

## ***NSM LHIN Regional Standardization of Wound Management Strategy***

**Collingwood and Area Working Group**

**March 23, 2010**

**930-1130**

**Minutes**

Attendance: Kathy Ingell, Simcoe Manor; Gaynor Edwards, Georgian bay Family Health Team; Kim Byberg, Sunset Manor; Teresa Lougheed, Collingwood General and Marine Hospital; Bev Morris, Bayhaven; Susan Jacques-Blackroom, Collingwood Nursing Home; Joanne vanRennes, Project Lead LHIN Wound Strategy

### **Welcome and Introductions**

Joanne vanRennes reinforced that if there are other colleagues that should be at the table, the working group is encouraged to bring names forward, and Joanne will extend an invitation.

### **Motion of Understanding and Leadership Council**

Joanne vanRennes shared the members of the NSM LHIN Leadership Council, so that working group members could see the leaders in their own organization and across the NSM LHIN who are in support of the Standardization of Wound Management Strategy.

Joanne also reminded the group of the Motion of Understanding, supporting the initiative that the Leadership Council approved.

### **Terms of Reference**

The terms of reference for the working groups was read through and discussed. No additions or deletions were made at this time, but the group agreed that the working committees may evolve and there may be need to revisit the agenda.

Action: Group to bring forward any questions or comments regarding the terms of reference to Joanne  
The terms of reference were accepted as written.

### **Review Process for Baseline Data Collection Exercise**

Joanne reviewed the basis for the Base line Data Collection and reviewed the written process involved.

Group suggested that for education for completing the prevalence tool (1/2 day prior to collection), it may be best to look at a room at a central location, and include as many of the stakeholder teams from different facilities in the education.

Gaynor mentioned that she will think about what would be the best use of this exercise in the patient population she currently sees. A brief discussion occurred regarding the community patients who attend the diabetic clinic. Gaynor will get back to Joanne regarding her decision in how she would utilize the baseline data collection exercise.

Group reviewed the process that the County Homes are planning; pooling the resources from the 4 facilities to complete the activity in all 4 facilities.

Teresa shared how she saw the activity unfolding at CGMH, based on past experience in her organization. Additionally, the dialysis unit at CGMH was mentioned as an ideal area to capitalize on neuropathic foot examinations, and the multidisciplinary team approach, in order to achieve excellent outcomes for those clients at risk (i.e. lower limb amputations)

**Action:** Teresa to contact Joanne in next week to confirm dates of education and data collection for CGMH

Joanne to connect with Working Group members regarding education date – goal to have all facility collection teams at the same training session to capitalize on education resources from Health Outcomes World Wide.

Joanne to provide prevalence collection tool at the time of education.

A potential plan for the dialysis unit to be discussed at further date; identifying stakeholders that need to be consulted in the hospital and community.

### **Next Meeting**

Next meeting booked for **May 18, 2010, 930 – 11am**. There will be no meeting in April due to the prevalence data collection activities taking place.

Meeting room to possibility be at Sunset Manor – Kim Byberg to confirm possibility with Joanne.

**Meeting adjourned at 1115.**