

“T.I.M.E. HEALS ALL WOUNDS” NEWSLETTER

DECEMBER 2016

Victorian Health Priorities Framework - Rural and Regional Health Plan 2012-2022:

- Develop a system that is responsive to people's needs
- Improve every Victorian's health status and health experiences
- Expanding service, workforce and system capacity
- Increasing the systems financial sustainability and productivity
- Implementing continuous improvements and innovation
- Increasing accountability and transparency
- Utilising e-health and communication technology



2016 AWARDS

This prestigious award is given to the Link clinician whom represents their service demonstrating the greatest changes to improving the way we do wounds.

This award is based on two criteria being;

- The transitioning of evidence into practice demonstrated in the data, and
- Personal and professional growth in wound care as witnessed through engagement with the West Hume Region Wound Consultant

This year's winner is SHARON ROBINSON from Yarrowonga Health.

Please join me in congratulating Sharon who joins last year's winner Rachel O'Dwyer from Numurkah.



WOUNDS AUSTRALIA INAUGURAL CONFERENCE - 9 November 2016

The West Hume region was well represented at the conference. Well done!



Key points from the conference are;

ECONOMICS

- It's fundamental that we consider the economic impact and efficiencies of wound care for the system and the individuals.
- Need to raise profile of wounds as a chronic condition.
- Prevention is better than cure.

INFECTION

- With regard to antimicrobial stewardship we can make a difference with wounds by debriding.
- Wounds usually start with one microbe. As the longevity of the wound continues so do the multitude of different microbes.
- Biofilm is poly-microbic and a major contributor to chronic inflammation.
- Cadexomer iodone can completely reduce biofilm.
- With chronic wounds antimicrobial doesn't completely kill off biofilm but rather they reduce them to a small degree.
- There is no point in swabbing but rather biopsy using a 3mm punch.
- MMP's are present in acute wounds and decrease within 24 hours.
- MMP's- # 2 and #9 are elevated in chronic wounds.
- MMP's can be checked with a proteases check and then a modulating proteases dressing could be used.

PRESSURE INJURY

- Superficial PI is related to friction and shear.
- Deep PI related to defatation. Defatation KILLS cells much quicker and by the time it is seen on the skin it's at least a Stage 4.

ACUTE WOUNDS

- SSI - many are usually nosocomial with infection between day 7-9 post op but can be up to day 30.

BURNS

- Need to understand the extent of the injury.
- Future is about scar free healing.
- Salvage tissue and debride early.
- Gunshot wounds usually only need to debride superficially.

DIABETES

- Having diabetes is like having CANCER, except the DFU is much more expensive to treat.
- When the wound heals it's in remission as the likelihood of recurrence is high due to obesity and neuropathy.
- Prevalence is rising.
- Multiple complications with diabetes but wounds are a major one.
- Younger people with diabetes Type 2 have a higher mortality and poorer outcomes.
- It's crucial we change lifestyle choices even before conception.
- Affected by environmental choices.
- Charcot's foot - usually all about the pressure and offloading.

VENOUS LEG ULCERS

- Veins either leak or clot.
- Lymphedema is chronic oedema and has a higher incidence than venous or diabetes (these clients have multiple comorbidities)
- Affects 1-2 % of the population.
- Need early treatment of VVs as the risk of clot in superficial veins is 9 times higher.
- Compress for life.
- Thermal ablation is the first line treatment as it is much less invasive. However it is more expensive for client (out of pocket).
- Even with best practice only 50% will heal within two years.

BEST PRACTICE DOCUMENTS

Links available from RWV website:

- WHO 2014
- International Wound Infection Institute - Wound Infection Clinical Practice Consensus update 2016
- Wounds Australia Standards for wound Prevention and Management, 3rd Edition



PRESSURE INJURY

RWV has launched a consumer brochure in an easy to read format and a fun promotional You Tube clip.

How to  pressure injury brochure can be printed in color booklet or A4 format.

This is downloadable when you access the RWV website link below. I encourage you to print off and distribute to clients – it look fantastic and is definitely eye catching.

- RWV website
<http://www.grhc.org.au/vic-wound-man-cnc-project/documentstools>
- Fun You Tube Clip - Click here and sing along! This catchy song about Pressure Injuries looks at who's at risk and what you can do to stop them happening.
www.youtube.com/watch?v=y17DMaKzsms&feature=youtu.be

Wound Care Chart

Almost complete a electronic version will be sent to you for your service to implement across all sectors.

Products

Suggested product formula list is complete. A copy of this will be circulated to you. Please begin to roll out and change stock over. Education will begin next year.

DATA

A HUGE big thank you to each and every one of you for your tremendous effort in collecting the data this year. Individual service reports will be sent to Links by the end of the year. Many services have made terrific changes in the way wound care services are delivered using the TIME framework and weekly dressings. The aim is improving the outcomes for service system and clients. Well done!

The data collection tools will be altered again following discussions at our last Link day. These tools will be sent out before the end of the year, just in time for the next round of data, 1-7 January 2017. YIPPEE!!!

We changed a few things this year:

- More incidence and prevalence data was collected which meant we audited 396 more wound care charts.
- We tweaked our aetiologies to align with RWV to continue to benchmark in our own West Hume Region but also to eventually benchmark with the rest of the state.
- Brief summary of results for the whole West Hume for 2016.
- Our prevalence for 2016 is sitting around 28%. In previous years it has been somewhere between 30-40%.
- For 2016 the four most common aetiologies were the same as last year but with varying %. They were lower limb, acute surgical, pressure injury and chronic surgical.
- Of the lower limb wounds over half had the vascular status checked with an improvement in the use of compression which is best practice.
- We have improved our measurements and documentation of RYB in 2016.
- This year we introduced an indicator of assessing if bio burden was present in the wound and if the wounds were then debrided and an antimicrobial dressing was used. It is pleasing to say that most of our wounds identified as having bio-burden present were dressed with an antimicrobial dressing. We also debrided the majority of those wounds.
- The % of weekly dressing changes has dropped over 2016. We had more 1-2 daily dressings and amount of 3-4 times a week remain relative the same. WE NEED to push the dressing out to weekly if clinically indicated. It is all about changing behaviours and practice. Clinicians drive change – **WE CAN DO IT** - look out 2017 here we come!!!

- The Hume data revealed we need to continue to document the wound tissue and size, and continue to debride and check vascular status with the option of best practice to compress a lower limb wound. Most importantly we need to decrease the frequency of wound dressing. Dressings are clinician driven but we need to focus on best practice.
- Some services have improved dramatically throughout the 2016 year and I encourage them to continue doing so. The Hume data is a collective of all services and does not demonstrate some of the improvements and outcomes achieved by some of the individual services.

RWV Website

Remember that the RWV website has numerous resources available on it. If you haven't had a look lately I urge you to put aside a few minutes to have a look.

Check it out by following the link below:

<http://www.grhc.org.au/vic-wound-man-cnc-project>

Like us on Facebook

This is gaining momentum. There are various topics and weekly questions. Check it out!



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Celebrating all the work we have done this year

Well done everyone!



And

Looking forward to 2017

