

Introduction

Within the Winnipeg Regional Health Authority (WRHA), wound care is provided in a number of sites including physicians' offices, patient homes, outpatient clinics, community health centres, specialized clinics, personal care homes, community and tertiary care centres. Wound care involves all WRHA programs and accounts for large expenditures of resources including human resources, in-patient days, products, and supplies.

In the summer of 2001, the WRHA identified the need for a regional approach for wound prevention and management across the care continuum. The goals of this approach are to enhance patient outcomes and to ensure standardized, evidence-based, cost-effective wound care. In July 2001, a regional steering committee was struck with the purpose of promoting ongoing quality improvement through initiatives that address all aspects of wound care across sites and programs within the WRHA.

One of the first activities of the steering committee was to develop a recommendations development subcommittee. This subcommittee, consisting of local wound care experts and representing the full array of disciplines, programs, and sites within the WRHA, was charged with the responsibility of developing regional wound care recommendations specific to the prevention and management of pressure ulcers, venous leg ulcers, arterial ulcers, and diabetic foot ulcers. This document represents the compilation of two years of extensive literature reviews, consultation with local, national, and international wound care experts, and consensus forum events.

The WRHA Regional Wound Care Recommendations were developed under the following assumptions:

- Development of “recommendations” rather than “clinical practice guidelines” would ensure practitioner and site flexibility in clinical decision making around wound prevention and management. The recommendations are meant to serve as a starting point for practitioners and sites to develop policies, procedures, and programs around wound care management.
- The recommendations are based on the evidence available at the time of development. Ongoing review of the recommendations will be required to ensure future research and clinical evidence is incorporated into the document.
- The recommendations are targeted at the practitioner with limited wound care experience but will also serve as an excellent clinical and educational resource for advanced practitioners.
- The recommendations emphasize the importance of prevention in all aspects of wound care. In fact, embedded throughout the recommendations, is the underlying conceptual framework of “Treat the Cause, Treat Patient Concerns, Treat the Wound”

(Sibbald et al., 2000¹). This conceptual framework requires the practitioner to first and foremost identify and hopefully prevent wounds.

- The recommendations also embody the importance of patient-focused care. The practitioner is continually reminded to consider the “human-experience” of wounds.

Please Note: Words appearing in bold italics are defined in the glossary

¹ Sibbald, R.G., Williamson, D., Orsted, H. L., Campbell, K., Keast, D., Krasner, D., & Sibbald, D. (2000). Preparing the wound bed—Debridement, bacterial balance, and moisture balance. *Ostomy/Wound Management*, 46 (11), 14-35.