

RESEARCH LETTER

COVID-19 and wound care: A Canadian perspective

To the Editor: Delivering acute and chronic wound care with physical distancing measures has been a major challenge during the coronavirus disease 2019 pandemic. The average age of patients with chronic wounds is older than 70 years, putting this population at increased risk.¹ Health care providers should continue to focus on reducing exposure risk in this subgroup of patients while adapting to the new normal. We recommend a multifaceted approach including virtual wound care, patient education, and interprofessional collaboration to optimize care (Fig 1).

Currently, many wound care appointments are being postponed or changed to a telephone consultation.² These regular appointments are often essential for optimizing care and preventing unscheduled emergency department visits for complications including infections. Telewound care can be as effective as in-person visits and is conducted through store-and-forward technologies, telephone, or videoconferencing. Store and forward allows patients to send wound photographs and information to the dermatologist, whereas videoconferencing or telephone communication allows real-time interaction between patients and providers. Newer cell-phone photographs often have better photographic resolution than most video transmissions. Provincial governments in some areas also compensate for telephone appointments as an emergency response.

To limit exposure, the Wound Healing Society has recommended a decrease in the frequency of wound dressing changes at clinics and has encouraged caregivers and patients to undertake interim dressing applications.² This may pose a challenge, with the need to educate patients about a detailed dressing change approach. A self-education tool by Wounds Canada can be downloaded and given to patients as a handout during visits because online videos may be difficult for older patients to access.³

Because of the cancellation of many educational events, there is a reduced opportunity for dermatologists, primary care clinicians, and other professionals to exchange knowledge and discuss the appropriate management of wound care

patients. With reassignment of some health care providers to coronavirus disease 2019 emergency duties, community dermatologists have a greater wound care responsibility. One way to mitigate this concern is through Project ECHO (Extension for Community Health Outcomes).⁴

A virtual hub of interprofessional teams exists in Ontario, Canada, for improving skin and wound care. During the 2-hour weekly sessions, care providers present anonymous patient cases facilitated by Zoom technology. The virtual forum allows attendees to collectively generate management plans that are generalizable to other similar patients. More than 30 organizations with greater than 100 care providers attend weekly sessions provided free by the Ontario Ministry of Health and Long-Term Care. These efforts have led to increased interprofessional and coordinated wound care expertise. A positive influence on professional satisfaction and effectiveness was documented, with 83% of respondents indicating that they would implement changes to their practices.⁵

The coronavirus disease 2019 pandemic has drastically affected wound care delivery for the foreseeable future. Without timely adjustments to optimize care, the health care burden of wound care will continue to increase. We hope that this 3-pronged approach will help alleviate some of the challenges faced during this pandemic.

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Fig 1. Using technology in wound care.

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