering with the federal government to expand the department's initiative for wound care. The Health Association of Nova Scotia (HANS) was engaged to oversee the implementation of the provincial wound program. As you can imagine, the implementation and management of such a program requires collaboration between many stakeholders in government, LTC & continuing care. It was a huge undertaking, with a tremendous amount of work being done behind the scenes to get where we are today, a mere 17 months after the initial announcement for the program. This program provides service to Department of Seniors and Long-term Care (DSLTC) licensed and funded LTC & retirement care facilities (RCF) facilities, and home care agencies that provide nursing service in Nova Scotia (VON). Since January 2022, service has been extended to the thirteen First Nation

communities. The objective of the program is to support a standardized approach to the prevention and management of wounds that will result in improved wound care outcomes within the community care sector.

During consultations our team promotes the Wounds Canada Wound Management and Prevention Cycle<sup>8</sup>, we:

- use validated patient assessment tools;
- set goals based on classifying the wound etiology as healable, nonhealing, or nonhealable;
- involve the interprofessional team;
- encourage client and family involvement when establishing and implementing the plan of care; and
- provide suggestions for prescribers and of course, evaluate outcomes.

The overall impact of these of this program includes:

- a significant reduction reportable PIs (April 2021–April 2022);
- residents/clients have access to evidence-informed wound care where they reside;
- one nursing home reported they estimated 25 ambulance transfers were avoided because of access the program;
- staff in LTC are reporting a feeling of empowerment because of the formal/informal education they are receiving;
- wound prevention strategies being implemented earlier;
- building capacity through knowledge transfer;
- clients reporting an overall improvement in quality of life; and
- cost savings/accountability.

Refer to the Pressure Injuries in Long-Term Care: Nova Scotia Public Reporting<sup>9</sup> <https://novascotia.ca/pressure-injuries-in-long-term-care/>



## PROVINCIAL WOUND CARE PROGRAM TEAM

- Bernadette Mitchell MacDonald, RN, BComm, RN, IIWCC–Program Coordinator
- Angela Arsenault, MN, BN, RN, IIWCC, NP–Consultant/NP Northern Zone
- Melissa Gosse, BN, RN, IIWCC–Consultant Western Zone
- Sheri McPhee, MEd, BScN, RN, NSWOC, WOCC(C)–Consultant Eastern Zone
- Amanda Parsons, BN, RN, IIWCC–Consultant Central Zone



*“We are so thankful for this program; we wanted mom to have access to expert care but the ambulance transfers were just too difficult for her. As a family we decided she would stop going to the wound clinic. Now she is getting the wound care she needs and deserves without leaving her nursing home.” – daughter of a LTC resident*

*“I am so pleased that I had access to this specialized care, I was sure I was going to lose my foot, now I am practically healed. Even the nurses have learned so much by caring for my injury, I can't say enough.” – resident in LTC*

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

Cathy Harley, eMBA, RN, IIWCC – CEO, Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC), Ottawa, Ontario

Trust is paramount for a positive care experience due to the intimate nature of wound, ostomy, and continence conditions. In looking at patient centred improvements in wound, ostomy, and continence management make sure that the patient is involved in their decision making around your care. Not just in relation to the body part or disease that's impacting the patient but the social context of how they live.

Harley went on to describe the research around the contrast between the patient experience and the health care provider perception of care:<sup>10</sup>

- many providers tend to think of health care as setting-specific;
- patients often experience the health care system as a whole;
- organizations must extend patient centred care beyond health care settings to consider patient needs across the entire health care system;
- transitions should be seamless; and
- health care providers must focus on keeping people healthy in their daily lives, rather than focusing only on encounters when patients are directly interacting with the health care system.

For patients with a wound, ostomy, or continence their care needs to transfer with the patient through their journey across different care settings. Patient access is not equitable across Canada. We know wound, ostomy, and continence cases are significant contributors to patient numbers and costs:

- wound care costs Canada \$3.9 billion a year or 3% of the country's total annual health care spending.<sup>12</sup>
- more than 70,000 people in Canada live with an ostomy and thousands undergo an ostomy surgery each year.<sup>13</sup>
- about 3.5 million people in Canada live with continence challenges, which can result in dermatitis and other skin problems.<sup>14</sup>

The Wound, Ostomy & Continence Institute operated by Nurses Specialized in Wound, Ostomy and Continence Canada (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 WOCC(C), which demonstrates

Nearly 50% of home care cases involve wounds.<sup>11</sup>

More than 80% of ostomy patients experience a complication within two years after surgery.<sup>7</sup>

Incontinence is one of the main reasons cited for admission into long-term care facilities.<sup>7</sup>



excellence in 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.<sup>1</sup>

There is also a Canadian Nurses Association 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. 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.

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**.<sup>10</sup>

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**. NSWOCs are trained to select and mark stoma sites, **improving outcomes** and **reducing comorbidities**.<sup>5</sup>

NSWOCs can **minimize discomfort** by **selecting appliances that are appropriate** to a patient's needs, ostomy type and abdominal skin contours.<sup>7</sup>

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.<sup>7</sup>

NSWOCs are also recognised as recommenders for First Nations communities covered by Non-Insured Health Benefit (NIHB).

Patient access can be strengthened by specialized care through:

- Considering NSWOCs as an essential part of health care provider staff mix to support patient centred improvements in Nova Scotia; and
- Investing in developing SWANs to support day to day skin wellness in Nova Scotia.

*“Every person deserves specialized wound, ostomy, and continence care,” says Harley.*

Cathy Harley, eMBA, RN, IIWCC, NSWOC CEO, describes how specialized Wound, Ostomy and Continence Management propels patient care.



# NOVA SCOTIA'S INNOVATION IN WOUND CARE

Karen Cross, MD, PhD, FRCSC – Plastic & Reconstructive Surgeon, Innovator in Residence, Nova Scotia Health Authority, Adjunct Professor, Department of Surgery, Dalhousie University. Cofounder and CEO MIMOSA Diagnostics Inc.

Establishing the Centre of Excellence in wound reinforces the NSHA goal to be a leader in wound care event and journey to enhance prevention and data flow/tracking, which in turn will greatly benefit patients across the region. Dr. Cross has recently arrived in the province from Toronto where she was a prominent plastic surgeon.

*“1 in 4 families in Canada is living with a wound. I am one of those families. But that experience with my family and being a family member changed everything about my practice. My grandfather experienced a diabetic foot ulcer, which resulted in an amputation from which he ultimately died during COVID. It changed everything about my research,” describes Dr. Cross. “Experiencing this as a family member is one of the most horrible things I have ever gone through in my life. I’ve never had so many tears.”*

As a result, Dr. Cross started making a point of understanding the broader context of the social determinants of health of each of her patient. Her complications rates as a surgeon began to decline dramatically. She highlights the need to reiterate that physicians do not see the life of the patient at home. “We need to educate physicians.” Wound care is advanced tissue injury. Wounds are a multifaceted complex problem and can represent the sickest patients in a facility.

*“To be truly innovative, we need to look at the entire journey and track patients (with data) through each wound care phases. The future of wound care is innovating models and technology that is focused around making the patient journey better,” notes Dr. Cross.*

The solution is how we put this whole patient journey together and follow them through the system is the inspiration for the new Nova Scotia Centre of Excellence. Imagine if health care practitioners in acute care and hospital communicated with each other. The Centre of Excellence seeks to bridge the gaps in the system. The Centre of Excellence does not need to be a physical space: they are people moving forward together. Dr. Cross believes that technology adoption can help map patients



across the continuum of care. Tracking data is critical to success in Nova Scotia and beyond. Nova Scotia resides some of the top researchers in the country, including a number of Nova Scotia Health physicians and affiliate scientists that were announced as new or renewed Canada Research Chairs in the 2021-2022 year.

Within Nova Scotia existing cocreation spaces like Emera ideaHUB and health Innovation Hub, Health's Innovation Showcase, and Innovators in Residence program. Among the technologies are Wound-Q – a patient-reported outcome measure

(PROM) that measures outcomes important to patients with chronic wounds; it can be used to measure outcomes in research and clinical practice from the perspective of patients.

Dr. Cross concluded by declaring that Nova Scotia is the One to Watch—together building a Global Solution.



*Panelists L-R Dr. Karen Cross, Karla Lohnes, Sheri McPhee, Ann Durkee-MacIsaac, Dr. Kim LeBlanc & Cathy Harley*

# CALL TO ACTION

**The Government of Nova Scotia must consider strengthening patient access to specialized care.**

The Provincial Wound Care Program is testament on the impact on patient care when it becomes a provincial priority and action plan. The Centre of Excellence further emphasizes that the Government of Nova Scotia has the political will to make itself a leader in the health field.

The lack of NSWOCs employed in the community and LTC point to some substantial gaps in care provision and patient journey. Provincial standards state that rectal cancer care patient will be seen by an ostomy specialist nurse yet there are hospitals in the province without nurses specialized in wound, ostomy and continence with the knowledge, skills, and judgment for preoperative stoma site marking.

The painful experiences of patients are being heard daily by the clinical community and now need to prompt the Nova Scotia Health Authority to address to provide a better patient journey and outcomes.

The number of cancer consultations is increasing yet there has been a 0.2 FTE increase in NSWOC positions in an 8-year period. This is substantially less than the rate of population growth and 1.7% growth in those over 65 in the province.

Please consider adding Nurses Specialized in Wound, Ostomy and Continence (NSWOC) to the health provider staff mix as an essential part of health care provider staff mix to support patient centered improvements.

Developing Skin Wellness Associate Nurses (SWANs) in the community to support day to day skin wellness – wound, ostomy, continence can create wound, ostomy and continence champions who can act as a liaison between the NSWOC who addresses more challenging and complex cases to the local nurses who may not have wound, ostomy, or continence expertise.



*Ed Tummers, patient from Ostomy Halifax Society*



**Ostomy Canada Society**



**Troy Curtis, NSWOCC Director of Operations & Nancy Schuttenbeld, Atlantic Regional Director**



**Sheri McPhee, Cathy Harley, Ann Durkee-MacIsaac and Honourable Barbara Adams, NS Minister of Seniors and Long-term Care**



**Nova Scotia Wound Ostomy and Continence Summit**



## 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.

**wound**—a separation of the tissues of the body.

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

## ABBREVIATIONS

CNA—Canadian Nurses Association

DSLTC—Department of Seniors and Long-term Care

ETN—Enterostomal Therapy Nurse – former title of Nurse Specialized in Wound, Ostomy, and Continence

HANS—Health Association Nova Scotia

IWK—Izaak Walton Killam – the IWK Health Centre provides quality care to women, children, youth, and families in the Maritime provinces and beyond

LTC—long-term care

NSHA—Nova Scotia Health Authority

NSWOC—Nurse Specialized in Wound, Ostomy, and Continence

NSWOCC—Nurses Specialized in Wound, Ostomy and Continence Canada

RCF—retirement care facility

SWAN—Skin Wellness Associate Nurse

VON—Victorian Order of Nurses

# APPENDIX A - AGENDA

0830 Complimentary Breakfast & Networking

## 0900 Opening Remarks – The Current State of Wound, Ostomy and Continence in Nova Scotia

Karla Lohnes MCISc-WH, BScN, RN, NSWOC, WOCC(C)  
Nurse Specialized in Wound, Ostomy & Continence QE2  
Hospital, Halifax, Nova Scotia

## 0915 Patient Perspective – A Need for Better Access to Care

Ann Durkee MacIsaac, Chair of the Board, Ostomy  
Canada Society, Yarmouth, Nova Scotia

## 0940 Ostomy Impact Study

Kim LeBlanc PhD, RN, NSWOC, WOCC(C), FCAN  
Academic Chair, NSWOC Wound, Ostomy and  
Continence Institute,  
Ottawa, Ontario

## 1010 The Nova Scotia Continuing Care Provincial Wound Care Program

Sheri McPhee, MEd, BScN, RN, NSWOC, WOCC(C)  
Consultant Eastern Zone, Cape Breton, Nova Scotia

## 1040 Propelling Patient Centred Improvements with Specialized Wound, Ostomy, and Continence Management

Cathy Harley, eMBA, RN, IIWCC  
CEO, Nurses Specialized in Wound, Ostomy  
and Continence Canada (NSWOCC), Ottawa, Ontario

## 1105 Nova Scotia's Innovation in Wound Care

Karen Cross, MD, PhD, FRCSC  
Wound Innovation Project, Halifax, Nova Scotia

## 1135 Engaging and Strengthening Wound, Ostomy, and Continence Stakeholders in Nova Scotia – Group Discussion

1215 Meeting Close – networking



## APPENDIX B – USEFUL RESOURCES

Emera ideaHUB

<https://www.dalideahub.ca>

Health Association Nova Scotia

<https://www.healthassociation.ns.ca>

Nova Scotia Health Cancer Care Program

<https://www.nshealth.ca/cancer-care>

NSWOCC Ostomy Patient Booklets

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

Nurses Specialized in Wound, Ostomy and Continence Canada

<https://www.nswoc.ca>

Pressure Injuries in Long-Term Care: Nova Scotia Public Reporting

<https://novascotia.ca/pressure-injuries-in-long-term-care/>

Sharing Circle

<https://www.sharingcircle.online>

Wound, Ostomy & Continence Institute

<https://wocinstitute.ca>



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CANADA



Ostomy | Société  
Canada | Canadienne des  
Society | Personnes Stomisées

## 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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