



Welcome

Welcome to the August edition of *Tissue Issue*. Another big edition with plenty of reading material alongside useful links and research abstracts from free online sources. Thanks to all our contributors and special mention to Covidien for sponsoring this edition. Printing, production and postage of *Tissue Issue* is expensive and company sponsorship is invaluable in enabling this to happen. In particular this is a tribute edition for our retiring members and newly elected members. Wound care is a valuable community that works together to ensure best patient outcomes.

I hope you enjoy this edition. As always I would love to hear from you with any news, views and articles for future editions.

Rebecca Aburn (Editor)

President's Report

Welcome to all the new members, returning area co-ordinators as well as all national committee members following our recent AGM in Auckland.

This is my first report as your new president. I am sure that it will take me quite a few months to find my feet. So, please be patient.

I would like to thank Wayne and the committee members already for supporting me through the first few weeks. The amount of information coming in from all four corners of the world is huge and quite a challenge to get through it at times.

The 6th national wound care conference in Auckland was a huge success. The overall feedback has been excellent, both from the participants and the industry exhibitors. The industry exhibition was the largest we ever had. Wasn't it great to see all the hustle and bustle during the sessions at the exhibition centre? The key note and invited speakers were excellent. And we are getting so much better organizing those tricky workshops. Once again, a huge thank you to the organising committee for working so hard to put together such a fantastic conference and especially to Prue as our convener. Her dedication to this event was second to none.

But nothing is perfect and so we will reflect what we can do better next time round in 2014. For example, personally I would like to extend the party time to well after midnight. We will see.

I am pleased to report that the handover of my treasurer portfolio to Rebecca is now complete. This process has taken longer than anticipated. Bureaucracy is well and truly alive at BNZ e.g. it took six months for us to arrange for Jeanette our administrator to have access to our accounts. Rebecca and Jeanette will do a fantastic job of looking after our financial affairs.

My first duty as president was to respond to the recent proposal from Pharmac and this has involved me in both my DHB role and this role. We were asked to provide initial feedback regarding their proposals. Many members have been involved in this process, so thank you to all of you who have so far provided feedback. It is thanks to the hard work of our past president Wayne Naylor that we are routinely consulted in this way. By raising the awareness of the organisation both nationally and internationally we are now involved in many advisory groups.

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Editor of Tissue Issue

Rebecca Aburn

cjraaburn@xtra.co.nz

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 fourteen 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

The views expressed in this newsletter are not necessarily the ones held by the New Zealand Wound Care Society.

We are able to have a direct impact on the future of wound care not only in NZ and Australia but let's face it, worldwide. The commitment of each member, area coordinators and national committee members contributes to overall success of society. As nurses we are aware that indeed it is team work that makes the impossible possible.

We would like to dedicate this edition of Tissue Issue to Pip Rutherford. Pip has dedicated her life to the advancement of wound care within Hawkes Bay, New Zealand and throughout Australasia. As a Nurse Practitioner her counsel on wound care issues is thought by many.



I was privileged to witness her mastery of skills working with Pip for a week way back in 2005. Oh my god, I thought what an amazing person. And what impressed me the most, apart from her immense knowledge and organisational skills, was her total dedication and compassion to the people she cared for. Her dancing skills at the conference ball are also worth mentioning. And her sense of humour which is evident in the following reflection of her working life.

Pip, we wish you the best of health and lots of fun, for a well deserved and very long time of new adventures.

Emil Schmidt (President)



From the Leg Ulcer working Group

Please provide information regarding education you have delivered that incorporates or is based on AWMA publications (therefore for Venous Leg Ulcers or Pressure Injuries). http://www.awma.com.au/publications/education_survey.php.

From the Pressure Ulcer Working Party

Remember the upcoming pressure awareness day
November 21st!!!

Pressure Ulcer Guidelines update

1. First Do No Harm — a project being undertaken in the Northern Region DHBs to improve patient safety. One of the objectives is to reduce pressure injuries alongside other preventable harm www.firstdonoharm.org.nz



2. The most recent issue of Wounds UK has several articles detailing a successful “Stop the Pressure” campaign. More can be read and the materials viewed here: http://www.wounds-uk.com/pdf/content_10846.pdf. Free downloads to all articles.

Please be assured we will be using the term pressure injury here in NZ — the logo on the left is the global version!

Websites of Interest

<http://www.woundupdate.com>

www.wounds-uk.com

New Zealand Family Physician features two articles — one about leg ulcers and pressure ulcers check under ‘search’ to find these

<http://www.rnzcgp.org.nz/news/nzfp.php>

Ostomy Wound Management is a free online (and subscription for paper copies) US journal <http://www.owm.com/>

World Wide Wounds — a free online wound journal <http://www.worldwidewounds.com/>

www.woundsinternational.com

The theme of the conference enabled the participants from all areas of health care to benefit from the varied and interesting speakers. Thank-you to the organising committee for their excellent planning and hard work to ensure a successful conference.

Professor Greg Schultz who has published over 300 research papers, chapters and review articles and recognised innovative leader in the area of microbicidal coatings started the conference off with his impressive sessions on “Molecular Regeneration of tissue repair” and then followed it up with even more thrilling session on “Identifying and treating biofilms”, and finished the conference with an amazing session on “Advances in wound diagnostics” leaving us all very excited about the future of wound management.

Dr Stephen Mills presented a Plastic surgeon’s view of wounds: “Making them and fixing them” using innovative ways to improve patients overall well-being. He talked about keeping it simple and taking control of the dead tissue debride then use product to cover and protect this new healthy tissue. Take home message was “keep it simple and take control”!

Professor Neil Pillar was next and in detail he explored lymphoedema and oedema and the anatomy and physiology, different types of lymphoedema, the importance of assessment and patient history in order to enable good management of symptoms. He had enthusiasm and his sessions were entertaining and extremely informative. Treatment options were explored and we are all armed with some great ideas. He also explored the importance of diet affecting lymphoedema and how this affects the lymph flow.

Professor Roy Kimble presented “Management of paediatric burns” and “Complex wounds in children”. Using case studies he demonstrated how he and his team had achieved amazing outcomes and innovations in wound practices and enabled him to improve management of paediatric wounds. He showed how the use of NPWT to immobilize the limb as well as wound healing to improve grafts and prevent contractures. Research in the burns unit has shown the ideal length of time to cool a burn is twenty minutes using water between 2–15 degrees Celsius. This can happen any time within a 3 hour time frame from injury. It also has been found to have an analgesic effect and can reduce the depth of the burn. They also researched pain management and how to better manage children’s pain at dressing time and by reducing their pain how they improved healing times. I especially like the programme they had developed that allowed the children to be involved in their care.

Wayne Naylor presented on “Palliative wound care” asking us to think about outcomes and what is achievable changing the goal posts. How by improving quality of life for patients with palliative wounds with good wound care practices we can achieve better outcomes for our patients.

Christina Cullen Dietician — “The impact of diet and dietary supplements on wound healing”. This was interesting and showed how the benefits of good nutrition can affect healing times.

Julie Betts presented a session on “Demonstrating clinical competence in leg ulcer assessment” and the development of a regional data base to better capture the increasing workload of district nursing due to anecdotal evidence of increased lower leg ulcer referrals.

Breakout sessions all had great feedback and again demonstrated how active we are in New Zealand developing guidelines and improving patient outcomes with innovative ways of healing difficult and complex wounds. Congratulations to Felix Mariano who won the abstract sessions very closely followed by Julie Betts who was highly commended.

Day 2 started with AGM for NZWCS where Emil Schmidt formally the treasurer was voted in for president. Wayne has stood down, congratulations on his new role and all the best for the future and a big thanks for all the Amazing work that he put in while president.

A big goodbye and thank you to retiring wound care nurse practitioner (guru) Pip Rutherford fantastic knowledgeable and generous member of the society will be missed greatly.

Back to the speakers. Day 2 we again had workshops which are always popular with the members and feedback from these was awesome well done to those who presented.

Overall the venue and conference organisers was hard to fault the conference dinner and entertainment was another stand out felt like we were on a cruise and Julie Betts our cruise director!!!



Tribute to Pip Rutherford and published with her permission

Recently the NZWCS had a long time member who has donated much of her time and energy to both the society and development of wound care in New Zealand and overseas has retired.

“There is a nurse we all know with knowledge, with wisdom and to this day we admire this woman and wish her well in the Bay she is such good fun, witty too and shoots from the hip about to retire our girl Pip everyone is hoping and wishing it was not this way but Nurse Rutherford, class of 1965, is excited about waking up each day to relax or to potter to garden or to read to take the day as it comes at a more leisurely speed and, knowing all that she knows and so willingly shared Pip’s nursing legacy is that she very much cared.”

To help celebrate her contribution to nursing and get a snapshot of the changes, with her permission we are publishing her article on then and now.

Setting a scene 1965. The Good Old days	Setting a scene 2011. The here and now days
<ul style="list-style-type: none"> NZ have troops in Vietnam. Australia and New Zealand signed a Free trade agreement NAFTA. NZ’s last steam train left Wellington for Auckland. First Astronaut walked in space (Russian). Winston Churchill died. Butter cost 2/- per pound. A slim fresh faced young woman started nursing training in NZ. 	<ul style="list-style-type: none"> NZ have troops in Afghanistan. NZ can now send Apples to Australian markets! New Electric Train Centre for Auckland City. Paying customers can now go into space. Elizabeth Taylor died. Butter costs \$4.25 per 500g. A rounder, wrinkled older woman is still nursing in NZ having registered as a Nurse Practitioner in 2004.
<ul style="list-style-type: none"> Saturday shift, busy surgical ward with total staff of 2 student nurses and one hospital aide to provide patient care. Mr Robert Smith admitted with pressure sore. 	<ul style="list-style-type: none"> Monday morning, busy surgical ward. Bob Smith admitted with pressure injury sacrum. Request from university nursing student on clinical experience for advice and mentoring from NP.
<ul style="list-style-type: none"> Student Nurse straightens her cap on her naturally brown hair, rolls up her long sleeves, cleans and assembles equipment. Requests help from colleague (2nd year student nurse) who was enjoying a cigarette in ward office. Together they lift and roll patient then complete his sponge bath. Following second “shoulder lift” — to protect herself from back injury — straightens cap again and rolls patient to dress his large bedsore. Washes hands using memorised 2 minute technique. Formal introduction to patient Mr Smith, I am Nurse *** and am going to dress your bedsore. Sets up dressing set (trolley metal bowls, instruments, cotton wool balls, Savlon 1:100). Positions patient on side using pillows to support him on hard mattress (horsehair, cool, fibre) with rigid thick striped cover. From memorised techniques removes old gauze dressing. Unsure with clinical presentation and management so seeks guidance from only resource available (2nd year student nurse) Cleans wound with Savlon 1:100. Dresses with clean gauze, secures with sleek or plaster. As a “special treat” Mr Smith is given a massage of reddened hip, elbows and heels using Surgical spirit “to toughen up the skin”. Washes instruments and bowls, sterilises in autoclave and repacks for next dressing. Drapes put into linen bags. Disposes of small amount waste in “ferdi bag”. 	<ul style="list-style-type: none"> Grey haired nurse practitioner and student gather range of disposable equipment and discuss patient’s case, history, risks, and objectives for care. Cleans hands with gel. Greets patient by first name, explains who we are and gets consent. Lowers electric bed head-end and raises bed to working level. Removes old dressing. Cleans hands with gel. Uses hoist to move Bob to shower chair. After shower, hoists Bob back to bed. Alternating pressure mattress in place. Cleans hands with gel. Full patient and wound assessment done in collaboration with student nurse, pressure injury staged as per Pan Pacific Guidelines (2011) digital clinical photography done for electronic record with Bob’s consent. Ulcer irrigated with warmed saline, and negative pressure wound therapy applied. Biochemistry, blood count, radiology reviewed, vital signs, alterations in care plan made after discussion with surgical team. Unsure about aspects of clinical presentation, seeks guidance from newly published Australian and New Zealand Guidelines — downloaded for student nurse to use in her degree programme assignments. Referrals to OT for seating assessment, physio, Kaitakawaenga, social worker, dietician, and plastic surgeon. Disposes of large amount of waste in environmentally friendly recycling bins and/or contaminated waste bags.
<ul style="list-style-type: none"> After completion documents clearly in red pen to denote afternoon shift, “Bedsore redressed, satisfactory, nil untoward”. Ward Sister will check charts on Monday and leave instructions for care following surgeon’s round. 	<ul style="list-style-type: none"> Completes documentation in patient record. (Waterlow Scale, wound chart, size, exudate, tissue type, peri-wound skin, pain, nutrition, mobility, psychosocial, cultural values etc) referrals. Details entered into Trendcare for handovers and reporting. NP dictates letter for typist, clinical photographer emails pictures to typist and this is saved in his electronic record. Printed copy given to Bob and copy emailed to his iPhone.
<ul style="list-style-type: none"> Mr Smith unable to listen to radio as in a 6 bed ward and others are sleeping. For entertainment watches pigeons mating outside his window ledge of hospital tower block 	<ul style="list-style-type: none"> After dressing Bob switches on his iPhone, using ear piece and gets the latest international news and music. For entertainment connects to Skype and watches pigeons mating on window ledge of girlfriend’s hotel in London.
<ul style="list-style-type: none"> Nurse *** (who was unusually for her time a non-smoker) enjoys luke-warm tea from urn, in china cup and a cheese sandwich — Free to staff. 	<ul style="list-style-type: none"> NP stops at “Coffee-on the Go” mobile cafe in foyer and has a cappuccino (with chocolate) in paper cup \$4.00.

NZWCS National Committee & Area Coordinators

Emil Schmidt — President

Pam Mitchell — Vice President

Northland/Auckland: Prue Lennox — Committee Member & Area Coordinator

Waikato: Julie Betts — Committee Member, Angela Carter & Anna Campbell — Area Coordinators

Rotorua/Taupo/Bay of Plenty: Diane Hishon — Committee Member, Lyn Dalton & Karen Tonge — Area Coordinators

Hawke’s Bay: Leonie Smith — Committee Member & Area Coordinator

Manawatu/Whanganui: Desley Johnson — Committee Member, Denise Shailer — Area Coordinator

New Plymouth/Taranaki: Chris Gruys — Committee Member & Area Coordinator

Rebecca Aburn — Treasurer

Jeannette Henderson — Administrator

Wellington: Paula McKinnel — Committee Member, San Gerrits — Area Coordinator

Nelson/Marlborough: Susie Wendelborn — Committee Member, Sue Rossiter — Area Coordinator

Canterbury: Val Sandston — Committee Member, Karyn Ballance — Area Coordinator

Otago: Anne Sutherland — Committee Member & Area Coordinator

Southland: Mandy Pagan — Committee Member, Joanna Hunter — Area Coordinator

See the NZWCS website Committee and Coordinators page for contact details of the National Committee members and Area Coordinators.