

Implementing a Wound Program in Two Aged Care Facilities

“Building Knowledge & Skills”



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Study Overview & Objectives

Bed numbers:
A = 104 B=117

Staff numbers:
A= nurses:25 CWs:37
B= nurses:27 CWs:80

- Wound Consultation role 2005 / systematic review
- 6-months funding to pilot wound program mid-March to September 2018
- Ethics Approval / mixed methods utilising CQI methodology
- Two Invercargill hospital level ACFs met inclusion criteria
- Provide an on-site sustainable wound program
 - Nurse & CW Champions
- Increase staff prevention & management knowledge
 - Pre focus group work & questionnaires identified learning needs and core topics
 - Post focus group work & questionnaires evaluated learning and staff program perceptions
 - Retro & prospective skin tear & PI rates

Education & Resources Developed

Education was provided across all shifts.

Staff evaluated sessions very high to high in gaining new knowledge

- **On-Site Education Sessions n=50 (20-30min):**
 - Preventing PIs using SSKIN
 - Skin Tear Prevention & Management
 - Wound Assessment & Management
 - *Packages for staff unable to attend.*
- **Resources Developed:**
 - SSKIN tip sheet & pocket card
 - Skin Care Guide (Pharmac funded & prescribed)
 - Skin Tear poster (criteria for Level 3 & 4 CWs)
 - Wound formulary
 - Diabetic Foot Care
 - Nursing terminology for CWs
 - Communication Day Planner '**red skin alert**'
 - HOT TIPS!!

YOUR HOT TIP!



EQUIPMENT CAN CAUSE PRESSURE!!



The bed cradle has caused pressure and **RED** skin marking on the small toe and foot.

Remove pressure until redness disappears
Check skin & report daily until resolved.

DO NOT massage **red skin** as this will increase damage.



Ensure bed-ends and cradles are not in contact with the body. Position the bed-cradle away from the legs. If a bed extension is in use place it under this or sideways in the bed. Ensure the frame is securely held in place.

Post Focus Group Feedback



- Has improved CW knowledge and skin care; they are asking us (*nurses*) more to inspect skin areas they are concerned about.
- Makes us think more about the skin, noticing skin changes and moving residents more.
- Developing a standard ordering system has helped, I did my first ordering and it went well!

Program Outcomes



- Nurse and CW Champions provided a key contact and leadership role to aid program implementation & ownership - *ongoing*
- Staff knowledge improved in post knowledge questionnaires and was articulated in post focus groups / education evaluations
- Improved nurse and CW communication
- Standardised best practice resources
- Skin improvement & skin tear reduction
- Increased reporting PIs
- Unstageable and suspected deep tissue injuries incorrectly staged
- Involving CWs so they understood area/s to off-load
- Identification of faulty air mattresses
- Standardised order systems: cost-effective and efficient ordering
- Healed Stage 4 pressure injury: NPWT evaluation facilitated

Study Facilitators & Barriers

*"Tell me and I forget
Teach me and I may
remember
Involve me and I learn."*
Benjamin Franklin

- ✓ On-site program with organisational and staff engagement 'Champion role'
- ✓ The researchers mentor and leadership role increased staff confidence and addressed practice issues or conflicts
- ✓ Focus groups identified positives and areas in need of improvement; helped to develop rapport, trust and involvement
- ✓ CQI methodology: program adjustments as identified by staff
- ✓ Standardising resources empowered staff and guided best practice
- ✓ Involving Teams e.g. GPs, NPs, Pharmacist, Podiatrists, Dietitians, Physios/OTs, Reps
- ✓ Administrators were invaluable
- ✗ Staff turnover
- ✗ Study time-frame

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