



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

*In partnership with*



Ostomy | Société  
Canada | Canadienne des  
Society | Personnes Stomisées

# ONTARIO WOUND, OSTOMY, AND CONTINENCE SUMMIT



**JUNE 7, 2024**

REPORT ON THE SUMMIT BRINGING TOGETHER GOVERNMENT, ADMINISTRATORS, CLINICAL LEADERS, PATIENTS,  
AND INDUSTRY IN TORONTO, ONTARIO



### Suggested Citation

Nurses Specialized in Wound, Ostomy and Continence Canada and Ostomy Canada Society. Ontario Wound, Ostomy, and Continence Summit. Nurses Specialized in Wound, Ostomy and Continence Canada; 2024, Jun 7. 36 p. Available from: <https://www.nswoc.ca/ontario-summit>

### Acknowledgements

We acknowledge the land we are meeting on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit, and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

We thank the following organizations for supporting this initiative.



Ostomy  
Canada  
Society

Société  
Canadienne des  
Personnes Stomisées



WoundsCANADA.ca



Spinal Cord  
Injury Ontario

Lésions Médullaires  
Ontario

WoundPedia 

### Funding

We are grateful to industry members who supported this summit. They are BioMiq, Classic Health, Coloplast Canada, Convatec, Essity, Hollister Limited, Medline, Mölnlycke Health Care, Perfuse MedTech, Premier Ostomy, Quart Medical Inc., Urgo Medical North America, and Westech Health Care Ltd.

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

© NSWOC 2024



# TABLE OF CONTENTS

Priorities for Specialized Care in Ontario .....	4	Interprofessional Skin and Wound Care Innovation in the Province of Ontario .....	24
Ontario Health Care: The Current State of Wound, Ostomy and Continence Best Practice .....	6	Special Guest .....	28
Patient's Perspective – A Need for Better Access to Specialized Care.....	13	Call to Action.....	29
The Economic Burden of Living With an Ostomy in Canada; Ostomy Impact Study .....	15	Glossary & Abbreviations .....	30
Supporting Neurobladder Patients Through Ontario Coverage of Intermittent Catheters.....	17	Appendix – Summit Agenda .....	31
Home Care: Nurse Executives Demonstrating the Relevance of Nursing .....	20	Industry In Action .....	32
		References .....	34
		Collaborating Partners.....	35



# PRIORITIES FOR SPECIALIZED WOUND, OSTOMY, AND CONTINENCE CARE IN ONTARIO

Patients need to be able to access specialized care to achieve the best possible clinical and cost outcomes. This is especially true in the realm of wound, ostomy, and continence, which impact activities of daily living and demand a disproportionate amount of provincial health spending. Ontario spends \$4 billion a year on managing wounds alone.<sup>1</sup> There is one amputation every 4 hours due to a diabetic foot ulcer.<sup>2</sup> We can do better to improve patient, clinical, and cost outcomes when faced with wound, ostomy, and continence issues in Ontario.

A Nurse Specialized in Wound, Ostomy and Continence (NSWOC®)<sup>†</sup> is a source of specialized knowledge for interdisciplinary health care teams, best practice, protocol development, and research. The NSWOC graduate leads teams, including Skin Wellness Associate Nurses (SWAN™) graduates, with the knowledge, skills, and judgment to manage complex patient issues in wounds, ostomy, and continence. Having an NSWOC results in better clinical and cost outcomes, and yet, in Ontario, there is no formal mandate to have an NSWOC or SWAN as a part of the interprofessional team.

Improvements need to be made in the reimbursement of ostomy supplies and coverage for intermittent catheters. In Ontario, ostomy product funding has remained the same since 2014 despite increased costs and inflation. Ontario needs to provide a well-thought-out and sustainable plan for ostomy reimbursement. There needs to be province-wide coverage of intermittent catheters for those individuals who, through their disability or circumstance, must use these catheters multiple times daily. Bladder and bowel elimination is a basic human condition that needs to be supported when disease, disability, or accident changes the course of a person's life. People living with an ostomy or spinal cord injury in Ontario should not be expected to pay out of pocket or choose between putting food on the table or essential supplies for these medically necessary bodily actions.

There is a need to address improving patient clinical and cost outcomes when faced with wound, ostomy, and continence issues in Ontario beginning with these four priorities:

1. Mandate formal 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. NSWOCs and SWANs, as part of an interprofessional team, are shown to save money across the provincial health care system.
2. Ensure the appropriate distribution of SWAN to work as a part of the interprofessional team supporting NSWOCs.
3. Expand the Assistive Devices Program (ADP) to complete 100% public coverage for essential supplies for Ontarians living with an ostomy to meet the basic human right of elimination.
4. Adopt public coverage for intermittent catheters as an essential need. There needs to be support for accessible washrooms for a person to perform an intermittent catheterization because of their disability.

*<< Every person deserves specialized wound, ostomy, and continence care. >>*

## Summit Objectives

The Ontario Wound, Ostomy and Continence Summit held June 7, 2024, had the following objectives:

- to provide the current status on best practices in wound, ostomy and continence within the Province of Ontario;
- to evaluate a patient's experience living with an ostomy in the Province of Ontario;
- to determine the economic burden for people living with an ostomy through the review of the ostomy impact study;



- to discuss the delivery of quality care supporting a positive patient experience in the Ontario home care setting; and
- to discuss interprofessional wound, ostomy, and continence innovation in the Province of Ontario.

This proceedings report summarizes the state of wound, ostomy, and continence care across Ontario. It emphasizes the need for access to specialized, interprofessional, and collaborative care. As Ontarians, we must advocate together for improvements in care and how health care dollars are spent to reduce the patient and economic burden.

† NSWOCs are baccalaureate-prepared registered nurses with specialized training and Canadian Nurses Association (CNA) certification in wound, ostomy, and continence care, having graduated from a CNA and World Council of Enterostomal Therapists (WCET) accredited education program. The NSWOCC® Wound, Ostomy and Continence Institute NSWOC Education Program is competency based and leads to CNA Certification for Wound, Ostomy and Continence Certified (C)anada–WOCC(C). These competencies are linked to the NSWOC Standards of Practice.<sup>3</sup> This sets the national standard of nursing practice for specialized wound, ostomy, and continence care in Canada.

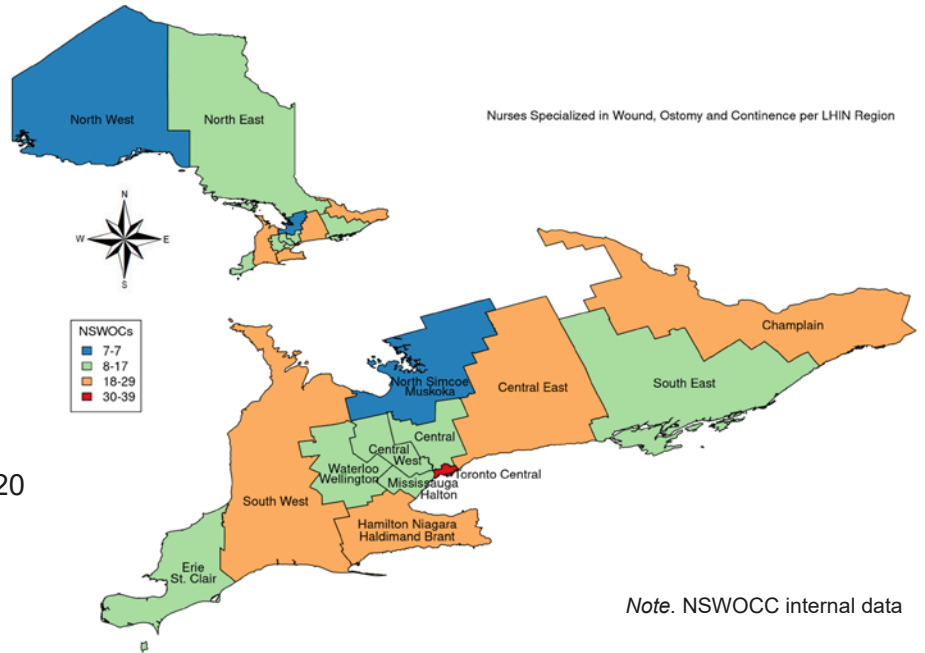


# ONTARIO HEALTH CARE: THE CURRENT STATUS OF WOUND, OSTOMY AND CONTINENCE BEST PRACTICES

Corey Heerschap, MScCH, BScN, RN, NSWOC, WOCC(C)  
 Kevin Woo, PhD, BScN, RN, NSWOC, WOCC(C), FAPWCA

## QUICK FACTS ABOUT ONTARIO

- Population\*: 15,996,000
- Population estimated over 65\*: 2,861,683
- First Nation communities\*\*: 133
- Land area: 1,076,395 km<sup>2</sup>
- Population density: 15.94/km<sup>2</sup>
- Health budget\*\*\*: \$84.5 billion
- Individuals with an ostomy in ON\*\*\*\*: 63,020
- NSWOC in Ontario: 244
- NSWOCs/100,000: 1.5



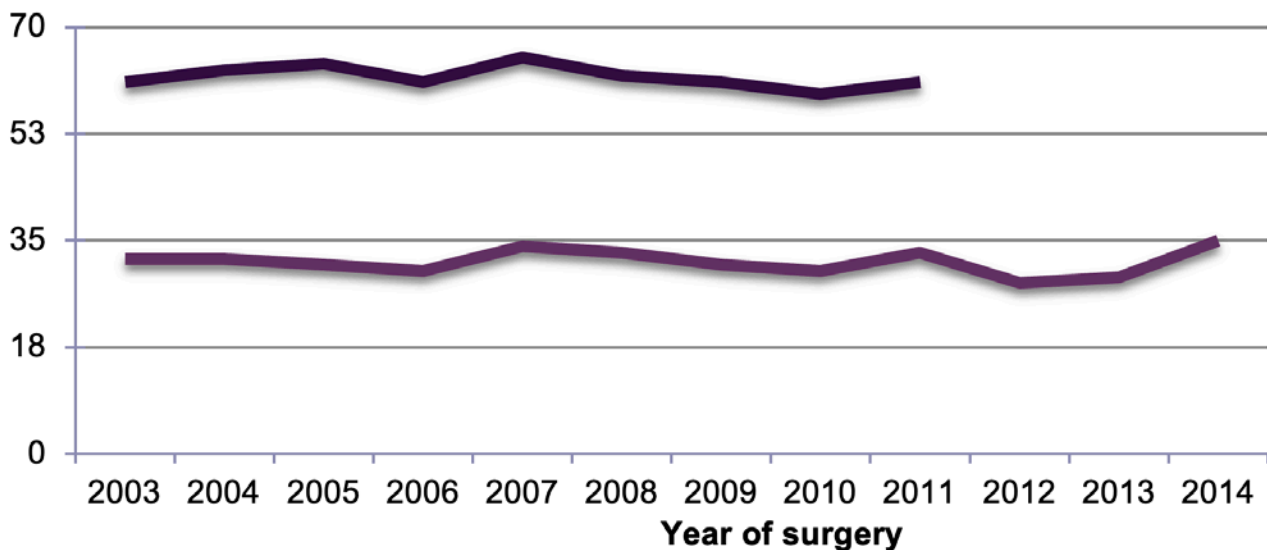
Source.  
 \*Statistics Canada, April 1, 2024.  
 \*\* Indigenous Services Canada, 2021.  
 \*\*\*Ontario Health, 2023-2024  
 \*\*\*\*Canada Revenue Agency people in the Province of Ontario with an ostomy registered for Disability Tax Credit, 2020.



NSWOCC President Corey Heerschap and Dr. Kevin Woo provided attendees with a broad overview of wound, ostomy and continence within Ontario. They emphasized how quality care is critical for the patient's journey across different care settings. Wound, ostomy, and continence cases are significant contributors to patient numbers and cost to the health system:

- wound care costs Ontario \$4 billion a year<sup>1</sup>;
- more than 150,000 people in Canada live with an ostomy and thousands undergo an ostomy surgery each year<sup>4</sup>;
- about 4 million people in Canada live with continence challenges, which can result in dermatitis and other skin problems<sup>5</sup>;
- there is one amputation every four hours due to a diabetic foot ulcer leading to 2,000 amputations each year; and
- direct health care costs related to these amputations is \$70,000 per limb or \$140 million each year.

**Figure 1** Ontario Diabetic Foot Ulcers and Amputation: 1 and 5-year Mortality



*Note.* 1-yr and 5-yr mortality includes deaths in the year of surgery and the following year(s), therefore in some cases the follow-up could be up to 2 years, or up to 6 years, respectively. Cohort 1, n = 14,544. Woo et al., pending publication.

<< There's a lot more work that we need to do to really showcase what NSWOCs are doing to prevent some of those amputations from happening and of course, to reduce the number of deaths postamputation among people with diabetes and diabetic foot ulcers. >>

~ Kevin Woo



CorHealth is collaborating with Ontario Health Teams and clinicians, including Ontario NSWOCs to roll out limb preservation projects across the province. The CorHealth Ontario framework for low limb preservation has two primary objectives:

1. to reduce avoidable nontraumatic major lower limb amputations in Ontario.
2. to improve equitable access to high quality best practice early screening, cardiovascular disease risk factor modification, and integrated lower limb wound care.<sup>2</sup>

Heerschap presented a video featuring Josée Sénéchal, MScCH-WC, BScN, RN, NSWOC, is the lower limb preservation project lead for the Maamwesying Ontario Health Team. The Maamwesying Ontario Health Team is one of six demonstration sites and the only Indigenous led and focused Ontario Health team.



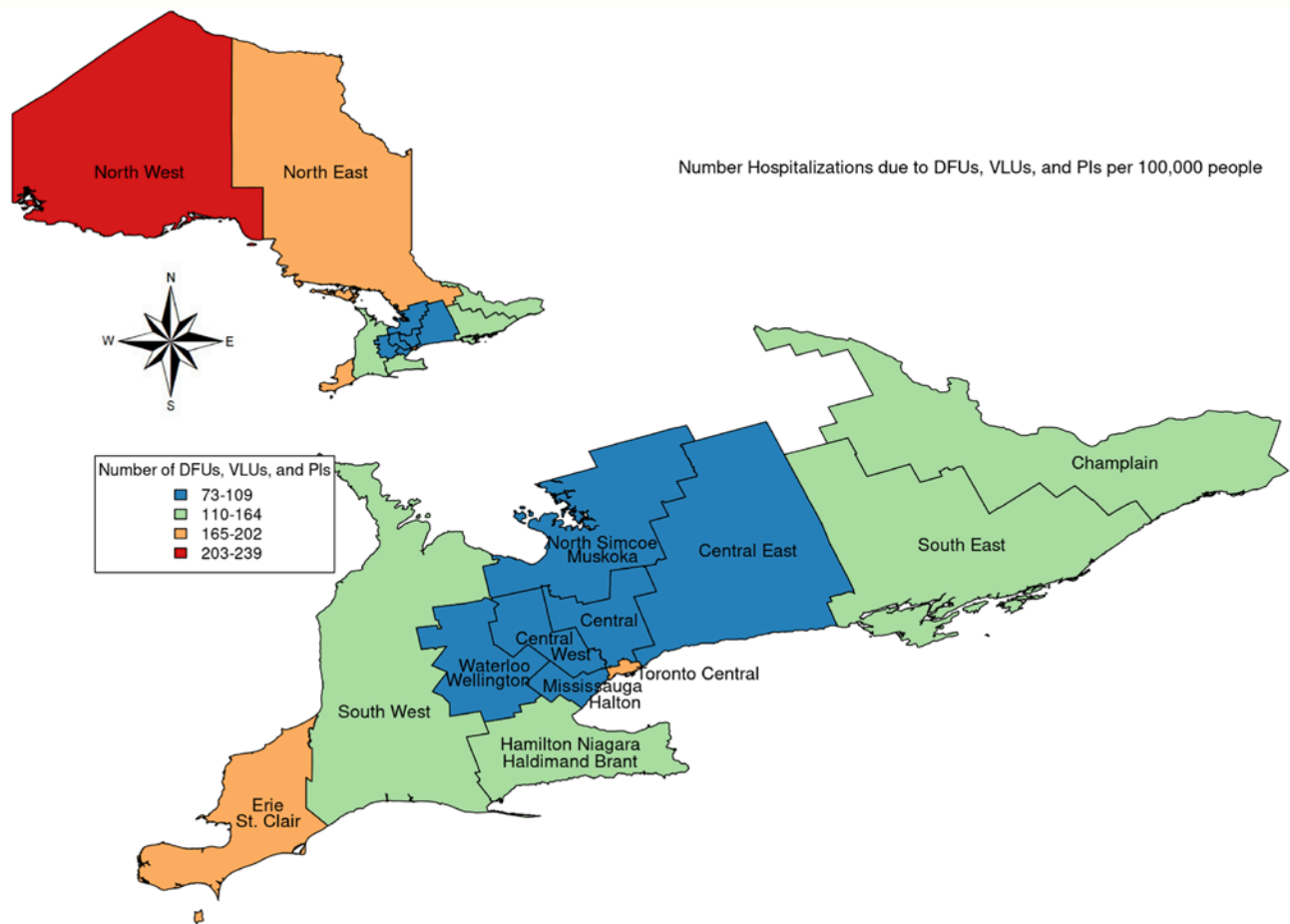
*<< We know the rates of lower limb amputations are twice as high in the Maamwesying catchment area compared to the rest of Ontario. Statistics indicate that Indigenous people have rates of diabetes that are three to five times higher than non-Indigenous peoples and an estimated that 85% of lower limb amputations in Ontario are preventable. >> ~ Josée Sénéchal*



The Maamwesying team first standardized three new lower limb assessment tools within their electronic medical record. Hands on education was provided to medical staff on the new assessment tools. Nurses were enrolled in the SWAN program and others. An interdisciplinary future state process map in guiding documents based on best practice to support our health care providers. To enhance cultural awareness and sensitivity an Indigenous resource library and Indigenous blanket exercises to all members of the Maamwesying Ontario Health Team and surrounding area.

Heerschap guided attendees through a sequence of maps show the number of hospitalization for chronic wound, density of NSWOCs and NSWOCs/100,000 people. Figure 2 shows Health Quality Ontario data mapping for chronic wounds by 100,000 population.

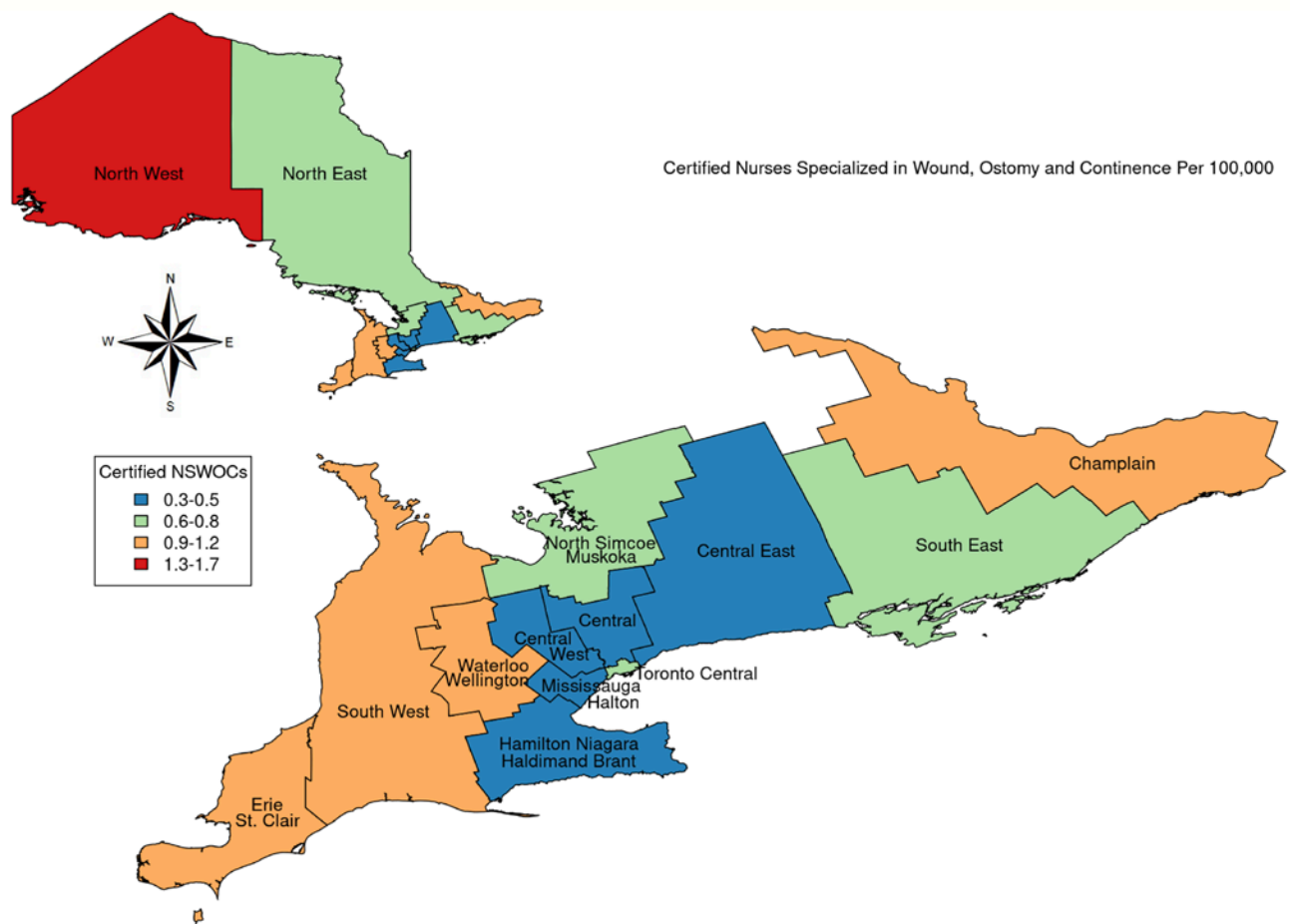
**Figure 2** Number of Hospitalization due to Chronic Wounds per 100,000 Population



*Note.* Chronic wounds due to diabetic foot ulcers, venous leg ulcers and pressure injuries. Source: Health Quality Ontario 2017.

The Wound, Ostomy & Continence Institute is wholly owned and operated by NSWOCC provides CNA and WCET accredited education programs for NSWOCs. NSWOCs represent three specialties in one nurse. NSWOCs are the only Canadian nursing specialty that can write the CNA 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>3</sup> Figure 3 captures the distribution of certified NSWOCs per 100,000 population in Ontario.

**Figure 3 Ontario Distribution of Certified NSWOCs per 100,000 Population**



Source. NSWOCC internal data.

There is also a CNA accredited education program for 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.



<< Now in terms of the clinical costs and outcomes, you can see just by taking that specialized approach having the tri-specialty it can have a significant impact of decreasing the need for multiple different clinicians that are addressing wound, ostomy, and continence separately into one specialized nurse. >>  
 ~ Corey Heerschap

Dr. Woo and Heerschap examined wound, ostomy, and continence by the different care settings. A summary is captured in Table 2. Summit presenters Heerschap & LeBlanc summarized *A Sector in Crisis* in 2020 about meeting the needs of long-term care (LTC) residents.<sup>6</sup> New legislation on the need for skin health programs in LTC states that they should include “protocols for the referral of residents to specialized resources where required.”<sup>7</sup> In acute care, a poster by the team at University Health Network reported positive results on establishing an outpatient interprofessional skin and soft tissue infection clinic.<sup>8</sup>

**Table 2** Summary of Ontario Health Care Settings

ACUTE	LONG-TERM CARE	HOME CARE
141 public hospital corporations servicing 217 sites in Ontario	There are 78,762 LTC beds across 630 facilities in Ontario	Approximately 50% of home care visits involve wound care
Over 2.7 million acute care admissions in Canada during 2020-2021	Approximately 2.6% LTC residents will develop a new or worsening pressure injury costing an estimated \$70,000 each	Best practice adoption could reduce wound costs in home care by as much as 40-50%
	Approximately 20.8% of LTC patients will suffer from a skin tear	Provincial wound care formulary pending
191 certified NSWOCs in Ontario across all sectors, plus another 53 NSWOCs working in Ontario	47 (19%) NSWOCs plus 16 (34%) SWANs practice in LTC	106 (43%) NSWOCs, plus 21 (45%) of SWANs in in home and community care

## STEPS TO STRENGTHEN WOUND, OSTOMY AND CONTINENCE BEST PRACTICES IN ONTARIO

Heerschap and Dr. Woo concluded by emphasizing critical steps to address inadequacies in wound, ostomy, and continence care in Ontario.

### **Strengthen Patient Access to Specialized Care**

- Consider NSWOCs as an essential part of health care provider staff mix to support patient-centred improvements.
- Invest in developing SWANs to support day to day skin wellness for wound, ostomy, and continence. A SWAN is a key member of the team and well-placed to address gaps in LTC.

### **Increase Ostomy Reimbursement**

- Ensure no person living with an ostomy needs to make the decision between supplies and groceries.
- There has been no increase in funding since 2014.
- NSWOC and Ostomy Canada Society continue to advocate for an increase in funding of the ADP.
- Reimbursement is set at 75%, however, the increase in product costs and inflation meaning more for a person with an ostomy to make up the difference.

“We know that colon cancer is on the rise among the younger population, less than 50,” remarks Dr. Woo. “We can see more and more younger people are going to require surgical intervention resulting in an ostomy. The complexity of the education, the complexity of helping people to manage care.”





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

A resident from Niagara relayed examples of her own experiences and those of two other patients living with permanent ostomies in the Niagara Region, all due to colorectal cancer. For herself, in-hospital NSWOC services were provided preoperatively and immediately following surgery through Hamilton Niagara Haldimand Brant Regional Cancer Program. However, the experiences described of daily living and surgeries in the Niagara Region were dramatically different due to a lack of community access to NSWOC expertise.

*<< Early on, I had an issue with my colostomy and no idea how to access local specialized services. A confusing series of phone calls led me to the LHIN where I was told I didn't qualify. Somehow, I muddled through. To me, all situations were urgent. I've made many calls to providers that sell ostomy supplies. They can recommend potential products to try. But what is more important is an experienced NSWOC who can critically assess the stoma and peristomal area and help determine the correct products for everyone's personal and unique stoma. There is a month or more wait list for an NSWOC in Niagara. >>*

*~ person with lived experience*

For them, Roxie Demers, BScN, RN, NSWOC, WOCC(C), has provided timely advice in her volunteer *Ask the NSWOC* role as a board member of the Niagara Ostomy Association (NOA); sometimes in person and always accessible by phone.

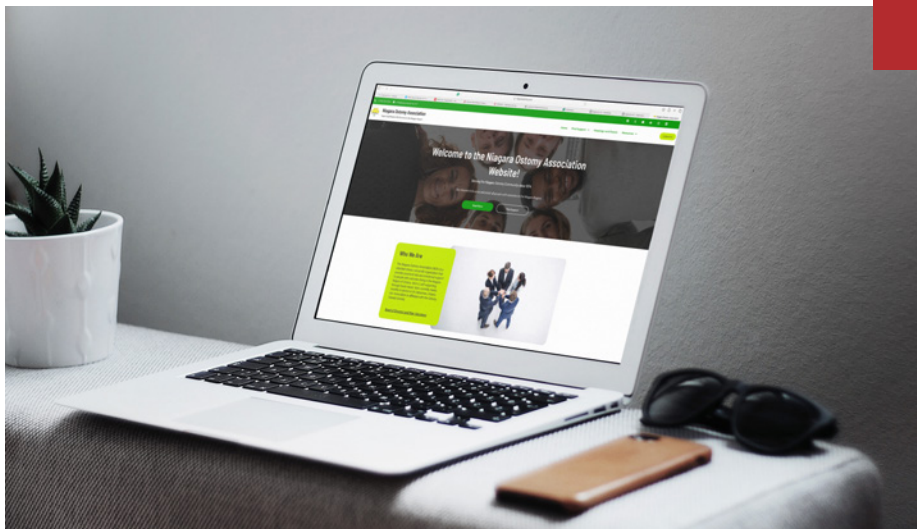
NSWOC, Roxie Demers comments, "People with an unstable pouching system self-isolate and stay home for fear of having a fecal or urinary leak while out. Having experienced NSWOCs to service the Niagara Region would allow people to get pouching systems that maintain a good seal, prevent social isolation, and promote good mental health. Many times, these people will go to an emergency department for assistance where nurses are not knowledgeable about ostomies, nor do they have appropriate supplies in the hospital."

Discovering the wonderful people and services available through NOA makes a difference. Involvement with the organization proves a huge eye opener to what is lacking in the Niagara Region. NOA reached a 50-years of service milestone in 2024. NOA is a volunteer-driven, nonprofit organization that provides practical help and emotional support to people living with ostomies in the Niagara Region (Fort Erie to

Grimsby). See Figure 4. Anyone can access their services, free of charge. They are affiliated with Ostomy Canada Society. NOA services include:

- monthly meetings with guest speakers;
- an annual ostomy health fair;
- personal support worker orientation to ostomies; and
- website and newsletters.

**Figure 4** *Niagara Ostomy Association Website*



There is a lack of NSWOC service for people with ostomies at Niagara Health which translates to no preoperative stoma site marking or NSWOC access for questions and help for patients. Preoperative stoma site marketing allows for the stoma to be placed in the area of the abdomen that will allow the stoma to be seen and in an area of least folds.<sup>9</sup> The lack of NSWOC services in Niagara creates enormous burden for individual patients and families. Better patient education and preventive measures save everyone time, money, and anguish. A new ostomy has the potential to severely disrupt activities of daily living, employment, mental health, and risk social isolation.

Summit attendees agreed with comments pointing out the current amount of Ontario's ADP grant being inadequate. It was noted that ostomy supplies are expensive, especially for people who need frequent changes, additional accessories or are without health insurance. Everyone agrees that visits to hospital emergency departments add avoidable costs to the health care system.

Reflecting on the examples detailed to the audience:

*<< These are very common experiences that come forward to our ostomy association. People contact us when they have problems. The problems NOA typically encounters need immediate professional attention. More NSWOCs are required for this to happen. >>*  
*~ person with lived experience*



# THE ECONOMIC BURDEN OF LIVING WITH AN OSTOMY IN CANADA: OSTOMY IMPACT STUDY

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

NSWOCC's Wound, Ostomy and Continence Institute Academic Chair provided insights into the impact of living with an ostomy in Canada. Dr. LeBlanc drew on the results from a pan-Canadian cross-sectional survey which examined how living with an ostomy impacts an individual's skin, their ability to work and the added financial burden of purchasing ostomy supplies.<sup>10</sup> The study points to evidence that when someone seeks help from an NSWOC, they are going to spend less on supplies with a positive impact on their lives.

Dr. LeBlanc explained that a patient came to her ostomy clinic in tears. The individual had just had emergency surgery, resulting in an ostomy. Preoperative stoma site marking, and education were not possible, she had limited opportunity to see an NSWOC after her surgery prior to discharged. Dr. LeBlanc pointed out that it is hard

for patients in pain to absorb information, and that in the early stages post ostomy surgery, patients are not even aware of what questions they should be asking. Sadly for this patient, her assigned community agency did not have an NSWOC available. Without specialist nurse access, her pouching appliance leaked every 3-4 hours. This brought her to Dr. LeBlanc's clinic in tears. Dr. LeBlanc spent several hours with this lady who thought her life was over. She shared that she was considering medical assistance in dying (MAiD) or suicide, unable to envisage how she could live.

"The lady called a few days later to say that the pouching system applied in the ostomy clinic was still in place. Again, she was in tears. But this time, happy tears," said Dr. LeBlanc. "I don't think we can underestimate or undervalue proper care."

Dr. LeBlanc reported that:

- 15% of the study respondents reported frequent skin issues caused by pouching issues;
- 19% reported that their ostomy had impacted their ability to work; and
- 67% report that they have to decide between buying supplies and other purchases



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

In a country with universal health care, people living with an ostomy in Ontario face challenges accessing specialist care and reimbursement programs. They are forced to pay out of pocket. There is a financial burden of living with an ostomy or continence issue in Ontario.

“Every month, I have somebody in tears in my office saying, ‘I don’t know how I’m going to do this.’ Do I buy my medication? My coverage only gives me so much. Or do I buy ostomy supplies? Do I send my kids to summer camp? Or do I take my kids to a movie this month? Or do I buy ostomy supplies?” remarks Dr. LeBlanc.

Impacting people’s ability to work has dramatic consequences for Ontario’s labour force and social assistance costs. We must have programs for these essential supplies, so Ontarians are not forced to make these tough decisions. While 60% have access to an NSWOC, 40% do not, and the study reveals that those with access to an NSWOC spend less on ostomy pouching systems and have fewer skin complications (Table 3).

**Table 3** *When I Have Problems, I Seek Help From*<sup>10</sup>

	FREQUENCY	PERCENTAGE
Family Physician	45	9.6
Nurse Practitioner	15	3.2
NSWOC	276	59.1
Continence Advisor	3	0.6
Urogynecologist	1	0.2
Physiotherapist	39	8.4
Support Group	88	18.8
Total	467	100%

*Note.* 60% seek assistance from an NSWOC if they have issues. 19% seek assistance from their support group ( $p < .001$ ,  $X^2 = 847.576$ ,  $df 6$ )

*<< What we really want to look at is how can we as a collective group, can work together to make sure that our patients are getting access to the specialty care that they need. If we can match the individual living with an ostomy someone who is knowledgeable in ostomy care, ensuring the right product for them at the right time, the cost savings and improved quality of life for Canadians would be huge. >>*

*~ Kimberly LeBlanc*

# SUPPORTING NEUROBLADDER PATIENTS THROUGH ONTARIO COVERAGE OF INTERMITTENT CATHETERS

Peter Athanasopoulos

Spinal Cord Injury Ontario was founded on the recognition that they were living in institutions and needed to build the organization so people can live in the community live self-reliantly with full community participation after World War II.

SCIO has proven itself an active and engaged community. Listening to the needs of those who require intermittent catheterization. The association and members have pursued government for public coverage for intermittent catheters.<sup>11</sup>

*<< It's horrifying to think that people rely on donation programs to go to the washroom. Having to make decisions around whether having to go to work or not work or rely on socialist assistance all because of your bladder management. It's just saddening recognizing that people are risking their health, reusing catheters, boiling catheters, and doing outrageous things just to get by. Imagine this was you? Imagine this is this was one of your loved ones? Imagine this was your children? >>*

## **Imagine if you ...**

- Had to catheterize 4 to 5 times daily.
- Depended on donation programs to afford your intermittent catheters.
- Were forced to quit your job or sell your house because your job doesn't cover intermittent catheters, and you need coverage through ODSP.
- Couldn't qualify for coverage for intermittent catheters because you lack home care services.
- Feared running out of intermittent catheters, leading to recurring bladder infections and time off work due to rationing your hydration needs.
- Avoided socializing because most washrooms are inaccessible, and more compact catheters are too expensive.
- Risked major secondary complications by boiling and reusing your catheters to survive





Canada is one of the only countries among developed nations that allow the reuse of single-use catheters.<sup>12</sup> Elected officials grasp the fact that this is an essential need. What government struggles with is how—what the model of care will look like for public coverage.

When you boil down all the evidence and health economic studies three aspects stand out:

- reducing urinary tract infections;
- creating greater independence and quality of life; and
- creating better patient outcomes.

Conversations at all levels of government focus on encouraging people to choose choosing employment versus social assistance, which is appealing to the government.

*<< The inaccessibility of the environment, where people were resorting to inaccessible washrooms, cars, different spaces to actually perform an intermittent catheterization because of their disability was very factoring to the government. >>*

### Improving access to single-use catheters

Benefits to patients:

- reduced urinary tract infections and complications due to reuse;
- improved patient adherence and outcomes with gold standard treatment in line with Canadian practice recommendations/guidelines; and
- improve independence and quality of life.

Benefits to province:

- reduce burden on health system resulting from urinary tract infections and complex health outcomes associated with reuse;
- reduce reliance on social assistance—providing more opportunity to engage in job market; and
- accelerated medical technology sector growth, providing opportunities for industry investment in research and innovation.

But what is the size of the problem? SCIO learned that, on average, 90% of the intermittent catheter users in Ontario are people with spinal cord injuries. The remaining 10% are other causes of neurogenic bladders. Some people already have full coverage through social assistance or third-party insurance. That could be as few as 3,000 persons per year. Coverage of these individuals would equate to only \$10 million a year.

*<< But when you're looking at the essential needs of those that have no coverage whatsoever, no means of getting these things covered, we're looking at approximately a \$10 million a year problem. So \$10 million to the Ontario government, they can probably find in the couches of the reception within \$80 billion budget. It's not a big sell. It's really how they're going to do it. >>*

Four different models in which the government could administer public coverage:

1. ADP.
2. Ontario Health Insurance Plan (OHIP) model.
3. A new government program.
4. SCIO as the bursary program administrator for the province.

SCIO has engaged various government departments with interest from the Premier to address the issue. The next step is a roundtable with the Government of Ontario ministries ahead of the next budget cycle.

**Call to action:**

- participate in an upcoming SCIO pulse survey;
- engage MPPs across Ontario;
- write a letter informing government that intermittent catheter public coverage is an essential need;
- storytelling—share your opinions; and
- donate for intermittent catheters to support people's immediate needs.

# HOME CARE: NURSE EXECUTIVES DEMONSTRATING THE RELEVANCE OF NURSING

Lisa Ashley, PhD, MEd, RN, CCHN(C)

Dr. Ashley led a fascinating discussion into knowledge, ignorance, and power in home care organizations amongst nurse executives. This presentation was positively received by the summit attendees and based on her PhD research during the pandemic comprising 22 semi-structured interviews with nurse executives in Ontario home care organizations.<sup>13</sup>

Nurse executives report that “I’m struggling, I’m isolated. I have nobody to work with. Nobody’s listening. I can’t move nursing forward the way I want to. I’m dealing with this complexity or duality of an identity of being a nurse, and all the values that come with that and being an executive,” remarks Dr. Ashley.

Dr. Ashley’s research focused on knowledge, power, and ignorance dynamics in home care, that remain largely concealed and unaddressed. It takes us in another direction away from individual flaws or shortcomings into looking into the way that home care organizations are organized. Nurse executives are those at the highest level within the home care organization, overseeing nursing and allied health care, personal support care, the quality practice, and risk management. They often have broad portfolios, along with managing all the budgetary issues, legislative, and regulatory issues within that organization. Moreover, nurse executives are not mandated in the Canadian home care sector. They require knowledge and expertise in nursing, management, leadership, planning, policy, communication, budgeting, and change management.

Her research started in wishing to understand why some nurse executives flourish and others struggle in their positions in home care organizations. It seems counterintuitive that nurses in the highest nursing position in a health care organization would be labouring to achieve their goals. The research is essential to understanding

how powerful groups engage in the deliberate construction of knowledge and ignorance.

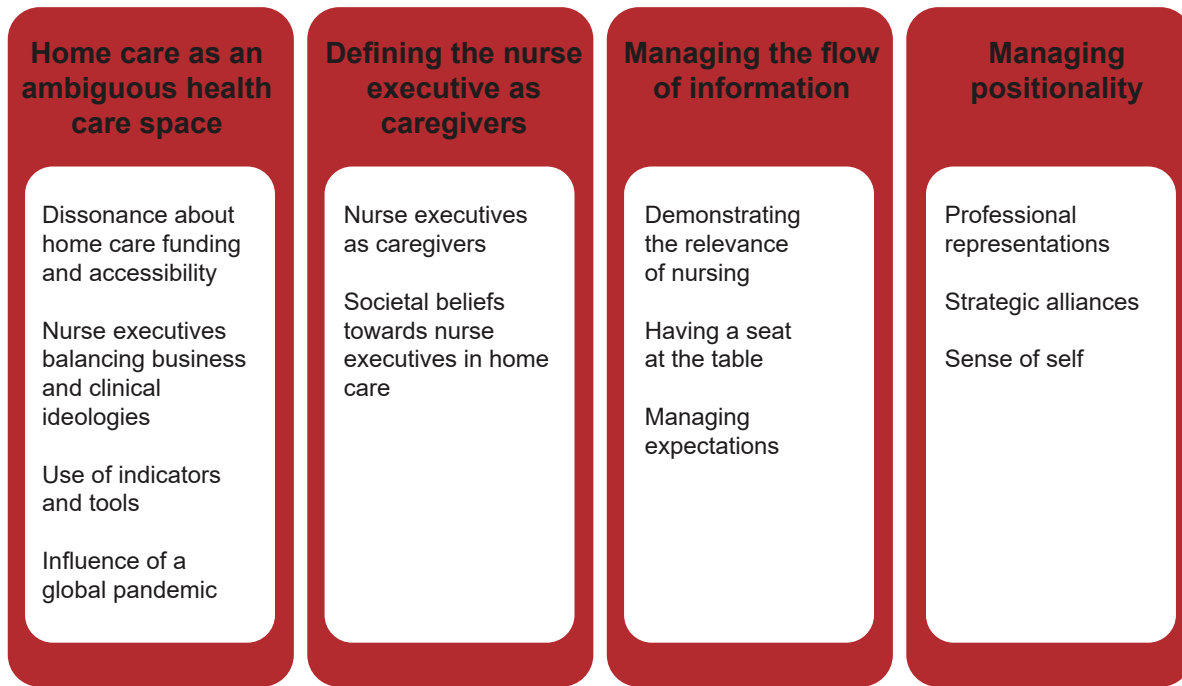
*<< My research shows that nurse executives sometimes experienced moral distress that resulted from living with responsibilities and decisions that challenge their ethics and values of nursing. There were many stories of nurse executives being isolated. Self-care was a strategy for many to survive, create opportunities and establish boundaries in their positions. >>*

Nurse executives live with the duality and tension of ethical responsibilities as a practicing health care provider and administrative leadership responsible to the health care organization.

Dr. Ashley presented quotes from the nurse executive interviews to illustrate the dichotomy. Results of the research are summarized in Figure 5.



**Figure 5 Results of Research With Ontario Nurse Executives in Home Care**



Note. Reproduced with permission of Lisa Ashley.

Home care in Ontario is poorly understood by both the residents of Ontario and health professionals in other care settings. It is described by nurse executives as ambiguous and confusing. There is an incorrect assumption that home care in Ontario is free and government funded. Home care is an extended service to the Canada Health Act. As such home care services are not fully government funded. Limited home care services for eligible individuals are provided through Ontario Health by Home and Community Care Support Services (HCCSS). Those home care services beyond eligibility criteria must be paid through private health insurance, personal funds, or income tax benefits. Many people in Ontario do not have those financial resources and incentives to pay for the quantity or quality of home care that they or their family members require. This creates inequities in the delivery of home care services. Greater transparency on what home care people in the province are entitled to receive is warranted. An aging population and increasing patient acuity requiring home care services could make this a timebomb.

Academic research in this field of nurse executives in home care is in its infancy.

“Nurse executives (NEs) experience paradoxical identities and agency of executive and nurse in homecare organizations.”<sup>13 p. 1</sup> “Nursing research and theory have not examined the contrived imbalance of knowledge and nonknowledge (ignorance) that maintains the current power arrangement in HCOs, which impacts NE’s enactment of their role.”<sup>13 p. 5</sup>

A better grasp of the concepts of power, knowledge, and ignorance is needed. Home care organizations foster specific ways of thinking, speaking and acting. People’s thoughts, speech, and actions are heavily governed by knowledge flows, interruptions and obstacles. As such, the nurse executives are immersed in a specific narrative that raises the questions of how they can determine what they know, do not know, what information eludes them, and what to omit. This causes broader questions about decision-making at the executive level in home care organizations. Many nurses recognize the challenge of advocating for the quality of patient care in an organizational model that may not embrace clinical insights.

<< The group that carries the highest risk [of not being understood and being undervalued] is certainly the nursing group. So, this is where it's really important to have a very strong professional practice, vision, and focus, to make sure that you're supporting your nursing team to be the best that they can be. And of course, it's not as easy in homecare as it is in institution-based health care. When our nurses are out in the field, they are by themselves, and they are problem-solving in the moment, managing complex medications and procedures, probably also providing psychological and social support to the families, and the siblings, and the parents, and the spouses of the people they're looking after. >>

~ key informant interview

**Table 5** Implications from Research With Ontario Nurse Executives in Home Care

IMPLICATIONS FOR MANAGEMENT	IMPLICATIONS FOR POLICY
<ul style="list-style-type: none"> <li>• Give voice to power structures and political dimensions of senior administrative roles</li> <li>• Create policies that promote cultural, racial, and gender diversity</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the historical ignorance at play in the development and implementation of health policy in the home care sector</li> <li>• Identify ignorance willfully or unconsciously used by government officials and policymakers that becomes structurally ingrained in home care organizations and government systems</li> </ul>
IMPLICATIONS FOR EDUCATION	IMPLICATIONS FOR RESEARCH
<ul style="list-style-type: none"> <li>• Content needs to address the power circulation in home care organizations and across the health care system</li> <li>• Broaden the conceptual and theoretical thinking of nurses as epistemic agents</li> <li>• Include content that moves beyond individual competencies</li> </ul>	<ul style="list-style-type: none"> <li>• Historical ignorance at play in home care organizations</li> <li>• Social influences that demonstrate nurse executives' enactment of agency</li> <li>• More critical and political analysis of nursing management and leadership</li> </ul>

Note. Reproduced with permission of Lisa Ashley.

The research led to themed implications around four dimensions; management, policy, education, and research. These are summarized in Table 5. Nurse executives are trying to ensure the delivery of quality care within a home care sector that is poorly understood.

“These nurse executives have to make everything work, while also sustaining themselves as credible, legitimate, functional, and effective agents. We need to acknowledge these tensions. It’s not just a matter of combining or harmonizing practices, those tensions are often glossed over, or we pretend that they are not there,” comments Dr. Ashley. “We need to look at those blind spots in organizations and governments and other across the health care sector that create willful or accidental oversight, omission, or neglect.”





# INTERPROFESSIONAL SKIN AND WOUND CARE INNOVATION IN THE PROVINCE OF ONTARIO

R. Gary Sibbald, MD, MEd, DSc, FRCPC, FAAD, MAPWCA, JM

After acknowledging his appreciation on the continuing collaboration with NSWOCC, Dr. Sibbald first highlighted the latest updates to the wound bed preparation (WBP) framework. The first version originated in Canada 25 years ago from an advisory board in 1999 and published 24 years ago.<sup>14</sup> The model that included a person with a chronic wound examining the whole patient (treat the cause and patient-centred concerns). It also included local wound care, itemizing debridement, bacterial balance, moist wound healing, and edge effect for the stalled chronic wound. The WBP concept went international in Paris 2002 with the leadership of a wound care scientist, the late Dr.

Gregory Schultz, who was the lead author 21 years ago.<sup>15</sup> The WBP 2024 was the first of the six updates led by a nurse, Hiske Smart.<sup>16</sup> It perhaps surprises many to learn that treating the cause and patient-centred concerns developed by a Canadian advisory board 25 years ago appeared in the earliest articles. The latest WBP framework is numbered 1-10 and explored the foot ulcer management in resource-limited settings. These include remote, rural, or Indigenous communities in developed countries. It is depicted in Figure 6. Forty-one key opinion leaders around the world reached consensus at 88% on the 10 items with 32 sub-statements.<sup>16</sup>

**Figure 6** Wound Bed Preparation 2024 Framework<sup>16</sup>



Note. Reproduced with permission of WoundPedia. From “Wound Bed Preparation 2024: Delphi Consensus on Foot Ulcer Management in Resource-Limited Settings” by Smart H, Sibbald RG, Goodman L, Ayello EA, Jaimangal R, Gregory JH et al.

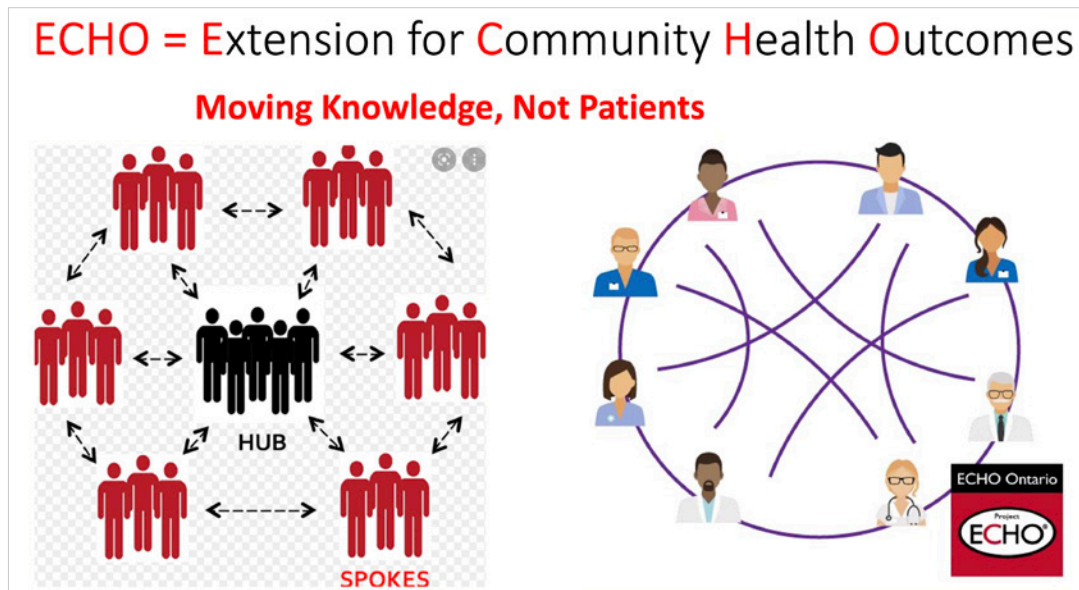
The latest WBP update pinpoints health system change as a critical component. Dr. Sibbald noted that adult education is built on reflection.

“We really need to reflect on what we’ve done. And what were the system barriers. What were the team barriers, what were the patient barriers and how could we do it better than next time? Why is Canada among the lowest developed countries (53%) at screening for the high-risk diabetic foot to prevent foot ulcers that. We can do better.”

In South America, the Guyana Diabetes and Foot Care project was successful in reducing amputations by 68%. The project trained 15 key opinion leaders with the international interprofessional wound care course from the University of Toronto, opened a centre of excellence for diabetic foot care, and fostered interprofessional care. The clinic was equipped with a Doppler to measure foot circulation, an infrared thermometer to facilitate the diagnosis of infection and cheap and cheerful plantar pressure redistribution devices. Projects such as these have facilitated reverse innovation, whereby a trickle up innovation from the developing world with inexpensive innovative models is introduced to the developed world.

The Project ECHO (Extension for Community Healthcare Outcomes) model centres moving knowledge not patients to improve capacity and access. There is one hub at WoundPedia, and a second cohub at Queen’s University in Kingston. NSWOC is the nursing partner for the ECHO project. The ECHO model is not the same as telemedicine where the main goal is to improve access by using technology. Refer to Figure 7. Each week ECHO broadcasts help health care professionals discuss anonymous cases and acquire new skills. [https://youtu.be/93\\_g4sFTQKg](https://youtu.be/93_g4sFTQKg)

**Figure 7** The Project ECHO Model in Ontario



Note. Reproduced with permission of WoundPedia.

core part of the Project ECHO Ontario Skin and Wound is the provision of special toolkits to those professionals who meet the program's virtual skills requirements, Participants attend virtual skills sessions and review videos, practice skills and then record a video or answer an exercise to meet standards, exceed standards or need improvement for each skill facilitated by a toolkit (Figure 8). To date, 100 toolkits have been distributed to professionals across Ontario. They enable qualified health care professionals in Ontario to assess vascular supply, infection, plantar pressure redistribution and 60-second simplified foot screen. Intake for the next ECHO Ontario cycle starting in September for pressure injuries and related skin and wound issues with a special emphasis on LTC will open shortly [<https://wound.echoontario.ca>]. In November, the limb preservation cycle will begin with virtual skills sessions linked to the leg and foot toolkit. November 14 date (World Diabetes Day and birthday of Dr. Fredrick Banting, co-discoverer of insulin at the University of Toronto). The month of November will be dedicated to the high-risk diabetic foot and interprofessional care.

**Figure 8** ECHO Skin and Wound Toolkits



Note. Reproduced with permission of WoundPedia.

A separate Indigenous ECHO Canada team is being established through a 6-person First Nation membership with six additional key interprofessional opinion leader clinicians have formed a 12-person team in conjunction with WoundPedia, NSWOC, and Queen's University. This collaborative along with toolkit can increase capacity in isolated remote and Indigenous communities. Current estimates and consultation with Indigenous Services Canada identified the need for 1,000 toolkits.

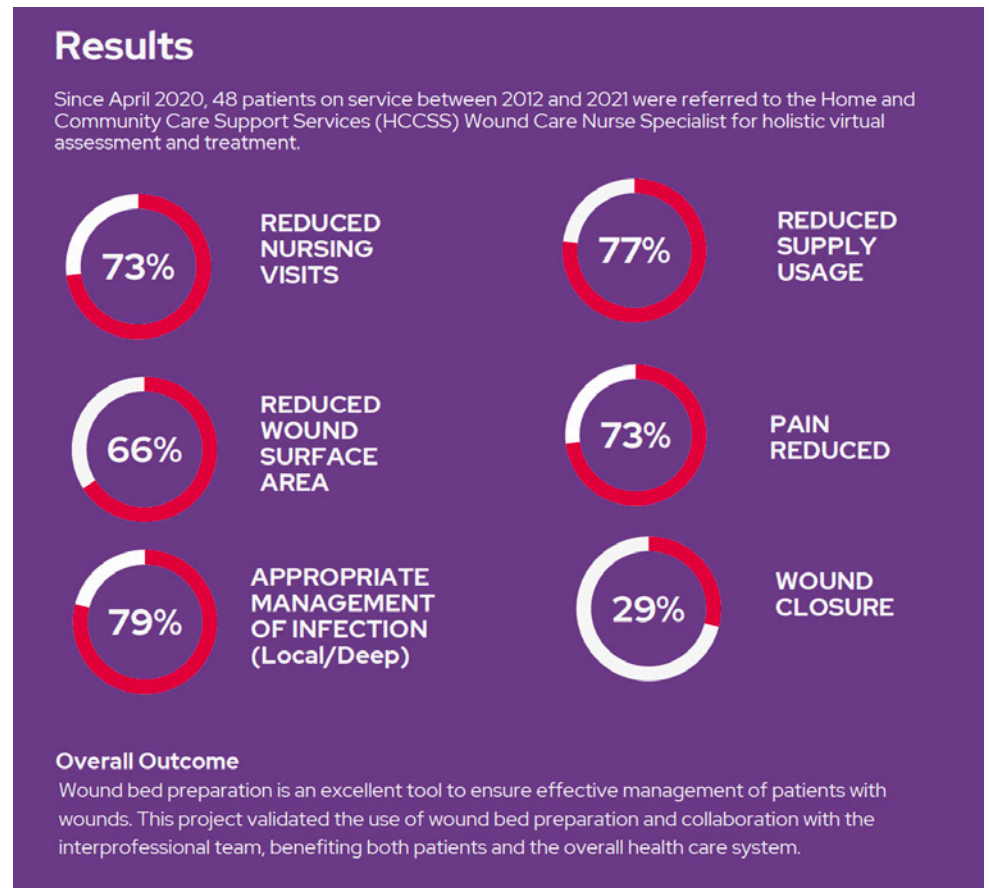
The pandemic prompted further exploration of patient navigation developed from Cancer Care Ontario. Integrated coordinated care teams can connect with virtual expertise to equip health care professionals with patient navigation skills. For example, managing a diabetic foot ulcer requires continual support from a circle of care that includes family members and health care professionals, including home care and wound care working as a team. Timely access to both health and social services are often necessary. Regionalized, community-based integrated diabetes services linked to interprofessional wound care clinics are proving to be most successful.<sup>16</sup> Work by Helen Arpurthanathan and colleagues in Ontario became foundational to further describe the health care system change in the WBP 2024 framework.<sup>17</sup> Results are shown in Figure 9.



A critical element of successful patient navigation programs is the inclusion of a comprehensive and systematic approach to guide health care professionals in assessing and delivering care to each individual patient. WBP 2024 proves the ideal framework for improving complex wound care outcomes.

We encourage development of interprofessional education for the beginner, intermediate and advanced level of care. Combining key opinion leader training with ECHO related knowledge, skills, and attitudes to promote an integrated and coordinated health care system.

**Figure 9 Results of Ontario Patient Navigation<sup>17</sup>**



**R. Gary Sibbald,**  
MD, MEd, DSc, FRCPC, FAAD, MAPWCA, JM



## SPECIAL GUEST

The day after her appointment as Minister of Long-Term Care, the Honorable Natalia Kusendova-Bashta introduced herself to fellow nurses at the summit. Kusendova-Bashta has continued with shifts as a nurse in the Etobicoke General Hospital emergency room. She likened both politics and health care administration as being hierarchical, and male dominated. It is poignant to have a licenced nurse as Minister of Long-Term Care. In parallel she is pursuing a master's degree through Toronto Metropolitan University in nursing research.

"I know there are many, many challenges ahead, Minister Kusendova-Bashta commented. "The aging population will present challenges, we have baby boomers, retiring people live longer naturally have more complex health care needs. We'll need to work together to overcome some of

these challenges. So today, I'm here to basically say my doors are open, I look forward to working and collaborating with many of you. As a nurse, I will rely on many experts in this room to make important and evidence-based decisions."

"I strongly believe that we as nurse leaders need to engage in academia and the more graduate level and postgraduate level nursing leaders we have, the better our province will be ... I know many of you work in home care, which of course, is governed under the Ministry of Health, but I will be working very closely with Minister Jones," she added. "Of course, most seniors want to age at home. People don't want to be institutionalized. And so whatever our government can do to support that, I committed to doing that together with Minister Jones and our entire cabinet."



*Honorable Natalia Kusendova-Bashta*

# CALL TO ACTION

To improve patient access to specialized care and to ensure adequate reimbursement of ostomy products and intermittent catheters, we call on the Government of Ontario to:

## **Strengthen Patient Access to Specialized Care**

- Consider NSWOCs as an essential part of health care provider staff mix to support patient-centred improvements.
- Invest in developing SWANs to support day to day skin wellness for wound, ostomy, and continence. A SWAN is a key member of the team and well-placed to address gaps in LTC.

## **Increase Ostomy Reimbursement**

- Expand ADP coverage for ostomy supplies to 100%, so no person living with an ostomy needs to make the decision between supplies and groceries.

## **Provide Public Coverage for Intermittent Catheters**

- Gain Ontario wide coverage for intermittent catheters as an essential need.
- Support accessible washrooms for a person to perform an intermittent catheterization because of their disability.



# 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.

**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

ADP—Assistive Devices Program

CNA—Canadian Nurses Association

ECHO—Extension for Community Health Outcomes

HCCSS—Home and Community Care Support Services

LTC—long-term care

NAO—Niagara Ostomy Association

NSWOC—Nurse Specialized in Wound, Ostomy, and Continence

NSWOCC—Nurses Specialized in Wound, Ostomy and Continence Canada

SCIO—Spinal Cord Injury Ontario

SWAN—Skin Wellness Associate Nurse

WBP—wound bed preparation

WCET—World Council of Enterostomal Therapists

WOCC(C)—Wound Ostomy and Continence Canada [CNA certification]



# APPENDIX — SUMMIT AGENDA

**0900 Opening Remarks and Territorial Land Acknowledgement**

**0905 Ontario Health Care: The Current Status of Wound, Ostomy and Continence Best Practices**  
Corey Heerschap, MScCH, BScN, RN, NSWOC, WOCC(C)  
Kevin Woo, PhD, BScN, RN, NSWOC, WOCC(C), FAPWCA

**0935 Patient's Perspective – A Need for Better Access to Specialized Care**

**0955 The Economic Burden of Living With an Ostomy in Canada: Ostomy Impact Study**  
Kimberly LeBlanc, PhD, RN, NSWOC, WOCC(C), FCAN

**1015 Health Break With Wound, Ostomy, and Continence Exhibitors**

**1030 Supporting Neurobladder Patients Through Ontario Coverage of Intermittent Catheters**  
Peter Athanasopoulos

**1100 Home Care: Nurse Executives Demonstrating the Relevance of Nursing**  
Lisa Ashley, PhD, Med, RN, CCHN(C)

**1145 Interprofessional Skin and Wound care Innovation in the Province of Ontario**  
R. Gary Sibbald, MD, MEd, DSc, FRCPC, FAAD, MAPWCA, JM

**1230 Meeting Close & Networking**





# INDUSTRY IN ACTION



**BioMiq**



**Essity**



**Classic Health**



**Medline**



**Coloplast Canada**



**Hollister Limited**



**Convatec**



*Mölnlycke Health Care*



*Urgo Medical North America*



*Perfuse MedTech*



*Westech Health Care Ltd*



*Premier Ostomy*



*Quart Medical Inc.*



# REFERENCES

1. Queen D, Botros M, Harding K. International opinion—the true cost of wounds for Canadians. *Int Wound J*. 2024;21:e14522. <https://doi.org/10.1111/iwj.14522>
2. CorHealth Ontario. Ontario Framework for Lower-Limb Preservation Framework. 2021 Oct. 49 p. CorHealth Ontario. <https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/llp>
3. Nurses Specialized in Wound, Ostomy and Continence Canada. Canadian standards of practice for nurses specialized in wound, ostomy and continence. (3rd Ed). 2021 Jan. 43 p. Ottawa (ON): Nurses Specialized in Wound, Ostomy and Continence Canada: [cited 2024 July 3]. Available from: [https://www.nswoc.ca/files/ugd/9d080f\\_5a21d464b6f74e23952b8c08cb95de86.pdf](https://www.nswoc.ca/files/ugd/9d080f_5a21d464b6f74e23952b8c08cb95de86.pdf)
4. Ostomy Canada Society. Stats and story [Internet]. Mississauga (ON): Ostomy Canada Society. [cited 2024 Jul 3]. Available from: <https://www.ostomycanada.ca>
5. Taylor DW, Cahill JJ. From stigma to the spotlight: a need for patient-centred incontinence care. *Healthcare Management Forum*. 2018;31(6):261-4. <https://doi.org/10.1177/0840470418798102>
6. Heerschap C, LeBlanc K. A Sector in Crisis: meeting the needs of long-term care residents with wound, ostomy, and continence issues. *JWOCN*. 2020 Nov 1;47(6):631-2. <https://doi.org/10.1097/WON.0000000000000717>
7. Government of Ontario. A Legislative Need for Skin Health Programs in Long Term Care: *Fixing Long-Term Care Act*, 2021, S.O. 2021, c. 39, Sched <https://www.ontario.ca/laws/statute/21f39>
8. Mair N, McGhie S. Opening doors to prevent hospital admissions and improve continuity of care: the role of the wound care clinical nurse specialist. Poster presented at: 29th Congress of the International Council of Nurses; 2023 Jul 1-5; Montreal, Quebec.
9. Zwiép TM, Helewa RM, Robertson R, Moloo H, Hill R, Chaplain V, et al. 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>
10. 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>
11. Spinal Cord Injury Ontario. A path to modernize Ontario public coverage for intermittent catheters and related supplies. 2021, Feb. Toronto (ON): Spinal Cord Injury Ontario. [cited 2024 Jul 3]. Available from <https://sciontario.org/wp-content/uploads/2020/12/A-path-to-modernize-public-coverage-in-Ontario-for-intermittent-catheters-and-related-supplies-SCIO-February2021.pdf>
12. Krassioukov A, Wyndaele M, Walter M, Keppenne V, Welk B, Vrijens D, et al. Intermittent catheterisation: individuals' rights, accessibility, and environmental concerns. *Spinal Cord Series and Cases*. 2024 May 31;10(1):39.
13. Ashley L, Perron A. Examining the role of nurse executives in homecare through the lens of the Sociology of Ignorance and Critical Management Studies. *Nursing Philosophy*. 2024 Jan;25(1):e12445.
14. Sibbald RG, Williamson D, Orsted HL, Campbell K, Keast D, Krasner D, et al. Preparing the wound bed-debridement, bacterial balance, and moisture balance. *Ostomy/wound management*. 2000 Nov 1;46(11):14-22.
15. Schultz GS, Sibbald RG, Falanga V, Ayello EA, Dowsett C, Harding K, et al. Wound bed preparation: a systematic approach to wound management. *Wound Repair Regen* 2003;11,S1-S28. <https://doi.org/10.1046/j.1524-475X.11.s2.1.x>
16. Smart H, Sibbald RG, Goodman L, Ayello EA, Jaimangal R, Gregory JH, et al. Wound Bed Preparation 2024: Delphi consensus on foot ulcer management in resource-limited settings. *Adv Skin Wound Care*. 2024;37(4):180-96. <https://doi.org/10.1097/ASW.000000000000120>
17. Arputhanathan H, Hyde J, Atiloa T, Queen D, Elliott J, Sibbald RG. A patient navigation model to improve complex wound care outcomes. *Adv Skin Wound Care*. 2022;35(9):499-508. <https://doi.org/10.1097/01.ASW.0000853044.86761.d9>

# COLLABORATING PARTNERS

## NURSES SPECIALIZED IN WOUND, OSTOMY AND CONTINENCE CANADA (NSWOCC)

<https://nswoc.ca>

Nurses Specialized 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.



## NSWOCC in partnership with Ostomy Canada Society thanks the following organizations for their collaboration.

### SPINAL CORD INJURY ONTARIO

<https://sciontario.org>

Spinal Cord Injury Ontario (SCIO) is Ontario's largest community of experts in spinal cord injury, serving people with all mobility disabilities. SCIO is the primary source of services for individuals and families journeying from injury to achieving their personal life goals. All their work is grounded in shared lived experiences and strengthened through relevant research, strategic advocacy, and accessible education. Together SCIO connects, supports, and empowers their community to thrive, bringing visibility and information about living with a disability to the forefront.



### WOUNDPEDIA

<https://woundpedia.com>

WoundPedia is a not-for-profit organization that is focused on providing high-quality interprofessional wound care education and to improve patient-centred care and outcomes through knowledge mobilization initiatives. WoundPedia's goal is to improve skin and wound care nationally and internationally through education, research, knowledge mobilization and building an integrated system of care.



### WOUNDS CANADA

<https://www.woundscanada.ca>

Wounds Canada, a health charity founded in 1995, leads the way in advocating for best practices in wound prevention and management. Wounds Canada addresses the silent crisis of wounds, which affects countless Canadians and costs our health care systems billions each year. Wounds Canada specializes in providing essential wound-related information, aiming to reduce the occurrence of life-altering wounds and ensure those affected by wounds receive adequate care.







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

*In partnership with*



Ostomy | Société  
Canada | Canadienne des  
Society | Personnes Stomisées



ALL TRADEMARKS ACKNOWLEDGED  
PRODUCED BY JOHN GREGORY, OPENCITY INC.  
© 2024 NSWOCC

