Judith Meppem Scholarship Report 2010-2011

Introduction
The scholarship study tour was originally designed to visit two countries, Toronto (Canada) and Cardiff (Wales). Both have been acknowledged in the literature as being centres of excellence in various aspects of wound management.

Prior to the tour background to my role, work experience, purpose for the study tour and agreed learning objectives to be achieved from the experience were agreed with all nominated hosts from the scheduled sites. To accommodate the busy schedules of the hosts and my own workplace the study tour unfortunately could not be conducted by travelling from one country to another consecutively as outlined in the original application so the alternative was to arrange two separate overseas visits.

The first of the trips was undertaken in Canada in July-Aug 2010. The second part of the tour was planned for Wales in Oct 2010. Following my return from the Canada study tour, surgery for a fractured arm required rescheduling the planned Wales journey. As a result, difficulty was experienced in re-establishing a suitable date with all previously nominated international key clinicians. The NSW department of health chief nurse office was notified and a timeframe prior to the 30th of June 2011 to complete this invaluable learning opportunity was advised.

Following discussions and scheduling temporary travel dates not all hosts could be secured again for the study tour. To assist achievement of objectives Professor Keith Harding has agreed to visit HNE Health in September in 2011. During his site visit he will critically appraise the Greater Newcastle Cluster wound management model that was developed and implemented into practice. Further discussions regarding pressure ulcer prevention in community settings will be undertaken with the Professor Harding the research consultant for “Repose” at the September meeting.

On contemplation of the revised timeframes and unavailability of key clinicians in both Wales and the UK planning another overseas experience was proving too difficult within the timeframe. Rather than risk outstanding objectives not being achieved a National tour to recognised clinical leaders in the specialty of wound management was promptly organised. Revised objectives were developed and visits arranged in three states, South Australia, Western Australia and Queensland.

Relevance of role & responsibility
Current employment is with Hunter New England Local District Network as a Nurse Practitioner-Wound Management. Direct clinical practice is limited to patients residing within the Greater Newcastle Cluster area although practice change and mentoring does extend across the health service in the Hunter region. Clinical leadership for the pressure ulcer prevention program has also evolved into this role. Developments of practice improvements and positive outcomes in pressure ulcer prevention have been introduced to other area health services within NSW. As chairperson for the NSW health pressure ulcer prevention & management policy revision group, identifying best practice strategies has also been incorporated into this NP role & responsibilities.
HNELHD like other health organisations has experienced escalating financial expenditure in the use of negative pressure wound therapy (NPWT). Investigating best clinical outcomes at reduced costs was an important responsibility for this senior position. This again extended to leading a group of health care professionals in developing the first NSW health NPWT tender. Specifications were developed and contracts submission invited from several companies with a NPWT device. At a local level implementing change to assure clinical efficacy along with cost efficiency is pivotal to achieve and will involve the NP role and responsibilities.

The scholarship report will highlight the invaluable learning experience and opportunities for practice improvement gained from visiting both international and national colleagues. The relevance to the NP role will become apparent and the objectives that have been implemented will be discussed.

**Nurse Practitioner-Wound Management Canadian Study Tour**

**Ontario 25th July 2010 to the 16th Aug 2010**

<table>
<thead>
<tr>
<th>Host</th>
<th>Role/Position</th>
<th>Host Site</th>
<th>Objective</th>
<th>Achieved</th>
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<tbody>
<tr>
<td>Sally Mantle</td>
<td>Nurse manager</td>
<td>Community CCA wound clinics</td>
<td>Establishing wound clinics. Tips and time savers</td>
<td>Yes</td>
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<tr>
<td>Anita Stern</td>
<td>Wound Educator</td>
<td>Toronto University</td>
<td>Education in wound care best practice</td>
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<tr>
<td>Sandra Tull</td>
<td>NP</td>
<td>St Michaels</td>
<td>Pressure Ulcer Surveillance in community settings</td>
<td>Yes</td>
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<tr>
<td>Kevin Woo</td>
<td>NP</td>
<td>Rehabilitation hospital</td>
<td>Compare model of practice and service delivery</td>
<td>Yes</td>
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<tr>
<td>Theresa Hurd</td>
<td>NP/Director</td>
<td>Nursing Practice Solutions</td>
<td>Negative Pressure Wound Therapy Implementing a change management approach to gain cost effective and clinical efficacy across the area health service. Nurse Practitioner – Wound Management Model of practice Learn from a network of NP working in community practice that are leading</td>
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Overview

Community Care Access wound clinics
The three clinics operated by CCAC were visited in the Toronto area. These clinics were established to:

- Reduce staff resources
- Reduce product resources
- Increase patient appointment opportunities

Geographically located in existing facilities which provided additional security measures. High volumes of patients could be seen in clinics as opposed to home visiting. Complexity of the wound presentations varied from simple to ongoing management of a chronic wound. Clinic referral criteria included, ambulant, access to transport and attendance within the clinic opening hours, 7am to 7pm.

Referrals were received from emergency departments, GP’s and an increasing number of walk in self referrals from the working poor population. Nurse working in the clinics undertake a four day wound management training course offered by a Professor well renowned in wound management.

Clinic Outcome;

- The working population had access to the clinics before and after work without any loss of income.
- Electronic record keeping tracked the healing rates over time against the cost of treatment. This provided efficacy of the clinic treatment model.
- More patients were seen for wound services at a reduced cost
- OH&S safe guards could be enforced for high security risk patients that otherwise could not be home visited
- Mentoring opportunities for nurses new to the service and specialty of wound management.

Toronto University
This meeting was to review the current wound education provided to undergraduate nurses and future plans. The university was in the process of developing resources to support wound education and were very interested in the concept of a wound management model of practice rather than clinical practice in isolation. Since my visit the lecturer has been in contact with the WoundsWest director to access the on-line education for Toronto undergraduate nurses.
St Michaels
The NP in wound management shared the work in developing a prevalence data collection tool used to measure the prevalence of pressure ulcers across three acute care facilities. The prevalence tool has since been validated and shared in other sites in Ontario. The pressure ulcer program continues to develop strategies to prevent pressure ulcer occurrences. One of the strategies was skin inspection on emergency presentation. Access to equipment was identified as a barrier to prevent pressure ulcers in the community setting as this is not funded.

Rehabilitation hospital
Nurse Practitioner specialising in wound management provides a wound management consultancy service within the Rehabilitation hospital.

This position provides advanced technical skills, guideline development for best practice and facilitating wound care services within the organisation through leadership and mentoring.

In a private capacity the NP role is further extended as prescribing rights can be applied where as in the public inpatient sector NP’s are not yet able to prescribe.

Nursing Practice Solutions
This is a private consultancy service which advises staff in best practice in relation to skin and wound care. The team consists of a director who is a NP in the specialty of wound management; two NP’s developing in the wound management specialty, an enrolled nurse equivalent and a full-time administration officer.

The role of the skin and wound team is to build capacity in hospital/community clinicians. The service works in partnership with the hospitals and community services and monitors, treats and implements programs in relation to a wound management model of practice. This service is contracted to large health facilities throughout Ontario.

Negative Pressure Wound Therapy - Nursing Practice Solutions
Nursing Practice Solutions director works closely with health administrators, medical officers and nursing teams to facilitate the safe and effective use of NPWT. A meeting of key stakeholders was observed to discuss issues in relation to NPWT allocation on discharge. This service assesses, monitors and implements best care to gain outcomes for all stakeholders. The advantage of a third party involvement in the use of NPWT has been cost reduction with measure clinical outcome every time NPWT is applied.

What was different?
Nurse practitioners are not necessarily experts in the specialty they work. For instance some NP’s are authorised in a broad areas such as adult care or paediatrics so they can then seek employment as a NP in this area. One NP I spoke to in wound management had come from chronic disease 2 years previously.

Dressing packs were more wound care orientated. 10 ml syringe and blunt drawing up needle to irrigate the wound in improve wound cleansing. Disposable long cotton tipped stick to measure wound depth available in a 2 pack with a measure indicator on the pack.
Private 3rd party skin and wound team working collaboratively to build sustainable wound management skills in acute/community staff. A model of wound management practice has been successfully implemented into the acute setting.

What aspect of the visit could be implemented?
Community wound clinics

A skin and wound teams in acute services. Unsure if this would need to be private consultancy or build on the existing expertise.

What has been changed in practice/service delivery as a direct result of the scholarship?
Traditional methods of community nursing care

Wound dressing packs and depth measuring sticks are currently being sourced in Australia. This small detail will improve areas of wound management practice.

NPWT draft clinical practice guideline.

Nurse Practitioner- Wound Management SA, WA & Qld Study Tour
June – July 2011

<table>
<thead>
<tr>
<th>State</th>
<th>Host</th>
<th>Role/Position</th>
<th>Host Site</th>
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<tr>
<td>South Australia</td>
<td>Tabatha Rando</td>
<td>Operations Manager</td>
<td>RDNS</td>
<td>Compare Community Model of practice and service delivery, HACC funding and wound management effect on resource allocation ie wound products Methodology of Pressure Ulcer Surveillance in community settings</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Sue Templeton</td>
<td>CNC/NP</td>
<td>RDNS</td>
<td>Implementation of Wound Management Clinics in community centres</td>
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<tr>
<td></td>
<td>Margi Moncrieff</td>
<td>NP</td>
<td>Flinders Medical Centre</td>
<td>Wound Management Model of practice in an acute facility NPWT Implementing a change management approaches to gain cost effective and clinical efficacy inpatient/outpatient services.</td>
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<tr>
<td>Western Australia</td>
<td>Donna Angel</td>
<td>NP</td>
<td>Royal Perth Hospital</td>
<td>Implementing wound management practice guidelines NP-WM outpatient wound management clinic model Indicators NP practice, data collection &amp; reporting</td>
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<tr>
<td></td>
<td>Liz Howse</td>
<td>CNC/Clinical Nurse</td>
<td>Silver Chain Nursing</td>
<td>Community Model of practice AWMA standards implementation</td>
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<tr>
<td>Name</td>
<td>Position</td>
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<tr>
<td>Pam Morey</td>
<td>NP</td>
<td>Wounds West</td>
<td>Telehealth consultation. Advisory service.</td>
<td>Yes</td>
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<tr>
<td>Jenny Prentice</td>
<td>Program Director</td>
<td>Wounds West</td>
<td>WoundsWest Program overview. Achievements to date and sustainability plan. What could be transferred to other areas, how was practice change undertaken. What was some of the challenges. What would be done differently? Community wound surveillance and pressure ulcer prevention. Differences &amp; strategies Telehealth consultation. Framework, resources required and outcomes to date. Data collection, data set and outcome measures.</td>
<td>Yes</td>
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<tr>
<td>Laurie Foley</td>
<td>Podiatrist</td>
<td>Freemantle Hospital</td>
<td>High Risk Foot Clinic, team approach, communication strategies. Pressure offload equipment</td>
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<tr>
<td>Queensland</td>
<td>Michelle Gibb</td>
<td>NP</td>
<td>QUT wound healing centre</td>
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<td></td>
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<td>NP led wound management clinics Research into practice Wound Management and data elements, outcome measures NP-WM reporting, indicators of effective practice. Compare management of recalcitrant wounds and identify additional outcome measure other than healing when it is not appropriate. Data capture</td>
<td></td>
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<tr>
<td>Kerry Reid-Searle</td>
<td>Nursing Lecturer &amp; Creator of Unmasked</td>
<td>CQU Rockhampton University</td>
<td>Innovation in education of undergraduate nurses Transferrable techniques to GNC Transferrable to patient education and enablement. Available resources and packages for purchase</td>
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Overview

Royal District Nursing Service South Australia
Funding has had an impact on wound management services provided by RDNS. HACC clients with wounds are predominately the clients that receive serviced by RDNS nurses. Since the funding changes RDNS has diversified into additional areas of community based care. In March 2011 RDNS created a wound NP position one day a week whilst the existing CNC position continues on the remaining days.

Clinic rooms are scarce but the service has been very innovative by introducing a NP clinic service within an existing GP practice one afternoon a week. This has increased collaborative practice opportunities while gaining medical support and building professional relationships between both services.

Flinders Medical Centre South Australia
The nurse practitioner wound management service predominately operates as an advanced consultancy for in-patients. These advanced skills are used to facilitate wound healing through assessment and intervention recommendations. NPWT is used throughout the hospital with this treatment option governed by a policy document. The NP will initiate and discontinue treatments ensuring appropriateness and cost efficient access continues to be observed.

Limitations still exist in discharging patients while NPWT continues. Treatment costs for the device continues to be paid by the discharging wards budget. To control expenditure and monitor treatment patients with NPWT continue to receive care from Flinders Medical Centre for a further 2 weeks rather than referring. If NPWT is required longer patients are case managed by the NP-WM as outpatients.

Gaps in the role were identified as formal medical mentoring, diagnostics are still signed off by medical officers and accurate data collection processes. The data elements required in this role need to have relevance to a NP in acute setting.

Royal Perth Hospital Western Australia
A large teaching/referral metropolitan hospital with over 700 beds that incorporates multiple specialties (excluding obstetrics and paediatrics). The Nurse Practitioner role is professionally aligned with the vascular surgical team and line managed by the nursing executive. This model promotes collaboration and mentoring opportunities.

Referrals are received from all health professionals in the hospital via page, email and rounds. Additionally a telehealth consultation virtual clinic operates weekly to support rural patients post discharge. Outpatient wound clinics function 3 days/week and operate out of three rooms each day. Three nurses work in the clinics with the NP. Administration officer, medical physics (ABI’s) and medical photographer support the wound management practice.
The NP clinically leads wound education, pressure ulcer/skin tear audits, clinical research and quality assurance projects as part of the role and responsibility of the position. Key wound data elements are routinely collected to substantiate activity level and advanced practice outcomes. Patients and the facility are benefiting from a NP fully practising in the role.

**Silver Chain Nursing Service WA**

This is a large organisation provides community based care within Western Australia. Wound management forms approximately 80% of a community nurse's total daily workload. Core business being in wound management Silver Chain has been recognised both internationally and nationally as a leader in practice in this area. Over the past few years Silver Chain has been active in developing IT which will support the nurse's clinical practice whilst working in the field. Smart phone technology, electronic medical record keeping and accurate data collection has been instrumental in successfully implementing their wound management program.

The Silver Chain wound management program can be compared to the Wound Management Model in Greater Newcastle Cluster although it is on a much larger scale with the supporting infrastructure i.e research, education and information technology units. The satisfying outcome of the visit was to recognise that both programs are very similar striving to implement quality services to patients with wounds who reside in the community. Data collection was pivotal to quality improvement and to inform education needs to create practice change.

**WoundsWest WA**

This is a state government funded program that commenced in 2007. The aim was to quantify the burden of wounds in WA and investigate activities required to improve care. Important wound and wound management information has been systematically gathered, analysed and reported to identify ongoing strategies to improve outcomes for people with wounds. Repeated surveys measuring prevalence evaluated the effectiveness of improvement strategies.

Wound education programs have been developed and are accessible on-line. This is quality, consistent education modules provided to all WA health sites together with all other states in Australia. Following each survey the data informs the education requirement and further programs have been developed.

Information Technology group has introduced a digital wound imaging and documentation system that will support metropolitan, rural and remote sites. This development has allowed telehealth wound consultation services to be established in 2011. The WoundsWest Advisory Service has a wound consultant and most recently a Nurse Practitioner available to offer consultation, facilitate staff training and wound healing outcomes in areas that would not have previously been able to gain access to an expert wound clinicians.

**Freemantle Hospital WA**

This is a remarkable service providing timely access to best care for patients with complex wounds. I was fortunate to witness a patient with a high risk diabetic foot ulcer who was efficiently navigated through consultations with several of the interdisplinary team members. A vascular surgeon arranged surgery, the infectious disease physician advised antibiotic coverage while the endocrinologist adjusted treatment to stabilise the blood sugar levels. Meanwhile the podiatrist
offloaded the interim footwear before collaborating with the wound consultant and silver chain nursing service to plan the ongoing outpatient care. This was all achieved in one outpatient visit with patient scheduled for surgery in a week.

**QUT University QLD**
The NP led wound healing clinic operates out of QUIT University. This dynamic service runs out of a remarkable facility while functioning similarly to most other advanced wound consultancy community clinics. The exception is it is privately funded and has the advantage of integrating closely with researchers and the university research activities.

Clinics are offered three days a week. The NP reviews all patients with the support of a fulltime RN and most often 3rd year student nurses gaining clinical experience in the clinic setting. The clinic attracts patients for research programs. Data collection and interventions are closely overseen or attended by the NP. Research grant funding along with community funding and charity donations financially support the clinics operations. Patients may also be charged above the medicare fee if they are not participants in research projects.

A focus on quality data collection and forming a wound data set for ongoing research purposes is very prominent in this clinic. This extends to the advanced practice and effectiveness of the NP wound management role. Currently QUT wound clinic is participating in several research activities one of which involves the CRC. This visit really highlighted the benefits of witnessing quality research activities and the resources the academic staff can offer to clinical practice. The linkage of a wound clinician, scientist, academic researcher and other departments such as human movements all illustrated a number of benefits in locating a wound clinic within a university site.

**CQUniversity Rockhampton**
Inspiring, innovative, fun and memorable are the terms that spring to mind to describe the incredible teaching methods initially used to educate undergraduate nurses at this university. This talented educator transforms into a patient with the use of high quality silicone mask which totally disguises her identity. All our senses are engaged and we begin to learn from the patient’s perspective using this teaching technique.

The message is communicated by the patient to the nurse using humour and real life circumstances. Several characters are introduced to the students throughout their training. Each character has a unique identity and personal history. Authentic simulation provides memorable learning. Wound scenarios involving the existing characters have been tested and are under development to further educate health professionals in wound management.
What was learnt?

Nurse Practitioner Role
The Nurse Practitioner – Wound Management position differs in the capacity to practice in the extended scope of the role. Despite similar practice guidelines being adopted by all the NP’s visited it was not so much the practice nor the level of experience or even the location of the position that limited the scope of practice. From my observations and comparisons several factors had an impact on how successful an NP could function within their roles. This included:

- Senior Nursing Management understanding and acceptance of the role
- Ongoing regular formal medical mentorship
- Alignment and support of a team
- Reporting agreed data elements relevant to role/practice

In comparing my own practice I acknowledged the gaps and actions necessary to improve my scope of practice. Seeking the local medical formal mentorship in the community setting will support me grow in my practice and provide future opportunities to align further with medical officers.

Negative Pressure Wound Therapy
This costly device requires governance to ensure clinical outcomes are cost effective. It cannot be the responsibility of a sole clinician but must be aligned to a robust agreed local policy that has executive sponsorship to support practice change in both acute and community settings. This has not been adequately applied within Australia however adopting the learning’s from our Canadian colleagues will increase goal achievement.

Data
Data can drive practice change while substantiating the effectiveness of a wound management program and advanced wound clinicians. Further understanding and agreement of key data elements required in wound management will facilitate our service to be capturing the most relevant information for future benchmarking purposes.

Wound Management Model
GNC has recognised that wound management is not the provision of clinical practice in isolation but it must also incorporate clinical research, education and ongoing professional development. This has been in continuous development over the past six years and was also found in centres of excellence within Australia were similar models could be identified with. Sustainable standardised wound management practice is being delivered by competent staff that worked within a best practice framework that encompassed all facets of wound management. Validating that GNC wound management is at a high standard was certainly an outcome of the visit.

Wound Clinics
Wound clinics provide service access choice for patients in community settings and service delivery benefits for organisations. Clinics have been introduced in all community sites that were visited as they have proven to be clinically effective and cost efficient. Opportunities for community nurses
training and further undergraduate clinical experience for both medical and nursing staff was also recognised.

Telehealth
Technology today opens the opportunity to establish virtual consultation clinics to reduced travel for both patients and consultant while gaining access to the expert to facilitate health outcomes. Understanding the technical obstacles and the key features will expedite this project on my return.

Education
Ways of learning that really can have influence on practice change and knowledge acquisition. Masked simulation is a dynamic person centred approach to active learning. Learning can be fun and really effective if all our senses are engaged in the experience. This technique will be considered for both health care professionals and patient education in wound management.

What has been changed in practice/service delivery as a direct result Nurse Practitioner Role of the scholarship?

Nurse Practitioner Role
Collaboration has commenced with a large GP practice who have invited me to present at the division of GP’s breakfast meeting. Also collaborating and Information sharing with a Rehabilitation specialist who frequently has patients with chronic wounds which are referred to me. Currently I am considering both health professionals as potential future formal medical mentor. Importantly this person will need the capability to support, influence and challenge my NP practice to encourage professional growth.

Negative Pressure Wound Therapy
Meetings have occurred with executive managers in both acute and community settings to gain support to select the NPWT device from the NSW Health contract. Actions include a committee to be responsible for the selection decision and policy implementation. The Canadian experience will prove beneficial for this committee.

Data
Comparing the current GNC key wound data elements with other sites has provided reassurance that the current informal national wound data set is being captured.

Wound Management Model
The wound management model will be further refined and all facets documented. The effectiveness of the wound management model is measured in the chime (electronic medical record) reporting system. These reports have been developed to analyse information at the clinical, local and cluster level. Reporting on the number of patients with a wound, the type of wound, the length of stay of the patient and the healing progress by automatically calculating the percentage of wound size reduction over time.

Wound Clinics
Four wound clinics have been established in the metropolitan area in Newcastle. The clinics will operate Mon-Fri and will offer a three tiered level of wound service. The first is a dressing clinic in
which patients can attend by appointment to see the community nurse rather than the traditional home visiting service. Two days a week a clinical nurse specialist (CNS) will be available to provide wound consultations and more technical treatments. Once a month the NP will attend each clinic and consult high risk patients with wounds while mentoring the CNS. Referrals to clinics will be encouraged from GP’s and outpatient centres in acute facilities.

Telehealth
A telehealth wound consultation form has been developed by the NP who is currently working with the CHIME team to upload it into an electronic template. The format used follows the ISBAR tool to gain effective communication. The telehealth wound consultation clinics have had 2 hours a week designated and the timeframe advertised to all community nurses in GNC for referrals. Escalating patients to a telehealth wound consultation clinic will provide early intervention and support by an expert clinician.

Education
The mask simulation technique is currently under consideration for introduction into a range of disciplines and topics for GNC. Wound management patient education packages such as pressure ulcer prevention will form part of this project. A teleconference meeting with GNC executive management and Kerry Reid-Searle is being scheduled with the potential of a follow-up workshop in Newcastle.

How is this experience being communicated?
Presentation being prepared for the GNC senior nurse managers meeting.

Presentation scheduled in 2012 at the Hunter Wound Interest Group Education Evening

Invitation to write a short article for the international wound journal.

Report included in the 2011 equip survey.