



Welcome

Welcome to the November edition of Tissue Issue. Another big edition with plenty of reading material alongside useful links and research abstracts from free online sources. This edition is dedicated to the Pressure Injury awareness day November 21st. As a part of the guidelines release we have incorporated this into this edition. We also wish to thank the companies for sponsoring Tissue Issue editions as printing, production and postage of Tissue Issue is expensive and company sponsorship is invaluable in enabling this to happen. Wound care is a valuable community that works together to ensure best patient outcomes. The executive committee also wishes you a wonderful Christmas and safe New Year. We look forward to working with you all in 2014. Remember to set aside these dates 21, 22, 23 May 2015 in sunny Blenheim.

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

We have a full agenda for this month's meeting which reflects of course how engaged we are as a society and its members on a number of key issues.

The proposed MOU with AWMA offers a timely opportunity to formalize our partnership with our friends in Australia. On that note we also need to endorse Wendy Whites proposed web seminars.

What's on my mind?

I am so busy with my daily practice that I intent to forget about "the bigger picture". That isn't good because, I always believed that as nurses we have an obligation to be politically aware. Let me just mention the intended changes in employment law by the current government rekindles bleak memories of the early 90's. Perhaps, I am not alone with being tired of politics, after the entire turnout for local elections was pretty poor.

Let's have a quick look at item 13 on the agenda: PHARMAC medial devices and how this initiative fits into the wider political agenda.

The centralization of purchasing agreements by the MOH through PHARMAC is slowly but surely moving forward. All of us are busy clinicians and it is difficult to understand the wider political and practical implications those decisions will have on our practice. PHARMAC has identified 3 categories — Wound care, Orthopaedic implants and sutures — in putting national agreements in place. Here is a summary from the PHARMAC web page of their current activities as per 8th October.

Wound care

The national wound care agreements expired on 31 August 2013. Health Alliance is in the process of renewing these agreements with the six suppliers for the next two years with updated price schedules.

There was a strong message from the feedback received in PHARMAC's consultation that there is 'a need, room for and it makes sense for' national standardisation of the wound care range of products.

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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.

To begin this process, products need to be initially placed on the Pharmaceutical Schedule. Therefore, a two-phased approach will be taken as follows:

Phase 1

PHARMAC will be releasing a Registration of Interest on GETS shortly, inviting wound care suppliers to list their wound care products, as per the identified subcategories, onto a Pharmaceutical Schedule. This will simplify commercial arrangements for the DHBs and suppliers.

We do not expect DHBs to change their usage patterns in this first phase unless they wish to do so, however pricing will be transparent via listing in the Schedule and therefore DHBs will easily be able to compare the costs of products.

Phase 2

A clinical advisory group will be established from a nominations/invitation process and will include appropriate representation from wound care clinicians, specialists and societies. This clinical group will help us form some approaches to look at standardization, clinical usage guidelines, and efficiencies for DHBs. I believe that Phase one has been completed. Of course we need to make sure that the NZWS will have a strong voice on that panel.

In the meantime the government is moving with great pace to achieve their goal of more centralization regarding procurement. Under the title "Health finance jobs could go north" the Otago daily times writes that more than 50 finance, supply chain and procurement roles are affected by the Health Benefits Ltd to centralize jobs in a move to save \$ 500 million over a decade.

It has its own board which reports directly to the Minister of Health (HBL also sits on the National health board). HBL has been required by the Minister of Health to make savings in DHBs of \$700m (cumulative) over five years. The Association of Salaried Medical Specialists (ASMS) wrote in September 2011 that in order to make these savings it will "make a quantum shift in the way management, administration and procurement support services are provided".

Don't get me wrong. I am all for saving money by increasing the purchasing power. I have been on national and south island wide procurement project. I can see the benefits of working together. The SDHB has a very active regional wide wound care procurement group since a number of years now.

Clinicians and procurement people have worked together to review all the major wound categories to come up with a wound dressing formulary that fits Otago and Southland patients. And yes, we have achieved savings in the hundreds of thousands of dollars. But, will it be possible to produce a national wound dressing formulary. Perhaps, after all, a patient with a venous leg ulcer deserves the same good standardized treatment in Cape Reinga as in Bluff. But as we can see from the ODT article and the ASMA statement two years ago the huge shift in the way management, administration and procurement support services are provided is in full swing and this process is painful one for many.

Emil Schmidt (President)

Worldwide STOP Pressure Injury Day 2013

By Carol Tweed & Paula McKinnel

Worldwide STOP Pressure Injury (Ulcer) day started in recent years in Spanish speaking countries and became a global event in 2012 supported by the European Pressure Ulcer Advisory Panel (EPUAP) that in turn encouraged other countries to take part. The New Zealand Wound Care Society (NZWCS) participated in 2012 and is doing so again this year to spread the message that pressure injuries are avoidable. The NZWCS has collaborated with international and national organisations as well as obtaining financial support from industry in producing resource materials to raise awareness throughout NZ. We have worked alongside both Capital & Coast District Health Board and Midlands & East NHS (www.stopthepressure.com) who have shared resources to enable us to develop 2 variants of a pressure injury prevention poster — adult and child. The UK (NHS) work has already had end user testing from patients, carers and staff enabling us to quickly pick up on and implement the key themes and messaging. These posters have a clear simple message that is easily understood using the acronym "SKINS" (Surface, Keep moving, Incontinence, Nutrition & Skin inspection).

Internationally this has been incorporated into a care bundle and has demonstrated benefits in reducing the number of pressure injuries. These are the key assessment & management elements alongside (does not replace) a pressure injury risk assessment such as the Braden or Waterlow scales. There are many articles available now demonstrating the benefits of a 'care bundle' approach in many specialities and if you'd like to know more about this topic, see the resource links at the bottom of the page. A recent article by Whitlock (2013) nicely outlines the SSKIN care bundle history, benefits to this approach and the challenges.

It is exciting to see that here in NZ, care bundles to improve patient safety and reduce harm are being implemented in some centres. First Do No Harm, the Northern District Health Board region patient safety group is one excellent example and more information on their great work can be found on their website: <http://www.firstdonoharm.org.nz>. The NZWCS has been working alongside First Do No Harm to obtain feedback on and disseminate the resources we have developed.

Some of you might know that HBL is separate from the Ministry of Health. It is a crown company (listed in schedule 4 of the Public Finance Act).

As part of this, we have also been able to reproduce a patient information leaflet initially developed by Counties Manukau and Auckland DHB.

A special thank you to the following companies who have provided financial support to enable design and printing of the posters (shown below) and patient information leaflets:

- ConvaTec
- Smith & Nephew
- Molnlycke
- ArjoHuntleigh.

Distribution of these resources is being made via the 4 sponsoring companies as well as local NZWCS coordinators and First Do No Harm.

In addition, pdf files of the resources will be available on the NZWCS website alongside hyperlinks to other valuable resources such as guidelines and education material from national and international sources.

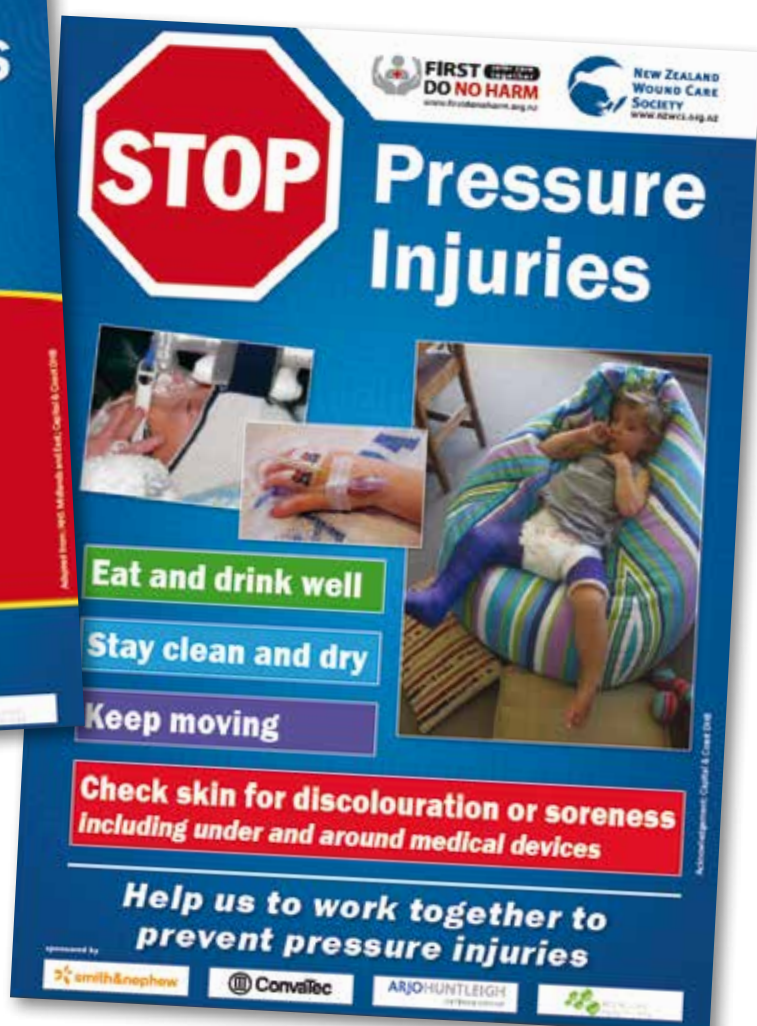
If you would like any of these resources to mark the day in your area please contact your local coordinator or see information on the website:

www.nzwcs.org.nz

References and resources

Whitlock J (2013). SSKIN bundle: preventing pressure damage across the health-care community. British Journal of Community Nursing (Wound Care supplement), September: S32–S39.

Bundles of Care: <http://www.ihl.org/knowledge/Pages/IHIWhitePapers/UsingCareBundles.aspx>



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

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.rnzcp.org.nz/news/nzfp.php>
- *Ostomy Wound Management* is a free online (and subscription for paper copies) US journal <http://www.o-wm.com/>
- *World Wide Wounds* — a free online wound journal <http://www.worldwidewounds.com/>
- www.woundsinternational.com
- *Skincare for all* is a website with a free download booklet (80MB). Nice reading and thought provoking, with excellent photographs — looking at community skin care on a global perspective with a holistic focus.
<http://www.skincareforall.org/>



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

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