



New Zealand Wound Care Society Newsletter

Issue 24 - Mar/Apr 2016

Welcome

Welcome to the second NZWCS Newsletter of 2016. We hope you enjoyed the Jan/Feb issue.

This month the focus is on **Getting to** grips with **GRAFTS**.

All content will be at the discretion of the Editing team.

A note from the President

Dear Colleagues

Hello from sunny Dunedin! It is so wonderful to be able to enjoy those long summer evenings. The society has been very busy even during the Christmas holidays for example:

Inside this issue

- Welcome
- From the President
- Bullet points from National Committee meeting held on 15th February 2016

Gaining access to WP&R Journal

- STOP PI Day Photo Competition winners
- Focus Topic Getting to grips with

Articles for Tissue Issue to be submitted to:

Jeannette Henderson administrator@nzwcs.org.nz 2 weeks prior to issue.

The Pressure Injury Group had several teleconferences to:

- discuss the national seminar tour in April on PI which will be led by the international renowned wound expert Prof Keith Harding
- Prepare for the national designated auditing agencies education days in March

The Leg Ulcer group: A number of members are busy reviewing articles for the updated international venous leg ulcer guidelines

Conference 2017: We are very fortunate that Wayne Naylor has put his name forward as the convener for the national conference next year. The conference committee will be meeting for the first time on Tuesday 16 February

PHARMAC Wound Care Group: The group met early February reviewing compression support systems all day long

KPMG Pressure Injury Report: The Health Quality & Safety Commission (HQSC) engaged KPMG to provide a clearer picture of the economic and social harm caused by pressure injuries in New Zealand. The wound care society was closely involved providing expert advice directly or at regional workshops.

What is the New Zealand Wound Care Society?

The NZWCS is a voluntary organisation made up of health care professionals from a variety of disciplines who share a common interest in wound management. As an organisation it gives its members an opportunity to share experience, expertise and knowledge providing a forum to network with other members throughout the country.

Currently there are thirteen branches New Zealand-wide. Each has an area coordinator and a national committee member. The area coordinator is responsible for coordinating meetings and seminars for the local branch members, while the national committee member represents each branch at a national level. In some areas these duties are undertaken by the same volunteer.

For more information membership forms visit: www.nzwcs.org.nz

National Committee and Area Coordinators

President - Fmil Schmidt

Vice-President - Prue Lennox

Treasurer - Rebecca Aburn

Area 1 & 2 - Northland & Auckland

Prue Lennox & Alan Shackleton

Area 3 - Waikato

Maria Schollum & Team

Area 4 & 5 - Tauranga & Lakes

Vacant Position

Area 6 - Manawatu/Wanganui

- www.hqsc.govt.nz/ourprogrammes/other-topics/newprojects/pressure-injuryprevention The full report is available on the HQSC website:
- A very succinct Q +A version can also be viewed using the following link:

www.hqsc.govt.nz/assets/Pressure-Injuries/PR/pressure-injury-report-QAs-Jan-2016.pdf

 Nominate an expert representative for a MOH pressure injury prevention advisory group

Best wishes,

Emil

Desley Johnson

Area 7 - Taranaki

Chris Gruys & Suzanne Smith

Area 8 - Wellington & Lower NI

Kate Gray & Paula McKinnel

Area 9 - Nelson & Marlborough

Susie Wendelborn, Noreen Sargent &

Melanie Terry

Area 10 - Canterbury

Pam Mitchell & Cathy Hammond

Area 11 - Otago

Rebecca Aburn & Anne Sutherland

Area 12 - Southland

Mandy Pagan & Phylis Harvey

Area 13 - Hawkes Bay & East Cape

Wendy Mildon

Web Management - Wayne Naylor

Administrator - Jeannette Henderson

administrator@nzwcs.org.nz

Bullet Points of the Minutes of the last National Exec meeting held 15 February 2016

President's Report:

- Wayne Naylor to be convener for the NZWCS conference Nth Island in May 2017.
- All our various sub-committees have been very busy over the last couple of months

Leg Ulcer Advisory Group (LUAG)

 Small Working Groups are still working on critiquing the literature for the update of the Venous Leg Ulcer Guidelines Monetary contributions to the updating of the VLU Guidelines are being sought from all 4 parties (Australia, New Zealand, Singapore and Hong Kong).

Pressure Injury Advisory Group (PIAG)

- NZWCS involved with the Ministry of Health, HQSC and ACC in providing education sessions in April on Professor Keith Harding's 'Pressure Injury Prevention' tour
- NZWCS also presenting at the DAA Group's (providers of quality & risk management auditing services) education sessions in March
- Pam Mitchell nominated to represent NZWCS on the MoH 'Action Plan Pressure Injury Panel'
- The MOH liaison requested Mandy to write an article on the auditing of standard mattresses and utilising a higher spec mattress to prevent pressure injury for the HealthCERT bulletin.

Treasurers Report

- Current Account = \$20,703 as at 29th February 2016. We transferred \$60,000 into the Term Deposit account. Income over Dec, Jan & Feb due to renewals and Study evenings in Waikato & Canterbury
- Investment Account = \$128,592 as at 29th February 2016

Conference 2017

 Wayne Naylor to be convener on the 8th National Conference. The first meeting of the 2017 Conference Organising committee to be held on Tues 16th Feb 2016

Demographic Survey of Society Members

- It was felt that, as a Society, we did not know enough about our members and so
 we will conduct another survey. The questions need to be carefully worded and we
 need to know what we will do with the information gathered.
- It was suggested that this be the first job of the EAG when formed

Education Advisory Group (EAG)

An Expression of Interest bulletin to join this group has been sent out via Mailchimp
 closing date 22 February 2016. A reminder will be sent out this week

Tissue Issue

- The next Tissue Issue focus on 'Getting to grips with grafts' articles are required by the end of February.
- Any other items that we feel should be included also needs to be submitted by end
 of February.

AGM

The date has been set for the next AGM – Thursday 26th May 2016 via Teleconference at 7pm. Voting for Treasurer, National Committee & Area Coordinators for Areas – 3, 5, 7, 10, 11 will take place before hand. Voting papers to be uploaded to the website.

Wound Practice & Research Journal Access

Access to the 'Wound Practice & Research Journal', produced by Wounds Central, the website for Wounds Australia (formerly the Australian Wound Management Association) is now only available as an e-journal.

To access this journal you need to login to the NZWCS website and follow these steps:

- Once you have gained access to the www.nzwcs.org.nz website using your
 'Username' & 'Password', click on 'Journal Access' on the right hand side under
 'Members Area'.
- Click on the words 'Wound Practice and Research'
- On the information page click on the words 'Wounds Central Wound Practice and Research'
- This will take you to the Journal page where you can select to read the current or past issues of 'Wound Practice and Research'.
- Once you have chosen the issue you wish to read, scroll down for a list of articles and download those article that you are particularly interested in

If you have forgotten your username and/or password, please get in touch with Jeannette, our administrator for assistance.

Colplast Biatain Literary Award Winner

Congratulations goes to our very own Mandy Pagan of Southern DHB for being awarded the

Colplast Biatain Literary Award for best literature review for her article entitled 'Wound programmes in residential aged care: a systematic review'

To read Mandy's article please follow the link below. Mandy's is the 2nd article down.

Wound Practice and Research Journal Volume 23 issue 2

STOP PI 2015 Photo Competition Winners



STOP PI 2015 Photo Competition Winner - Taranaki DHB

Staff from Taranaki District Health Board receive a copy of *Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline* presented to them by the NZWCS following the STOP Pressure Injury Day in November 2015.

Staff were also presented with a basket of goodies which was gratefully received. Left to right: Karen Crowe (Ward Administrator), Robert Bolton (Clinical Nurse Coordinator/Wound Resource Nurse AT&R), Julia Ray and Antony North (both Wound Resource Nurses Orthopaedics)

FOCUS TOPIC - GETTING TO GRIPS WITH GRAFTS

Donor Site Dressings

Donor Site Dressings:

Pauline Beldon's 2007 technical guide titled *What You Need to Know about Skin Grafts* and *Donor Site Wounds* is an excellent fact sheet with sensible and practical knowledge outlining the management of skin grafts and donor sites. The overarching principles of graft and donor site care are set out concisely.

Given that the guide was written in 2007, there has been progress made in some of the more advanced wound care dressings.

This article will discuss the management of the more common donor site wound- the thigh donor site.

A donor site is a surgically created acute split thickness (all of epidermis and variable depth of dermis) or full thickness (all of epidermis and all of dermis) removal of skin for transfer to another area of the body. The normal cascade of re-epithelialisation in acute wound healing is generally timely and sequential. Because of the ability of donor sites to heal quickly they are valuable for skin harvesting for both smaller and larger wounds.

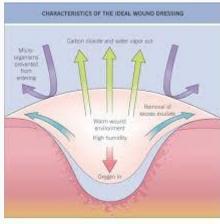


The selection of a donor site is dependent on skin quality, colour match and concealment. Harvesting is by way of a manual harvesting knife or dermatone, or a power driven harvesting knife.



Once the skin is harvested and haemostasis is achieved, a pressure dressing is applied. Donor site dressings are left with this compression to reduce pain and ooze, and to achieve a favourable moisture balance while re-epithelialisation occurs. Often the site is the patient's thigh.





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Dressings have historically included application of retention sheets- hypo-allergenic polyacrylate adhesive dressings which adhere reliably to the donor site. They are air and moisture-permeable, have a soft backing material of non-woven polyester which conforms to body contours. They are applied directly to the donor site, or applied over a primary interface low adherent tulle dressing, then padded with outer dressings which can be changed as necessary, leaving the primary dressing undisturbed for approximately ten to twelve days.

Retention sheets are not always packaged in a sterile format, and their general use in general wound care is to secure dressings.

One of the challenges in wound care associated with donor site management has been to achieve consistency in clinical practice.

The biggest challenge would appear to be the removal of retention sheet dressings, often in the community if the patient has been discharged. Literature suggests the application of oil the night before removal will lift the dressing sufficiently to facilitate removal.

Other primary dressings used in donor site management include hydrofibres eg *Aquacel*, calcium alginates eg *Kaltostat*, foams eg *Allevyn*, and tulle dressings eg *Cuticerin*. Calcium Alginate dressings in particular have a tendency to become adhered to the wound bed if left in place longer than twenty-four hours and subsequently very hard to remove.



The advent of soft silicone dressings has evolved into a group of non-adherent atraumatic wound contact layers which reduce pain on removal. Of particular use in donor site management is the *Mepilex Transfer* dressing in either plain or silver presentation.





As the name suggests the product transfers wound fluid through the foam into a simple outer dressing, which can be changed as required, leaving the *Mepilex Transfer* in place. On day ten to twelve the dressing can be simply washed off, often in the shower if the patient is able to shower. Not all organisations are poised to use this group of dressings given financial constraints in health care.

The principles of dressing management in donor site care must include accurate documentation so the nurses assisting removal of donor site dressings know what they are presented with, thus avoiding unnecessary tissue trauma during removal of dressings.



Patients move through many layers of health care these days, including earlier discharge to community settings, transfer from other District Health Boards, care in specialised burn units, and management in primary organisations. Delivering consistency in wound care will optimise patient outcomes.

References

Miraliakbari.R. & Mackay, D.R. (2006) Skin Grafts, Operative Techniques in General Surgery 8 (4).

What you need to know about skin grafts and donor site wounds

Check out this link to a 7 page downloadable article:

http://www.woundsinternational.com/media/issues/231/files/content_196.pdf

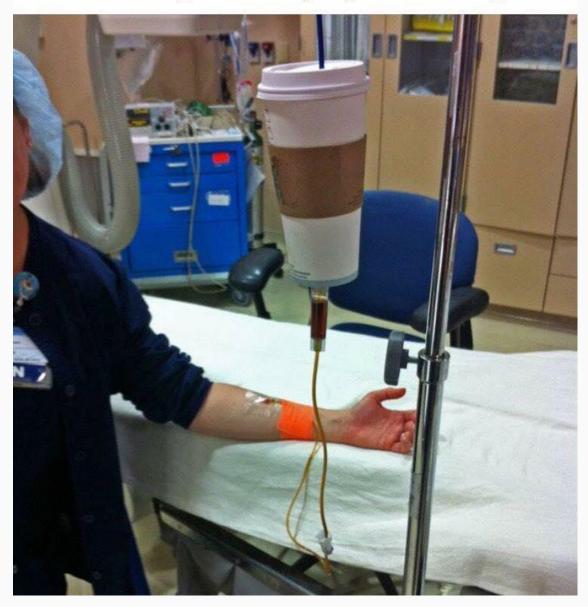
FUTURE TOPICS FOR TISSUE ISSUE

These are in date order but not set in stone.

- Wounds in the elderly May/June 2016
- Spotting a skin cancer July/Aug 2016
- Decoding diabetic foot ulcers Sept/Oct 2016
- Preventing pressure injuries Nov/Dec 2016
- How to heal: Fistulas / Pilonidal sinuses / Dehisce abdominal wound - Jan/Feb 2017
- Focus on infection Mar/April 2017
- Leg Ulcers overcoming the key challenges May/June 2017
- Feeding your wound understanding nutrition July/Aug 2017
- Best practice with burns Sept/Oct 2017
- A 'Pressure Injury' related topic Nov/Dec 2017

AND FINALLY! Found on 'The Nurse Path' on Face Book

This is how we get our staff going in the mornings....



To Contact the New Zealand Wound Care Society please email administrator@nzwcs.org.nz

- Email all 'Rename Tissue Issue' entries (clearly marked)
- Email all contributions to future newsletters 2 weeks before issue release

Take note that just a part of the message is displayed. To view the entire message, click here

