

**Issue Ten
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New Zealand Wound Care Society Newsletter
For more information & membership forms visit: www.nzwcs.org.nz

Editors of Tissue Issue

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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

Wow 2010! We anticipate you all had a restful break and found some sun ... somewhere! In this issue we have an overview of the first pilot study of national care indicators, as a participating hospital I strongly recommend you contact Dr. Weststrate to enquire more about this annual survey suitable for hospitals and residential facilities. Thank you Emil for your insightful conference report – we are all jealous!

Special thanks to Smith & Nephew who supported the NZWCS November 2009 newsletter to be sent to all members and Molnlycke for supporting this issue.

From the Editors Mandy and Rebecca

President's Report

Hello everyone, I hope you have had a happy, and hopefully, restful Christmas and New Year! Well we are now already well into 2010, a year in which I am hoping we will be renewing, and building on, our relationship with our closest wound care organisation, the Australian Wound Management Association (AWMA). Following my attendance at an AWMA Committee meeting in October last year, there is new enthusiasm within both groups to work together and for us to become more closely affiliated to the AWMA so that we can better benefit from the more extensive resources they have access to. Of course this does not mean they will be doing all the work! Pam Mitchell, our Vice President has already been liaising with Keryln Carville regarding the AWMA pressure ulcer guidelines, which will hopefully become pan-Pacific, and we have also been formally invited to be involved in the development of a new venous leg ulcer guideline.

An update on the HEMI advanced wound care course. My latest information is that the course may be taking place in June 2010 in Wellington. However, this is dependant on sponsorship, which is necessary to keep delegate costs as low as possible. I am interested in the National Committee's views on the NZWCS providing some sponsorship for the course.

Planning for our 2011 conference is going well, Dawn Sutton and the team are doing a great job and everything is progressing on track. Sponsorship packs should be on their way to prospective sponsors, so please remember to mention the conference to your local company reps so they can get on to their managers. As well as theme, logo and venue being confirmed, I can also reveal that we have secured both Professor Keith Harding (Head of Department of Dermatology and Wound Healing, Cardiff University) and Sue Templeton (Clinical Practice Consultant – Advanced Wound Specialist, Royal District Nursing Service of South Australia) as keynote speakers for the conference. We have also decided on a fun dinner theme - which I cannot reveal just yet so those costume plans will just have to wait!

Other work that we need to make a start on for 2010 includes

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
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

developing the NZWCS research grant process and documents, preparing for the 2010-2011 scholarships and the WCANSW conference scholarship. We also need to continue to support the pressure ulcer and leg ulcer working groups, and I would like to look at making these groups more formalised so they can be seen as "peak bodies" for these two topics in New Zealand. This will also give them more standing in international arenas as well, an important position for trans-Tasman and pan-Pacific work.

All the best.
Wayne Naylor
President, NZWCS

Pilot Study of National Survey Care Indicators in New Zealand First Impressions Dr. Jan Weststrate

On the third of November the pilot of the National Survey Care Indicators New Zealand was carried out. This survey measures the prevalence of 4 nurse sensitive care indicators incorporating pressure ulcers, malnutrition, incontinence, falls and the use of restraint measures. The survey was originally designed in 1998 by the University of Maastricht in the Netherlands. In 2008 Maastricht tested the survey for the first time in other European countries, including Austria, Switzerland and Germany. The Graduate School of Nursing, Midwifery and Health (GSNMH) at Victoria University of Wellington brought the survey to New Zealand in early 2009, translating it into English and then carried out a pilot in four health care institutions. The purpose of the pilot was to test the survey and to make sure it was appropriate to the New Zealand health care context.

The participating institutions for the pilot were Hawke's Bay Hospital, Mary Doyle Nursing home, Southland Hospital and Wellington Regional / Kenepuru Hospital. Two institutions measured all 4 modules, one did 3 modules and one did one. In total, 66 nurses / OTs collected data from approximately 750 patients. In most cases the nurses were divided up in teams of two or three that visited all the inpatients on the wards, ICU and Rehabilitation, as well as Aged Residential Care units. Each patient had received an information leaflet about the survey the previous day. If patients did not want to participate they could make this known to one of the team members when they approached them on the day, or to the Nurse Manager at an earlier stage.

Most teams met at 7.30 am and received a short briefing before going out on the wards. At morning tea and lunchtime teams came back together again and had an opportunity to ask questions of the coordinators and provide feedback about the survey. At the end of the day all data collection forms were counted and checked for completion by the coordinators. Most teams finished the data collection by 5 pm.

It became apparent to nurses doing the audit that clinical documentation on the investigated care issues is generally poor. This, along with other feedback outside the direct survey material, provides useful additional information that can be used to improve quality of care for patients. Mutual support and exchange of ideas between teams was evident and this has strengthened inter-departmental ties in hospital and Aged Residential Care staff.

The next phase is to enter the data into the online data management system. Some institutions managed to enter patient data into an online data management system on the day itself. One institution had clerical staff to input data on the day and this made

Check out:

Wounds International
Resource centre covering
acute wounds, complex
wounds, assessment and
diagnosis, diabetic foot
ulcers, leg ulcers, quality of
life and so much more...
<http://www.woundsinternational.com/>

Tissue Viability Society
You can sign up for their
free monthly newsletter
<http://www.tvsv.org.uk/>

it easier to clarify any issues with auditors. When all the data from a particular institution are entered and sent away, that institution will receive the results in a table format within a couple of days. When data of all institutions in New Zealand has been entered, the aggregated national results are sent to the participating institutions. The GSNMH will write a full report on the results of the pilot study. This report is expected to be completed in January and will be made widely available.

The GSNMH is proud of the support it has from the institutional coordinators and the nurses / OTs that collected the data for the pilot of the National Survey care Indicators New Zealand. Their support enables the GSNMH to create a survey, which fits the New Zealand cultural context. It is also grateful for the financial support it received from the New Zealand Wound Care Society and ArjoHuntleigh. This made it possible to translate the program into the English language and provided support for pre-survey education at the participating sites.

The next National Survey Care Indicators New Zealand is planned for the 13th of April 2010. This is open for participation by all healthcare institutions in New Zealand.

- If you have further questions about the survey or our pricing plan please contact us at the Graduate School of Nursing, Midwifery and Health. Victoria University of Wellington, PO Box 600, Wellington 6140. Tel. 04 463-6653. Alternatively, email the National Coordinator for New Zealand (Dr. Jan Weststrate) at jan.weststrate@vuw.ac.nz or visit our website at www.lpzum.eu and click on the New Zealand flag at the top right corner.

HELP in Helsinki Emil Schmidt

A generous scholarship from the New Zealand Wound Care Society supported me attending the 19th Conference of the European Wound Management Association (EWMA). This year's conference was held in Helsinki and organised by the Finish Wound Care Society (FWCS) with the theme of Healing, Educating, Learning and Preventing (HELP) in wound care.

Helsinki is a long way away from Dunedin. Gudrun, my wife and I spent over thirty hours in the air and two hours in the bus when we finally arrived at our hotel in Helsinki.

Helsinki, about half the size of Auckland, is the capital and largest city in Finland. It is in the southern part of Finland, on the shore of the Gulf of Finland, by the Baltic Sea. Finland is the most sparsely populated country in Europe with a population slightly larger than New Zealand.

We arrived around lunch time and decided to use the afternoon to explore some of the cities favourite sites. We were amazed at some of the architecture especially the orthodox churches, lovely fountains and café's. We also were surprised to be treated to a lunch time open air jazz concert. According to a very friendly local woman the day was the warmest for many months. Thank goodness, she said, after seven months of winter spring can't come soon enough. Strange but that reminded me somehow of Dunedin.

Back in the hotel we also found out why we were treated with four different types of curtains. You really do count your blessings to have them, when you realise that, in this part of the world, the summer months only have three hours of darkness between 2.00 am and 5.00 am.

The next morning with eager anticipation we went by train to the conference centre the next morning. The centre was buzzing already with people enrolling and running around finding the right hall. For the next two and a half days this place became a real melting pot of nations, as over 2200 delegates were attending the conference from all over Europe.

This yearly meeting is the largest international event on wound management and wound healing in Europe and people arrive from over forty different countries.

There were over 450 scientific presentations given during the conference either as key lectures, free paper or posters. Oh, by the way, I was also very proud to be able to display my poster (which was almost left behind in Frankfurt) on total contact casting and the healing of diabetic foot ulcers.

One of the first big questions was which sessions to attend? There were just so many. Then you had to find the right lecture halls, which can be challenging on the first day.

The conference was opened by a series of very interesting presentations on the theme of the conference. The best presentation during that session was on prevention of foot ulcers and the question of do we know what we are doing- Fiction or Facts by Jan Apelquist. Jan presented a meta analysis of systematic reviews and RCT's with regard to the prevention of diabetic foot ulcers. He proposed new strategies and recommendations to prevent foot ulcers. For anyone interested more

information is available on www.idf.org.bookshop .

One of the more amusing highlights of this opening session was a speaker from Japan who used 62 slides in 12 minutes. That must be some kind of record?

Keith Harding chaired a session in the afternoon on fifteen years of VAC therapy in Europe. It highlighted the importance of a total service approach of hospital like homecare coordination to ensure smooth and safe transition of patients with VAC.

The rest of the afternoon was spent listening to free paper sessions on leg ulcers and pressure ulcers. One Nurse surveyed all leg ulcers in Iceland (near Greenland) and found that only 60% of patients with venous leg ulcers were in compression. In 57% of ulcers diagnosis was based on clinical observation alone. Are our stats different I wonder?

It was great to hear a London group of colleagues presenting on how they significantly reduced heel pressure ulcers by implementing a best practice program.

The next morning delivered the absolute highlight of the conference. I attended a two hour workshop with Prof. Hugo Partsch himself on compression therapy. He demonstrated, on my very own Bavarian calves, how sub-bandage pressure can actually be measured? He did that under different elastic and inelastic bandages and bandage systems during lying, dorsiflexion's, standing and walking. He used a picco press manometer to measure the sub bandage pressure which simultaneously transferred the tests onto the computer screen. And by even just dorsiflexing your ankle the sub bandage pressure increased three fold. What a great setup for teaching! I must have one of those machines, I thought.

The rest of the morning was spent on free paper sessions on Diabetic foot ulcers reinforcing the importance of pressure offloading by using total contact casting. It was exciting to see so many different techniques on total contact casting.

There are far more companies in Europe competing for the wound care dollar than in New Zealand, which was reflected in the large trade exhibition. I counted five different Negative pressure wound care systems and there were so many practical sessions impossible to describe them here.

I spent the last two hours of the conference listening to presentations by Keith Harding and David Leaper. They both discussed new antimicrobial dressings impregnated with PHMB (Polyhexamethylene biguanide) used as a disinfectant and a preservative for disinfection on skin and in cleaning solutions for contact lenses.

We had to catch the flight back to Frankfurt so unfortunately missed the closing ceremony as well as the announcements of the presenter and poster prizes.

Flying back to Frankfurt I was exhausted but also exhilarated as those two days in Helsinki were just brilliant.

It was so great to see that we all struggle with similar issues like finding new treatments to beat the biofilm, to maximise offloading for the diabetic foot or to be innovative in finding new teaching tools.

The gem of the conference however was Professor's Partsch' workshop and presentations on compression therapy.

I would like to thank the NZWCS once again for the scholarship without it I wouldn't have been able to attend.

Oh, I forgot to mention, I didn't win a poster prize after all.

Ah, never mind.

Maybe next time.



**Next Issue July 2010 (article deadline 1st June)
Next issue article to include the use of horse chestnut seed
extract for chronic venous insufficiency**

***This is YOUR newsletter so get involved and contact Mandy or
Rebecca with any questions, ideas, tips, case studies or websites
of interest***