



THE PATIENT CONTEXT

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1. Wound associated pain and the patient context
2. Wound care experience from patients' and clinicians' perspectives

THE NON-ADHERENT PATIENT: ANNA

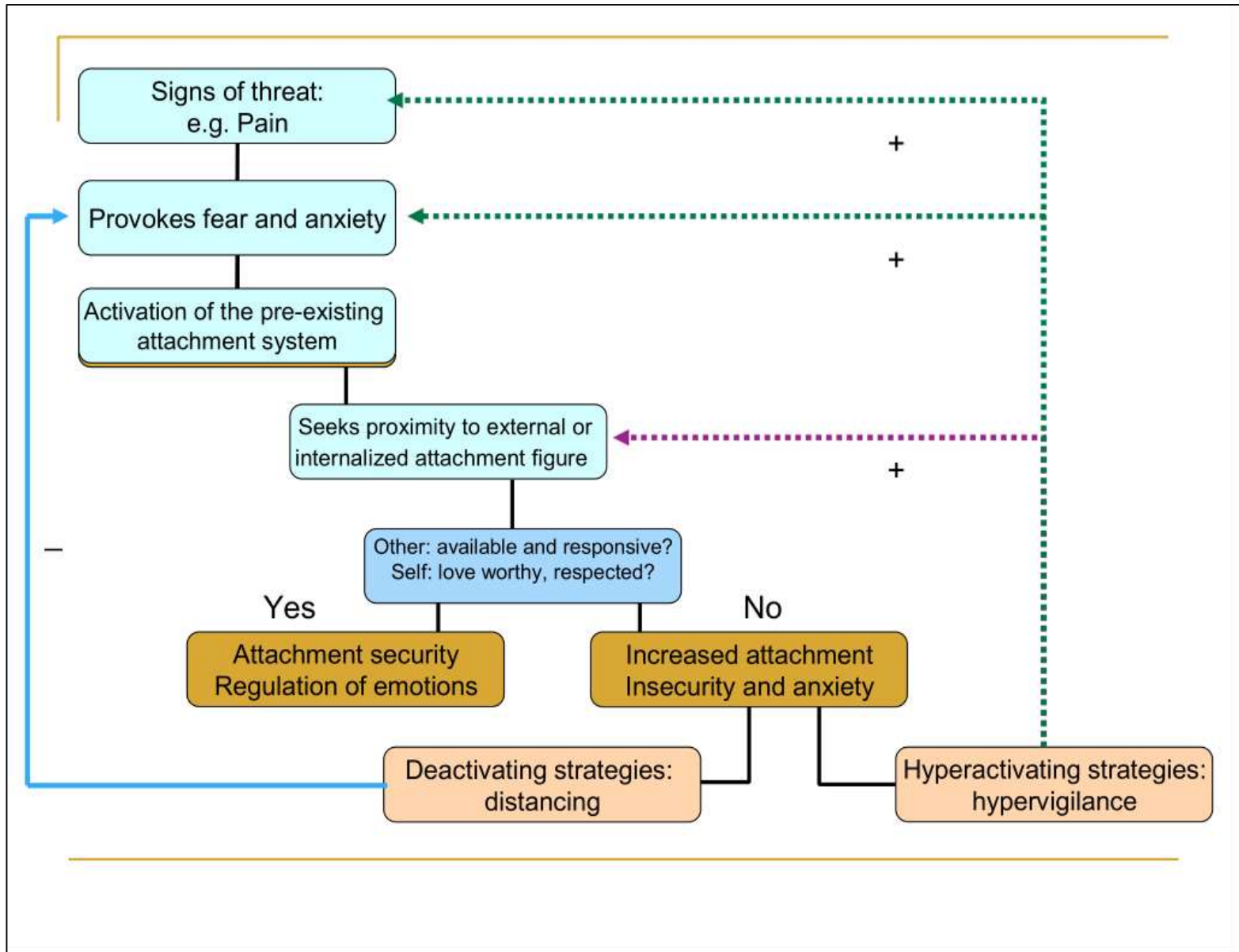
- Anna is a 56-year-old woman with a venous leg ulcers for 5 years.
- She reports daily pain and kept a detailed diary. The average pain levels is 15 out of 10.
- She refuses to wear compression and she cries almost inconsolably whenever we try to convincing her:
 - Why are you so mean to you? I am suffering why can't you see that?
- She is on internet everyday to search for the 'cure' for venous disease.
- At each visit to the clinic, she has pages of notes and questions about why she is not getting certain treatments.
- She tell the nurses the exact way to dress her wound.
- She wants to visit the clinic every week.

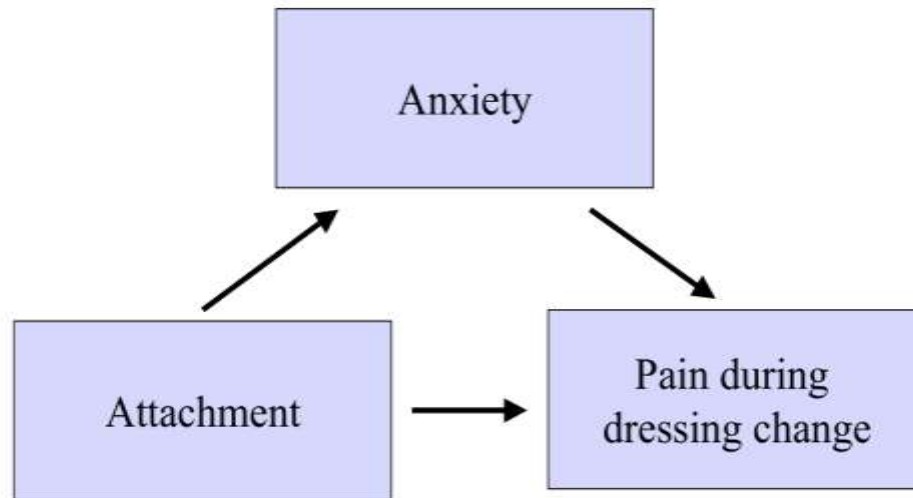
THE NON-ADHERENT PATIENT: MATT

- Matt is a 36-year-old man with recurring diabetic foot ulcer in the last 5 years
- At the clinic, you ask him some questions:
 - He doesn't know how to prevent foot ulcers.
 - He doesn't know what he should be eating.
 - He doesn't know what the nurses are doing for his wound.
- eh, I don't care if they have to cut my legs off, eh who cares, haha (nervous laughs) I don't walk much anyway, whatever, eh I think wheelchair is kinda cool.
- He is not wearing the shoes you have asked for...

Attachment theory:

		Self	
		+	-
Other	+	Secure <ul style="list-style-type: none">•high self-esteem,•enjoy intimate relationships,•seek out social support,•Able to share feelings	Anxious-preoccupied <ul style="list-style-type: none">•preoccupied with attachment•less positive view about self
	-	Dismissing <ul style="list-style-type: none">•deny the need for close relationships•suppress and hide feelings,• deal with rejection by distancing	Fearful avoidant <ul style="list-style-type: none">•view themselves as unworthy•uncomfortable with closeness•mixed feelings about relationships





Attachment style	Anticipatory pain: mean (SD)	Anxiety: mean (SD)
Secure	4.60 (2.01)	8.28 (3.22)
Dismissing	4.22 (2.31)	8.16 (3.22)
Preoccupied	6.23 (2.97)	8.76 (3.00)
Avoidant	7.20 (2.72)	12.03 (4.71)

WOUND CARE EXPERIENCES

- This descriptive qualitative study sought to explore patients' and clinicians' perceptions and experiences with the provision of wound care by home care nurses alone or by multidisciplinary wound care teams.
- In-depth interviews with wound care patients in the community in the Greater Toronto Area.
 - What do you like/do not like about the wound care you received
 - Do you feel the wound care worked for you
 - What is your understanding of high-quality wound care treatment
 - How do you feel you cope with your wound and its treatment
 - What is your perception of the co-ordination of your care within and between the settings in which care was received

FOUR THEMES

- We interviewed 16 patients (six females and 10 males) providing their perspectives on wound care services.
 - Living and coping with chronic wounds
 - Wound care and caring for patients with wounds
 - Accessing wound care expertise.
 - Coordinated approach to meet patients' needs.

LIVING AND COPING WITH CHRONIC WOUNDS

- Patients living with chronic wounds experienced many levels of stress affecting daily activities and relationships. They expressed feelings of frustration, powerlessness, and apprehension with respect to prolonged wound healing. The fear about losing their limbs, infection, hospitalisation, and death was evidenced in a number of conversations,
- *nobody would help me with it. I couldn't get any help no matter what I did; nobody would do anything about it.*
- *..some of them [friends] have asked me out to dinner and I've done that until I realised it was too much for me, I'm quite a wreck*

POSITIVE WOUND CARE EXPERIENCES

- The therapeutic relationship between patients and their care providers was considered to be the most valuable component to their experiences of wound care services.
- Accessing wound care expertise
- Patients talked about the importance of accessing wound care specialists through wound clinics
- Coordinated approach to meet patients' needs
- Most study participants felt that the services were well- coordinated, such as the delivery of supplies and scheduling visiting nurses for home

NEGATIVE WOUND CARE EXPERIENCES

- Long waiting times at the specialist wound clinics
- Lack of communication among health-care sectors
- Coordination of care across sectors among the various wound care providers (specialists, community nurses and family physicians) was less than optimal. While there was a formal process to facilitate communication between home care services and specialist wound clinics, communication was incomplete and did not always occur in a timely manner.

CLINICIANS INTERVIEWS

- 12 clinicians interviewed including six nurses, one physician, one chiropodist, one nurse practitioner, one service manager, and two coordinators. Based on the analysis of the interviews, the following themes emerged:
- Dealing with complex issues in patient with chronic wounds
- Struggling with limited resources to optimise comprehensive wound care
- Building capacity to improve wound care
- Coordinating and streamlining multidisciplinary wound care.

DEALING WITH COMPLEX ISSUES IN PATIENT WITH CHRONIC WOUNDS

- Patients with chronic wounds had different needs contributing to the complexity of care.
- Holistic approach to address comorbid conditions and psychosocial issues; expertise that extended beyond local wound care and dressing selection.
- Patients with chronic wounds in the community were often unemployed, marginalised, and isolated.
- Clinicians discussed the multifaceted challenges in caring for the vulnerable and underserved patient populations who were homeless and individuals with chronic diseases, HIV, hepatitis, mental/psychiatric disorders, alcoholism, eating disorders, smoking, and other substance abuse problems.

STRUGGLING WITH LIMITED RESOURCES TO OPTIMISE COMPREHENSIVE WOUND CARE

- Clinicians understood that appropriate footwear for offloading was integral to preventing and treating DFUs.
- System and financial barriers prevented wound care patients from accessing the necessary devices, footwear, stockings, and other resources that were deemed important to facilitate healing.

BUILDING CAPACITY TO IMPROVE WOUND CARE

- Wound care education was not part of nursing and medical curriculum. Wound treatments initiated by GPs were sometimes considered to be incongruent with best practice recommendations and even harmful to patients, creating tension within the professional team.
- To improve the efficiency of community-based wound care, some of the nurses suggested that they should be empowered to expand their scope of wound care practice allowing them to make referrals and change dressing orders based on their assessment and patients' needs. Training qualified nurses to provide wound care in the community had also been identified as an ongoing issue.