

## Wound Wisdom

Newsletter of the  
Australian Wound Management Association (South Australia) Inc.

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# Education Evening

## Wednesday 16 November 2011

### **'A Bugs Life'**

A joint education evening to be held with the **Infection Control Association of South Australia** focusing on infection in wound management.

Trade Display & Supper 1845

Education Evening Commences @ 1930

All Welcome

Non members \$5.00 Members & students free

**AWMA (SA) Biennial Seminar 2011**

**'Something for Everyone'**

August 26 2011

Registrations are now **FULL**

Thank-you to everyone who has registered

*AWMA (SA) is a multidisciplinary association and is non-partisan in its approach to wound products*



## Education Night Venue: **ANMF Building**

**191 Torrens Road, Ridleyton SA**  
Just before South Road (City Side)  
Off Street Parking available behind the venue

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### Campaign for access to subsidised dressing products

Sign the petition at  
[www.elephantintheroom.com.au](http://www.elephantintheroom.com.au)

to support subsidisation of dressing products across Australia in all care settings. Don't be an elephant and ignore the problem. AWMA (SA) strongly encourages its members to sign.

Encourage your colleagues and patients to sign too!

## AWMA (SA) President's Report

As we head into the second half of the year (and think it won't be long until we see those Christmas displays appear), it's a good opportunity not only to think that time seems to fly fast, but think how fast the world – including the world of wound management - has flown!

It was in **1962** that Winter published his landmark paper in Nature: *Formation of the scab and the rate of epithelisation of superficial wounds in the skin of the young domestic pig* (Nature 193:293 1962) where he demonstrated that, contrary to the conventional wisdom of the day, wounds should not be allowed to dry out and form scabs to promote healing, instead, wounds healed faster if kept moist.

In **1971** Chrysler released the Valiant Charger which cost \$2,750 for the base model. The **1970's** also saw the release of the Chrysler Centura, Holden Torana and Ford Cortina.

The late **1970's** saw the introduction of the first university based nursing courses.

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*“As passionate supporters of best practice, it is our role to assist others whose wound management might still be based on the practices and products of years long past to move into and embrace the 21<sup>st</sup> century ...”*

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It is **over 25 years ago** that ConvaTec released their DuoDERM hydrocolloid dressing – often considered to be one of the first 'moist wound healing' dressings.

The **1980's** saw the release of the first IBM personal computer, pac man and the first mobile phones.

In **1991**, NUCRYST developed a process of applying a thin film of silver nanocrystals to base materials. Since this early discovery of its proprietary silver nanocrystalline coating, NUCRYST went on to launch Acticoat antimicrobial barrier burn dressings in 1998. In **2001**, NUCRYST entered into its first licensing agreement with Smith & Nephew for the sale, distribution and marketing of Acticoat dressings.

It is 20 years (October **1991**) since the formation of the South Australian Wound Care Association. The Inaugural Annual General Meeting was held in February **1992** and the first Constitution accepted. Incorporation of the association in South Australia followed. In **1994** the Constitution was reviewed and changes were made to align it with the Constitution of the Australian Wound Management Association Inc. At this time the Association changed its name to the South Australian Wound Management Association.

The first topical negative pressure therapy system, VAC, was released on the market in **1996**. In **1997** the world's longest reversible one way freeway, the Southern Expressway opened and the Adelaide Crows football club won the AFL Grand Final.

The Australian Wound Management Association published the first edition of the Standards for Wound Management in **2001** and the Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers in **2002**.



So, what does all this mean for the world of wound management? It is always good to remember that whilst it is good to reminisce and reflect, and sometimes laugh at the past (yes, I had a mullet in the 1980's!!) we must move on and embrace progress and development.

We once thought that only pretentious people owned mobile phones and now we can't live without them. We sometimes still think that silver dressings and topical negative pressure therapy are 'new' technologies, but both are over ten years old. In the 1980's it was acceptable practice to use wet-to-dry saline soaked gauze on wounds. Today, most clinicians deem this to be close to torture and recognize it as detrimental to healing. However, there are areas where such practices still persist in 2011. Just as most of us didn't have air-conditioning in our cars in the 1980's (and certainly no cup holders!), but now take these features for granted, we must take 'modern' wound dressings for granted.

As passionate supporters of best practice, it is our role to assist others whose wound management might still be based on the practices and products of years long past to move into and embrace the 21<sup>st</sup> century and all the opportunities and advances available. Whilst the batteries in my magic wand (that cure all wounds) still seem to be flat, I am personally and professionally very thankful that I can offer the wounded I encounter an array of products, therapies, pharmaceuticals and devices to give them the best chance of healing, comfort and quality of life.

The imminent publication of the NHMRC endorsed, AWMA produced 'Australia and New Zealand Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers' and the work being undertaken by the Wound Management Innovation Co-operative Research Centre (CRC) through significant government funding, are two examples of where wounds matter.

So, to quote another reference to the 1980's - I am looking forward to a wound management future that is so bright, I'll have to wear shades!  
Happy Wound Management!

*S. Templeton*

Ms Sue Templeton  
AWMA (SA) President



Won't you take me to..

# **“Improving the management for women who re-admit with a lower segment caesarean section (LSCS) wound complication using CPI methodology” (2009 – 2011)**

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## **Overview of Clinical Practice Improvement (CPI)**

The CPI course runs over a six month period with an initial one week residential/immersion workshop. It has the full support of SA Health which provides part payments for SA health employees to attend. Course participants have the opportunity to identify a clinical problem in their own work area and create an improvement project to make measurable and sustainable changes.

To briefly summarize the process, a work place project team is selected to address the problem: the team brainstorms and analyzes the causes of the problem and then groups those causes into themes. Each team member then votes on what is considered the most important causes, to prioritize the problem; interventions that directly affect the causes are designed, implemented and the effect is studied. If the outcome is achieved then the changes are embedded into practice.

### **Is there a problem worth solving?**



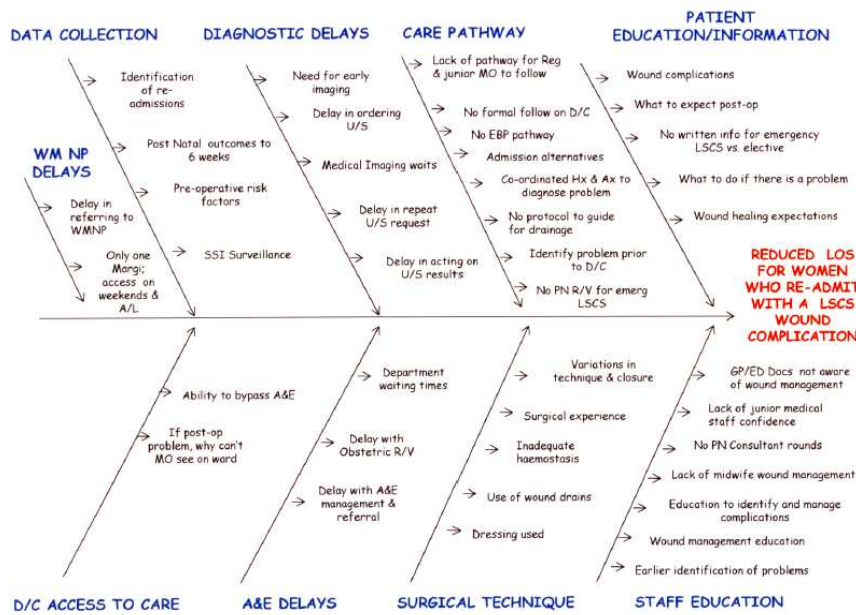
### **The problem identified and the evidence**

The problem identified was an observed delay in treatment and decision making, when a woman was re-admitted to hospital with a Lower Segment Caesarean Section (LSCS) wound complication. (Complication includes seroma, haematoma, surgical site infection/collection and wound dehiscence.) As there was no formal audit process, the extent of the problem was determined by the number of LSCS performed per year and the number of patients reviewed by the Wound Management Nurse Practitioner (WMNP). In 2009, 931 LSCS were performed; 25 women were re-admitted and treated by the WMNP, giving a complication rate of 2.68%. The average length of stay (LOS) for re-admission was between 5-7days.

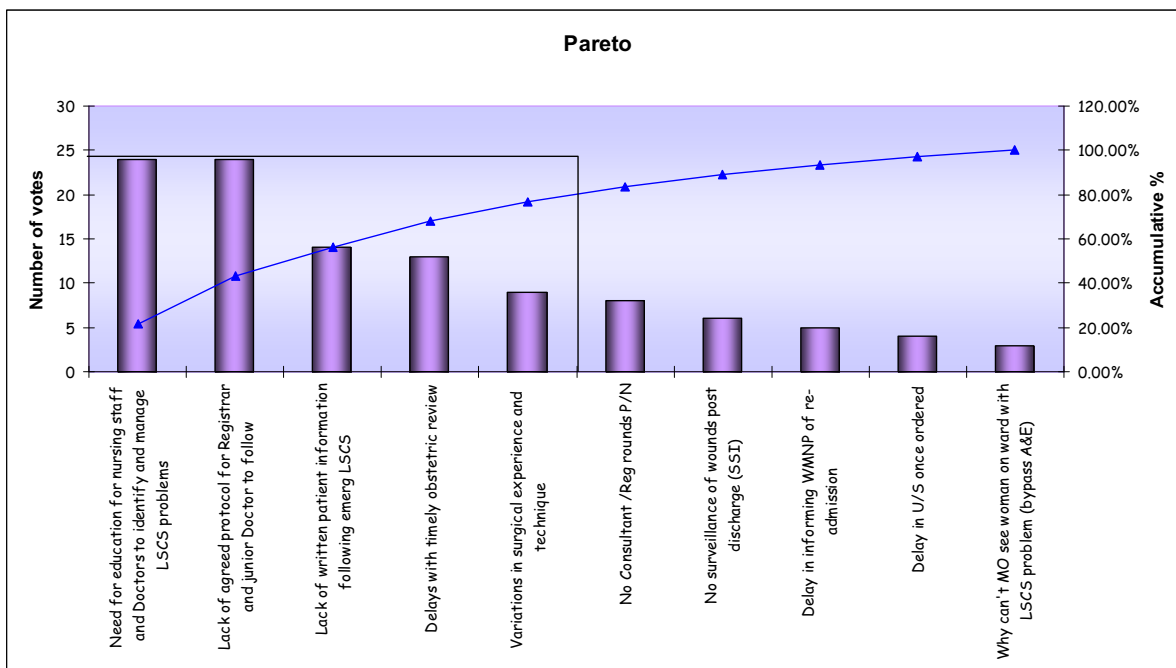
Of greatest concern, was the significant emotional and physical impact this had on the women and her newborn child, including a prolonged LOS. A consumer representative was invited to participate in the project team and at the first meeting her lived experience was mapped and underpinned the development of the project goals. Key issues identified by the consumer in her experience were:

- Discharged home with “unmanage” pain
- Wound/abdomen “not really” examined on discharge
- Did not know what was normal pain or what to expect with her wound
- Did not receive written information on what to expect with her wound
- Felt that she was just not coping vs. having a “real” problem following discharge
- When re-admitted she felt that nothing was done for 3-4 days

The project team also brainstormed the perceived causes of the problem using post-it notes on a whiteboard. The causes were then grouped into themes and a cause and effect chart was developed that highlighted a multi- faceted problem.



The group then individually voted on the most important causes and a Pareto chart was created. The Pareto works on 80/20 rule. It helps to focus on what is important and targets the interventions to address the causes that received 80% or more of votes (see over page).



The key problems that were voted on to address first, were as follows:

1. Lack of pathway of care or protocol, for junior Doctors to follow
2. Need for medical and nursing education to identify and manage LSCS problems and wound management
3. Lack of written patient information following emergency LSCS

### Interventions

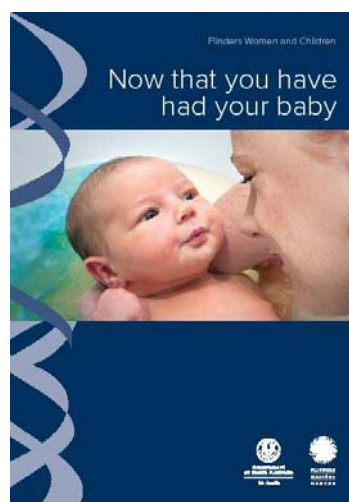
A protocol for management was seen as a major piece of work that would require greater attention and time. In order to apply immediate interventions, the latter two key problems were addressed first.

### Need for medical and nursing education to identify and manage LSCS problems and wound management

The WMNP developed an education session for nurses and midwives on LSCS complications, wound assessment, education on discharge and local wound management following surgical intervention. The presentation was recorded to enable on-line access for all staff. To evaluate effectiveness of this intervention, pre and post education knowledge and confidence surveys were performed, which demonstrated the desired increase in knowledge. Medical education on surgical and wound management was also conducted and this continues to be provided annually to ensure all new staff are educated.

### Lack of written patient information following emergency LSCS

From mapping our consumer representative's journey, it became evident that written information was not provided and/or, was inadequate. Elective LSCS women received a "caesarean & baby" booklet in pre-admission and it was discovered that the emergency LSCS were not all receiving the booklet on the ward. Of further concern was the quality of information in relation to the wound, complications and what to do if evident. An immediate intervention was the development of a patient information sheet that was handed out to all LSCS women. It was designed to supplement the booklet's information, with a focus on discharge wound expectations and care. When the booklets were due for re-publication the information was integrated at re-print and the handout removed. This occurred in 2010



### Lack of pathway of care or protocol, for junior Doctors to follow

The final intervention involved the development of a protocol on the management of women who readmitted with a LSCS complication. Actions were identified in the women's journey from Accident & Emergency to the ward, theatre, discharge, Hospital at Home and the Nurse Practitioner Wound Management Clinic. Inherent within the protocol is the assessment process including relevant diagnostics that assist in timely decision making on surgical and medical interventions. It also includes standardised local wound management practices intra-operatively and post operatively. The protocol was completed in August 2010 and all nursing, midwifery and medical staff were educated. The protocol is available on the Flinders Medical Centre intranet. In order to evaluate the effectiveness of the final intervention, an audit is required that reviews protocol compliance, timeliness of treatment and length of stay. It is hoped that this can be achieved by the end of 2011. As with all projects, they are kept alive and updated by the dedicated teams involved

### Conclusion

The CPI course and subsequent project was both a challenging and rewarding experience. Whilst the main project goal was to reduce LOS with re-admission, the core aim was timely intervention to facilitate it. A personal aim was to honour and recognize the distress and disruption a complication can cause a mother and her newborn child. Also, to work closely with and support the mother and all health care professionals involved, to minimise the impact. LSCS is a common procedure and it needs to be acknowledged that it involves major abdominal surgery and as with all surgery, there are risks.

Further work is anticipated that will audit Surgical Site Infection, LSCS surgical technique, closure options and post-operative dressing selection. The latter has included a trial of KCI's topical negative pressure device, Prevena. The device has been trialled and evaluated, for prevention of wound complications in patients assessed as high risk. Results to date have been most promising and this itself is further research.

### Author

Ms Margi Moncrieff  
Nurse Practitioner  
Wound Management  
Flinders Medical Centre



## Royal District Nursing Service (RDNS) - Wound Management Education Dates 2011

### 5 Day Wound Management Course

Monday 7th - Friday 11th November (inclusive)

### Dress for Success: Wound Dressing Workshop

Tuesday 18th October (6-8.30pm)

### Conservative Sharp Wound Debridement

Thursday 1st September 2011, 1pm-4pm

For further information and bookings:

[www.rdns.org.au](http://www.rdns.org.au)

Ph: 8208 5371

# AWMA(SA) Wound Song Quiz

Match the lyrics to the song name & artist

1  
This night's too long, I'm fadin' fast  
I tell myself, this pain won't last  
It's just a flesh wound  
Missin' my heart but it still cuts deep  
Nothin' but a flesh wound  
It tore me apart and I still can't sleep

2  
You're late again tonight and I know the reason why  
You're out with someone else while I sit home and cry  
But I'll just wait right here for you for I know your new love won't last  
I wound easy but I heal fast  
This is at the first your heart has gone astray  
You have no resistance when temptation comes your way  
But I'll forgive you this time like I've always done in my past

3  
I'm so tired of being here, suppressed by all my childish fears  
And if you have to leave, I wish that you would just leave  
Your presence still lingers here and it won't leave me alone  
These wounds won't seem to heal, this pain is just too real  
There's just too much that time cannot erase

4  
For the last time we have tasted love's sweet tears by the fire's glow.  
If our hearts are strong there'll be no long good-byes when it's time to go.  
But the strongest torch is sometimes broken  
As the deepest vows aren't always spoken,  
And the greatest wounds, we hide inside ourselves  
Where they never show.

5  
I heard from a friend today  
And she said you were in town  
Suddenly the memories  
Came back to me in my mind  
How can I be strong, I've asked myself  
Time and time I've said  
That I'll never fall in love with you again  
A wounded heart you gave  
My soul you took away  
Good intentions you had many  
I know you did

6  
I don't know why I did the things I did  
I don't know why I said the things I said  
Pride's like a knife, it can cut deep inside  
Words are like weapons, they wound sometimes

8  
Sitting here wasted and wounded  
at this old piano  
Trying hard to capture  
the moment this morning I don't know  
'Cause a bottle of vodka  
is still lodged in my head  
And some blond gave me nightmares  
I think she's still in my bed  
As I dream about movies  
they won't make of me when I'm dead

7  
Where were you when the party ended  
Were you stitching up the wounds that you thought I need mending  
Wonderlands have crashed to the ground  
The circus is gone all that's left is the clowns  
Did I break your heart when I stole your thunder  
Was there woodworm in the table your feet are under  
Break it nicely break it slow  
Break it so I've got no place to go

9  
When I am on a pedestal, you did not raise me there  
Your laws do not compel me to kneel grotesque and bare  
I myself am the pedestal for this ugly hump at which you stare  
You who wish to conquer pain, you must learn what makes me kind  
The crumbs of love that you offer me, they're the crumbs I've left behind  
Your pain is no credential here, it's just the shadow, shadow of my wound

10  
Across the field you see the sky ripped open  
See the rain through a gaping wound  
Pounding on the women and children  
Who run into the arms of America

All the featured songs contain the word 'wound' - of course!

## AWMA(SA) Wound Song Quiz

### Match the lyrics to the song name & artist

	Artist – Song Title	Song number
A	Evanescence – My immortal	
B	Janet Jackson – Again	
C	Robbie Williams – Ego a go go	
D	Foreigner – Flesh wound	
E	U2 – Bullet the blue sky	
F	Dolly Parton – I wound easy (but I heal fast)	
G	Leonard Cohen – Avalanche	
H	Cher – If I could turn back time	
I	Frank Sinatra – Dream away	
J	Bon Jovi – Bed of roses	

**Check your answers on page 10 of this newsletter. Good luck!**

### Important Dates 2011 / 2012

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**South Australian Orthopaedic Nurses**, Members Meetings 13<sup>th</sup> of August. Topics yet to be announced. [www.saon.org](http://www.saon.org) for more information

**Australian Association of Stomal Therapy Nurses**, Branch Meetings 4<sup>th</sup> Wednesday of every month. [www.stomaltherapy.com](http://www.stomaltherapy.com) for more information

**September 2-7 2012, 4<sup>th</sup> Congress of the World Union of Wound Healing Societies**, Yokohama Japan, see <http://wuwhs2012.com> for more information

**10th National Australian Wound Management Association Conference**, 18-22 March 2012. Sydney. [www.awma.com.au](http://www.awma.com.au) for more details

**Pan-Pacific Pressure Ulcer Forum and Venous Leg Ulcer Forum**, 16-17 October 2011. Canberra, Australia for more information visit [www.panpacificulcerforums.com.au](http://www.panpacificulcerforums.com.au)

**QWCA Biennial Wound Management Conference - Wound Care New Horizons**, 8-10 October 2011. Queensland, Australia for more information visit [www.qwca.org.au](http://www.qwca.org.au)

**World Council of Enterostomal Therapists - Biennial Congress**, 19-23 April 2012. Adelaide Convention Centre, Australia for more information visit [www.wcetn.org](http://www.wcetn.org).

Committee members can be contacted via e-mail, the mailing address or through a message left on the AWMA (SA) phone\*: **0406 440 813**

*\* Please note: only text or voice messages will be returned. Missed calls are **unable** to be returned. Thank you.*

This newsletter aims to share information about contemporary issues in wound management. We welcome your contributions, resources, tips, case studies etc. Submit contributions to the editor Frank Guerriero Ph 8222 5771 or email: [editor@sawma.org.au](mailto:editor@sawma.org.au)

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Ms Margi Moncrieff	8204 5797	Secretary
Ms Elizabeth Keen	0412 111 393	Treasurer
Ms Lindsey Brooks	0437 771 605	Membership Secretary
Mr Paul Philcox	8222 1690	AWMA Representative

### General Committee Members

Ms Andrea Smallman	8204 4091
Ms Marie Haydon	8222 4000
Ms Rosa Stewart	8222 4866
Ms Bec Daebeler	8204 4884
Ms Sue Pascoe	8204 4214

**All phone numbers are work contact numbers**



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