

Developing and implementing a new model of wound care aimed at reducing chronicity of wounds in the district nursing service.

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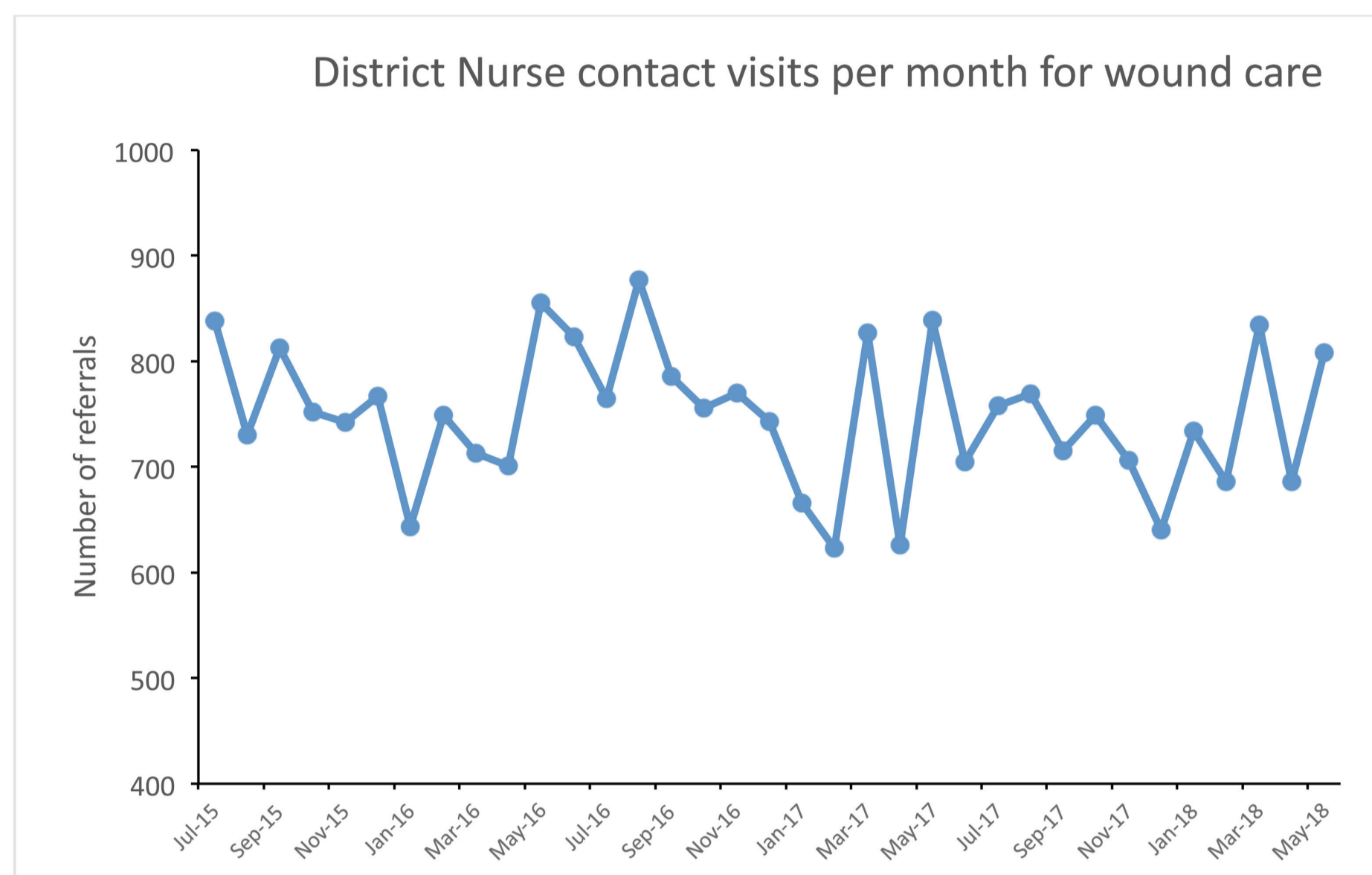
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Background

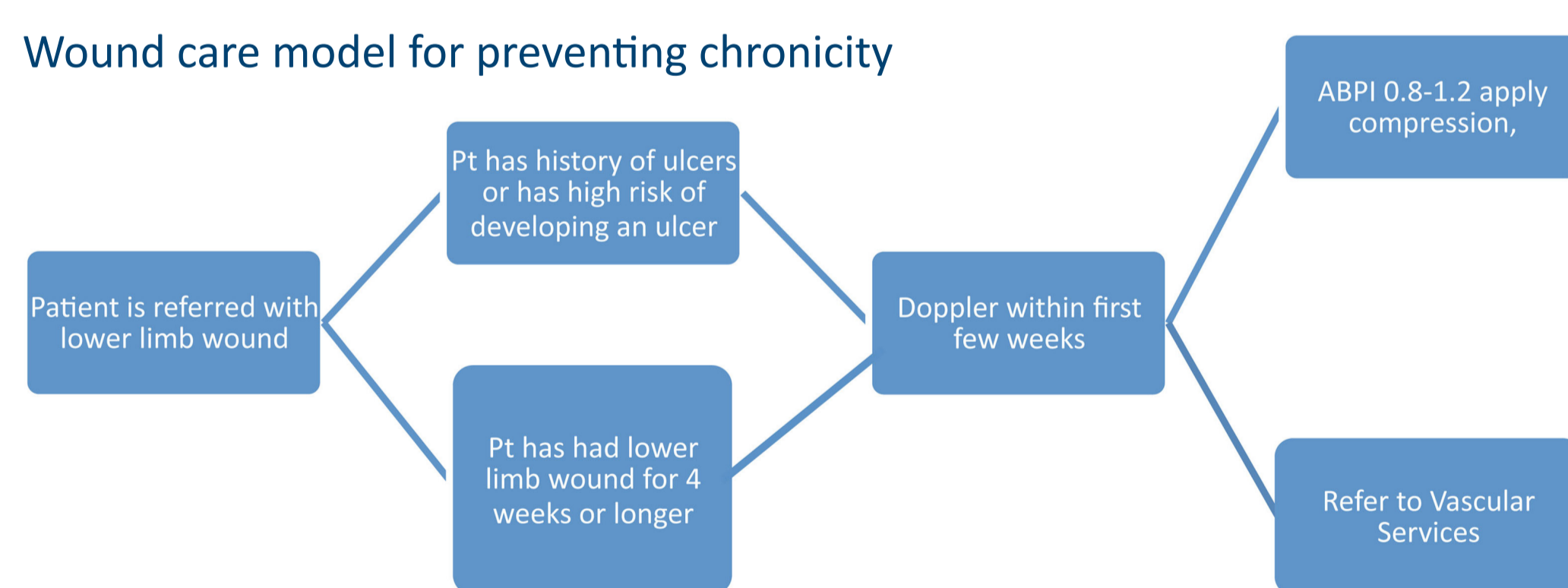
Three district nursing teams work across the Wellington region with patients with complex and chronic wounds. Specialist wound care referrals are 60-70% of all patient referrals. The average number of visits required have not changed significantly over the last 3 years however the complexity and acuity of patient needs have increased. The capacity of the DN work force to deal with the growth in wound care demands, increasing complexity and acuity drove the service to look at an alternative wound care model for efficacy in practice.



There has been a median of 749 contact visits per calendar month for patients with complex wounds.

Aims

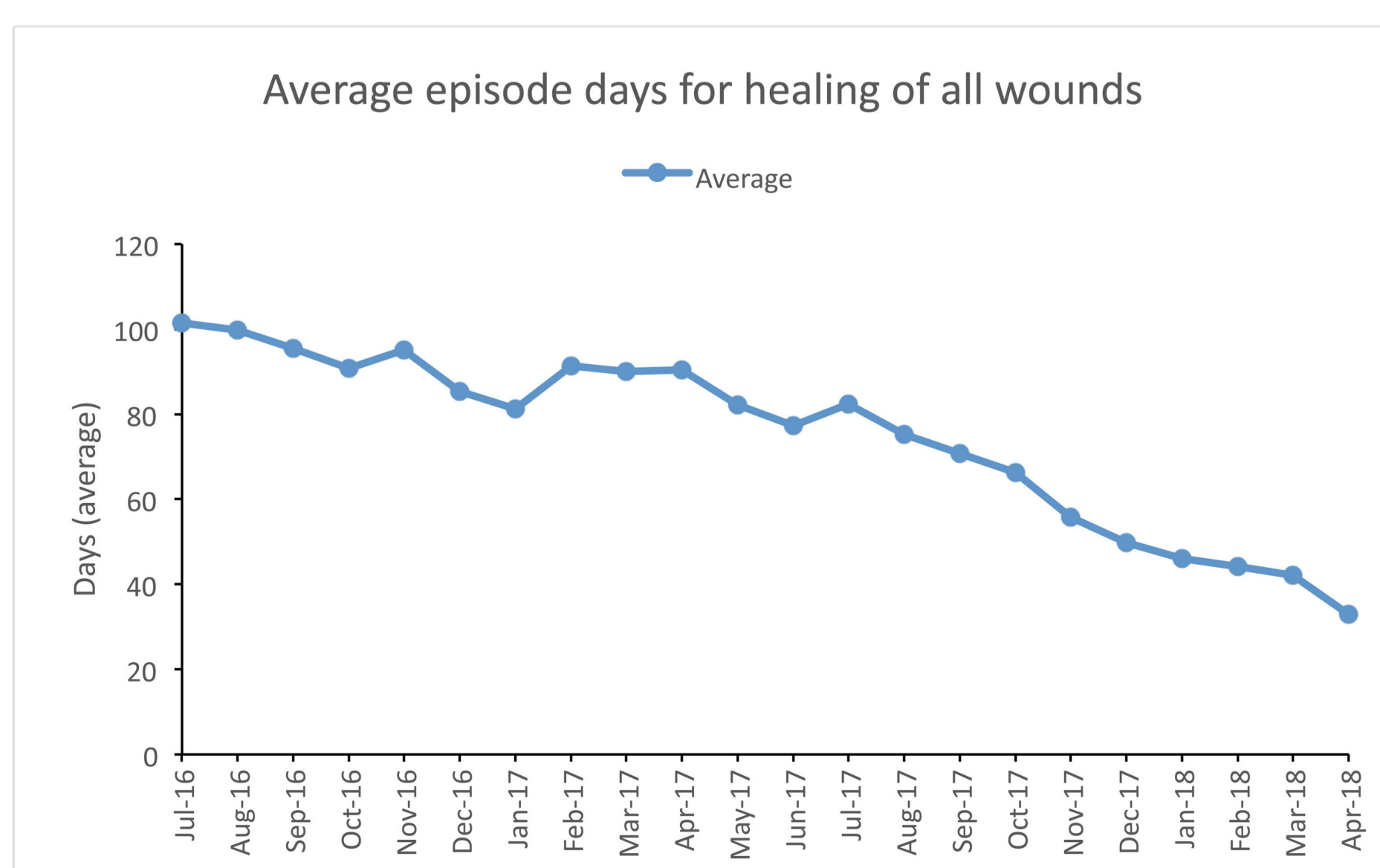
- To reduce chronicity in Venous Leg Ulcers by ensuring evidence based best practice.
- Early intervention involving assessment, patient education and Doppler test within 4 weeks to stop wounds developing into chronic wounds.
- To reduce cost associated with chronic wounds by reducing number of visits to wound/ulcer patients and rationalization of wound products
- To address inequality in health access for Maori and Pacifica population by implementing a specialist wound clinic in an area of high clinical need.
- To introduce silhouette wound care tool to measure healing rates.
- To improve District Nurse wound care/ulcer nursing knowledge and practice.
- To reduce rates of recurrence occurring with VLU by adequate support and education including providing first pair of compression hosiery for all healed VLU patients.



How will we know if a change is an improvement?

- Audit of 6 month referrals for VLU to determine length of time to heal and Doppler time.
- Reduction in number of chronic patients.
- Number of referrals have been steady but an increase in complexity is increasing.
- Non-complex wounds are referred back to the GP for care.
- Better access for Maori and Pacifica patients who have higher rates of VLU presentation and at a younger age than European NZ patients.

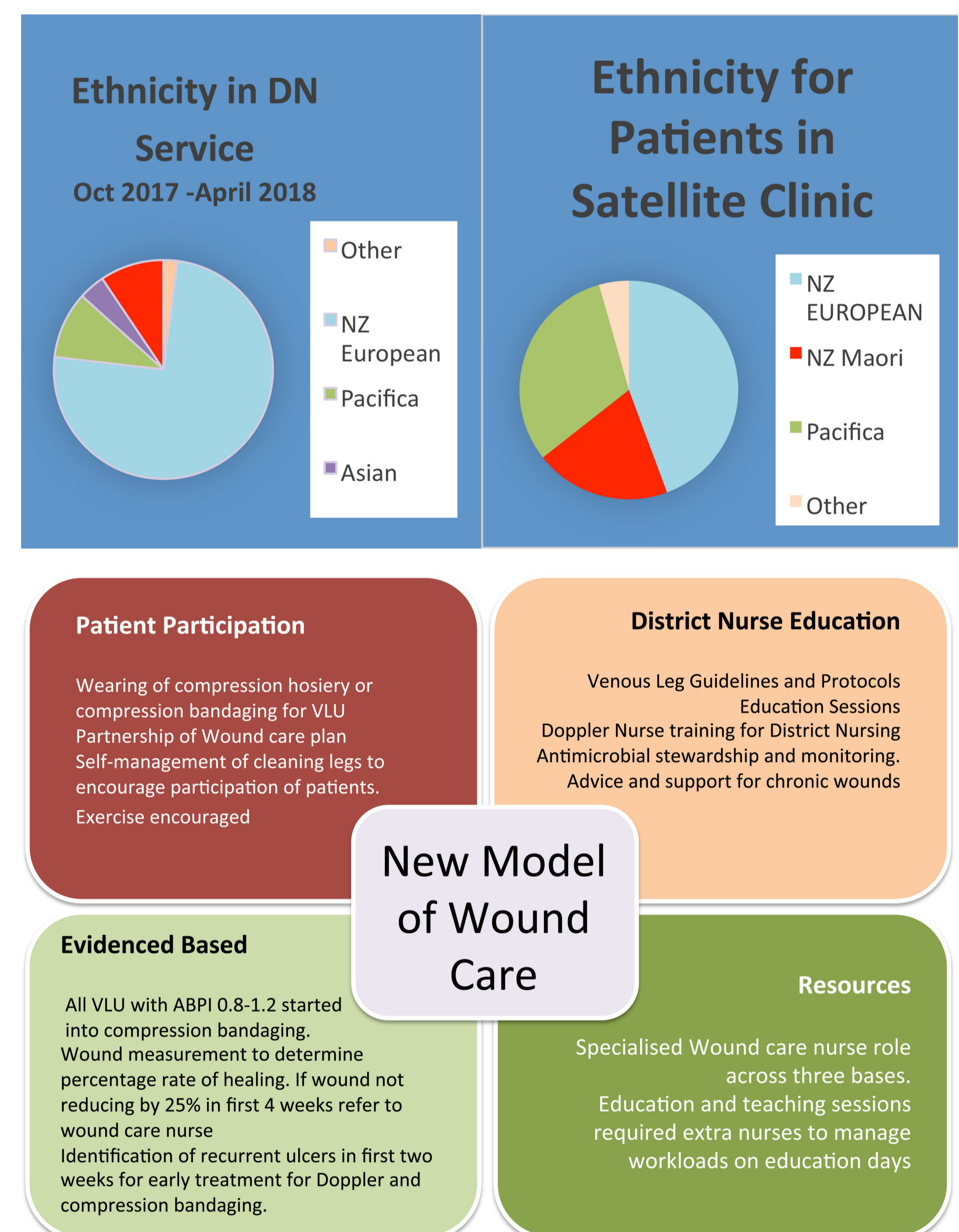
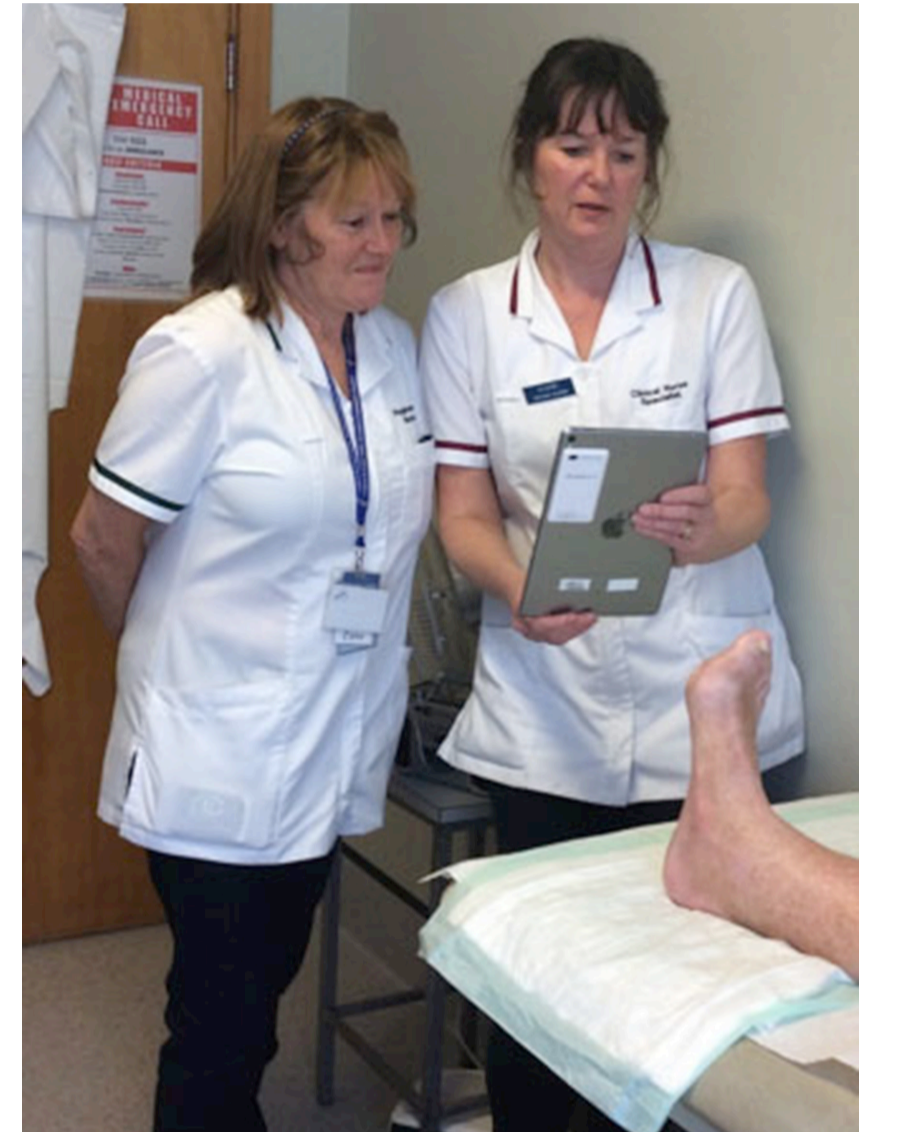
What did we achieve?



- Average time to heal of a venous leg ulcer has decreased from 33 weeks in 2016 to 8.3 weeks in 2017, based on audits in 2017 and 2018 respectively.
- Average Time for Doppler is 4.2 weeks from time of referral to service.
- Doppler proficient nurses have increased from 8 to 23.
- Healing rates of chronic VLU over the audit period October 2017 to April 2018 have increased from 69% to 82%.

How did we do it?

- Implemented a wound care nurse specialist role at each of the three DN bases from February 2017.
- Introduction of Silhouette ARANZ Wound Care Tool to identify healing rates within first four weeks to service.
- Satellite clinic in area of high clinical need and low socio-economic status to ensure easier access for patients with chronic wounds. Clinic held once a week and advertised through local paper and all GP practices.
- Increased training of Doppler nurses within all three bases, added education sessions for support with chronic wound care knowledge.
- Liaison with GP practices to ensure early referral for patient at high risk of developing a VLU.
- Education of patients to self-manage and pathways in preventing recurrence of VLU.



Feedback

Patient feedback

"I am thankful for the help the clinic is giving me for my leg ulcer"
"I have wanted someone to look at my veins for a few years. We need a wound clinic in Porirua"

GP feedback

"This area has high needs with obesity and diabetes" "Clinic prevents hospitalization."
"Better informed about patient care, faster appointment, patients will attend when they see progress"
"Clinic provides early intervention without complications needing hospitalisation"
"Nurse led clinic highly effective"

District Nurses Feedback

"Wound care nurses have the time to refer to specialist services"
"My nursing knowledge about wound care has improved since wound nurse position became available" "This support is invaluable for the district nurses"

The On-going work

- Introduction of Silhouette Lite to I-pads for easier use.
- Management of chronic patients with shared model of care with primary health providers.
- Developing a pathway of care for chronic non-healing patients.
- Continued input to growth of specialist care for district nurses.
- Maintain and grow the number of District Nurse competent in Doppler assessments.

Thanks to the wound care team, Doppler nurses and all the district nurses at CCDHB.