# 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 Pls using SSKIN
  - Skin Tear Prevention & Management
  - Wound Assessment & Management
  - Packages for staff unable to attend.

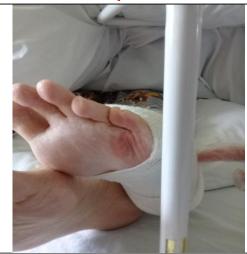
### Resources Developed:

- 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'
- HOTTIPS!!

### 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.

Dec 2018.

## 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

## Acknowledgements

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## References

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