Encouraging Better Practice in Aged Care
Round 2 Project Overview
WOUND MANAGEMENT – Queensland University of Technology
Creating champions for skin integrity

PROJECT OVERVIEW

THE OBJECTIVE OF THE PROJECT WAS TO IMPLEMENT EVIDENCE-BASED PRACTICE IN WOUND MANAGEMENT FOR RESIDENTS IN RESIDENTIAL AGED CARE FACILITIES (RACFs).

THE PROJECT WAS LED BY THE QUEENSLAND UNIVERSITY OF TECHNOLOGY AND CONDUCTED IN SEVEN RESIDENTIAL AGED CARE FACILITIES ACROSS NEW SOUTH WALES AND QUEENSLAND.

WHAT WAS DONE?
The focus of the project was to enable RACF staff to preserve skin integrity through the application of evidence-based practice to assessment, prevention and management of wounds.

The project team developed, trialled, implemented and evaluated a model of practice for wound care called Champions for Skin Integrity (CSI), including a wound management education resource. The project used the Australian Wound Management Association Standards for Wound Management (published in 2002 and updated in 2010) as the main source of evidence and drew on a wide range of other sources, including published guidelines, for more detailed evidence where possible.

Key activities included:
- Synthesising the evidence into summaries of individual topics which were used as the basis for ‘tip sheets’ and flow charts to provide simple messages about wound management.
- Meetings at each aged care facility to establish relationships and plan activities to implement the project.
- Developing role descriptions of wound care champions.
- Establishing wound care networks and linking clinicians in each facility.
- Developing and adapting resources to address identified barriers and enablers.
- Conducting education seminars, skills development workshops and one-on-one education during a six month implementation phase.
- Engaging the project team with residential aged care facilities to establish relationships, plan activities, identify and refine goals, discuss progress and continue communication campaigns.
- Conducting pre and post assessment of how facilities prevented, assessed and managed wounds, through surveys, audit and interviews, and providing results and feedback to those involved.
- A two day final workshop for the champions on clinical leadership skills, change management and setting goals for future sustainability of project outcomes.

WHAT WAS ACHIEVED?
A significant reduction in wounds and the severity of wounds in aged care facilities.
Increased implementation and documentation of evidence-based practices for the prevention, assessment and management of wounds.
Increased staff confidence with wound management and an improved learning culture.
Improved staff knowledge, skills and implementation of evidence-based wound management.
Increased staff awareness of their roles in evidence-based wound care at all levels.
**What was the impact for residents?**
Increased use of pressure reducing strategies to prevent pressure ulcers.
Increased use of strategies to prevent other types of wounds (skin tears and leg ulcers).
Less prevalence and severity of wounds, including pressure ulcers, skin tears and leg ulcers.
Residents appreciated the opportunity to improve their knowledge and awareness to be able to implement appropriate wound prevention and management strategies themselves.

**What was the impact for staff?**
Improved knowledge of prevention strategies and management of skin tears, pressure ulcers and leg ulcers, in addition to wound assessment, wound care and skin care.
Increased use of evidence-based strategies to prevent and manage pressure ulcers, skin tears and leg ulcers.
Changes in wound assessment and management practices.
Increased documentation of pressure risk assessments, risk assessments for other wound types, wound assessments and management of current wounds.
Higher awareness in all levels of staff of their roles in prevention and/or management of wounds.

Over 90% of staff agreed the project resources were easy to understand and use.
Multi-disciplinary wound care networks and contact with link clinicians were initiated in each facility, making it easier for facilities to access expertise when needed.

**What resources are available?**
The CSI resource kit is available for potential Champions in other residential aged care facilities. The kit provides information on the roles and processes of the Champions and the CSI model, and also contains the education and self-evaluation interactive DVD and all resource material for use in education and practice. The kit includes:
An interactive DVD with 8 self-directed education modules, a self-guided quiz at the completion of each module, and links to all the project resources.
Summaries of evidence-based guidelines on prevention, assessment and management, skin tears, pressure ulcers, arterial leg ulcers, venous leg ulcers, diabetic foot ulcers and maintaining skin integrity.
Information brochures, tip sheets and flow charts on prevention, assessment and management of the above wound types.
A one page Skin Integrity prevalence audit tool.

A Champions for Skin Integrity Resource Folder including the resources above, information on roles and processes and links for further information.
A Dressings Resource Folder on appropriate dressing types (with samples) and application according to type of wound.


**What could be adopted in my service?**
Examples of small changes that facilities could make to have a positive impact on wound prevention include:
Use soap-free body wash rather than soap.
Moisturise the skin of residents after showering or twice a day.
Use protective padding on equipment including wheelchair footplates.
Use pressure relieving mattresses.
Regular position changes.
Daily ankle and calf muscle exercises.
Source wound care expertise in your local area.

**Where can I get more information?**
For further information regarding this and other Round 1 and 2 EBPAC projects see the Department of Health and Ageing website at: