Connected Wound Care

Partnerships informing wound management

Kylie Elder:
Connected Wound Care Project Officer
Acknowledgements

Department of Health, Victoria

Auspice Agencies

Royal District Nursing Service, (RDNS)
Bendigo Health Service
Barwon Health Service
Department of Health, Grampians Region
Goulburn Valley Health
Western District Health Service: Hamilton Campus
Latrobe Community Health Service

This project received funding from the Commonwealth and Victorian Governments under the Home and Community Care (HACC) program
Background Context:
Strengthening wound management initiative (Regional Wounds Victoria)

- No equitable access to Wound Management consultants or wound education across Regional areas across the State
- Strengthen wound management practices across the state for PSRACS and DNS
- Develop approaches to address systemic barriers to good wound management
- Provide staff with expert advice, onsite and general support and specialist training
Background Context:
Royal District Nursing Service

- Home nursing and health care across VIC, NSW, Tasmania and New Zealand
- Clinical Nurse Consultants in wound management consulting and educating on the ground
- Research and education program
- No formal pathways for Clinical Nurse Consultants to collaborate in wound care state wide
Communication Pathway
Before Connected Wound Care

Royal District Nursing Service (RDNS)

Department of Health, Vic

Regional Wound Management Clinical Nurse Consultant Project
Communication Pathway with Connected Wound care

Royal District Nursing Service (RDNS)

Department of Health, Vic

Regional Wounds Victoria

Connected Wound Care Project Officer
Connected Wound Care Team
Project Challenges

• Geographical constraints
• Intellectual property constraints
• Communication issues
• Prejudices
Challenges of developing and implementing resources

• Meeting the needs of different service types and staff skill mix

• Gaining consensus regarding best practice

• Resolution
  – Agreement to target resources to evidence based standard rather than target specific skill levels
  – Sharing of live spreadsheets on the internet to summarise disputed points and enable interactive responses.
  – Seeking expert opinion from relevant clinicians
Connected Wound Care: Phase 1 resources
Connected Wound Care: Individual Health Care Guides

Footwear for high-risk feet
Skin care and you
Healthy eating for healing
Activity and healing for venous leg wounds
Care of your compression garments
Care of your high-risk feet
Connected Wound Care: Nursing Health Care Guides

Care of wound equipment and dressing field

Skin tears assessment and management

Nutrition for people with wounds

References


References


Connected Wound Care: Diabetes Foot Resource Kit
Phase 2 & 3
July 2011-2013

- Due to the success of the project, Phase 2 & 3 implemented until July 2013
- Further distribution of resources
  - SACS wound clinics
  - HACC funded metro DNS
Phase 2 & 3
July 2011-2013

- National Venous Leg Ulcer Guidelines launched

- Survey of services identified wound training needs around leg ulcer management a priority
What is the focus?

- E Learning package;

“Compression Bandaging in the Management of Venous Leg Ulcers”
E-learning package

- Incorporates multiple learning mediums
- Theory associated with venous leg ulcers
- Animations
- Links to health care guides
- Video demonstrations of bandaging systems
- Bandaging Skills checklist
- Quiz and certification
Animation
## Bandaging skills checklist

### Skills assessment checklist for compression bandaging systems

<table>
<thead>
<tr>
<th>Element of skill</th>
<th>Performance criteria</th>
<th>Signature of nurse</th>
<th>Signature of assessor</th>
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<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>Provides documentation of completion of a lower limb assessment and care plan which includes recommendation of compression bandaging system. Can rationalise why the bandaging system chosen is the most appropriate for the individual.</td>
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<tr>
<td><strong>Preparation of individual</strong></td>
<td>Explains the procedure to the individual or relevant others, including the need for adherence to the treatment. The bandaging process. Explanation considers the individual's concerns and perceptions regarding the treatment.</td>
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<tr>
<td><strong>Procedural preparation</strong></td>
<td>The individual is positioned comfortably and in accordance with local occupational health and safety guidelines for compression therapy to be applied safely. Infection control strategies are considered in line with local guidelines. The appropriate equipment has been sourced. Able to explain the technique of application of the bandaging system to be used.</td>
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<tr>
<td><strong>Performance of procedure</strong></td>
<td>Previous bandages are removed and the limb inspected for signs of compression related damage. Prepares the leg and wound as per care plan. Padding is applied as required taking caution to protect bony prominences. Padding promotes the natural contours of the limb, or reshapes it so there is a gradual increase in circumference (where at the ankle, and wider at the calf). Ensures ankle circumference is greater than 15 cm (peddled), prior to commencing bandage layers.</td>
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</tbody>
</table>
Benefits of the course

• Clients with Venous Leg Ulcers will be receiving evidence based care

• Agencies can be certain that all staff are skilled in compression bandaging for venous leg ulcers

• Contributes toward consistency of care and practice for clients
When?

• The course is currently being piloted in the Grampians region

• Full launch will occur in September
Conclusion

The project enabled;

• Distribution of standardised wound resources & education state-wide to improve outcomes for clients with VLU’s

• Shared insight into wound management can occur between multiple agencies AND, outcomes which positively impact on the individuals we care for are achievable together

Access further information from: