

Development of a Wound/Skin Program

A Model for Wound Caring in the Central East Region of Newfoundland

BY
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The development of a wound/skin-care program can be a challenging process that requires strong co-operative, collaborative and communicative efforts among team members – from administrators, nurses, doctors, the rehabilitation disciplines to home support and, most especially, patients with wounds.

This article illustrates how the Central East Region of Newfoundland has faced the challenges and changes in wound caring and effectively adopted current evidence-based and best practices in wound care.

Background

The Central East Health Care Institutions Board in Newfoundland was founded in 1994 and covers six facilities with acute and long-term-care settings that provide a range of services across the region. James Paton Memorial Hospital (located in Gander) is the regional referral centre. With a population of about 12,000, Gander serves a catchment population of 53,000 for primary care and 117,000 for specialized services in ophthalmology and orthopedics. The hospital has a rated capacity of 92 beds, with an occupancy level of 90%.



James Paton Memorial Hospital.

The Regional Wound/Skin Care Committee was formed in 1995, with a chair and six members. Amalgamation of services across the region resulted in better representation and an increased number of members. Over time, sub-committees for product evaluation, support surfaces and policy-making emerged, and a vascular surgeon joined the team. The committee identified and prioritized such issues as increase of services, duplication of wound/skin-care products, complicated and compromised wounds, aging population and inconsistent wound-care management across the region in acute, long-term and home-care settings.

One Person Can Make a Difference

My consistent attendance at the CAWC and CAET conferences has allowed me to share relevant information about current trends in wound care with my colleagues.

As a result, information on best practices has been shared and adopted throughout the region. Becoming an ET Nurse in 1999 greatly increased my involvement in wound care, and I became the Chair of the Regional Wound/Skin Care Committee and Resource Nurse in 2000.

What Is Our Concept?

We use a comprehensive, patient-centred approach to guide our efforts in wound caring. To meet the needs of a patient with a wound, a collaborative, communicative, co-operative and multidisciplinary team approach is encouraged in all acute, long-term and home-care settings. Each discipline has roles and responsibilities. Overall, an effective treatment plan is devised and implemented with a best-designed, best-planned and best-assigned approach to which each of the team members adheres. Compliance to the specialized

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treatment protocol is encouraged for both the patient and the health-care provider. In this model, nurses become more directive and decisive, resulting in a more nurse-driven process, and there is a strong and consistent link regarding wound caring within the community-care setting.

To ensure this approach remains effective, we promote empowerment through education. Through continual educational upgrading and the following of the principles of wound care based on research and best practices, our wound/skin-care management and intervention have changed significantly. We believe in the strategy that education of a patient, caregiver and health-care provider is the key to a proactive program of prevention and timely and appropriate interventions.

We make sure we are constantly exposed to different trends in wound-care management and best practices by participating in research, case studies, poster presentations

As a team, we have turned to both science and art to guide us in caring for our patients with wounds.

and product evaluation. Due to innovation and the high-tech health care we provide, we consider ourselves to be advanced wound carers. We have turned to both science and art to guide us in caring for our patients with wounds. We consistently demonstrate a commitment to our patients, their families and health-



Regional Wound/Skin Care Committee. From left to right. **Sitting:** Goldie Bath, Nurse Manager; Delilah Guy, Chair; Madeline Adams, Team Leader; Edith Norman, Staff Educator. **Standing:** Wanda Curlew, Team Leader; Joan Stoyles, Dietitian; Karen Bennett, Occupational Therapist; Eydie Parsons, Nurse Manager; Shirley Nolan, Supervisor, Long-term Care; Dr. John Haggie, General-Vascular Surgeon; Marlyce Green, Facility Manager, Long-term Care. **Absent:** Faye Best, Surgical Team Leader; Arlene Martin, CCU/ICU Team Leader; Nancy Wright, Continuing Wound Care Nurse; Brenda Howell, Nurse Manager, Long-term Care.

care providers, and are bound to a high standard of practice.

What Have We Accomplished?

As the governing body, we have made great changes in wound caring in our region. The following are the highlights:

- Adaptation of the regional wound/skin-care manual
- Creation of the regional poster aimed as a guide for wound/skin-care management
- Regional standardization of categorized products for cost effectiveness
- Regional standardization of wound support surfaces and appropriate mattresses for wound prevention
- Purchase of specialized beds for compromised sites (ICU/palliative orthopedics units) for wound prevention as well as accessibility and availability of wound carts to all units to save nurses time and effort
- Consistent educational development in the area of wound care for RNs and LPNs
- Creation of a regional computerized wound/skin tool guide for consistent assessment and documentation
- Policy on Photography 2002 for accurate wound assessment and documentation
- Policy on Skin Breakdown Prevention, Braden Scale by Computer 2003 for prevention and intervention
- Regional Prevalence Study 2002 (first in Newfoundland)

for quality assurance and Pressure Ulcer Prevention (Study results: Acute care: 4.9% compared with AHCPR of 9.2%; Long-term care: 4.2% compared with AHCPR between 9% and 23%)

Summary

The changes we have made in wound care throughout our region have had a significant positive impact on our patients with wounds. As a team, we will continue to be committed to helping patients with wounds by optimizing the healing process, using a consistent, current, co-operative and co-ordinated patient-centred approach.

The advancements in wound care in our region have made us all very proud of our accomplishments. We are hopeful that our story can serve as an inspiration to others. ☺