Wound Prevention & Models of Community Care

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Prevention is better than a cure!

Are you likely to experience a chronic wound?

- 1 – 20% of hospital inpatients experience a pressure injury
- 1% of adults, 3% of older adults, will experience a leg ulcer
- 40 – 70% of leg/foot ulcers and skin tears will recur after healing
- Australia’s population is ageing, with increased rates of diabetes and obesity
- 20 – 50% of aged care residents experience wounds
Wound Prevention

General principles

- Keep moving & maintain a healthy circulation:
  - exercise
  - keep extremities warm
  - avoid smoking
  - change position regularly
Wound Prevention

**General principles**

- **Skin care:**
  - moisturise dry skin twice daily
  - avoid prolonged contact with moisture
  - avoid soap, try pH balanced, non-perfumed cleansers
  - protect skin from trauma, pressure, shear and friction

- **Hydration and nutrition**
Wound Prevention

Specific principles

- **First** Know the cause/s - accurate diagnosis
  - individual variations
  - changes over time
  - multiple causes of chronic wounds
  - any combination of causes is possible

- Address the cause / risk factors
Preventing venous leg ulcers

- Knowledge of the condition
- Close monitoring for danger signs & regular follow-up
- Vascular interventions
- Ankle and calf exercises / leg elevation
- Compression therapy tailored to condition
- Support
Preventing arterial leg ulcers & diabetic foot ulcers

- Knowledge of condition /s
- Control risk factors (e.g., blood glucose, blood pressure, weight)
- Vascular monitoring and interventions
- Ankle and calf exercises
- Check feet and lower limbs daily, annual specialist foot check
- Protect lower limbs from pressure and trauma
Models of Community Care

- A variety of models of care are available
- Services aim to meet a variety of individual needs for optimal outcomes, including:
  - Knowledge
  - Support
  - Provision of skilled, evidence-based care
  - Long-term chronic disease management
Pathways of Care Study for chronic wound management

- Found patients had an average of 3 (up to 8) different health specialities involved in their wound care
- Specialist wound clinics facilitated access to, and transfer of, research evidence into practice
- Led to improved health outcomes
- Cost effective
Best Foot Forward

- Study of Best Foot Forward Prevention Program
- Included:  
  - regular clinical monitoring after healing
  - peer support / social interaction
  - information and practical support, open to family / carers

In comparison to those who did not participate in the program, those in BFF:

- Improved self-care knowledge
- **Significantly less ulcer recurrence**
Champions for Skin Integrity

• Model to facilitate evidence-based prevention & management of wounds
• Based on research on effective ways to encourage uptake of best practice
• Trialled in aged care facilities, primary health care,
  - now acute & transitional care
• Significantly decreased prevalence & severity of wounds
Leg Club model of care

- Consumer led, involvement in treatment
- Social interaction & peer support
- Held in a non-medical environment
- Includes an integrated 'well leg' program

Results of Trial
Compared to home care, those attending Leg Clubs had significantly improved:

- healing rates
- pain
- functional ability
Prevention is better than a cure!

- Keep the circulation moving
- Take care of your skin
- Obtain comprehensive diagnosis of underlying conditions
- Seek information and skills to care for underlying conditions / risk factors
- Monitor closely
- Seek advice from health professionals early if warning signs or wounds appear
References and Publications


AWMA, Clinical Practice Guidelines for Prevention and Management of Venous Leg Ulcers, 2011. AWMA: Barton. ACT.


