



WMAI

Wound Management
Association of Ireland

Quarterly Newsletter

Promoting Best Practise in Wound Care



Issue 12 - June 2014

Dear Members and Colleagues.

Welcome to our Summer 2014 issue of the WMAI newsletter. In this issues' guest editorial, we hear from Dr. Georgina Gethin, Senior Lecturer, School of Nursing & Midwifery, NUI Galway & EWMA Council Member, on the importance of being an advocate for patients.



I remember my mother telling me stories about my grandmother and her role within her local rural community. She was not a nurse but probably had circumstances been different could have been, and certainly could have been a tissue viability nurse. She was the local woman to whom many people called when they had a problem with a wound.

The types of wounds she dealt with were often farm injuries but more commonly such things like boils, abscess and thorns or other pieces of wood embedded into the skin. The treatment of choice was to hold the affected area over a basin and then with a piece of lint to keep dipping this into boiling water and then onto the wound and hold in place as long as the patient could tolerate it. Now my grandmother was a compassionate woman but I am glad I was not going to her for treatment. One of my first reactions was how successful was this treatment and I was assured that it must have been successful as very few returned for follow up! But, this was in a time when people had no choice. Going to the doctor was the preserve of the rich or if you were very sick. The local dispensary was invaluable to people but this necessitated going to the nearest town which was not easy at short notice, so people often took to treating themselves and finding local solutions to local problems.

So why do I remember this so well now. Recently, I have

encountered quite a few instances whereby people could not access services for treatment of their wounds unless they had money for GP visits or private care. These were ordinary people, some working, one retired, one a student, and in each case required on-going wound care such that one single visit would not have been enough. The wounds were chronic including a pressure ulcer, venous ulcer, diabetic ulcer and an infected lesion. So what did these people do? The student accessed on-line information to treat her wound, and suffice it to say, she would have been better treated with my grandmothers cure than the advice of a souring pad with bread soda that she sourced on the internet. The gentleman could not afford the weekly cost of bandages and dressings so had resorted to treating the wound himself with 'ointments' and a 'nappy' around his leg at night to soak the exudate. In each case the individual was trying to cope with a wound without access to expertise, resources or professional care.

We have a challenge in our health care system in 2014 in that not everyone has free access to wound care. We are running the risk of people going back to home therapies to treat their wounds; the consequences of which will be increasing infection rates, poor healing outcomes, complications, rising costs and the distress of having an on-going wound that one cannot cope with. As a wound care organisation and as wound care specialists we need to raise our voices in order to help those in need of our help. We need to advocate for right of access to services at a cost that is both fair and equitable for people. We need to consider how we will achieve this and how we can promote the discipline of wound care and have wound care on the agenda whether that is a clinical care programme, policy initiative, and strategy or resource allocation. Our grandparents were fantastic and used the resources available to them but surely in 2014 we can do better.

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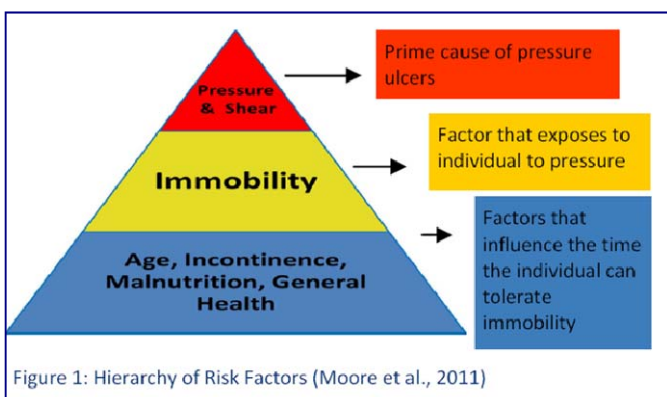
Pressure Ulcer Risk Assessment: The First Step in Planning Prevention Strategies

Risk assessment is the first step in planning pressure ulcer prevention strategies. The purpose of this assessment is to identify those at risk of pressure ulcer development by identifying key factors considered important. A pressure ulcer is defined as a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. It is important to be aware of this definition. In order to put a pressure risk assessment into context.

Currently, no one risk assessment tool exists that has been shown to have 100% sensitivity and specificity. Risk assessment tools are used to identify risk should no interventions be put in place. As such, it is almost impossible to determine the sensitivity and specificity of any given tool because interventions offered to an individual automatically alter the identified risk status. It has been argued that, if there was the “perfect” tool, there would not be a requirement for any others and yet over 40 tools are presently in existence.

Pressure ulcers occur due to prolonged unrelieved exposure to externally applied mechanical forces. The highest rate of mobility problems occur among the older population. Therefore, it is logical that activity and mobility are the highest predictors of risk. It is argued here that the risk assessment process should begin with an assessment of mobility and activity and should proceed to a more complete assessment should impairments in these be identified.

In this way, the process is simplified and focuses attention to the key causative factor, which is pressure/shear.



Pressure/Pressure/shear is the prime cause of pressure ulcers and those who are exposed to pressure/shear are those who are immobile and cannot relieve pressure

from bony prominences. The older population display the greatest propensity for mobility problems. Therefore, it is logical that the first question to ask is whether the patient can move independently or not. If problems regarding mobility and activity are identified, then the remaining process of risk assessment should ensue. If there are no problems regarding activity and mobility are noted, then the patient is unlikely to develop a pressure ulcer.

This is a synopsis of Professor Zena Moore’s article —to read the full article please go to www.hse.ie/pressureulcerstozero

Prof. Zena Moore, Professor and Head of the School of Nursing and Midwifery, RCSI



NOTICE OF FREE PUBLIC EVENT - DIABETES, IT’S COMPLICATED - NUI GALWAY

Researchers at NUI Galway involved in the REDSTARR (Repair of Diabetic Damage by Stromal Cell Administration) and the Discipline of Podiatry are to host a free public event entitled “Diabetes- It’s Complicated” on Tuesday 9th September 2014 from 6.30-8.30pm in Aras Moyola, NUI Galway.

This event will highlight what research, in Ireland, is helping to advance treatments for complications of type 2 diabetes? Hear some of REDDSTAR's partners discuss their current research projects investigating diabetic retinopathy, bone fracture repair and wound healing. Learn about stem cells and why they are therapeutically interesting.

NUI Galway's Discipline of Podiatry will explain the current standard of care for diabetes-related foot ulcers, and meet DEXLIFE- a project investigating ways to prevent the progression from pre-diabetes to type 2 diabetes. Ask questions and sign up for a free foot screening! Reserve your free place now: <https://www.eventbrite.com/e/diabetes-its-complicated-tickets-11763379585#>





R-I-S-E TAKING THE PRESSURE OFF



Despite advances in health care pressure ulcers (PU) remain a major challenge to health care professionals and carers in a variety of care settings; this is despite the fact that 95% of PU are almost completely avoidable (Hibbs, 1995). PU are common, costly and impact negatively on health (Moore *et al*, 2011). Furthermore the high monetary and human costs associated with PU are set to rise; an aging population in Ireland means that PU prevalence will increase (Gethin *et al* 2005). Given current economic restraints it is imperative that preventative measures are taken to reduce the high costs associated with the management of avoidable PU.

The RISE- taking the pressure off project was an innovative collaboration between the Discipline of Podiatry and the School of Nursing and Midwifery at NUI Galway- the first interdisciplinary collaboration of its kind. The project, funded by Explore and the Wound Management Association of Ireland, provided a unique opportunity for staff and students of both disciplines to work together to launch a campaign that aimed to raise awareness of PU prevention within the community; specifically for carers within the home setting.

The acronym RISE was chosen to drive home the basic principles of pressure ulcer prevention:

Reposition- Regular repositioning can prevent tissue damage

Inspect- Inspection of the skin daily can identify areas at risk of ulceration

Skin care- Washing and drying the skin can prevent tissue damage

Eat well- Good nutrition and hydration is essential for health and wellbeing

The project team worked in collaboration with a number of external stakeholders including the Wound Management Association of Ireland, The



Carers Association and the Irish Practice Nurses Association in the development of an information leaflet specifically aimed at carers. This leaflet is currently available in the English and Irish Languages. Further to the launch of the leaflet at the recent European Wound Management Association Conference, Madrid, Spain, the leaflet will be adopted by a number of co-operating wound care organisations across Europe and Scandinavia.

This project provided an exciting opportunity for student podiatrists and student nurses of NUI Galway to reach out and participate in a community initiative that enhanced the student learning experience whilst complimenting the overall university strategic objectives for engagement with wider society.

Prof. Caroline McIntosh, Head of Podiatry, School of Health Sciences, NUI Galway

From (l) to (r) Fiona Mullins & Olga Carey, Podiatry students; Dr. Georgina Gethin, Senior Lecturer, School of Nursing & Midwifery, Lauren Brennan & Jacqui Hartigan, Podiatry students and Prof. Caroline McIntosh.



'NO PRESSURE' FOR THE TV TEAM AT BEAUMONT

Beaumont Hospital has two (35 bedded) wards taking part in a pressure ulcer collaborative initiative, one medical and one surgical. This is part of the National Quality Improvement Programme. Efforts are focused on creating awareness of pressure ulcer prevention and implementing a multidisciplinary team (MDT) approach. A new bulletin board on the medical ward has been developed with information for staff including a newly developed algorithm chart, updated care plan incorporating new SSKIN bundle, the grading chart and posters identifying patients pressure points. Awareness has further increased with the use of the pressure ulcer to zero 'hands sign' to identify those patients at risk of pressure sores.

The "hands sign" is colour coded to flag turn times with purple on one side and yellow with a 'please turn-over' (PTO) indicator at the bottom to encourage staff to turn patients regularly. This sign has also been an aid to staff for educating patients and families on how they can help themselves reduce the risk of pressure ulcer development.

The team have continued utilising a multidisciplinary approach including revision of patient seating, reducing shear, correct use of barrier creams, revision of current pressure relieving devices and implementation of the nutritional Malnutrition Universal Screening Tool (MUST) tool. The safety

cross is also proving effective in highlighting the incidents of pressure ulcers at ward level. The team is working hard to reduce their pressure ulcer numbers, they firmly believe "one harm is one too many"!



EWMA FUTURE DOCUMENTS & PROJECTS

Managing Wounds as a Team

This document provides a universal model for the adoption of a team approach to wound care. The document was presented during the EWMA-GNEAUPP 2014 Conference in Madrid in May 2014 at the Key Session *Managing Wounds as a Team – Interdisciplinary Perspectives on Wound Management*. The document is now published on the website of Journal of Wound Care.

Interdisciplinary Perspectives on Wound Management

The Interdisciplinary Project will promote the use of an interdisciplinary approach to wound care and identify current challenges and barriers in the use of interdisciplinary teams. The project has been developed in full collaboration with the Association for the Advancement of Wound Care (AAWC) in the USA and the Australian Wound Management Association (AWMA).

Antimicrobial Document - Follow-up project launched

Last year EWMA made a sizable contribution to the escalating debate about antimicrobial resistance by publishing the '*EWMA Antimicrobial Document*' (<http://ewma.org/english/publications/ewma-documents/ewma-antimicrobial-document.html>). EWMA is now launching a follow-up project with the working title 'Promoting Appropriate Use of Antimicrobials in Wound Care'. The aim of this project is to develop a clinical support tool that will facilitate the appropriate use of antimicrobials (antibiotics and antiseptics) in wound care by guiding health professionals' decision-making.



MANAGING VENOUS LEG ULCERATION

Jointly offered by



**A UNIQUE ONE SEMESTER, PRACTICE FOCUSED,
10 ECTS, LEVEL 9 MODULE**

Commencing September 2014
Places strictly limited, early application advised

NUI Galway in partnership with University of Limerick and St Angela's College Sligo have launched the first academically accredited course (level 9, 10ECTs) on the Management of Venous leg Ulceration in Ireland. This course will run over one semester commencing September 2014. During the course students will learn the skills of compression therapy and Doppler ultrasound and develop their knowledge, skills and expertise in critique of the evidence based practice as it relates to venous ulcer management. This course has been developed in response to the requirement to develop practitioners who are highly skilled in leg ulcer management in order to meet the needs of up to 2% of the population affected by venous leg ulcers.

Participants will:

- Acquire evidence based knowledge in the management of Venous Leg Ulceration.
- Develop competence in Doppler ultrasound and compression bandaging.
- Opportunity to network and learn from experts in the field.

Online theory with attendance required for only 4/5 workshop days.

Choice of study location across the Western Sea Board.

Six units of focused learning (further details on colleges websites).

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Please send any items for inclusion in future newsletters to wmainewsletter@gmail.com

We're on the web — www.wmai.ie

EWMA training activities: "Taking the users on board"



To encourage and support the active involvement of users when innovating, designing, and implementing new products and service delivery models, EWMA and the Danish Technological Institute are this year launching two training activities focusing on user-driven innovation. The activities target both clinicians and industry representatives and more information can be found at www.ewma.org.



1st Transatlantic Wound Science and Podiatric Medicine Conference- a world of opportunities (9 - 11 Oct 11th 2014 in Galway)

This is a unique collaboration between NUI Galway, New York College of Podiatric Medicine, the Wound Management Association of Ireland and the professional bodies for podiatry in Ireland. The conference will take place on Thursday 9th October until Saturday 11th October in the Galway Bay Hotel, Salthill, Galway.

We are now accepting abstract submissions for oral and poster presentations. Abstracts can be submitted online at: <http://www.conference.ie/Conferences/AddAbstract.asp?Conference=365>

Abstracts should be less than 500 words and uploaded as a PDF file. Deadline for submission of abstracts is 31st August 2014. See overleaf for agenda

Friday 10th is Wound Care Day and will focus on wound care and diabetes and is targeted at any health professional working with or has an interest in wounds and diabetes—see the days agenda overleaf. The full conference agenda is available at www.conference.ie





NUI Galway
OĒ Gaillimh



1st TRANSATLANTIC WOUND SCIENCE & PODIATRIC MEDICINE CONFERENCE

Friday 10th October 2014

8.00-9.00	Registration	Foyer, Galway Bay hotel
Session 2: Lettermore Suite	Wound Management	Chair: Dr. Aonghus O'Loughlin
9.00-9.20	Opening Address - Diabetic Foot Disease - opportunities and challenges.	Dr. Sean Dinneen, Consultant Endocrinologist University Hospitals Galway/ Head of the School of Medicine, NUI Galway.
9.20-9.50	Wound debridement strategies- to debride or not to debride that is the question?	Professor Caroline McIntosh, Head of Podiatry, NUI Galway and President of the Wound Management Association of Podiatry.
9.50-10.30	Managing Sepsis in the Diabetic Foot - Current evidence	Dr. David Gallagher, Consultant Physician, University Hospitals Galway.
10.30-11.00	Outcomes and endpoints in wound healing: - is healing the only endpoint?	Dr. Georgina Gethin, Senior lecturer, School of Nursing and Midwifery, NUI Galway.
11.00-11.30	Coffee Break, Exhibition & Poster viewing	
11.30-12.30	Master class 1. Topical antimicrobials- when to start and when to stop? Master class 2. Interpreting the evidence – what do trials actually tell us? Workshop: Biomechanics of Foot Wounds	Dr. David H. Keast, MSc, MD, FCFP Lawson Health Research Institute, St. Joseph's Parkwood Hospital, Canada. Ms. Edel Murphy, M.Sc., B.Sc. Research Associate, NUI, Galway. Mr. David Watterson, Clinic Manager, Podiatry Dept., Merlin Park, Galway.
12.30-13.45	Lunch, Exhibition & Poster viewing	
Session 3:	Diabetes and Diabetic Foot Disease	Chair: Dr. Georgina Gethin
13.45-14.15	The Challenge of Diabetes in Practice	Dr. Francis Finucane, Consultant Endocrinologist, University Hospitals, Galway.
14.15-14.45	Dermatological changes in Diabetes	Dr. Trevor Markham, Consultant Dermatologist, University Hospitals, Galway.
14.45-15.15	Supporting self management in chronic disease	Mr. James O'Shea Psychotherapist, Addiction Counsellor, Registered Psychiatric Nurse and Registered General Nurse.
15.15- 15.30	Comfort Break	
		Chair: Ms. Kate Arkley, WMAI
15.30-16.00	Bariatric Wound Care	Mr. Kumal Rajpaul, Senior Tissue Viability Lead Nurse, Kings College Hospital, N.H.S. Foundation Trust.
16.00-16.30	Mesenchymal Stem Cells for Diabetic Foot Ulcers	Prof. Tim O' Brien, Dean of the CMNHS, Consultant Endocrinologist and Director of the Regenerative Medicine Institute, NUI Galway.

Early Bird booking before 31st July: €100

Other topics include:

- Forefoot Cadaver Workshops
- Risk Factors for Lower Limb Falls
- Triage of the Paediatric Flat Foot
- Podiatric Acupuncture

Details and registration on www.conference.ie