



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



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

# NEW BRUNSWICK WOUND OSTOMY AND CONTINENCE SUMMIT



**JUNE 1, 2023**

REPORT ON THE SUMMIT BRINGING TOGETHER GOVERNMENT, ADMINISTRATORS, CLINICAL LEADERS, PATIENTS, AND INDUSTRY IN FREDERICTON, NEW BRUNSWICK



### **Suggested Citation**

Nurses Specialized in Wound, Ostomy and Continence Canada and Ostomy Canada Society. (2023, June 1). New Brunswick Wound Ostomy and Continence Summit.

### **Acknowledgements**

We acknowledge that the summit was held on the unceded territory of the Wolastoqiyik, Mi'kmaq and Peskotomuhkati peoples. This territory is covered by the Treaties of Peace and Friendship which these nations first signed with the British Crown in 1726. These treaties did not deal with the surrender of lands and resources but recognized the Mi'kmaq and Wolastoqiyik title and established rules between nations. We pay respect to the elders past and present and descendants of this land. We honour the knowledge keepers and seek their guidance as we strive to develop closer relationships with the Indigenous people of New Brunswick.

### **Funding**

We are grateful to industry members who supported this summit. They are 3M, Coloplast Canada, Convatec, Essity, Hollister Limited, Integra, Medline, Mölnlycke Health Care, Quart Medical, Smith + Nephew, Stryker, and Urgo Medical North America.

John Gregory, IIWCC, ISWA, Opencity Inc., produced these summit proceedings.

The meeting took place in English and these proceedings are produced only in English.

© NSWOCC 2023





## TABLE OF CONTENTS

Priorities for Specialized Care  
in New Brunswick...**4**

The Current State of Wound,  
Ostomy and Continence  
in New Brunswick...**6**

Patient's Perspective – A Need  
for Better Access to Care...**8**

Ostomy Impact Study...**10**

Propelling Patient-Centred  
Improvements With Specialized  
Wound, Ostomy, and Continence  
Management...**11**

The Value of Specialized Care  
in a Team Approach...**13**

Call to Action...**15**

Glossary  
& Abbreviations...**18**

Appendix A  
– Summit Agenda...**19**

Appendix B  
– Useful Resources...**20**

References...**22**

# PRIORITIES FOR SPECIALIZED WOUND, OSTOMY, AND CONTINENCE CARE IN NEW BRUNSWICK

There is a need to address access to specialized wound, ostomy, and continence care in New Brunswick beginning with these four priorities:

1. Funding for more specialized wound, ostomy, and continence nursing positions across the continuum of care so that the transition for the patient is seamless moving from hospital to community. There are no existing formal Nurse Specialized in Wound, Ostomy, and Continence<sup>†</sup> (NSWOC) positions in New Brunswick in home care or long-term care.

NSWOCs provide thorough assessments, select appropriate products and technologies, and monitor the patient as they move through the system. This provides patient-centred care, optimal clinical outcomes and is shown to save money across the overall provincial health care system.

2. Ensure the appropriate distribution of NSWOCs based on the patient population in each health region. There is a critical imbalance in the number of NSWOCs between Vitalité and Horizon Health Networks and within the Horizon Health Network itself. It is disproportionate to the number of wound/ostomy consults. The number of wound consults has increased by over 200% in some areas of New Brunswick.
3. Provide immediate public coverage for essential ostomy supplies to the 4,570 ostomates,<sup>††</sup> meeting this basic human right of elimination for all New Brunswickers.

New Brunswick lags other provinces in providing a well thought out and sustainable plan for ostomy reimbursement. People living with an ostomy in New Brunswick earning over \$25,000 per annum should not be expected to pay out of pocket. Individuals should not choose between putting food on the table or essential ostomy supplies for this medically necessary bodily action.

4. Put together an educational strategy to improve wound care knowledge by providing a foundational program for nurses in the Province of New Brunswick.

To support this initiative, NSWOCC is providing 30 complimentary educational seats to nurses in New Brunswick to the NSWOCC WOC Institute's foundational wound management program, part of the practice enrichment series, to enhance knowledge, skills, and judgment of nurses in the province caring for patients with wounds.

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

## Summit Objectives

The Fredericton June 1, 2023, summit had the following objectives:

- Update decision makers on best practices in wound, ostomy, and continence within New Brunswick.
- Evaluate patients' experience living with an ostomy in New Brunswick versus other provinces.
- 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 nurse to support patient-centred improvements.
- Engage and strengthen the approach of wound, ostomy, and continence care through health care teams in New Brunswick.



† 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 NSWOCC 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 nursing practice for specialized wound, ostomy, and continence care in Canada.

††The number of ostomates is based on Canada Revenue Agency disability tax credits and considered a substantial underestimate of the individuals.



*Cathy Harley, NSWOCC Chief Executive Officer, Kimberly LeBlanc, WOC Institute Academic Chair, Karen Frenette, Executive Director Out Patient Clinics, Vitalité Health Network, Robert McKee, Liberal Member of the NB Legislative Assembly, Moncton Centre, and Marcia Leard, President NSWOCC*

# THE CURRENT STATE OF WOUND, OSTOMY AND CONTINENCE CARE IN NEW BRUNSWICK

Nancy Schuttenbeld, MN, BScN, RN, NSWOC, WOCC(C)  
 Kirsten Nickum, BN, RN, IIWCC, NSWOC, WOCC(C)

Health care is provided through two separate health networks in New Brunswick, Vitalité and Horizon.

VITALITÉ HEALTH NETWORK	HORIZON HEALTH NETWORK
<ul style="list-style-type: none"> <li>• Provision to 241,100 people</li> <li>• Delivered 11 hospitals and 30 community health centres/clinics</li> <li>• Employing 7 full-time and 2 part-time NSWOCs</li> </ul>	<ul style="list-style-type: none"> <li>• Provision to 500,000 people</li> <li>• Delivered through 12 hospitals and 28 health centres/clinics</li> <li>• Employing 4 full-time, 2 part-time, 3 casual NSWOCs, supported by a regional manager</li> </ul>

**Medavie NB** is an integrated, service-led organization responsible for the optimal operation and management of Extra Mural Program (EMP) and Ambulance New Brunswick (ANB). Medavie Home Care Services provide wound resource nurses rather than an NSWOC.

## QUICK FACTS ABOUT NEW BRUNSWICK

- Population\*: 825,474 an increase of 0.6%
- Population over 65\*: 22.8% an increase of 19.1% [2016-2019]
- Indigenous communities: 15
- Land area: 71,450 km<sup>2</sup>
- Population density: 10.86/km<sup>2</sup>
- Health budget<sup>2</sup>: 3.6 billion
- NSWOC positions in NB: 14.6 full-time equivalents
- NSWOCs/100,000 population: 0.02
- Estimated number of ostomates in NB: 4,570

*“Our health care system cannot afford to not have NSWOCs practising in all health care service sectors. It is more imperative than ever for NSWOCs to be hired to ensure evidence-based practices are implemented. We should be collaborating together to ensure that they have access to the services and care they need”*  
 – Kristen Nickum



Nancy Schuttenbeld, MN, BScN, RN, NSWOC, WOCC(C)  
 Kirsten Nickum, BN, RN, IIWCC, NSWOC, WOCC(C)



The lack of communication in health care is illustrated in this CBC News video about this New Brunswick woman who developed a stage four pressure injury that may have been preventable.<sup>3</sup> The case highlights the shortcomings in providing patient-centred care. <http://www.cbc.ca/player/play/1515762755759>

There is a significant discrepancy in the ratio of NSWOCs to the population in the different areas and health networks. There is a need for more wound, ostomy, and continence nursing services. Hiring more NSWOCs to work within health care settings will provide an opportunity for significant savings by improving efficiencies, streamlining services, and providing the knowledge and support to improve health outcomes. The pandemic demonstrated that the Province of New Brunswick can come together to address a health crisis in a coordinated approach. We can predict with certainty that the combination of a disproportionately older population, greater obesity, and higher diabetes levels in New Brunswick in comparison with other provinces will result in an increasing future burden of chronic wounds. A health economic study from 2005 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.<sup>4</sup>

The table illustrates many positive practices in the two health networks. A single provincial-wide health network could advance a vision for improved provincial collaboration and best practices.

VITALITÉ PRACTICES TODAY	HORIZON PRACTICES TODAY
<ul style="list-style-type: none"> <li>• interprofessional approach</li> <li>• policies and procedures</li> <li>• e-learning</li> <li>• mixed electronic documentation and paper charting</li> <li>• weekly email newsletter</li> <li>• high-risk diabetic foot clinic</li> <li>• enhanced recovery after surgery program.</li> </ul>	<ul style="list-style-type: none"> <li>• interprofessional approach</li> <li>• NSWOCs meet monthly</li> <li>• policies and procedures</li> <li>• e-learning</li> <li>• mixed electronic documentation and paper charting</li> <li>• regional skin and wound care committee</li> <li>• regular wound tips, product selection tool</li> <li>• preoperative stoma site marking and teaching for new ostomates.<sup>5</sup></li> </ul>
FUTURE NEW BRUNSWICK APPROACH	
<ul style="list-style-type: none"> <li>• increased understanding of an NSWOC role;</li> <li>• increased collaboration;</li> <li>• more NSWOC positions to improve patient outcomes and save health care dollars;</li> <li>• improved monitoring of wounds;</li> <li>• more accurate data collection on pressure injuries;</li> <li>• improved efficiencies in practice and monitoring product usage and costs;</li> <li>• more collaboration with universities for research;</li> <li>• recruitment, retention, and permanent positions;</li> <li>• improving sustainability;</li> <li>• more focus on prevention and patient empowerment; and</li> <li>• addressing the social determinants of health.</li> </ul>	

*Note.* The number of ostomates is based on Canada Revenue Agency disability tax credits and considered a substantial underestimate of the individuals. \* Source Statistics Canada.

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

Ann Durkee-Maclsaac – Chair of the Board, Ostomy Canada Society  
Erin Feicht – Fredericton New Brunswick Ostomy Chapter

Ann and Erin entertained the summit attendees with a light-hearted portrayal of the ways in which they are distinctly different and their commonality which Canada Revenue Agency determines as a disability. Outwardly, Ann and Erin appear as confident, outgoing, and healthy women, who otherwise blend into the other summit attendees yet different in their life journey. They both wear an ostomy appliance ninety-nine-point-nine percent of the time. These have dramatically impacted their lives.

## ANN'S JOURNEY

- Healthy until age fifty-seven when bleeding stools led to diagnosis of acute ulcerative colitis.
- Nightly steroid enema for 6-8 months.
- Significant impact of ability to continue work as a realtor.
- Surgery to create a permanent ostomy followed by NSWOC nurse explaining how to change a pouching system.
- No specialist ostomy nurses in home care.
- Ann worries about what will happen if she were to need long-term care, where again there is no NSWOCs.
- Ann has spent the rest of her life advocating for others with an ostomy.

## ERIN'S JOURNEY

- Parents took her to family doctor aged four about difficulties in toileting. No action taken.
- Taken to a new doctor aged six with malnutrition. Referred out of province to IWK to start percutaneous enteral feeding.
- Surgery to create a permanent ostomy at IWK aged nine. Mom became caregiver.
- Accessible washroom set up at school with extra ostomy supplies.
- Otherwise, no financial or mental health support.
- Saving grace was Ostomy Canada Society providing a camp for kids.
- Ongoing thirty-year fight with the Government of New Brunswick to provide coverage for ostomy supplies.

Both Erin and Ann look back and remember that physicians postoperative care was short and inadequate. Neither, had NSWOCs available to provide home care. They describe being mentally and physically broken with nowhere to turn. Years later, New Brunswick lacks specialized ostomy care in hospitals/clinics, long-term care, and home care.

*“We’re concerned and we need support from our governments to improve the journey of ostomy surgery. Help us by committing to improved ostomy care”  
– Erin Feicht*



Essential neurogenic bowel supplies are available through the Health Services Ostomy/Incontinence Program.<sup>6,7,8</sup> This income-based program is limited to those with income less than around \$25,000. Calculations for program eligibility include a comparison of eligible income to need. The program operates as payor of last resort and clients must exhaust all other forms of insurance coverage to be eligible. The thresholds on earned income are considered too low to meet the costs of ostomy supplies once a client is deemed as ineligible, creating a strong disincentive for those attempting to attain gainful employment.

*“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*



*Ann Durkee-Maclsaac – Chair of the Board, Ostomy Canada Society  
Erin Feicht – Fredericton New Brunswick Ostomy Chapter*

# OSTOMY IMPACT STUDY

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

As the Academic Chair, NSWOC Wound, Ostomy and Continence Institute, Dr. LeBlanc provided insights into a cross-sectional survey on the impact of living with an ostomy in Canada.<sup>9</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.

Across Canada, fifteen percent typically report problems with skin surrounding an ostomy. Based on the low estimate of 4,570 people living with an ostomy in New Brunswick, this amounts to more than 685 ostomy/wound consults a year. We have learned that there are insufficient NSWOCs in New Brunswick, and unevenly distributed to manage these consults. In New Brunswick, there are no NSWOCs in home care or long-term care.

The lack of provincial coverage for ostomy supplies in New Brunswick for individuals with an income greater than \$25,000/annum is a critical issue. 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. Individuals in New Brunswick rely primarily on private insurance for funding. This is a problem for those without insurance or without access to an NSWOC. If the ostomy isn't permanent, there is zero funding.

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. Consequently, 19% reported that their ostomy has impacted their ability to

work. An NSWOC can help guide patients on the most appropriate supplies and fitting, ultimately resulting in lower spending on supplies.<sup>9</sup> This study needs to be repeated province by province.

*“The fact that we have individuals in this country who are taking plastic bags and duct tape—we don’t even see this in countries like Indonesia”  
– Kim LeBlanc*

There has been among the lowest level of applicants to the Wound Ostomy and Continence Institute programs from nurses in New Brunswick. If patient outcomes are associated with the availability of specialist nurses, we need to provide NSWOC positions that will encourage more nurses to seek this specialist education and preceptorship. NSWOCs can ensure that patients are marked preoperatively for a stoma resulting in fewer complications and saving the provincial health care system money.<sup>5</sup>



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



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

Cathy Harley, eMBA, RN, IIWCC

NSWOCC CEO, Cathy Harley, began by reiterating the importance of designing care around the patient. Patient-centred care is considered as

- the shared control of the consultation, decisions about intervention management of the health problems with the patient; and
- the view that the patient has individual preferences situated in the social context versus only a view on the body part or disease that impacts them.

Work by Picker Institute Europe advocates for eight dimensions of patient-centred-care:<sup>10</sup>

- access to care;
- continuity and transition;
- coordination of care;
- emotional support;
- family and friends;
- information and education;
- patient preference; and
- physical comfort.

*“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 system. Health spending is only going to go up with the aging population. 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, 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*

Increasing numbers of individuals in New Brunswick 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.<sup>4</sup>

Work by Baker demonstrated improved outcomes where an NSWOC at a patient’s bedside inspires **confidence** and **hope**.<sup>11</sup>

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.

**Nearly 50% of home care cases involve wounds.<sup>4</sup>**

**More than 80% of ostomy patients experience a complication within two years after surgery.<sup>9</sup>**

**Incontinence is one of the main reasons cited for admission into long-term care facilities.<sup>9</sup>**



Cathy Harley, eMBA, RN, IIWCC

The Wound, Ostomy & Continence Institute operated by NSWOC 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 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 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. 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>4</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>9</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>9</sup>

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

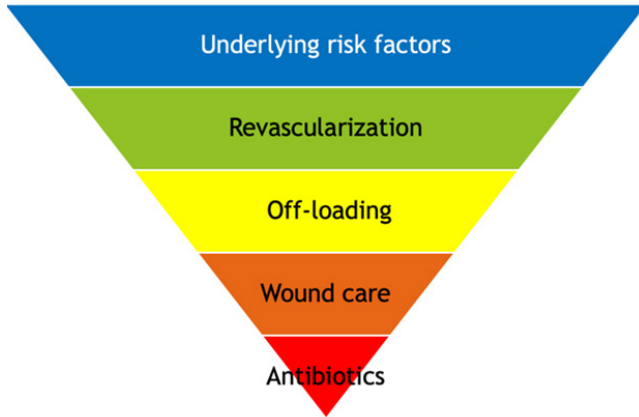


# THE VALUE OF SPECIALIZED CARE IN A TEAM APPROACH

Brandyn Chase, MD, MScE, FRCPC – Infectious Disease Specialist

Dr. Chase highlighted the \$8,010 per hospital stay in New Brunswick for a patient admitted with a diabetic foot ulcer like Bob and \$9,060 per stay for a pressure injury like Shirley.\*

BOB'S JOURNEY	SHIRLEY'S JOURNEY
<p>45-year-old male construction worker with poorly controlled diabetes, metabolic syndrome and infected diabetic foot ulcer that probes to bone.</p>	<p>74-year-old female, prolonged immobility following a hip fracture and cognitive challenges who lives alone.</p>
<ul style="list-style-type: none"> <li>• Appointment with his family doctor (14 days later).</li> <li>• Infection disease specialist consult (7-14 days later).               <ul style="list-style-type: none"> <li>- Ordered IV antibiotics (5-7 days later).</li> <li>- Vascular surgery consult (7-14 later).</li> <li>- Request for imaging (14 days later).</li> <li>- Booked for a stent with interventional radiology (14-21 days later).</li> <li>- Extra Mural Program wound care starting next day.</li> <li>- Order a custom fit Darco shoe (5 weeks later).</li> </ul> </li> <li>• Diabetes education – Bob's HbA1c is 11.2, he has no coverage for anything else for his diabetes management and will have to pay out of pocket, gets started on basal insulin but gets reassessed once a week to titrate up dose.</li> </ul>	<ul style="list-style-type: none"> <li>• Shirley gets consulted to wound care team and plastic surgeon.</li> <li>• Placed on off-loading bed.</li> <li>• Plastics comes to see debrides the wound once, says call us back to reassess if there's concerns. Suggests infectious disease consult since wound goes down to the sacrum.</li> <li>• Infectious disease takes superficial swabs, order imaging scan to see if there is definitive evidence for osteomyelitis.</li> <li>• Wound gets down to healthy granulation tissue using topical negative pressure wound therapy.</li> <li>• Dietitian consulted calorie counts initiated but compromised by incomplete chart records.</li> </ul>
<ul style="list-style-type: none"> <li>• Total time to hit all the levels on the pyramid 35-70 days, then if lucky average time to heal 60-90 days.</li> <li>• Bob misses 4 months of work and had to sell his all-terrain vehicle to make ends meet.</li> </ul>	<ul style="list-style-type: none"> <li>• Shirley's deemed unfit to go home and waits 1 year in hospital for a nursing home bed.</li> </ul>
<p>Bob is at risk of foot amputation.</p>	<p>Shirley is at risk of stage IV pressure ulcer, sepsis, and pneumonia.</p>



The inverse pyramids help us comprehend that while antibiotics to treat an infection may be medically necessary there are multiple critical levels to address for prescribed antibiotics to have the desired effect.

There is no-one in New Brunswick to refer to appropriately manage Bob or Shirley’s care. What actions would improve health outcomes and reduce cost to the system?

1. Immediate consultation by dietitian, plastic surgery, and an NSWOC.
2. Referral to a new high-risk wound clinic in New Brunswick leading an interprofessional team. Musuuza et al. (2020) provide strong evidence based on a systematic review for the effectiveness of multidisciplinary health teams in reducing the rate of major amputations in infected diabetic foot ulcers.<sup>12</sup>

In one of the largest cohort studies of pressure injury-related pelvis osteomyelitis, Bodavula and colleagues noted that “most patients receive antibiotic therapy; however, those treated with a combined medical-surgical approach fared better in that they had fewer hospital readmissions over the following year.”<sup>13</sup>

A coordinated team approach would reduce the hospital readmission rate from people like Bob and Shirley.

Source. \* CIHI <https://bit.ly/447ZNPT>

Brandyn Chase, MD, MScE, FRCPC





# CALL TO ACTION

Dr. Chase facilitated a discussion among all 90 participants at the summit on how we could make wound, ostomy, and continence care a priority for decision makers in New Brunswick. Attendees listed education for more NSWOC positions, awareness, and better data gathering from a province-wide charting system on wounds, ostomy, and continence as those with the highest priority to initiate change.

We call on the Government of New Brunswick to:

- A. Fund more specialized nursing positions across the continuum of care so that the transition for the patient is seamless moving from hospital to community. Establish NSWOC positions in home care and long-term care. This provides patient-centred care, optimal clinical outcomes, and is shown to save money across the overall provincial health care system.
- B. Ensure the appropriate distribution of NSWOCs based on the patient population in each health region. There is a critical imbalance in the number of NSWOCs between Vitalité and Horizon Health Network and within the Horizon Health Network itself. It is disproportionate to the number of wound/ostomy consults. The number of wound consults has increased by over 200% in some areas of New Brunswick.

- C. Provide immediate public coverage for essential ostomy supplies to the 4,570 ostomates, meeting this basic human right for all New Brunswickers. Addressing this will prevent New Brunswick from being outlier in ostomy coverage and will aid access to employment.
- D. Partner with NSWOCC in increasing access to foundational wound care education for nurses in the Province of New Brunswick.

**In recognition of the need to increase access to wound care education, the NSWOCC Board of Directors has offered 30 complimentary registrations to the practice enrichment series/ wound management course run by the WOC Institute to frontline nurses working in the Province of New Brunswick. Priority will be given to nurses working in home care, long-term care, and remote area, but all nurses are invited to apply. “This means we will partner with you in order to support health care sustainability.”**



*Nicki Goss provides commentary during group discussion*

Josée Morin, Kim Leblanc



Delegate questions



Vendors & coffee reception



Cathy Harley



Vendors & coffee reception



Dr. Brandyn Chase



Attendees



Ann Durkee-Maclsaac



## 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.

**Medavie NB**—an integrated, service-led organization responsible for the optimal operation and management of Extra Mural Program (EMP) and Ambulance New Brunswick (ANB).

**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.

**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

CNA—Canadian Nurses Association

NSWOC—Nurse Specialized in Wound, Ostomy, and Continence

NSWOCC—Nurses Specialized in Wound, Ostomy and Continence Canada

SWAN—Skin Wellness Associate Nurse

WOC Institute—Wound, Ostomy and Continence Institute

# APPENDIX A - SUMMIT AGENDA

0800 Complimentary Breakfast & Networking

0845 **Opening Remarks and Elder Prayer**

0850 **The Current State of Wound, Ostomy and Continence in New Brunswick**

Nancy Schuttenbeld, MN, BScN, RN, NSWOC, WOCC(C)  
Kirsten Nickum, BN, RN, IIWCC, NSWOC, WOCC(C)

0910 **Patient's Perspective – A Need for Better Access to Care**

Ann Durkee MacIsaac, Chair of the Board, Ostomy Canada Society  
Erin Feicht, Fredericton New Brunswick Ostomy Chapter

0940 **Ostomy Impact Study**

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

1005 Health Break With Wound, Ostomy, and Continence Exhibitors

1035 **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)

1100 **The Value of Specialized Care in a Team Approach**

Brandyn Chase, MD, MScE, FRCPC  
Infectious Disease Specialist

1135 **Engaging and Strengthening Wound, Ostomy, and Continence Stakeholders in New Brunswick – Group Discussion**

1215 Meeting Close & Networking



## APPENDIX B – USEFUL RESOURCES

Connecting Learners With Knowledge (CLWK)

<https://www.clwk.ca>

Horizon Health Network

<https://horizonnb.ca>

Medavie NB

<https://medavienb.ca>

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>

Vitalité Health Network

<https://www.vitalitenb.ca>

Wound, Ostomy & Continence Institute

<https://wocinstitute.ca>



# INDUSTRY IN ACTION



Coloplast Canada



Essity



Medline



Mölnlycke Health Care



3M



Quart Medical



Convatec



Smith+Nephew



Stryker



Urgo Medical North America



Hollister Limited

## REFERENCES

1. Nurses Specialized in Wound, Ostomy and Continence Canada. Canadian standards of practice for nurses specialized in wound, ostomy and continence. 3rd ed. 2021. [https://www.nswoc.ca/\\_files/ugd/9d080f\\_5a21d464b6f74e23952b8c08cb95de86.pdf](https://www.nswoc.ca/_files/ugd/9d080f_5a21d464b6f74e23952b8c08cb95de86.pdf)
2. Finance and Treasury Board 21 March 2023 [internet] Budget 2023-24 – Growth and Opportunity: Delivering for New Brunswickers. Government of New Brunswick <https://bit.ly/43TfUAC>
3. CBC News <https://www.cbc.ca/news/canada/new-brunswick/lola-chiasson-hawkins-stage-four-bedsores-vitalite-1.5119007>
4. Harris C, Shannon R. An innovative enterostomal therapy nurse model of community wound care delivery: A retrospective cost-effectiveness analysis. *JWOCN*. 2008;35(2):184-5.
5. Zwiép TM, Helewa RM, Robertson R, Moloo H, Hill R, Chaplain V, Harley C. Preoperative stoma site marking for fecal diversions (ileostomy and colostomy): position statement of the Canadian Society of Colon and Rectal Surgeons and Nurses Specialized in Wound, Ostomy and Continence Canada. *CJS*. 2022; 65(3):E359-63. <https://www.canjsurg.ca/content/cjs/65/3/E359.full.pdf>
6. Department of Social Development. Health Services Ostomy / Incontinence Program. Government of New Brunswick. [internet] Retrieved June 13, 2023, from [https://www2.gnb.ca/content/gnb/en/services/services\\_renderer.8135.html](https://www2.gnb.ca/content/gnb/en/services/services_renderer.8135.html)
7. Department of Social Development. Social Development ostomy: Incontinence policy. 2016, October. Government of New Brunswick. Retrieved June 13, 2023, from <https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HealthServices/OstomyIncontinence.pdf>
8. New Brunswick Regulation 95-61, under the Family Income Security Act O.C. 95-470. 1995, May 1. Retrieved June 13, 2023 from <https://laws.gnb.ca/en/showdoc/cr/95-61>
9. LeBlanc K, Heerschap C, Martins L, Butt B, Wiesenfeld S, Woo K. The financial impact of living in Canada with an ostomy: a cross-sectional survey. *JWOCN*. 2019 Nov 1;46(6):505-12. <https://doi.org/10.1097/WON.0000000000000590>
10. Picker Institute Europe. The Picker Principles of Person Centred Care [internet] <https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/>
11. Baker CP. The WOC nurse in home care. *JWOCN*. 2001;28(6):270-3.
12. Musuza J, Sutherland BL, Kurter S, Balasubramanian P, Bartels CM, Brennan MB. A systematic review of multidisciplinary teams to reduce major amputations for patients with diabetic foot ulcers. *J Vasc Surg*. 2020 Apr;71(4):1433-1446.e3. <https://doi.org/10.1016/j.jvs.2019.08.244>
13. Bodavula P, Liang SY, Wu J, VanTassell P, Marschall J. Pressure ulcer-related pelvic osteomyelitis: a neglected disease?. In *Open Forum Infect Dis* 2015 Sep 1;2(3). Oxford University Press. <https://doi.org/10.1093/ofid/ofv112>



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



Ostomy Canada Society | Société  
Canadienne des 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.

ALL TRADEMARKS ACKNOWLEDGED  
PRODUCED BY JOHN GREGORY, OPENCITY INC.  
© 2023 NSWOCC