

Leveraging Evidence and Interprofessional Practice to Drive Outcomes in Wound Care

Home Care Ontario

Symposium

November 27, 2025



The Canadian Home Care Association



CHCA is a Pan-Canadian membership organization, that advances initiatives to support home and community care across Canada.



In partnership with our members, we identify priorities, and through research, advocacy and community of practice

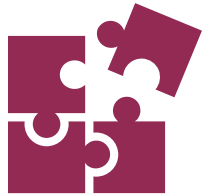
We facilitate knowledge sharing, create connections, inform policy and practices, and advocate for integrated home and community care for all Canadians.



Canadian
Home Care
Association

Association canadienne
de soins et services
à domicile

Supporting Care Providers



Innovative



Evidence-informed



Community
responsive

*CHCA endorsed the Canadian Consensus Statement
for the Management of Venous Leg Ulcers*



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Why is Wound Care Important in the Home Care Sector?

- About 650,000-670,000 patients receiving home care in Ontario
- Over 10M nursing visits delivered each year
- Approximately 50% of nursing visits are related to wound care (over 5M visits)
- Approximately 33% of home care patients have wounds (65% chronic, 35% acute)
- Estimated about 28,000 VLU wounds in Ontario
- Evidence informed care costs less
- It is proposed that implementation of the **Canadian Consensus Statement for the Management of Venous Leg Ulcers** would save limbs and reduce health care costs.

Type of Chronic Wound	Visits by wound type
DFUs	30%
Pressure	15%
VLUs	13%
ALUs	7%

References:

Ontario Health atHome Annual Report - <https://www.ontariohealthathome.ca/blobohahprod4cd80afe1b/wp-content/uploads/2025/07/HCCSS-2023-2024-OHaH-2024-2025-Annual-Report-EN.pdf>

Ontario Health atHome website - (<https://ontariohealthathome.ca/about-us/>)
<https://pubmed.ncbi.nlm.nih.gov/40240304/>

L. Teague, Mahoney, Wounds Canada, Vol. 2, No 1 “Cost-effective Wound Care: How the Advanced Practice Nursing Role Can Positively Affect Outcomes in an Acute-care Setting”

WoundPedia



WoundPedia is a not-for-profit organization established in 2008



Our mission is to provide high-quality interprofessional skin and wound care education and to improve patient-centred concerns and outcomes



Our programs emphasize education, research, knowledge mobilization and building an integrated system of care

WoundPedia Programs:

- **Project ECHO Ontario Skin and Wound**
- **Indigenous ECHO Canada**
- **International Interprofessional Wound Care Course (IIWCC)**
- **Sault College Microcredentials**

Canadian Consensus Statement on the Management of VLUs

- Developed by multi professional, pan Canadian body of 19 health care practitioners
- Consensus target was 82%
- Majority of recommendations had 100% consensus
- Objective was to identify the role of new technologies in care pathway
- New technologies included hypochlorous acid, and muscle pump activator
- Diagnostics, therapeutics and maintenance were considered

*WoundPedia supports the Canadian Consensus Statement
for the Management of Venous Leg Ulcers*

Consensus Panel:

Dr. Michael Stacey

Dr. Keith Harding

Dr. Gary Sibbald

Dr. Robyn Evans

Dr. Asem Saleh

Dr. John Hwang

Rosemary Hill

Josee Senechal

Michele Langille

Bev Smith

Carly St Michel

Paulo da Rosa

Amanda Loney

Michele Labbie

Sheri McPhee

Allison Luther

Helen Arputhanathan

Shannon Handfield

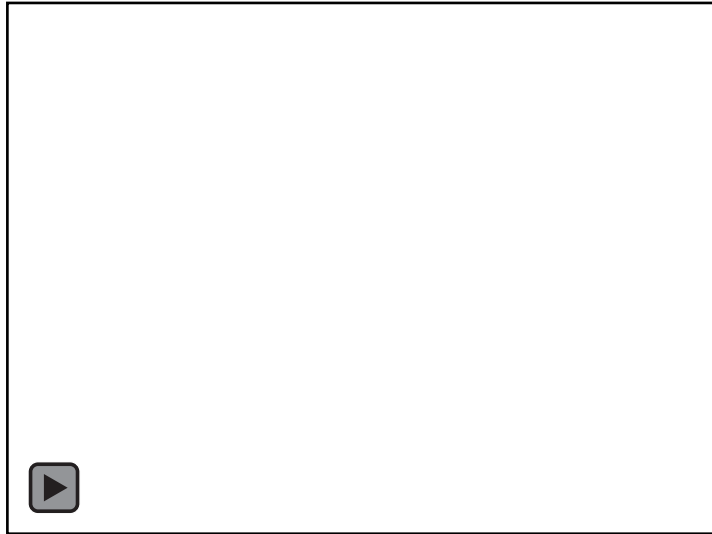
Maryse Beaumier

(Green = Ontario based Health Care Professional)

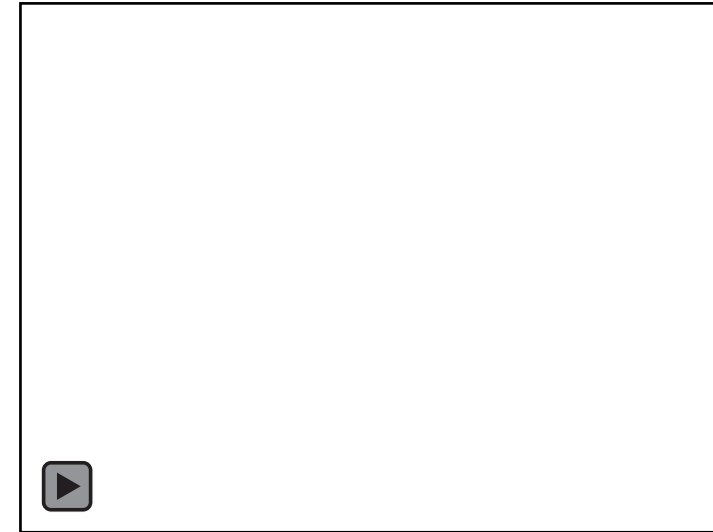
Canadian Consensus Statement on the Management of VLU

- **ABPI is reduced** but greater than 0.5, **OR** if the patient is **not able to tolerate compression**
 - **Apply a lower compression multilayer system that the patient will tolerate**, with the aim to progress to optimal compression as symptoms and tolerance allow
 - **Caution at ABPI between 0.65 and 0.9**
 - **Extra caution between 0.5 and 0.65** when stockinette with tubular or longitudinal compression may be considered in place of compression system
 - **Add Muscle Pump Activator (MPA)** in addition to the compression that the patient can tolerate
- **If not able to tolerate any compression** due to pain or other causes
 - **Add MPA with the aim to progress to add lower compression and then optimal compression**
 - **Recommend daily leg elevation above the level of the heart and a regular exercise**

Evidence: Laser Speckle Contrast Imaging (LSCI) of Micro-circulatory Blood Flow in Wound and Peri-wound Area



Baseline



Muscle Pump Activator

- LSCI has been used to determine if flow is augmented by using the geko™ device (MPA)
- MPA device increases perfusion to both the wound bed & peri-wound area
- Wound bed – 225% increase in flux ($p < 0.001$)
- Peri-wound – 67% increase in flux ($p < 0.001$)

NB. Patient had active infection, this area therefore had more flux than usual so this increase over baseline is lower than expected

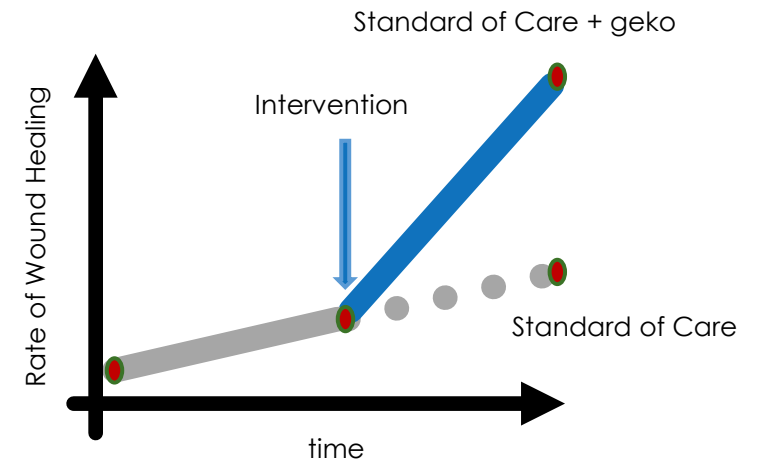
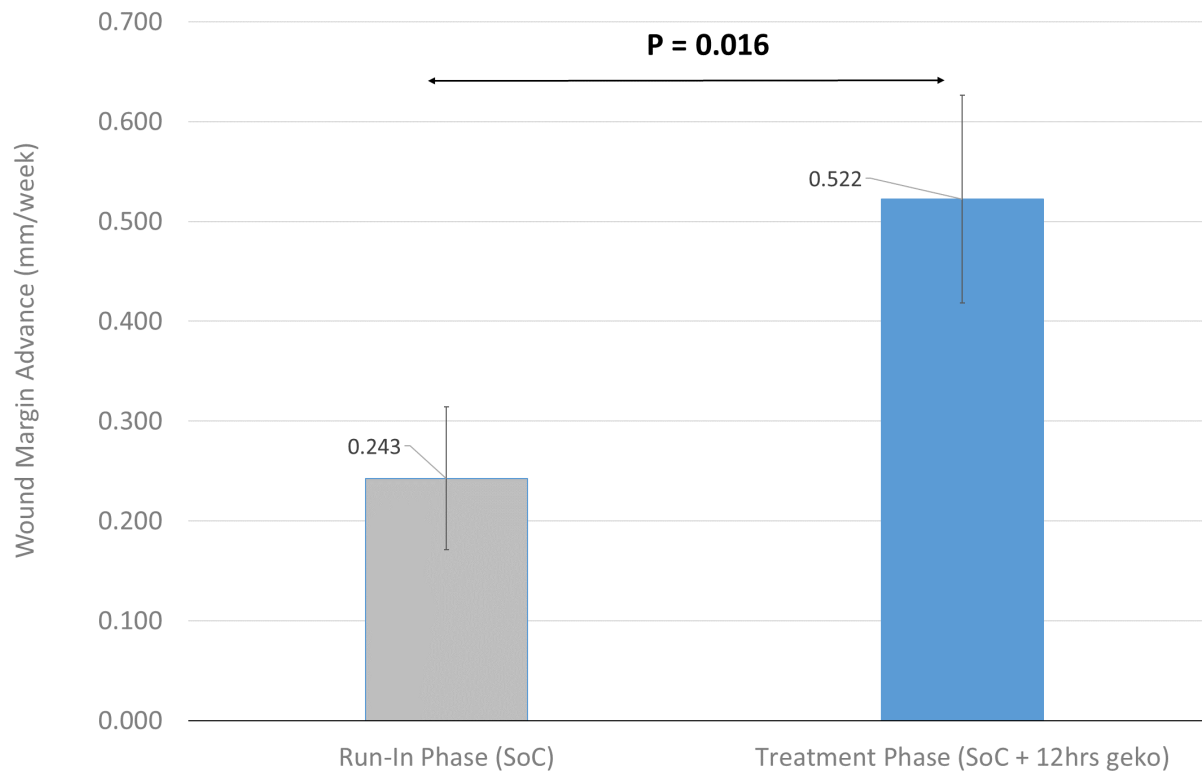
Shared with permission of Prof K. Harding WWIC

Evidence: A Novel Randomized Trial Protocol for Evaluating Wound Healing Interventions

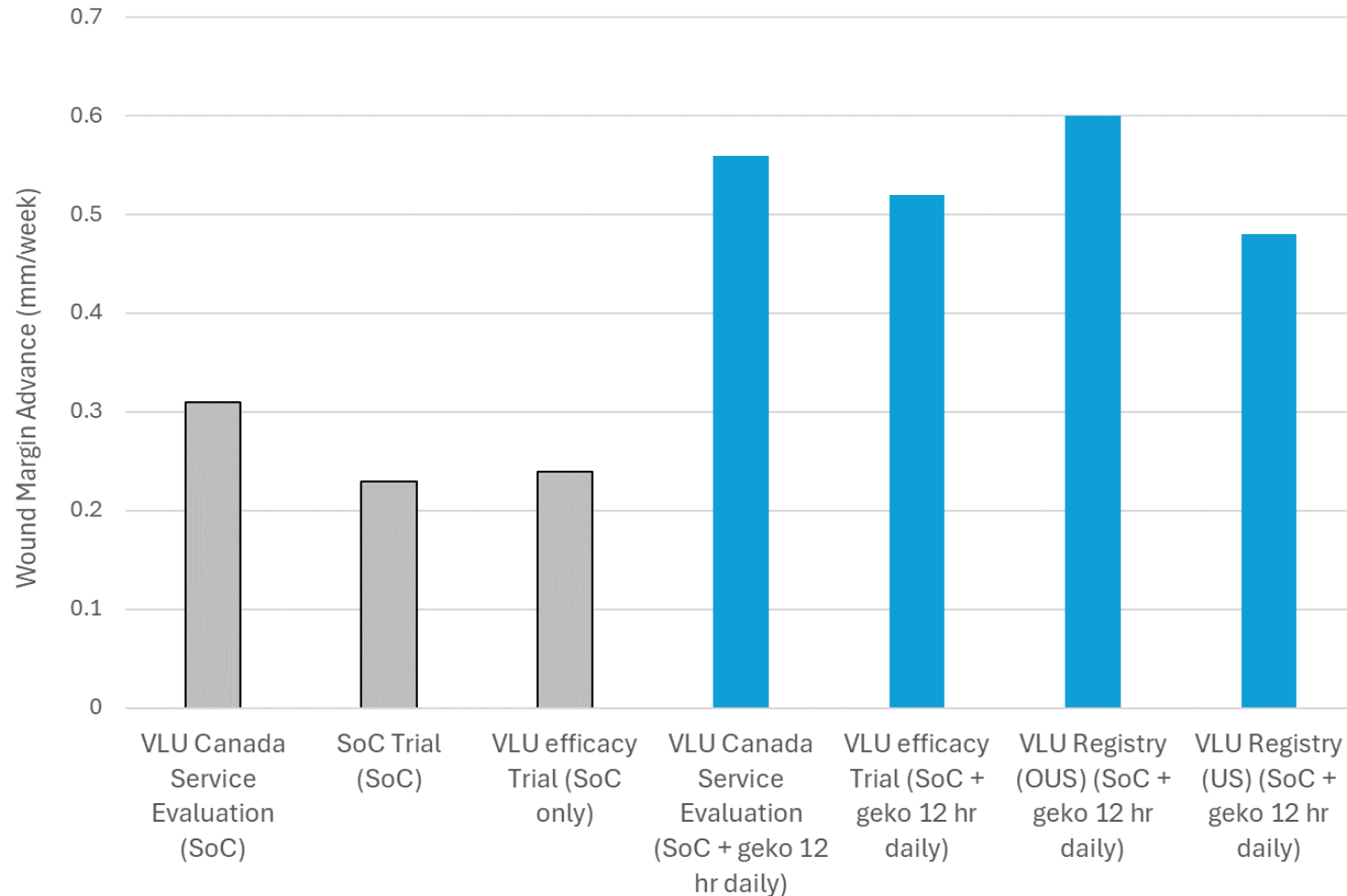
- A randomised self-controlled study to assess the change in healing rate when the MPA (geko®) device is added to Standard of Care (SoC) in VLU patients
- Patient is deemed to have completed the trial once their wound is healed or they have completed the run-in, treatment and follow-up phases
- SoC is defined as multi-layer multi-component (at least 2 layers) compression bandaging based upon local best practice
- Note: Day 28 is the last day of run-in and the first day of treatment

Richard Hillson Bull, Donna Clements, Agnes Juguilon
Collarte and Keith Gordon Harding. *Advances in Skin
and Wound Care*, Dec 2023

Evidence: Healing rate was twice as fast when a Muscle Pump Activator was added to SoC



Evidence: Canadian Trial Comparisons

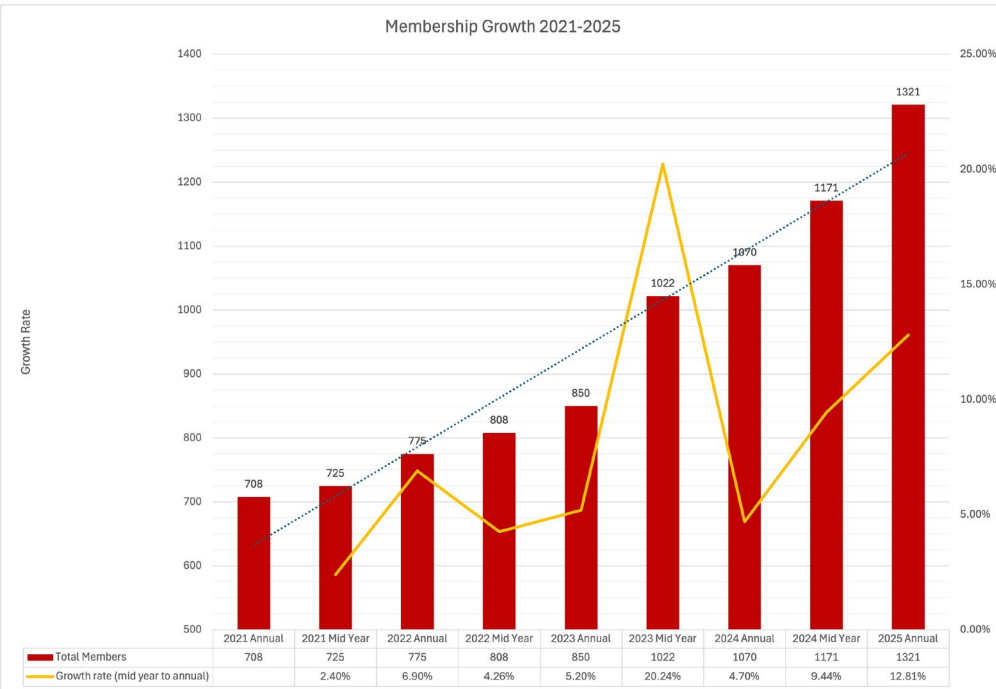


- ▶ Prospective MPA and SoC cohort - mean 40 days to healing
- compared to
- ▶ Retrospective SoC cohort - mean 77 days to healing

Holly Murray, BNSc, RN, WOCN, NSWOC, WOCC(C), Rochelle Duong, MHA, BScN, RN, Duncan Shirreffs Bain, PhD, "Healing Rate and Time to Closure of Venous Leg Ulcers: A Real-World Service Evaluation of Neuromuscular Electrostimulation as an Adjunct to Compression Therapy", *Advances in Skin & Wound Care*. 2025 Jun 1;38(5):246-250

Wound, Ostomy and Continence Nursing Specialization

NSWOCC® is a Registered Charity



- Baccalaureate prepared RNs -Nurses Specialized in Wound, Ostomy and Continence (NSWOCs)®
- WOCC (C) Canadian Nurses Association certified
- Registered Practical Nurses - Ski® Wellness Associate Nurses (SWANs)
- National standards of practice
- Evidence informed practice
- Ongoing maintenance of competencies



Why did NSWOCC® Endorse the Canadian Consensus Statement on the Management of Venous Leg Ulcers?



- Strong Methodology
 - Process was conducted independent of input from companies - relied solely on the input from members of the panel
 - No organization or grant supported the process
 - Focus on improving quality of care
 - Guidance on all aspects of the management of venous leg ulcers (VLUs), including guidance on what to do if the patient is not able to tolerate optimal compression or if the VLU is not responding to optimal therapy.
 - All panellists provided independent feedback throughout the Delphi process.
- Results: Focus on Improving Patient Care
 - Provides a new technology option in the Consensus Statement that were agreed upon unanimously by the panel
 1. Use of MPA to treat the underlying cause of VLUs in patients who cannot tolerate optimal compression or whose wounds do not enter a healing phase with optimal compression; and
 2. The use of advanced wound therapies in a sequential manner when optimal therapy, including MPA, has been implemented.

Implementation Considerations for Consensus Statement



- Implementation and Adoption of a New Standard of Care
 - E - communication to all NSWOCC members
 - Education: webinar series and national conference presentation
 - Support access to MPA in Ontario communities
 - Policy and protocol development – set criteria
 - Improve patient quality of life and keep them at home

Nurse Practitioners and Wound Care Practice

NPAC NP Definition



A NP is a highly educated healthcare professional with foundational training and education in nursing.

NPs play a unique and complementary role in the healthcare system, practicing autonomously while integrating advanced clinical knowledge, diagnostic skills, and specialized expertise.

They are qualified to diagnose, treat, and manage a wide range of health conditions, from minor ailments to complex illnesses.

Rooted in whole-person and patient-centered care, NPs consider the social determinants of health to provide comprehensive and individualized patient care.

Their practice reflects both their nursing background and advanced medical knowledge, allowing them to effectively meet diverse patient needs.



Interprofessional Practice in Home Care



Nurse Practitioners' Association of Ontario

January 15 at 1:12 PM · 🌐

Nurse Practitioners Eager to Collaborate with Dr. Jane Philpott and Ontario's Primary Care Action Team to Improve Primary Care Access for Ontarians

The Nurse Practitioners' Association of Ontario (NPAO) proudly supports Minister Sylvia Jones, Dr. Jane Philpott and the Government of Ontario's Primary Health Care Action Team as they work to achieve their ambitious goal of connecting 100 per cent of Ontarians with a nurse practitioner (NP) or family doctor within publicly funded care teams.



Panel Discussion