



WoundsWest IT Solution – MMEEx Pilot

MMEEx Pilot Newsletter – April/May 2011

Hello everyone - we hope you all had a relaxing break over Easter.

The team at WoundsWest has been very busy lately implementing some new initiatives which will assist WoundsWest to expand its services, more ably support clinicians in the field, and strengthen its commitment to improving wound management in Western Australia, namely:

- Transition of MMEEx to Health Information Network;
- Scopia video conference technology for Telehealth;
- Statewide Wound Prevalence Survey (commencing first week of May);
- WoundsWest Strategic Plan for 2011-2012.

The Team has also commenced organising another round of IT/MMEEx and Lower Leg Assessment education sessions for staff in the Great Southern and SouthWest regions in June and August – details on page 2.

News

MMEEx - Transition to Health Information Network

MMEEx will be transitioned to the Health Information Network from UWA over the next six months. The transition will provide many benefits to MMEEx users, including immediate Help Desk access and improved data management within a secure environment.

Over the next few months, WoundsWest will be working with HIN and the UWA developers to ensure all existing functionalities within MMEEx are transitioned over and any outstanding or major deficits are completed before the transition.

WoundsWest will keep users informed of progress and any changes to the software that may occur as a result of transition processes.

Telehealth at WoundsWest

Thanks to the generosity of WA Country Health Services, WoundsWest now has access to Scopia video conferencing technology to facilitate a range of Telehealth options.

WoundsWest staff have tested various functions of Scopia and have identified several uses, including wound consultation, webcasts, webinars (recordings of our seminars and education) as well as MMEEx training. If you would like to organise MMEEx training or patient consultation via Scopia, ask your Telehealth Coordinator for assistance and contact Leonie Klomp on (08) 9313 0563.

Contact:

Leonie Klomp
IT SubProgram Officer
Public Health and Ambulatory Care –
WoundsWest

Desk: (08) 9313 0563

Mobile: 0449 261 013

Fax: (08) 9313 0509

leonie.klomp@health.wa.gov.au

Website:

<http://www.health.wa.gov.au/woundswest/home>



Education

MMEEx Training & Wound Education

WoundsWest is offering another round of education for staff (lower leg assessment, MMEEx and camera skills training) in the Great Southern and SouthWest regions. Lower leg assessment education will include training in Doppler Ankle Brachial Pressure Index (ABPI) assessments and compression bandaging.



Great Southern Region: Wed 15th – Thurs 16th June 2011
SouthWest Region: Mon 22nd – Tues 23rd August 2011

WoundsWest’s MMEEx training and wound education is now open to all WACHS sites and everyone is welcome, including those nurses who would like a refresher. Keep an eye out for the flyer to be circulated by your Learning & Development Coordinator soon. WoundsWest is hoping to offer similar education sessions for all the other regions in the future.

A Pat on the Back for the Team

Sue Bodill, ED Nurse from Derby Hospital, recently spent a week in Perth to further her knowledge and skill in wound management.

Sue spent time at WoundsWest learning how to use MMEEx, how to use WoundsWest’s online wound education modules and brushing up on lower leg assessment and compression bandaging skills with the WoundsWest wound consultants. Sue also spent time with Lynn Barnden, Clinical Nurse, Burns Unit at Royal Perth Hospital, Marie Dean, Clinical Nurse Consultant at Sir Charles Gairdner Hospital (SCGH) and the SCGH Podiatry Unit.

Sue thoroughly enjoyed her week’s program which will assist her to support wound management at Derby Regional Hospital. Sue said of her experience: “My time spent with Wounds West was productive and appropriate to the experience that I need for working in a remote hospital. WoundsWest is a service that we can access for expert advice”.

Case Study: WoundsWest Advisory Service

A 15 year old male was referred to the WWAS on the 29th April 2010 with a Stage 3 pressure ulcer. His past medical history included Spina Bifida, previous pressure ulceration and urinary frequency. He had reduced mobility due to Spina Bifida and the patient mobilised with underarm crutches and leg splints. He had no allergies or significant medications. His Braden Score was 13 – Moderate risk. His pressure ulcer had been present for 2-3 months prior to referral to WWAS.



Wound Assessment – 29/04/2010: Location - left buttock over ischial tuberosity

Following wound assessment and WWAS advice, the wound was initially managed with hydrofibre sheet dressing (Aquacel) to vertically wick and manage large amounts of serous exudate to reduce maceration at wound edges. This was covered with adhesive foam to further manage exudate and prevent any contamination from urinary and faecal incontinence.

Wound management was changed to a foam dressing alone once exudate decreased. This was continued until wound healing was achieved.

An Occupational therapist was invited to review the patient to provide pressure re-distribution equipment for the patient when seated to assist the wound to heal, and for his bed to prevent the development of further pressure ulcers. He was provided with an air-filled cushion for seating and an air-alternating mattress for his bed.

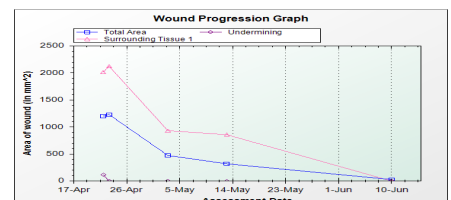
Wound healing was achieved on 10/06/2010 (42 days).

Pressure re-distribution equipment was continued post wound healing as a preventative measure to avoid development of further pressure ulceration.

The patient was also provided with education of prevention of pressure ulcers including mobility, activity, skin care and nutrition. Additionally, the patient was referred to a men’s aboriginal service for on-going social support.



Wound progression was mapped and graphed on the wound drawing tool on MMEEx.



Future Directions

2011 Wound Prevalence Survey



WoundsWest will be conducting the 4th Statewide Wound Prevalence Survey throughout May 2011.

On survey day at each hospital, survey teams will examine the skin of all consenting patients and record the type and number of wounds a patient may have. An audit of a patient's medical record – if they have a wound – will be undertaken to see if the wound has been documented.

Data from 2011 will be compared to 2009 to see if sustainable changes have occurred. Health services will receive reports on the outcomes of the survey from an individual and state-wide organisation perspective.

Preventable wounds, such as pressure ulcers and skin tears, formed the largest categories of wounds found during the WW surveys between 2007 and 2009. WoundsWest has developed recommendations and implemented education programs to assist hospitals to decrease the rate of these wounds and improve continuity of wound care between public, residential aged care and community healthcare service providers.

The table below highlights the improvements made in wound prevalence in WA hospitals since the first survey was undertaken in 2007:

Prevalence	2007	2008	2009	Change Between 2008-2009
Wound prevalence (1 or more wound of any type: acute, burns, leg ulcers, malignant, pressure ulcers, skin tears and other wounds)	49%	48%	43%	86 more patients*
Pressure ulcer prevalence	11%	12%	9%	25% decrease
Skin tear prevalence	8%	11%	9%	15% decrease
Potentially preventable hospital-acquired pressure ulcers and skin tears	19%	25%	21%	16% decrease
Patients with 1 or more hospital-acquired pressure ulcers	8%	9%	6%	33% decrease
Patients with 1 or more hospital-acquired skin tears	6%	7%	6%	14% decrease
<i>* In 2008 public aged care beds were included in the survey</i>				

WA Health regards the WoundsWest Prevalence survey as an important contribution to improving safety and quality in our health system.

Strategic Plan

WoundsWest has completed its 2011-2012 Strategic Plan, which will assist us to deliver and measure the work we will be performing over the next two years.

WoundsWest's vision is to **reduce the burden of wounds** in Western Australia, by:

- Continuing to quantify the burden of wounds;
- Promoting evidence-based wound prevention and management;
- Providing health care practitioners with a system for the prediction, prevention and/or management of wounds;
- Providing health consumers and the community with information, quality and safe systems on wound prevention and management; and
- Reducing the prevalence of preventable wounds, such as pressure ulcers and skin tears.

The Strategic Plan will ensure WoundsWest will continue to deliver high quality services to Western Australian hospitals and staff, as well as continuing to grow and strengthen its position within WA Health.

Do you have a patient with a complex or chronic wound?

Contact the WoundsWest Advisory Service on 1 300 968 637 (1300WOUNDS) or create a referral on MMEx
eg: Patients with wounds and multiple co-morbid conditions, acute and chronic wounds failing to progress, acute wounds not healed by 6 weeks, chronic wounds over 3 months' duration.