



# TISSUE ISSUE

**Issue Seven  
March 2009**

**New Zealand Wound Care Society Newsletter**  
For more information & membership forms visit: [www.nzwcs.org.nz](http://www.nzwcs.org.nz)

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## 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.

## Inside this issue:

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- ❖ President's Report & Scholarship Awards
- ❖ 2009 NZWCS Conference Napier 14-16 May
- ❖ Advanced Wound Care Network feedback
- ❖ Evaluating service delivery - *article*

## Welcome to the seventh publication of Tissue Issue.

A warm welcome to new and existing members.

3M have generously sponsored this newsletter to be printed in colour and to be sent out to all members, thank you 3M.

This issue includes an article I prepared on how we evaluated our wound service from the patients perspective that provided enlightening and surprising information! I presented our survey at the last NZWCS conference in Queenstown in 2007. If anyone is interested in our survey form please contact me for more information. Mandy

## President's Report

Welcome to 2009! I hope everyone has had a well earned break over the Christmas and New Year period. Like myself though, you are all no doubt fully back into work for the year!

The most important thing we as a Society have to look forward to this year is our Conference in May, which is rapidly approaching. I hope you have all taken some time to plan and submit an abstract; this is one of the best opportunities for you and your colleagues to showcase your work to other wound care clinicians from across the country. Also, remember to register for the conference online and encourage your local NZWCS Members and work colleagues to register as well, get in now to secure 'early bird' registration fees!

There have been a few issues with the NZWCS Website over the past two months. This was due to the website being moved to a new server, which allows it to run faster, but several components of the older content management system we have were incompatible. This has largely been fixed and the website is now functioning again. However, with the agreement of the National Committee, I will be employing a web design company to redevelop the website and enhance its utility as an educational tool.

Both the Pressure Ulcer Working Party and Leg Ulcer Working Party will be continuing their work this year. Projects we hope to see completed in 2009 include a pilot of a national pressure ulcer research study lead by Dr Jan Weststrate, and a standardised leg ulcer assessment form and leg ulcer pathway. The Society will be investigating options for ongoing funding of these projects and dissemination of completed work.

Projects I would like the NZWCS to pursue this year include redeveloping the website, investigating new educational strategies, in particular using our website more effectively, developing and instituting an annual NZWCS research grant to support innovative work by Society members, and developing better relationships with the commercial sector to support the Society in achieving its aims, which are:

1. To improve outcomes and quality of life for patients with wound and skin integrity problems.
2. To provide and encourage best practice wound management across all health care settings.
3. To be a recognised voice at national and local level in any issues relating to wound healing or maintaining skin integrity.

## **NZWCS National Committee & Area Coordinators**

**Wayne Naylor** President  
**Emil Schmidt** Treasurer &  
Area Coordinator Dunedin  
emils@healthotago.co.nz  
**Jeannette Henderson**  
Administrator

**Liz Milner** Committee Member  
& Area Coordinator Auckland  
**Rowena McGarth** Committee  
Member Waikato  
**Angela Carter & Anna  
Campbell** Area Coordinator's  
Waikato

**Diane Hishon** Area  
Coordinator Rotorua/Taupo/BOP  
**Christine Cumming** Area  
Coordinator Manawatu-  
Wanganui & **Desley Johnson**  
Committee Member

**Chris Guys** Area Coordinator  
New Plymouth / Taranaki  
**Paula McKinnel** Committee  
Member & **Carol Tweed** Area  
Coordinator Wellington  
**Pip Rutherford & Marilyn**

**Harkness** Area Coordinator's  
**Sue Rossiter** Area  
Coordinator Nelson

**Cushla Arnot** Committee  
Member & Area Coordinator  
Nelson / Motueka

**Dawn Sutton** Area  
Coordinator Canterbury &  
**Val Sandston** Committee  
Member Canterbury

**Rebecca Aburn** Committee  
Member & Area Coordinator  
Dunedin

**Mandy Pagan** Committee  
Member & Area Coordinator  
Southland

**Chris Black** Area Coordinator  
West Coast

And lastly, I can report the 2008/2009 scholarship awards have been decided! We had more applications than available scholarships this year, and the decision making process was not easy. Unfortunately a number of applicants had not included all the required information, which hindered the assessment process. As some scholarships were not awarded, it was decided to award extra national conference attendance scholarships. Therefore, following a blind peer review process of the applications, I am pleased to announce the 2008/2009 Scholarship award recipients:

- Kirsty Gillard - National conference attendance
- Pamela Mitchell - National conference attendance
- Susan McAuley - National conference attendance
- Yvonne Denny - National conference attendance
- Emil Schmidt - International conference attendance

Congratulations to this years recipients, we look forward to hearing about their conference experiences.

All the best.

Wayne Naylor, President, NZWCS

## **Catherine Hammond Executive member of AWCN**

As members you will have already received, in January, a copy of the 'Wound Glossary: Terminology for Wound Practitioners' produced by Health Education & Management Innovations (HEMI). HEMI is an organisation that conducts advanced wound care courses in Australia and New Zealand for experienced wound care clinicians. You will have seen the recent flyers sent to all our members relating to the Nurse Practitioner Wound Specialist course to be held in Brisbane in February 2009 and no doubt some of you will be attending.

All participants who undertake the HEMI courses automatically become members of the Advanced Wound Care Network (AWCN) communicating through the AWCN website. This site allows members to share knowledge and experiences with their peers and network throughout Australia and New Zealand.

The 'Wound Glossary: Terminology for Wound Practitioners' booklet has been produced to help define terms used within the speciality of wound care and thus supports health professionals to accurately communicate. We hope you find the booklet a useful tool to support you in your practice.

I would like to take this opportunity to sincerely thank Convatec for their generous support in providing this booklet to all our NZWCS members. Best wishes for 2009.

## **Evaluating Service Delivery from the Patient's Perspective Mandy Pagan - Southland District Health Board**

The Southland District Health Board (SDHB) is a secondary level health service serving a population of 107,000, with the Nurse-Led Wound Care Clinic situated in the Outpatient Department at Southland Hospital.

The Clinic commenced in October 2006 and is managed by enthusiastic Outpatient Nurses specialising in clinical assessment and wound care with support from the Wound Care Clinical Nurse Specialist. The first-assessment clinic occurs once a week for 3-hours, pre-clinic information is sent to prepare the patient and a support person/whanau are encouraged to attend, a maximum of four new patients are assessed with follow-up wound care occurring each week at another 3-hour clinic in which up to 26 patients are seen. Our Vascular Consultant maintains collaboration with the clinic and any patients requiring further vascular investigations or intervention are discussed and referred appropriately. The clinic nurses also work collaboratively with



NAPIER · 2009

May 14-16

**Not yet registered  
for the 2009  
NZWCS  
Conference?**

See our website for  
more details and  
online registration:  
[www.nzwcs.org.nz](http://www.nzwcs.org.nz)

other multidisciplinary teams.

Nurses play a pivotal role in health education and promotion when managing patient care and wound care clinics have proven to standardize practice, are cost-effective, reduce hospital admission rates, improve healing and reduce wound recurrence rates 1,2. When patients' attend a dedicated wound clinic many experience benefits such as better sleep quality, reduced pain, increased social interaction and exercise 3.

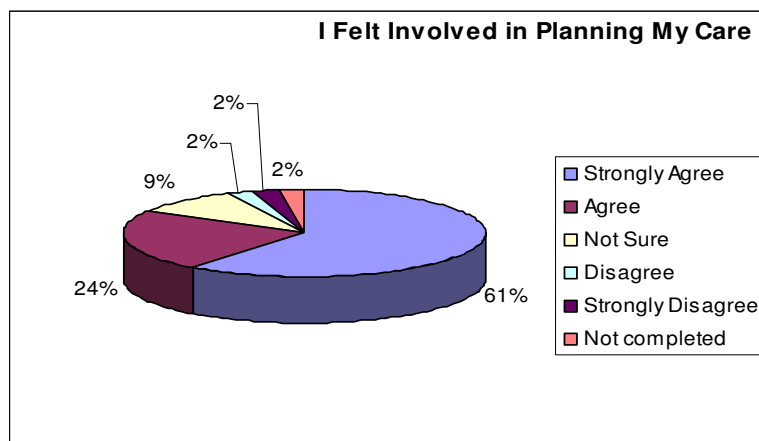
### Patient Satisfaction Survey

Patient satisfaction is an integral part of the quality process and assessing the success of our first-assessment clinic. A 10-question Likert survey was developed with additional areas for comments including what the patient liked and disliked about the clinic. The survey was conducted in 2007 and sent to 75 patients with a 57% return rate.

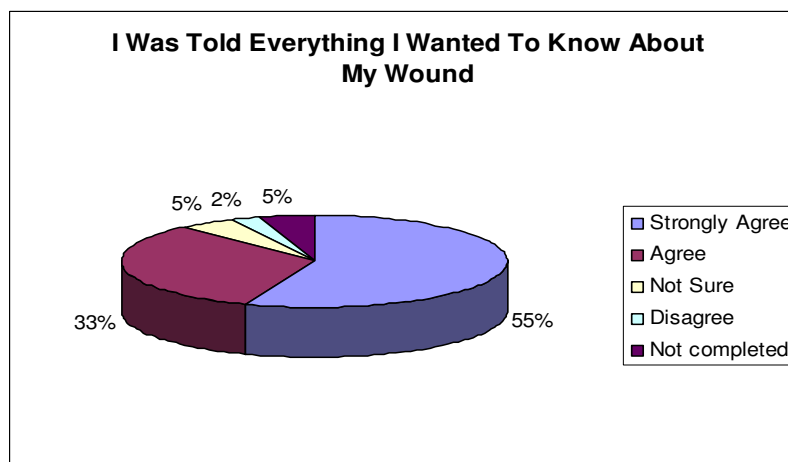
### Results:

The survey was completed predominantly by patients (79%). A pre-clinic information sheet was developed in November 2006 in response to some patient misconceptions about the clinics; such as expecting to see a doctor, length of clinic appointments and what may occur in the clinic. Therefore it was reassuring to find that the 86% of patients found this information useful with only 2% disagreeing.

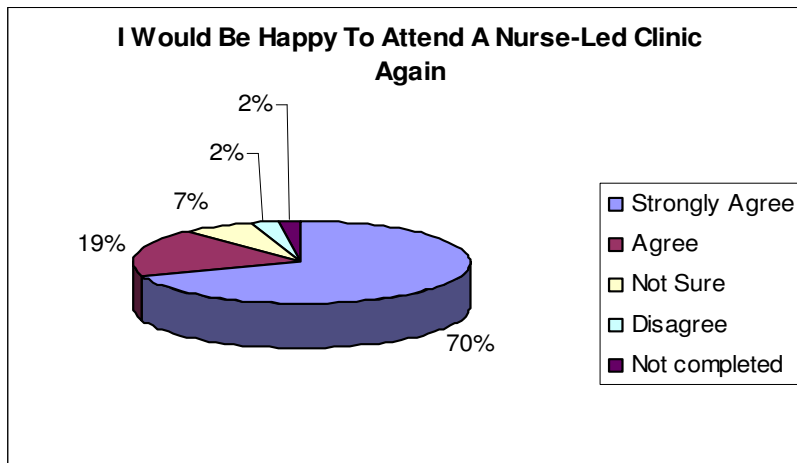
The pie chart shown below indicates that 85% of patients 'strongly agreed' or 'agreed' they were involved in their plan of care; of interest, the one survey form that strongly disagreed was completed by a caregiver highlighting the need to include them also were appropriate.



Wound care education and health promotion is important during clinic visits and 88% 'strongly agreed' or 'agreed' they were told everything they wanted to know about their wound; this result was supported by 85% of patients who 'strongly agreed' or 'agreed' the nurses wound care knowledge was excellent.



In support of nurse-led services it was rewarding for the team and greater nursing profession that 89% of people surveyed would again attend a nurse-led service.



## Survey Comments

### What did you enjoy about your visit to the Wound Care Clinic:

- The friendly way I was treated, I felt I was a person and not a number
- Very professional, everything done in a friendly way with good humor and lots of laughs
- Prompt service, little waiting time, good communication between nurses and patient, no complaints, well done
- Impressed with prompt result information of the test, receiving a personal phone call from the nurse a few days after the tests. Nurses so friendly & pleasant
- The friendly but professional attitude of the nurses stood out, their knowledge and sound advice on wound management was exceptional, a wonderful service led by nurses.

The comments highlight the professional, social and personal side the clinic presents for many patients.

### What did you like least about your visit to the Wound Care Clinic:

- Having to be at the clinic
- Having the pressure test on my ankles
- My sore leg
- I was unaware soapy water used to wash feet seems to have superseded sterile or boiled water
- Felt it had to be done 'their' way rather than what fitted with my situation, that 'they' had the knowledge and how I felt or what I thought didn't really count.

The survey assisted us as healthcare professionals to critically analyze our practice and gain awareness from the patients/caregivers perspective. It is accepted best practice to clean ulcers in tap-water 4 and this indicated the need for us to continually educate patients and their caregivers why this is used. The last comment highlights that some patient's do come with preconceived wound information and we acknowledge it is paramount we achieve concordance with the patient for their management plan to be successful.

## Conclusion

Patient satisfaction surveys help to evaluate service delivery from the patients' perspective and can provide invaluable information and insight to help improve service delivery.

Please contact Mandy ([mandy.pagan@sdhb.govt.nz](mailto:mandy.pagan@sdhb.govt.nz)) for references, copy of the survey form or clinic information sheet.

**Next Issue July 2009 (article deadline 1<sup>st</sup> June)**  
***This is YOUR newsletter so get involved and contact Mandy or Rebecca with any questions, ideas, tips, case studies or websites of interest***