

Creating Champions for Skin Integrity

Summary for Dissemination

Project Overview

Wounds such as skin tears, pressure ulcers and chronic leg ulcers are increasingly common with age and are a serious issue in residential aged care facilities (RACFs). The Champions for Skin Integrity project focused on maintaining healthy skin through the application of best evidence to prevent, assess and manage wounds.

The aim of the project was to utilise evidence based strategies to preserve skin integrity and facilitate evidence based wound management through implementation of the Champions for Skin Integrity (CSI) Model of practice. To achieve this aim the project initially obtained contextual data on how the participating RACFs assessed, managed and prevented wounds (specifically venous leg ulcers, arterial leg ulcers, diabetic foot ulcers, pressure ulcers and skin tears) by quantifying the prevalence of these wound types and undertaking clinical audits, surveys and interviews to assess staff and residents' attitudes, knowledge and practices in this area. The project team developed, implemented and evaluated the Champions for Skin Integrity Model of practice to promote transference of evidence-based guidelines into practice. As part of the CSI model, a package of resources - the RACF Wound Management Education and Self-evaluation Resource Package – was developed, trialled and evaluated.

The CSI Model was based on evidence based strategies to facilitate the implementation of evidence into daily practice, including provision of education and easy access to information, providing evidence in a form that can be easily used, audit and feedback cycles, clinical decision making support systems, and local Champions and management support. Following a six month implementation phase, evaluation via surveys, clinical audit and interviews found significantly decreased prevalence and severity of wounds in residents, improved staff skills and knowledge of evidence based wound management, increased implementation of evidence based wound management and prevention strategies, and increased resident and staff awareness of their roles in evidence based wound care. A resource kit on evidence based wound management was developed and could be made available to all Residential Aged Care Facilities.

What Was Done?

The CSI model utilised evidence based strategies to promote the transfer of evidence into practice. The model involved development of educational materials and facilitating easy access to information, providing evidence in a form that can be easily used, hands-on skills development, audit and feedback cycles, clinical decision making support systems and encouraging a supportive environment with local Champions and management support. In the CSI Model, teams of 'Champions' were identified to become key points of contact for staff and the project team.

The model was implemented in seven participating RACFs, ranging from 20–495 nursing home and/or hostel beds in each facility and situated across metropolitan, outer metropolitan, regional, rural and remote locations. The process of implementation involved three main phases:

A. Development, trialling and refining of the CSI Model and the RACF Wound Management Education and Self-evaluation Resource Package

- a series of initial visits and meetings was held with each RACF to establish relationships, plans and awareness raising communication activities

- development and adaptation of the role descriptions of Champions, Wound Care Networks and Link Clinicians in each facility was undertaken to foster clinical leadership, peer support and organisational support
- contextual data was obtained via surveys, audit and interviews on how the RACFs assessed, managed and prevented wounds prior to implementation of the model, along with knowledge, attitudes and preferences of all involved parties
- resources were developed and adapted to address identified barriers and facilitators

B. Implementation of CSI Model and Wound Management Education Resource Package

- education seminars, skills development workshops and one-on-one education was provided during a series of visits to each RACF during a six month implementation phase commencing sequentially in each RACF
- regular meetings were held with staff, residents and families to identify goals, discuss progress and adapt or refine goals at each RACF. RACFs regularly reviewed the prevalence of wounds as part of their own organisational monitoring procedures and provided feedback on these reviews in project meetings and regular staff meetings
- All project partners continued the communication campaigns to maintain awareness and commitment to the project

C. Post-Implementation evaluation phase

- post-implementation data were obtained via surveys, audit and interviews and results and feedback were disseminated back to all those involved.
- a two day final workshop was held for the CSIs to undertake evaluation activities and workshops on clinical leadership skills, change management and setting goals for future sustainability of the project.

What Was Achieved?

Evaluation of outcomes from the project found:

- increased implementation and documentation of evidence based practices for prevention, assessment and management of wounds
- decreased prevalence and severity of wounds in residents
- improved staff confidence and knowledge of evidence based wound management
- increased awareness of residents, family, carers and RACF staff of evidence based wound management and prevention strategies
- a resource kit on the CSI model and evidence based wound management was developed and could be made available to all Residential Aged Care Facilities

What was the impact for residents?

The impact of the project for residents was reflected in improved clinical care and outcomes, including:

- increased implementation of pressure reducing strategies to prevent pressure ulcers
- increased use of strategies to prevent other types of wounds (skin tears and leg ulcers)
- increased knowledge and awareness in residents of the part they could play in prevention and management of common types of wounds
- decreased prevalence and severity of wounds, including pressure ulcers, skin tears and leg ulcers
- residents provided positive feedback from the education seminars and resources, reporting appreciation of the opportunity to improve their knowledge of the area and to be able to implement appropriate prevention and management strategies themselves

What was the impact for staff?

The impact of the project for staff was reflected in improved staff knowledge, skills and implementation of evidence based wound care, including:

- 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 implementation 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
- increased awareness of 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 to use
- multi-disciplinary Wound Care networks and contact with Link Clinicians were initiated in each facility, providing increased capacity for facilities to access expertise when needed
- A package of self-directed learning evidence based wound management and prevention resources is available for staff

What Could Be Adopted In Other Services?

The CSI Resource kits are available for the use of future CSIs in other RACFs. The folders provide information on the roles and processes of the Champions and the CSI model. The folders also contain the education and self-evaluation interactive DVD and all resource material for use in education and practice.

Implementation of the model also involved intensive education and skills development sessions, both in group and one-on-one situations, provided by clinicians with advanced skills in evidence based wound management. Other RACFs looking at implementing the model may need to source the expertise available in their local area to assist with this aspect. The model also relies on Champions for Skin Integrity within RACFs who have clinical leadership skills, change management skills, and knowledge and expertise in the area. Further development of these skills may be necessary for new Champions.

What Resources Are Available?

A suite of resources are available, including:

- 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

Where Can I Get Further Information?

For further information please contact:

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