

# Wound care wanted

New interest group aims to make specialized support available to everyone who needs it. BY STACEY HALE

**A**nn-Marie McLaren keeps a special quarter in her pocket to remind herself that you can't always win life's battles, but you've still got to try. The 25-cent piece bears a picture of Terry Fox during the incredible cross-Canada run he began with an artificial leg almost three decades ago.

The coin is a gift from a patient who lost her lower leg after a long battle with an infected foot wound that began as a complication of diabetes. The woman, who was in her 60s, wanted to reassure McLaren that she is healthy, active and happy with her new prosthesis.

McLaren was devastated the day the woman decided to have the amputation. But she could understand her patient's reasons. The problem is a question of access. For many Ontarians, specialized wound treatment close to home just isn't available. McLaren's patient spent five years making trips from her home in Owen Sound to get treatment at St. Michael's Hospital in Toronto.

"Her whole life was consumed by the wound... dressing changes, antibiotics, controlling her diabetes," McLaren recalls. "She couldn't walk, so she decided that she'd had enough."

Far too often, McLaren, a chiropodist, and her colleague Laura Teague, a nurse practitioner (NP), see the serious effects wounds have on people. The two women work together on a high-risk wound care team at St. Michael's Hospital, and spend their days assessing and treating pressure ulcers, venous leg ulcers, diabetic foot ulcers and other complex wounds. Sometimes they have to help people make tough decisions when a wound has become so infected that patients must lose an arm or leg to stay alive. Although Teague and McLaren love their jobs, they admit the work can be frustrating because they want to prevent these situations in the first place.

"A wound can end your life. People can die from an infection," says Teague.

Teague knows she'll need more than one voice to get wound care on the political agenda. Last year, she asked some of her



**RNAO member Laura Teague, left, and chiropodist Ann-Marie McLaren assess a patient suffering from heel ulcers. The two are part of a specialized wound care team.**

long-time colleagues if they'd be willing to take on an advocacy role. Then Teague approached RNAO with her plan: form an interest group that will push caring for wounds to the forefront of health policy.

Last fall, the Ontario Woundcare Interest Group (OntWIG) was officially born. Teague wanted to make OntWIG an affiliated interest group (which can include RNs and other health professionals, as long as most group members belong to RNAO) because then it could be open to other wound experts.

"Wound management requires more than a single discipline," Teague explains.

The group's ultimate goal is to improve access to treatment in Ontario. In fact, even before OntWIG officially formed, Teague and other executive members spearheaded RNAO's annual wound care conference and contributed to the development of RNAO's best practice guidelines (BPGs) on pressure ulcers, venous leg ulcers and diabetic foot care.

When OntWIG's members meet this November, Teague, who's now the group's president, says they'll look at ways they can increase awareness among their colleagues about the best ways to prevent and treat wounds. They'll also talk about strategies to lobby funding bodies to study the problem,

and make sure everyone who needs high-quality, specialized care can get it from professionals who have access to resources like RNAO's BPGs. McLaren says there are lots of people like her former patient who drive hours for care. And that's a problem that shouldn't be allowed to exist.

"Why is that level of care not available to every person in Ontario, close to their homes?" she wonders.

Teague believes that if the government doesn't step up with support to rub out wounds, there are only going to be more people like the woman from Owen Sound. She says increased chronic disease rates and the number of people living with the complications of illnesses such as diabetes mean OntWIG's work is important now to avoid the potentially damaging wound issues that could come along with the disease. A lack of specialty care also has implications far beyond patients and their families. Teague says patients suffering from chronic wounds spend more time in the hospital and take longer to heal.

"Wound issues are not only crippling patients, but the entire health-care system," she says. **RN**