NEW ZEALAND WOUND CARE SOCIETY

TISSUE ISSUE

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New Zealand Wound Care Society Newsletter
For more information & membership forms visit: 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.

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Welcome

This is the last issue for 2009 and we have had a very exciting year with the conference and AGM. In the background some of our members have also been quietly achieving and this issue is a reflection of this. Shelley Tau is a NZWCS member in Dunedin who has completed her masters; her thesis paper investigated nurses' knowledge around wound care. This is the only New Zealand data we have on this topic and it makes great reading! Thank you Shelley for sharing this valuable information with society members.

Merry Christmas to you all and a safe and Happy New Year
From the Editors Mandy and Rebecca

President's Report

This is my last report for 2009, my first year as President of the NZWCS. It has been a very good year, with a number of projects undertaken and completed, and others still in progress.

Firstly, I would like to welcome our newly elected National Committee members: Pam Mitchell as Vice President, and Julie Betts (Area 3) and Leonie Smith (Area 13) as area representatives. Also, I would like to thank those outgoing Committee members for their contribution during their terms in office.

I thought this would be a good opportunity to review the AGM and summarise the decisions made at that meeting. We agreed to move the AGM date so that it will coincide with the national conference very two years, maintaining the teleconference meeting in between. So the next AGM will be in May 2011 at the conference in Christchurch. It was also agreed to keep membership subscription fees the same. A number of motions were passed including revisions to the Society Rules and also a review of the Administrators employment conditions. Both of these have been enacted. After some discussion, Members voted unanimously to introduce an annual NZWCS research grant, this will be further developed by the National Committee, taking into consideration the discussion at the AGM. We were also delighted to confer life membership to the NZWCS on Margaret Mossop of Christchurch for her contribution to the Society over many years.

As I mentioned in my last report the 2011 conference planning is well underway and we now have confirmed dates (12-14 May 2011) and venue, the Christchurch Convention Centre. The Conference Committee are working on a final theme and also beginning to develop the programme.

Speaking of conferences, the Australian Wound Management Association (AWMA) conference is being held in Perth on 24-27 March 2010 and it looks to be a great event, see their website for more details (http://www.conlog.com.au/awma2010).

Also, HEMI are brining their advanced wound care course to Wellington in February 2010. There will be a flyer released very soon with the details and this will be sent out to all NZWCS members and posted on the website, so keep an eye out for that.

NZWCS National Committee & Area Coordinators

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

Liz Milner Committee Member & Area Coordinator Auckland
Julie Betts Committee Member Waikato
Angela Carter & Anna Campbell Area Coordinator's Waikato
Diane Hishon Area Coordinator Rotorua/Taupo/BOP
Lyn Dalton Coordinator Area 5
Desley Johnson Committee Member & **Ros Mead** Area Coordinator Manawatu-Wanganui
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 Committee Member/Area Coordinator Nelson/Motueka
Dawn Sutton Area Coordinator & **Val Sandston** Committee Member Canterbury
Rebecca Aburn Committee Member & Area Coordinator Dunedin
Mandy Pagan Committee Member & Area Coordinator Southland
Leonie Smith Area Coordinator/Committee Member Hawke's Bay

INTERNATIONAL INTERPROFESSIONAL WOUND CARE COURSE

Toronto

April 2010
This course includes:
* Key Opinion Leaders in Wound Care as presenters and workshop moderators
* An inter-disciplinary approach
* Small group learning and patient problem solving
* Accreditation by the University of Toronto
* Modular design
* Compulsory and optional topics- the learner can design their own curriculum
* Credits to a Masters Program

More information on the program and a brochure can be found at www.woundpedia.com

Lastly, over the weekend of the 24-25 October I travelled to Adelaide and attended a meeting of the AWMA National Committee. It was great to be invited to their meeting and I felt very welcome, they are a great bunch of people with so much expertise and knowledge! I was quite amazed at the number and scale of projects they have underway and there are many that we can either be part of or support that are relevant to and would benefit New Zealand. I will write a full report for the website and also be discussing opportunities with the National Committee.

All the best for Christmas and the New Year.

Wayne Naylor
President, NZWCS

NZWCS Leg Ulcer Working Group (LUWG)

The working group proudly announces the 'Venous Leg Ulcer Assessment Form' is now completed and with Wayne for formatting. The form will be available to members on our website in the near future. Pip Rutherford and Julie Betts are working collaboratively on a 'Venous Leg Ulcer Clinical Pathway' that records individual patient interventions and variances that may affect healing. This information can then be used to collate patient outcomes and inform service delivery. I would like to take this opportunity to thank the LUWG for their support and achievements.
Mandy Pagan – Co-ordinator LUWG

Hot of the Press!!

The European and US National Pressure Ulcer Advisory panels (EPUAP and NPUAP) have released their International Pressure Ulcer Guidelines. The quick reference versions of both the pressure ulcer prevention and treatment guidelines are freely available on the EPUAP website at www.epuap.org

Nurses 'just know' how to assess and manage wounds…. Don't they?

Shelly Tau MN

Background:

In my experience as a registered nurse, it does seem that this statement reflects a belief that is widely held by many nurses, nursing educators and health care organisations. But what is the reality? And why is it important?

As a fairly recent graduate of a New Zealand tertiary nursing education programme (6 years post-registration practice now), I am aware that I did not 'just know' how to assess and manage the wounds that presented for care. I knew how to stop bleeding and how to cover wounds (something you would expect from an ex-paramedic!!), but I had limited knowledge of wound healing processes, next to no knowledge of comprehensive wound assessment and limited knowledge of the products supplied within the healthcare organisation where I was working. Aseptic technique had been heavily emphasised throughout my nursing education, but had been taught as an isolated skill ("monkey see – monkey do") with no simulated wound to assess, clean aseptically, plan care for, dress and document. Talking with other nurses (newer and older in practice) I knew that I was not alone in this experience.

Wounds and their management are associated with huge personal and financial cost to individuals and health organisations around the world. Otago/Southland District Health Board alone estimate yearly wound product expenditure of $1.5M (Janice McLelland, Clinical Product Coordinator, ODHB, 11 August 2008) and this takes no account of staff time and cost to the person with the wound. Notwithstanding medical staff, nurses do carry much of the responsibility associated with wound assessment and the planning and implementation of care for wounds. Increasingly, health professionals are expected to demonstrate evidence-based decision-making and cost-effective management of patient care (McArthur, 2002) and this, of course, is reliant on extensive and relevant knowledge.

Overseas literature exploring nurses' knowledge of wound healing and wound management revealed several themes:

- Nurses' knowledge varied from mediocre to poor
- Under-graduate education in this area was questioned
- Updating and maintaining knowledge was problematic
- Years of experience did not equate with knowledge / expertise
- Ritualistic practices in wound management are prevalent
- Nurses show heavy reliance on own and colleagues experience, with little attempt to find evidence from journals / best practice guidelines

(Ashton & Price, 2006; Ayello, Baranoski & Salati, 2005; Boxer & Maynard, 1999; King, 2000; Periton, 1998; Turner, Cockbill & Thomas, 1994).

Process of research:

A questionnaire was developed (using some material from similar overseas studies) and a postal survey was sent to 300 nurses working in New Zealand. The target population was limited to areas of practice where nurses were more likely to be undertaking wound care – district, ED, surgical, primary health, assessment & rehabilitation, and aged care. Sampling was random and stratified (based on 'years worked as nurse', <1year, 1-5 yrs, 6-10yrs, 11-15 yrs, 16-20yrs and >20yrs)) and was carried out by Nursing Council of NZ from their database of nurses holding current practising certificates. All participants in the research remained anonymous to the researcher.

The questionnaire was 2-part. Part 1 gathered demographic data about each respondent and Part 2 comprised multi-choice / true-false knowledge questions about wound healing physiology and different aspects of wound management. One open-ended question provided respondents with the opportunity to provide feedback about the survey and/or experiences relating to wound management.

Results:
0f the 300 surveys posted, only 297 were delivered (3 returned 'address unknown'). 85 surveys were completed and returned, resulting in response rate of 28.6%.

A clear demographic profile of respondents emerged:
84 of the 85 respondents practised as RNs (5 of the 84 had upgraded from EN), whilst only one practising EN responded.

<u>Profile of respondents 'per years' worked as nurse</u>

Initial education pathway:
21 nurses – RN hospital-based training
30 nurses - comprehensive diploma programme
28 nurses - comprehensive degree programme
6 nurses - EN hospital-based training. (5/6 now RN)

- 88% perceived their wound management practice to be competent or proficient.
- 90% reported that their experience of managing wounds was moderate, high or very high.
- 79% felt they had an appropriate level of knowledge to manage the wounds they were currently looking after.
- 96% were able to access help or advice when needed. Colleagues were rated most highly, with wound nurse specialists, Internet and GPs being the other major sources of help.
- 61% were managing wounds at least once per day,
- 21% once per week or more.

Knowledge Quiz results:
Part Two of the survey asked respondents to answer questions about wound healing and wound management. The knowledge quiz comprised 22 questions covering topics such as wound assessment, infection, healing processes, best practice issues and dressing selection. Questions were at basic best practice level as indicated by literature current at the time of questionnaire development.

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

Quiz scores ranged from 4/22 to 21/22 with a mean score of 13.353, mode of 13 and median of 14.

Distribution of Knowledge Quiz Scores:

- 19 (22.3%) of the respondents scored less than 50% (<11/22)
- 58 (68.3%) of the respondents scored between 50 – 79% (11/22- 17/22)
- 8 (9.4%) of the respondents scored 80% or above (>17/22)

Discussion:
This survey found no significant relationship between either nurses' initial education pathway and quiz scores, or between 'years worked as a nurse' and quiz scores. Some of the less well-answered questions from the survey are now discussed.

Forty-two percent of respondents knew that regenerated tissue / scar tissue only ever achieves 70-80% of pre-wound skin strength. This knowledge underpins patient education about protecting newly healed wounds from friction, stretch and pressure.

Only 28% of nurses felt confident to trial an anti-microbial dressing on a static wound in the absence of systemic signs and symptoms of infection (an action endorsed by EWMA position document). This result may be indicative of nurses working in settings where medical staff over-see clinical decisions about wound management.

Just 28% of respondents knew that the Braden, Waterlow and Norton risk assessment tools can be used to assess a patients' potential for developing a pressure ulcer (not vascular ulcer). Whether wound management fits within their normal scope of practice or not, ALL nurses are responsible for their patients' skin integrity whilst under their care – whether they work in radiology, fracture clinic or an emergency department and as such, should be familiar with pressure ulcer risk assessment and prevention.

Only 16.5% of nurses knew that a dry dressing is the most appropriate dressing for an ischaemic ulcer on a toe. The moist wound healing options chosen by the majority of respondents for this wound show lack of knowledge about the effects of compromised vascular flow on wound healing.

Only 49.5% were aware that the alginates have haemostatic properties that can be useful in oozing wound-beds. It appeared that many nurses were only familiar with products by 'brand name' – not by generic name and properties. This can make communication with other health professionals difficult.

Summary:
The majority of nurses who responded to this survey were RNs with more than 6 years nursing experience who were regularly undertaking wound care and felt confident in their knowledge and practice. The quiz results were diverse, with scores ranging from 4 to 21 out of a possible 22 correct. Bearing in mind that the knowledge questions were pitched at a basic best practice level (not difficult or technical in nature), it could reasonably be expected that every respondent would achieve a 50% pass. This difference between perceived and actual knowledge is interesting but further research would be needed to assess any influence on actual clinical practice. The results appear to be similar to the findings of overseas research.

If one holds the belief that knowledge underpins practice, then the results of this survey do raise some concern. After all, a sound knowledge of wound healing and wound management is required by nurses who are responsible for wounds in order for them to practise safely and to consistently support good patient outcomes.

Nursing educators could consider the merit of including wound assessment and basic wound management within the undergraduate curriculum of all nursing programmes. Health care organisations (especially DHBs) could include product information / education for all nurses and medical staff (making this a part of orientation programmes for all new staff) to ensure better knowledge, more appropriate dressing selection and enhance fiscal responsibility in this area of their operation.

The author is very grateful to the NZ Wound Care Society for the $1000 scholarship (February 2008) that helped to fund this research. The entire thesis can be accessed from the Bill Robertson Library, Dunedin or through the Otago Polytechnic School of Nursing. Shelley Tau is currently employed as a District nurse for the Otago DHB.

2010 The Symposium on Advanced Wound Care 2010
Call for Abstracts!

The 2010 Spring Symposium on Advanced Wound Care is April 17-20, 2010 in Orlando, Florida. Submissions for the 2010 SAWC oral and poster abstract sessions are now being accepted online until November 20!