The expert patient: The key to multidisciplinary wound care

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Objectives of Wound Witch Project

• Implement and evaluate a “shared patient record” for wound care

• Provide recommendations for successful telehealth applications
The Midwest & Murchison

• From the outback to the ocean, this diverse region covers more than 470,000 square kilometers.
• The region has a population of more than 50,000 people.
Hypothesis

• Use of AMWIS (software) and a shared patient record = improve continuity of care between health care providers
• Expert review = wound healing and primary health care providers knowledge of wound care

Goal

• communication, continuity of care, wound healing rates and patient satisfaction through use of shared record and expert review
## Wounds cared for during the trial

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Site</th>
<th>Wounds at baseline</th>
<th>Wounds entered during trial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged Care</td>
<td>Facility 1</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Facility 2</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>West Australian Country Health Services sites</td>
<td>Rural site 1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Rural site 2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rural site 3</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Remote site</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Hospital in the Home site</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Private or not for profit organisations</td>
<td>General practitioner surgery 1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>General practitioner surgery 2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Domiciliary Care</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>51</td>
<td>41</td>
</tr>
</tbody>
</table>
What is AMWIS?

1. Take a digital image of the wound
2. Load into computer program
3. Complete patient data
4. Receive feedback
5. Continue or modify Rx
Wound Summary Report

*** Patient Confidentiality Warning: Do not e-mail this un-encrypted file ***

Report created: 15/02/2006 10:22:31 AM

Patient:

UR Number: 1234567
EXAMPLE FILE
Unknown,
Sex: Female; Date of Birth:

Wound Details:

Type: Thermic Wounds: Frostbite
Location: test 2

Wound Areas in mm² (and %):

| Total | Epithelialisation | Granulation | Slough | Necrotic | Infected | Hypergranulat |
Wound Witch at a Glance

Yes: Wounds entered into the project must have been present for 3 weeks or longer or the wound must be likely to take 3 weeks or longer to heal

Obtain patient consent to be entered onto AMWIS and be involved in trial

Open AMWIS by double clicking on icon on desktop

Go to current tab Is the patient listed?

Proceed to B

Open patient file and peruse information available

Once you reach the Wound Tab add new wound or add new image as required (see AMWIS User Manual and Operating Instruction page 34 - 35) if possible take photo at every dressing change

However, if you see patient more frequently then requiring a photograph go to section entitled Consultants Report Enter name, date, institution & progress

Print report and insert into patients notes or scan and put in Medical Director

Save patient as 'Review'

Note: If you are discharging a patient from your health service write this in the Comments Section. Do not move the patient to the discharge section of AMWIS as other Health Care Providers may still be seeing this patient.

If patient is being seen by another Health Care Provider not involved in this trial then create and print a report. Give copy to patient to take with them and fax a copy to the new provider. Emailing of the report can be done but consent from the patient must be received.

Wound temperature is not required to be entered on AMWIS

If antibiotics are ordered for the patient please update medication list and also document in consultants comments section on the most recent photograph. Ensure start and cease dates are entered.

When AMWIS requests URN number enter patients Medicare Number

No: Consent not obtained

Take photo of wound (make sure sticker provided is placed alongside the wound with the arrow facing towards the patients head with the patients name and date on sticker)

Download photos into folder titled Wounds

Enter a new patient's data in AMWIS by following instructions on page 15 of AMWIS User Manual & Operating Instruction

Enter data and finish file returning to opening page of AMWIS

Print report and insert into patients notes or scan and put in Medical Director

Save patient as 'New'
Intervention

- Survey
- Educate each site
- Development of web site/file
  www.cucrh.uwa.edu.au
- Clinical champion at each site
- Installation
Wound assessment and care algorithm

Clean and Red

Primary Intention
or

Secondary Intention

Clean and red but not healing

Apply protective dx
(Thin hydrocolloid or Protective film)

Clean and red with cellulitis

Black
Yellow
Grey
Green
Callus

Bioburden
Irrigate
Antimicrobial dx

Infection
antibiotics

Debride
Autolytic
Conservative sharp
Surgical

Wet
Calcium alginate
Foam
Collagen with alginate

Dry
Irrigate
Hydrogel
Foam
Hydrocolloid
Collagen
Findings

- Stable workforce
- Backfilling for training
- Wound care high % of case load
- Relatively stable patient pool
- AMWIS replaced previous documentation
- IT admin rights granted to CUCRH

- IT and clinical support
- Tried & tested software
- Funding
- No ‘real time’ specialist consultation required
- Managerial/organisational support
- Identified need

- High staff turnover
- No backfilling for training
- Wound care low % of case load
- Unstable patient pool, high patient turnover
- Previous wound care documentation & AMWIS
- IT troubleshooting required CUCRH IT and organisation IT
Barriers

- Installation delays
- Poor attendance at training sessions
- Poor staff retention, high turnover of staff
- Service and funding models
- Perception by staff time poor
- Priority
Workforce

- Staff retention
- Staff recruitment
- Transient workforce
- Part time/ casual

“That's nothing, you want to try juggling three kids and a full time job.”
Recommendations

- Web based
- Training
- Direct site manager involvement
- Regional coordination by a clinician
- IT support
- Replacement of documentation
- Software adaptations particular to AMWIS
- ? Minimum number of patients
- Private practices = Medicare item or alternative funding
- WORKFORCE
Where to now

• Address workforce in health

• Development Telehealth framework

• Development of Shared patient records, policies, procedures, technology
Thank you for your time.

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