August/September 2016

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# Tissue ssue Society

New Zealand Wound Care Society Newsletter

Issue 26 - August/September 2016

#### Welcome

This month the focus is on **Infection Continuum/Antimicrobial Stewardship** From **July** 'Tissue Issue' will be edited by

the Education Advisory Group (EAG). It will continue to be bi-monthly. Tissue Issue hopes to keep you, the readers, better informed on what is going on within the Society and focus in on topics that affect us all in our working lives. All content will be at the discretion of the editing team.

From the President

#### **Dear Colleagues**

## Inside this issue

- Welcome
- From the President
- Bullet points from National Committee meeting held on 13 June 2016
- NZWCS National Conference Details
- Tissue Issue Renaming
- What's On around the Society
- Webinars in August
- Focus Topic Infection Continuum/Antimicrobial Stewardship

Greetings from a wintry Dunedin. It is with great pleasure that I welcome you to the August/September edition of tissue issue. I would like to thank all the contributors for their hard work in putting this very informative newsletter together. We know that all of you are busy so we try to keep the information provided to you succinct. If you would like to get more detailed information just sign in to the 'Member' section of our website. There you will find the full minutes of all the meetings.

Best wishes,

Emil



## Articles for Tissue Issue to be submitted to: Jeannette Henderson administrator@nzwcs.org.nz 2 weeks prior to issue.

# 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: <u>www.nzwcs.org.nz</u>

National Committee and Area Coordinators President - Emil Schmidt Vice-President - Prue Lennox Treasurer - Rebecca Aburn Area 1 - Northland Karen Devine & Trudy Eldin Area 2 - Auckland Prue Lennox, Alan Shackleton & Liz Milner Area 3 - Waikato Maria Schollum & Team Area 4 & 5 - Tauranga & Lakes

Dawn French, Jane Edwards & **Tracy DeRohan** Area 6 - Manawatu/Wanganui **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 & Jan Johnstone 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 13 June 2016

#### **President's Report**

• There was no President's Report for this meeting. To see the full President's Report from the AGM held on 26 May 2016 please <u>click here</u>.

#### Leg Ulcer Advisory Group (LUAG)

• Awaiting for 'Wounds Australia' (formally AWMA) to contact with regards to funding of the updated Guidelines

#### Pressure Injury Advisory Group (PIAG)

• Looking into printing of Int'l Guidelines in NZ

- STOP PI Day will go ahead on Thursday 17 Nov 2016
- Expert Panel Forums are to be held around the country starting with Christchurch on 27th June 2016

## **Education Advisory Group (EAG)**

• Looking at Free Education that is available on-line to be able to channel this through to our members on our website.

## **Treasurers Report**

- Current Account = \$7,784.12
- Investment Account = \$128,592 as at 13 June 2016

## Conference 2017

- Theme 'Clearing the Air dispelling the myths'
- Confirmed keynote speakers are: Geoff Sussman, Keryln Carville & Rod McLoud.

## Tissue Issue

- The Education Advisory Group will take over the editing of Tissue Issue as of July 2016.
- The 'Renaming Competition' the National Committee to choose their top 5 these will then go out to the members to vote on. The winner will be announced in the next issue of Tissue Issue.

## AGM

- The AGM went ahead on the 26 May 2016 with over 30 members present on the Teleconference.
- The Annual Report 2015-2016 was gone through
- Action points from the AGM
  1. look into the subscription fee of the NZWCS. What do we offer and compare this with what other Societies offer.
  - 2. Each area to announce number of members in attendance at the AGM 2018

## SAVE THE DATE NZWCS 8th National Conference May 2017

Where - Energy Events Centre - Rotorua When - Thursday 18 - Saturday 20 May 2017 Theme - 'Clearing the Air – dispelling myths and misconceptions in wound care' Keynote Speakers:

- Professor Keryln Carville
- Assoc. Professor Geoff Sussman
- Professor Rod MacLeod

Abstracts: start thinking about submitting an abstract of your research, practice development or quality initiative. This is a great opportunity to present your own work. We shall be calling for these at the end of October 2016.



## TISSUE ISSUE RENAMING

## Top 5 names preferred by National Committee in no particular order

- 1. Tissue Issue
- 2. Pressure Relief
- 3. Tuned into Wounds
- 4. Wound Wisdom
- 5. Skin Deep

Please vote for your preferred choice of name and let either your Area Coordinator or myself have your vote. Voting will close on **12th August 2016.** 

## 'WHAT'S ON' - Calendar of events across NZWCS

## JULY

• Thursday 28th - Education Advisory Group meeting 7pm

## AUGUST

- Monday 8th National Committee meeting 7pm
- Mondy 15th Conference 2017 committee meeting 7pm
- Saturday 20th Manawatu Study Day in Palmerston North
- TBA Taranaki Study Day

## SEPTEMBER

- Monday 19th Conference 2017 committee meeting 7pm
- Thursday 28th Taranaki Education Evening 'Diabetic Foot'

## OCTOBER

- Monday 10th National Committee meeting 7pm
- Saturday 15th Southland Study 1/2 Day 9am-12.30pm

## NOVEMBER

- Saturday 5th Otago Study Day 'Ulcer, Dermatitis, Dressings and so much more'
- Thursday 17th STOP PI Day Pressure Injury Awareness Day
- Monday 21st Conference 2017 Committee meeting 7pm
- Tuesday 29th Taranaki Education Evening 'PI vs IAD'

## HealthCERT Bulletin from the Ministry of Health

Please open this link for the latest HealthCERT bulletin APRIL 2016.

http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certificationhealth-care-services/healthcert-bulletin

## Webinars in August

## 3M Health Care Academy

'Skin Integrity Master Class: How to protect vulnerable skin' Tuesday 16th August 2016 at 4.00-5.30pm NZ time <u>click here to register</u>

## Smith & Nephew

'Understanding Biofilms - How the science is changing clinical practice' Wednesday 17th August 2016 at 9pm NZ time (7pm AEST) <u>Click here to register</u>

## **Previous Tissue Issue's**

If you need to access anything from a previous edition of Tissue Issue please go to the NZWCS website. Click on 'Publications' on the top bar to find 'Tissue Issue' in the drop down menu. Click on 'Tissue Issue' this will take you to a page where all previous Tissue Issue's are stored or <u>click here</u>

## 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.

## FOCUS TOPIC Infection Continuum / Antimicrobial Stewardship

## **Infection Continuum**

#### Infection Continuum – Diagnosis, Management of Infection

Carville et al, (2008) in their international consensus document provide definitions for the wound infection continuum- contamination, colonisation and infection which are local, spreading or systemic. This document also provides information on the diagnosis of wound infection by identifying the signs and symptoms for both acute and chronic wounds. There is further guidance on the management of infection which includes the application of topical antimicrobials and systemic antibiotic therapy. Wounds do not always exhibit the cardinal signs of inflammation such as heat and redness but there may be subtle changes in the wound such as friable (bleeding) tissue, an increase in exudate that alert the clinician that bacteria are delaying wound healing. The term 'critical colonisation' is another term used in the literature in relation to the wound infection continuum. It is the term that is used to describe these subtle changes which can delay healing. Australian Wound Management Association Position Paper (2011) places 'critical colonisation' on the continuum between colonisation and local infection.

Australian Wound Management Association Inc. (2011). *Bacterial impact on wound healing: From contamination to infection.* Position Paper. Available from: <u>http://www.awma.com.au/publications/2011 bacterial impact position 1.5.pdf</u>

Principles of best practice: Wound infection in clinical practice. An international

*consensus.* Available from Wounds International or clink on this link: <u>http://www.woundsinternational.com</u>

## **Antimicrobial Stewardship**

#### Antimicrobial Stewardship:

The aim of antimicrobial stewardship programmes is to improve patient outcomes and is the reduce side effects of antibiotic use such as resistance and toxicity (*cdifficle*). Antimicrobial stewardship is the responsibility of all health care workers we have slowly be developing resistance to antibiotics since penicillin was developed. Over the last 30 years only 2 new antibiotic classes have been discovered and we are increasingly having to use our "last resort" antibiotics, such, as Carbapenems. We now have known cases of Carbapenem Resistant bacteria known as (CRE). World Health Organization (WHO) report in 2014 on the state of antimicrobial resistance warned of a post antimicrobial era. It is important that health professionals are aware of this and are measured in the prescription of antibiotics.

As wound care becomes more complicated so does treatment a recent case in the diabetic foot clinic was an example of this. A skin tear was the original wound- 5 months under ACC in the community with 8 weeks of continuous antibiotic use. This patient was a type 2 diabetic with underlying vascular insufficiency suffering from long standing pain issues around wound (on oral analgesics not sleeping at all) 3 weeks in bandaging pain resolved and wound reduced by half. The effects of antibiotic use had led to recurrent thrush and urinary infections these are also now resolved. By assessing the underlying condition and treating with appropriate therapy there will be improved patient outcomes and as health professionals we have a huge part to play in this. This is a short overview of antimicrobial resistance.

#### Antimicrobial Resistance

Antibiotic / Antimicrobial resistance is the ability of microbes to resist the effects of drugs. Some populations are at greater risk than others, no one person can completely avoid the risk of antibiotic-resistant infections. Infections with resistant organisms are difficult to treat, are costly and treatments can be toxic to patients. Bacteria are very clever and find ways of resisting the antibiotics that have been developed. Now is the time to take action to prevent new resistance from developing and to prevent current resistance from spreading.

#### **Bacteria and Microbes**

Microbes found everywhere on Earth and are not visible to the naked eye. There are

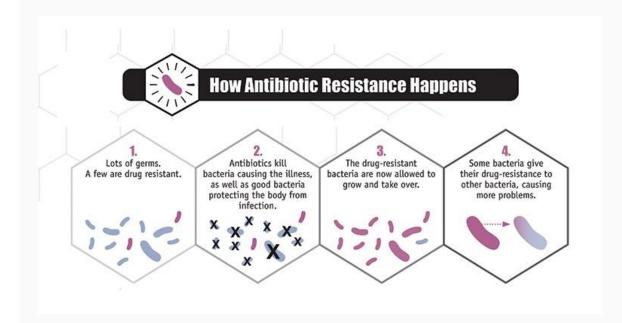
many types of microbes: bacteria, viruses, fungi, and parasites. While most microbes are harmless and helpful to living organisms, some can cause disease among humans, animals, and plants. These disease-causing microbes are called pathogens; sometimes they are referred to as "germs" or "bugs." All types of microbes have the ability to develop resistance to the drugs created to destroy them, becoming drug-resistant organisms.

#### **Drug Resistance**

The use of antibiotics is the single most important factor leading to antibiotic resistance around the world. Simply using antibiotics creates resistance. These drugs should only be used to manage infections.

## Facts

- Antibiotics are among the most commonly prescribed drugs used in human medicine and can be lifesaving drugs.
- Up to 50% of the time antibiotics are not optimally prescribed, often done so when not needed, incorrect dosing or duration.
- The germs that contaminate food can become resistant because of the use of antibiotics in people and in food animals. For some germs, like the bacteria *Salmonella* and *Campylobacter*, it is primarily the use of antibiotics in food animals that increases resistance.
- There is a link between antibiotic use in food-producing animals and the occurrence of antibiotic-resistant infections in humans.



#### Antibiotic Stewardship Programs:

Described as "coordinated interventions designed to improve and measure appropriate use of the antibiotic agents by promoting the selection of optimal antibiotic regimens including dosing, duration of therapy, and route of administration" (Barlam st al 2016).

- Improved patient outcomes
- Targeted care
- Reduced adverse events such as c-difficlie infection
- Improves resource utilization across the continuum of care

#### References:

http://www.apic.org/Professional-Practice/Practice-Resources/Antimicrobial-Stewardship http://www.cdc.gov/drugresistance/about.html

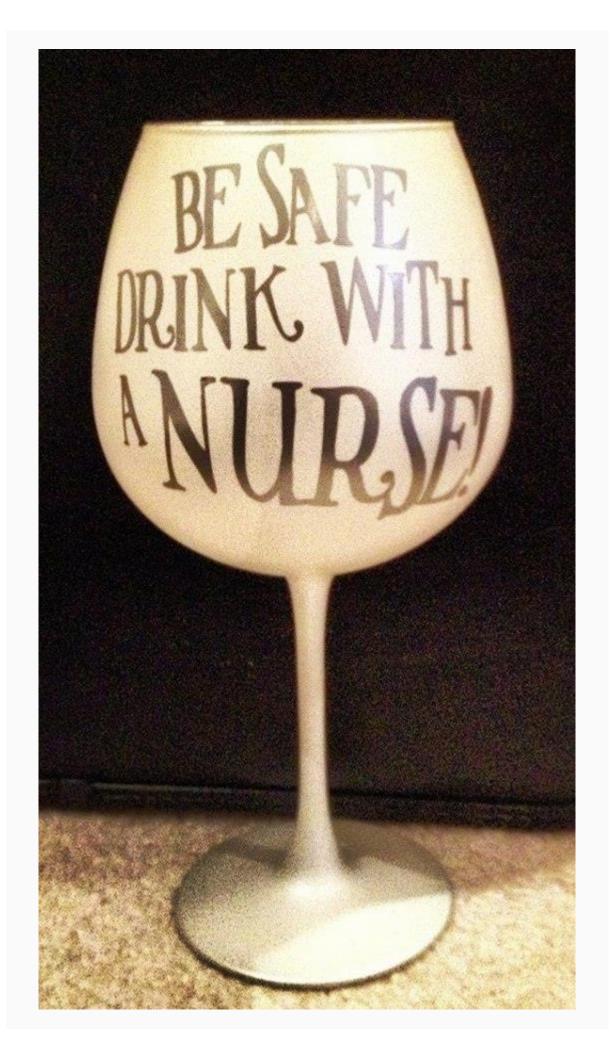
## **FUTURE TOPICS FOR TISSUE ISSUE 2016**

These are in date order but not set in stone.

- October/November 2016 Pressure Injury Focus
- December 2016 no issue
- January/February 2017 Antimicrobials Dressings / Honey
- March/April 2017 Adjunctive Therapies

## **AND FINALLY!**

Found on 'The Nurse Path' on Face Book



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

• Email all contributions to future newsletters 2 weeks before issue release

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