ESC LHIN Guidelines for Patient Referral to a Wound Care Specialist (WCS)

Introduction

A Wound Care Specialist is a clinician who is considered an expert in performing wound care duties. This professional has advanced knowledge regarding evidence-based wound healing and clinical practice guidelines. Within this scope, specifically a Nurse Specializing in Wound, Ostomy and Continence (NSWOC) has a tri-specialty of wound, ostomy and continence.

Definition

In the ESC LHIN, a WCS is a clinician who is a certified NSWOC and/or has a MClSc WH degree and/or has an advanced wound care course such as the IIWCC plus a mentorship. In general, the WCS in the ESC LHIN will work within an interdisciplinary team in a consultative role, providing expert knowledge in a mostly advisory capacity. The focus of intervention is to align patient care with improved clinical outcomes, patient empowerment and reduced costs. Clinicians must work within their scope of practice as determined by their regulatory body.

Guidelines for referrals to an WCS – iFUN Criteria

i	Intervention	If an intervention is required (i.e. ABPI, toe Pressures, debridement, ostomy care) *automatic referral for ostomy patients as part of hospital discharge planning *SP must ensure ostomy referral is delegated to a WCS that has advanced training specific to ostomy care
F	Frequency	If the frequency of dressing changes is not less than 3 x a week by 3 weeks (this includes dressings that are being changed by the patient/caregiver)
U	Unknown	If the cause of the wound is unknown, or the nurse is unsure of best practices
N	Number	If the size of the wound has not decreased by 20-30% in 3-4 weeks of treatment or if there is not an ongoing decrease or progression in wound size at each q 3 week reporting time

The underpinning of the WCS consult role entails:

- Integration of consistent, evidence-based and comprehensive wound care in collaboration with patients, caregivers and care providers
- Decreased re-admissions to acute care for patients with wounds, improved healing times and decreased length of stay on service
- Enhanced experience of care for patients on service
- Focus on health teach to promote patient empowerment and self-management
- Collaborate within an interdisciplinary team
- Share knowledge of wound management with colleagues

A WCS scope of practice in home and community care includes:

1. Wound Care

- Assessment of wounds, as identified in iFUN criteria and as requested by LHIN or SPO's
- Assessment for application of advanced therapies.
- Treating skin reactions
- Preventing skin breakdown
- Initiating preventative measures
- Perform specialized skills, such as conservative sharp debridement and advanced therapies.
- Providing comprehensive wound management, including reducing causative factors, controlling odor, assessing nutritional needs, and providing and applying topical therapies
- Educating the patient, the patient's family, and any other support persons on care techniques
- Assessing and treating draining wounds and fistulae
- Designing pouch systems for draining wounds and fistulae
- Implementing preventative actions to reduce the incidences of pressure ulcers and vascular ulcers
- Providing instruction on proper wound dressing
- Educating the patient, the patient's family, and other support persons on ulcer prevention and treatment

2. Incontinence Care

This is generally an NSWOC specialty however there may be WCS who have advanced education in continence care. The nurse specializing in urinary and fecal incontinence provide a wide range of service that address causative factors, restorative strategies and lifestyle/quality of life issues. Their scope of practice in home and community care includes:

- Selecting and recommending collection devices or undergarments
- Providing instruction on pelvic muscles exercises
- Counseling the patient, the patient's family and other support persons on hygiene and skin care
- Providing instructions on self-catheterization
- Identifying contributing factors and suggestions to dietary and environmental modifications

3. Ostomy Care

This is generally an NSWOC specialty however there may be WCS who have advanced education in ostomy care. The nurse specializing in ostomy care are skilled to provide care, education, support and counseling for individuals who are living with a colostomy, ileostomy or urostomy. Their scope of practice in home and community care includes:

- Providing self-care, diet and lifestyle education and support
- Preventing peristomal/stoma complications
- Providing rehabilitative care
- Reviewing and modifying pouch systems problems
- Addressing and preventing peristomal skin complications
- Assisting patients to secure funding through the Assistive Devices Program
- If patient is on ODSP, assisting patient to secure further funding if required

When the Service Provider WCS receives the ostomy referral they must determine if they have the knowledge and skill to provide the level of care as outlined above. Some WCS's, who are not NSWOC nurses, may not have this scope of practice, and if not, the SP should notify the CC so another SP NSWOC/WCS can be assigned. Ostomy health teaching is a nursing specialty and continuity of care/health teaching in this expert role is key to a successful patient outcome.

Ostomy Supply Ordering:

- Upon discharge from an ESC Regional Hospital, the hospital Care Coordinators (CC) will send provider notification for this referral and complete an initial ostomy supply order.
- If the referral comes from an out of area hospital, the Intake CC will send the referral to the Service Provider Agency and complete the initial ostomy supply order.
- The ESC LHIN will provide ostomy supplies to eligible patients. Eligible patients include:
- Those with a new permanent ostomy who are awaiting Assistive Devices Program (ADP) funding. Supplies will be provided for a maximum of 8 weeks or until ADP funding is received if this occurs prior to the 8 weeks.
- Those with a new temporary ostomy who are awaiting re-anastomosis. Supplies will be provided up to 8 weeks or until re-anastomosis if this occurs prior to 8 weeks.
- Those with a permanent or temporary ostomy with or without ADP funding who have a wound adjacent to their stoma or beneath the area covered by their flange and who require flange changes more than two times a week due to the wound treatment protocol. In this situation the additional ostomy supplies will be covered until wound healing has occurred or until the flange changes have reduced to twice weekly or less often if this occurs before the wound has closed
- If a visiting nurse is involved in patients care and is placing an ostomy supply order, the supply items must not be altered as per WCS recommendation. If there is a change in product, the ostomy supply order, must be approved by the WCS.
- Ostomy supplies include (unless otherwise stated): flanges, pouches, belts, skin preparation wipes/sprays, ostomy powder and ostomy paste/paste strips/barrier sheets/barrier rings.

NOTE: The ESC LHIN does not duplicate funding for ostomy supplies for patients who are receiving ADP funding (outside of the instances noted above)

WCS Referral Sources:

1. The ESC LHIN requests a Service Provider (SP)Agency WCS consult for a specific patient based on the iFUN Criteria Guidelines or for Ostomy/Continence care
2. The SP sends a request through an APR requesting a WCS consult for patient. The nurse should ensure the APR request provides the rationale for the requested consult and relevant details as per APR wound reporting documents.
3. A community health care practitioner, primary care provider requests a WCS consult.

WCS Service Planning:

Wound Care	Block of 2 PED 30 days	One visit for each of initial assessment and discharge. Additional WCS visits in exceptional cases may only be approved by a Patient Services Manager. WCS will complete initial Wound Care assessment report and send to LHIN.
Incontinence Care	Block of 2 PED 30 days	Follow up visit within 30 days of the initial visit. Additional WCS visits in exceptional cases may only be approved by a Patient Services Manager.
New Ostomy All new ostomy patients released from the hospital will be referred to a WCS as part of the discharge plan.	Block of 4 PED 8 weeks	Follow-up visits should occur with a plan to discharge patient to self-care within 8 weeks. An Ostomy Consult Report should be complete at the initial consult and at discharge consult. The WCS will help the patient complete ongoing funding paperwork for ostomy supplies. If the patient referral is for ostomy health teaching only, the referral should also include a 2 block nursing visit and the WCS service. The 2 block nursing visit is to support patient in an urgent situation (usually over a weekend, until WCS nurse can assess)

Time Frame Guidelines for Service Provider WCS Initial Visit

Note WCS is available for service Monday ->Friday

Scenario	Date required by:
NPWT	➢ Within 24 hours of receiving referral Monday to Friday, NOTE*** WCS can delegate initial patient visit to an agency NPWT champion nurse if appropriate as per NPWT Guidelines (pg. 7) Be available to apply initial VAC NPWT as a top priority visit (Monday-Friday within 24 hours, after confirmation that pump and supplies are available for initial patient application) *Based on NPWT assessment wound information, the WCS can delegate the first application to a nurse with the knowledge skill and judgment to complete that specific patient wound assessment and NPWT application. The WCS will notify the Care Coordinator of the delegated task prior to the first visit. The delegated nurse would be responsible to send in an APR for the first visit with an initial wound assessment.* *All NPWT Referral Information must first be reviewed by the WCS. It is the WCS only who would delegate the patient specific care*
Wound assessment r/t risk of further complication that could result in ER visit	➢ Within 24 hours (M-F business days)
New Ostomy	➢ When WCS receives a new ostomy patient referral they should contact the patient/caregiver within 24 hours (business days) and determine patient/family capacity for managing new ostomy and triage patient depending on concerns, all new ostomy patients should be seen within 5 business days, if complications/concerns should be urgent assessment within 24 hours. (M->F business days) ➢ New Ostomy patients are a high priority patient.
Established Ostomy Diabetic Foot Ulcer Wound assessment, patient on daily dressing changes and frequency not reducing as expected	➢ Within 5 business days
Lower Leg assessment Wound assessment r/t unknown etiology, unless identified as urgent	➢ Within 10 business days
Incontinence	➢ If resulting in skin breakdown, within 3 business days ➢ If related to health teaching within 10 business days

Care Coordinator (CC) Guidelines for WCS referral

Wound Type	Expected Time Frame for Progress	Indications for WCS Consult
Open Surgical Wounds include Incisional separation Incisional necrosis Secondary intention healing: • wound has been left open to heal by means of connective tissue repair or • has opened subsequent to surgery Tertiary Intention healing: • wound has been left open with future intention of surgical closure, this is a maintenance wound until final repair	2 – 8 weeks, 20-30% closure by week 4 Dependent on patient factors such as obesity, size and location wound, nutritional status and other comorbid conditions	• iFUN criteria • Failure of wound to close • Clinical infection • Unmanageable exudate • NPWT assessment
Rectal Pelvis Abscess (e.g. Pilonidal – specific type of an open surgical wound) Pilonidal sinus is sinus tract that commonly contains hairs. It occurs under the skin between the buttocks (the natal cleft) a short distance above the anus.	20-30% closure by week 3-4 Consider patient level of activity, OT referral needed to assess seating and pressure redistribution to enhance healing, same principals as pressure injury	• iFUN criteria • Failure of wound to close • Clinical infection • Unmanageable exudate
Venous Leg Ulcer (Healable) Compression therapy is the Gold Standard of care. Once healed ensure patient has compression stockings as part of discharge plan and is able or has the tools to put on and remove stockings	9-12 weeks for healing if compression therapy is appropriate, 20-30% closure by week 3-4 Lower leg hygiene as part of care plan. Is patient able to remove dressing prior to nursing visit & wash leg(s). Saline is not effective hygiene care. Leg(s) need to be washed to reduce risk of infection.	• iFUN Criteria • lower leg assessment inclusive of ABPT or TBI prior to Initiating compression therapy • infections • increased exudate/increased risk of cellulitis
Arterial Leg Ulcer	Healability must be determined by vascular testing Surgery will likely be required to progress to healing	• iFUN Criteria • infection • increased pain

Wound Type	Expected Time Frame for Progress	Indications for WCS Consult
Diabetic foot Ulcer	Initiate Total Contact Cast (TCC) Pathway as soon as patient with a DFU is referred	• Automatic WCS referral to complete initial TCC assessment
Pressure Injuries: (previously referred to as pressure ulcers) Localized injury to the skin and/ or underlying tissue usually over a bony prominence as a result of pressure or pressure in combination with shear and/or friction	Early intervention to reduce pressure and decrease risk of further injury Pressure injuries are caused by an external force. If unresolved or deteriorating, patient should be referred to an OT for pressure redistribution recommendations. Wound will not heal unless cause of wound, pressure, is redistributed. If complex wound suggest that OT due co-visit with nursing so they can assess wound with an interdisciplinary approach. OT can assess more comprehensively if wound is visualized and nurse can reinforce OT patient health teaching. If ROHO cushion is in place, the off-loading capacity of the cushion must be monitored weekly (it will deflate) OT should indicate in their assessment, health teaching related to ROHO cushion management. If wound is not healing circle back to ROHO maintenance, is it being monitored and inflated as needed?	• iFUN
Other Types of Wounds seen in the community include but not limited to: • Pyoderma Gangrenosum • Bullous Pemphigus • Cutaneous Vasculitis	Generally slow progress - the time required to heal depends upon the etiology/cause more than the size of the wound	• iFUN criteria • Infection • Unmanageable exudate • Increased pain

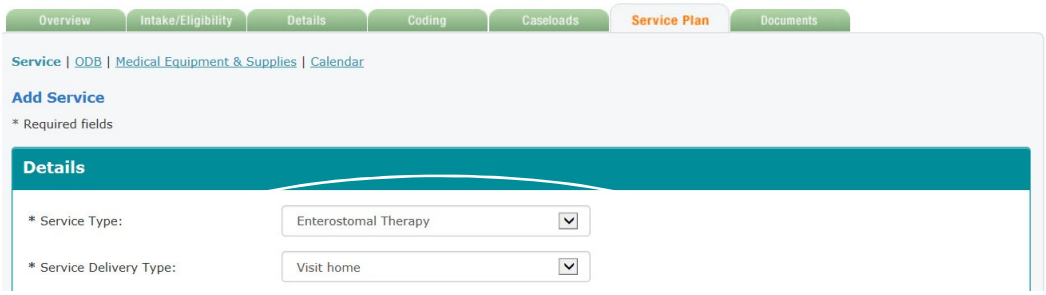
• Hidradenitis Suppurativa • Malignant Wounds • Traumatic Injuries • Pre-tibial lacerations • Hematomas • Skin tears • Dog bites • Stab and gunshot wounds • Calciphylaxis • Necrotizing Fasciitis • Necrobiosis Lipoidica		
Type	**Expected Time Frame for Progress**	**Indications for WCS Consult**
New Ostomy Individuals who undergo surgery to create an artificial opening from the small bowel (Ileostomy) large bowel (colostomy) or from a conduit created from the ileum to bypass the bladder (ileal conduit) will require assistance with learning self-care and in adapting to the altered body image. Successful pouching of the stoma can be challenging, depending on the amount of protrusion from the body, the type and consistency of stool, effluent or urine, the skin's texture and moisture balance, the siting of the stoma in terms of being within the individuals range of vision and the manual dexterity of the individual. RNAO, Ostomy Care & Management (2009)	Up to 8 weeks – Initial block of 4 visits for NSWOC/WCS nurse Will vary dependent on patient condition and readiness to learn	• All patients with a new ostomy should be referred to an NSWOC/WCS nurse. • If the patient referral is for ostomy health teaching only, the referral should also include a 2 block nursing visit and the NSWOC/WCS service. The 2 block nursing visit is to support patient in an urgent situation (usually over a weekend, until NSWOC/WCS nurse can assess) • NSWOC/WCS to send Ostomy Consult Document after initial visit and at discharge.
Established Ostomy with new skin breakdown Persons with an established ostomy can	Up to 8 weeks – Initial block of 4 visits for NSWOC/WCS nurse	• If health teaching is the only reason for referral NSWOC/WCS is only nurse needed to

challenges related to body changes. If the skin surrounding the stoma is exposed to feces or urine this can quickly develop into significant skin break down and cause body image trauma and increased anxiety.	Will vary dependent on patient condition/complication and readiness to learn If patient has ADP funding the NSWOC/WCS nurse should access ostomy industry for sample products.	• NSWOC/WCS to send Ostomy Consult Document after initial visit, at discharge and if further visits required
Incontinence Persons with issues related to urine or fecal incontinence are at high risk of skin break leading to development of wounds. Person with catheters may require health teaching for sustainable management of either indwelling catheters or intermittent catheters.	Up to 1 month - Initial block of 2 visits	• If health teaching is the only reason for referral NSWOC/WCS is only nurse needed to provide care

Adding Wound Care Specialist Service in CHRIS:

Adding WCS service in CHRIS follows the same process as any other service authorization with the following specifics as noted below:

1. Select the **Service Type**= *Enterostomal Therapy (still called this in CHRIS)*
2. Select the **Service Delivery Type**= *Visit Home*



3. **Date Service Required by**: See table below;

4. **Service End Date** (pre-populates PED): 30 days for wound/continence and 8 weeks for all ostomy referral from Date Service Required By date;

5. **Add Frequency**: 2 block bookings (wound/continence) OR 4 block bookings (all ostomy).

Note: ESC LHIN standard is that a block of 2 (wound/continence) or 4 visits (all ostomy) is initially authorized for the WCS service. Following this, further blocking bookings may ONLY be approved by the PSM by exception and based on WCS consult report and identified needs for further follow-up with rationale. It is recognized that for some patients with complex health situations the role of WCS as consult may be required. After each wound or continence patient visit the WCS will complete the LHIN standardized report (paper-based) and distribute to the interdisciplinary team inclusive of the LHIN as per normal processes. For ostomy, a consult report should be complete at the initial consult, discharge consult and if a further block of visits is required.

6. **Required Provider Selection:** select required provider as noted below if patient has active nursing service authorized
    - **Is there a required provider for this service*:*** radio button selection '*Yes*'
    - **Required Provider**: select as follows:
        - Nursing Provider Agency that is providing in-home service;
        - ESC LHIN Clinic select site specific Bayshore Home Health;
        - Wallaceburg Clinic select CK VON;
        - Leamington or Amherstburg Clinics select WE St. Elizabeth Health Care
    - **Exception Reason**: '*Client already served by agency*