

The expert patient: The key to multidisciplinary wound care

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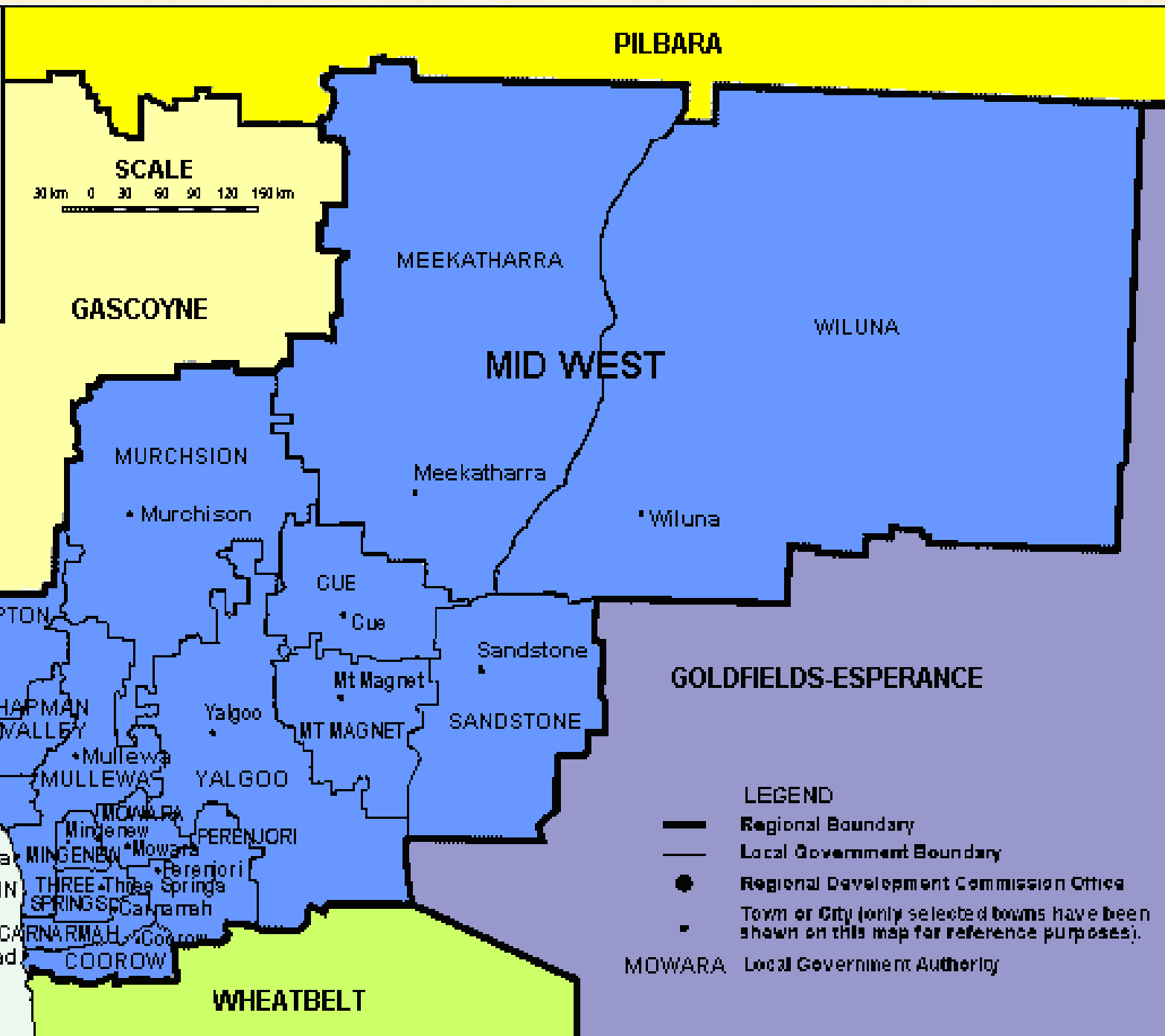
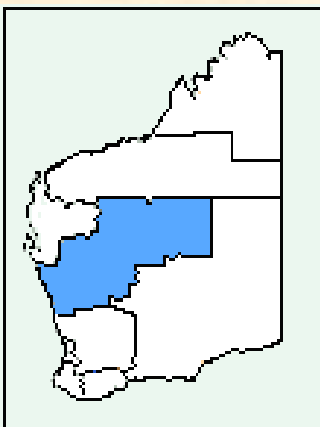
2 Silver Chain Nursing Association Curtin University of Technology

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.

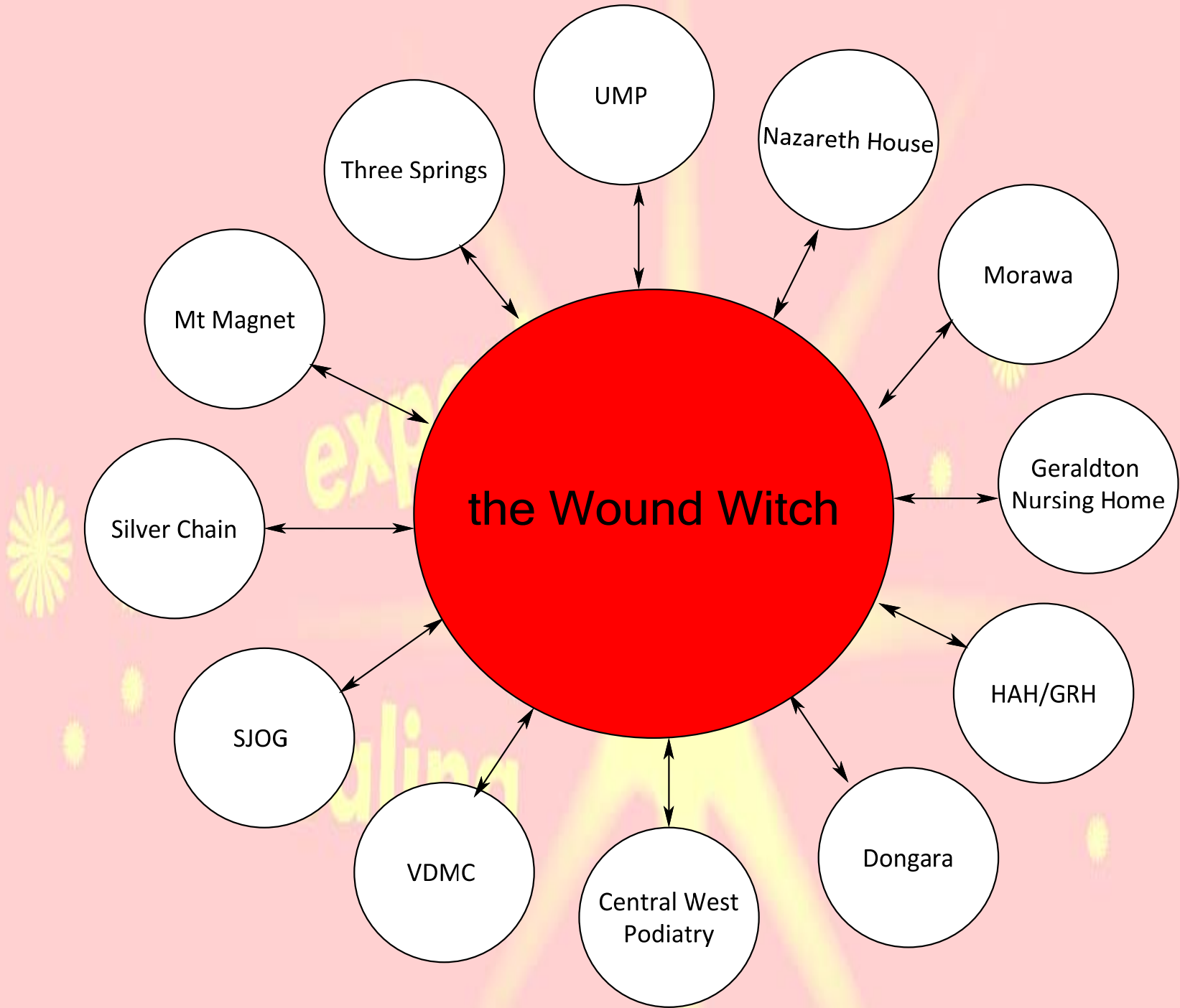


Hypothesis

- 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

Type of service	Site	Wounds at baseline	Wounds entered during trial
Aged Care	Facility 1	11	9
	Facility 2	8	8
West Australian Country Health Services sites	Rural site 1	5	4
	Rural site 2	4	1
	Rural site 3	6	1
	Remote site	2	0
	Hospital in the Home site	3	5
Private or not for profit organisations	General practitioner surgery 1	3	0
	General practitioner surgery 2	3	2
	Domiciliary Care	6	11
Total		51	41

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**



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Wound snapshot

Calibrate Regions Clinical Management Advice

Define the components of the wound: Visible

Total Area	Draw	Island	<input checked="" type="checkbox"/>	Delete
Epithelialisation	Draw	Island	<input checked="" type="checkbox"/>	Delete
Granulation	Draw	Island	<input checked="" type="checkbox"/>	Delete
Slough	Draw	Island	<input checked="" type="checkbox"/>	Delete
Necrotic	Draw	Island	<input checked="" type="checkbox"/>	Delete
Hypergranulation	Draw	Island	<input checked="" type="checkbox"/>	Delete
Infected	Draw	Island	<input checked="" type="checkbox"/>	Delete
Undermining	Draw	Island	<input checked="" type="checkbox"/>	Delete
Surrounding Tissue	Draw	Island	<input checked="" type="checkbox"/>	Delete

Wound depth (in mm): N/A Volume: 0 mm³

☐ Click each point
☒ Freehand draw

Delete Selected Path

☒ Show points

Wound features (in square mm):

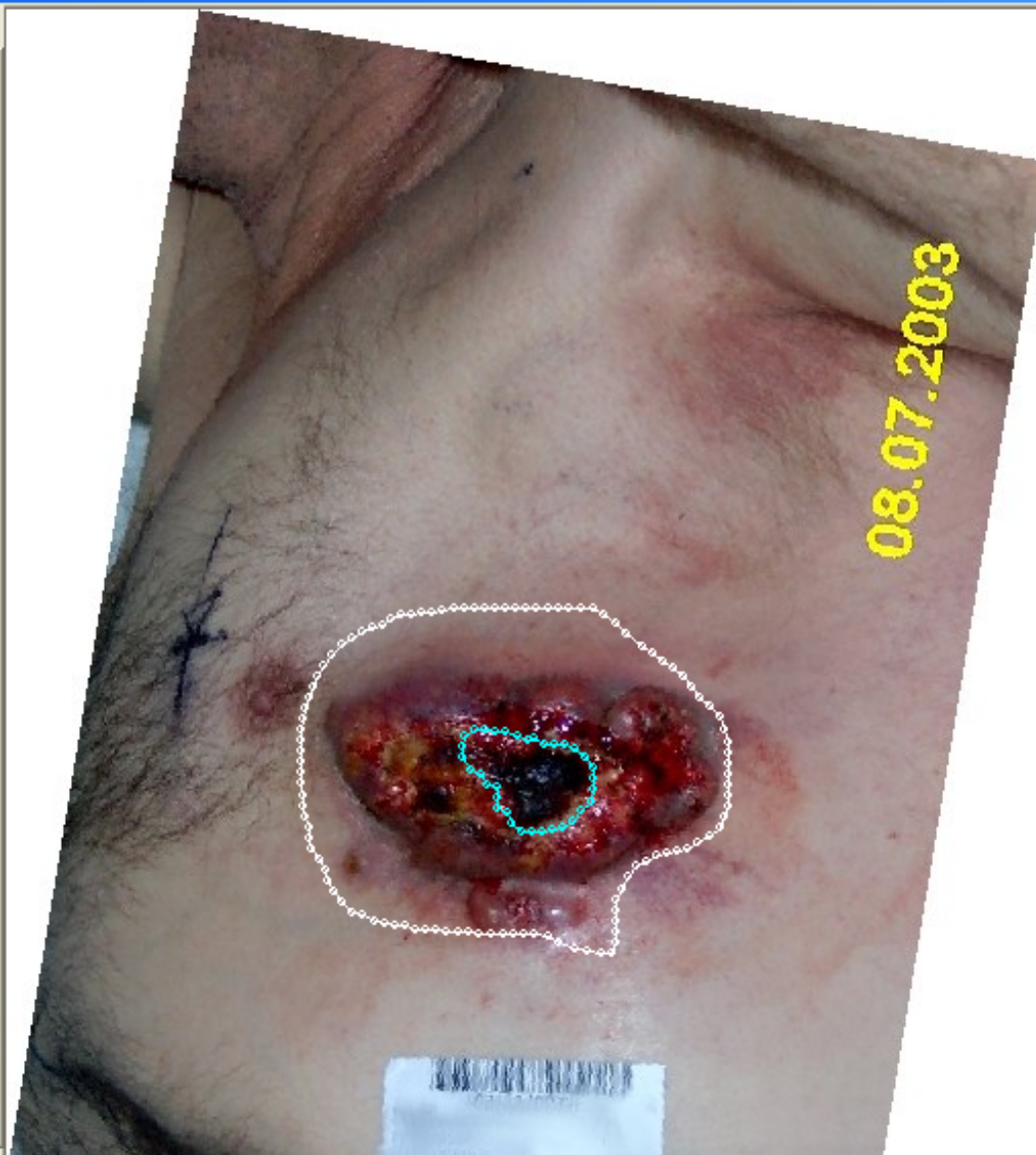
Total area:	8177	100%
Epithelialisation:	0	
Granulation:	0	
Slough	0	
Necrotic:	646 (7.9%)	
Hypergranulation:	0	
Infected:	0	
Undermining:	0	
Surrounding Tissue:	0	

Cancel

<< Back

Next >>

Finish



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:

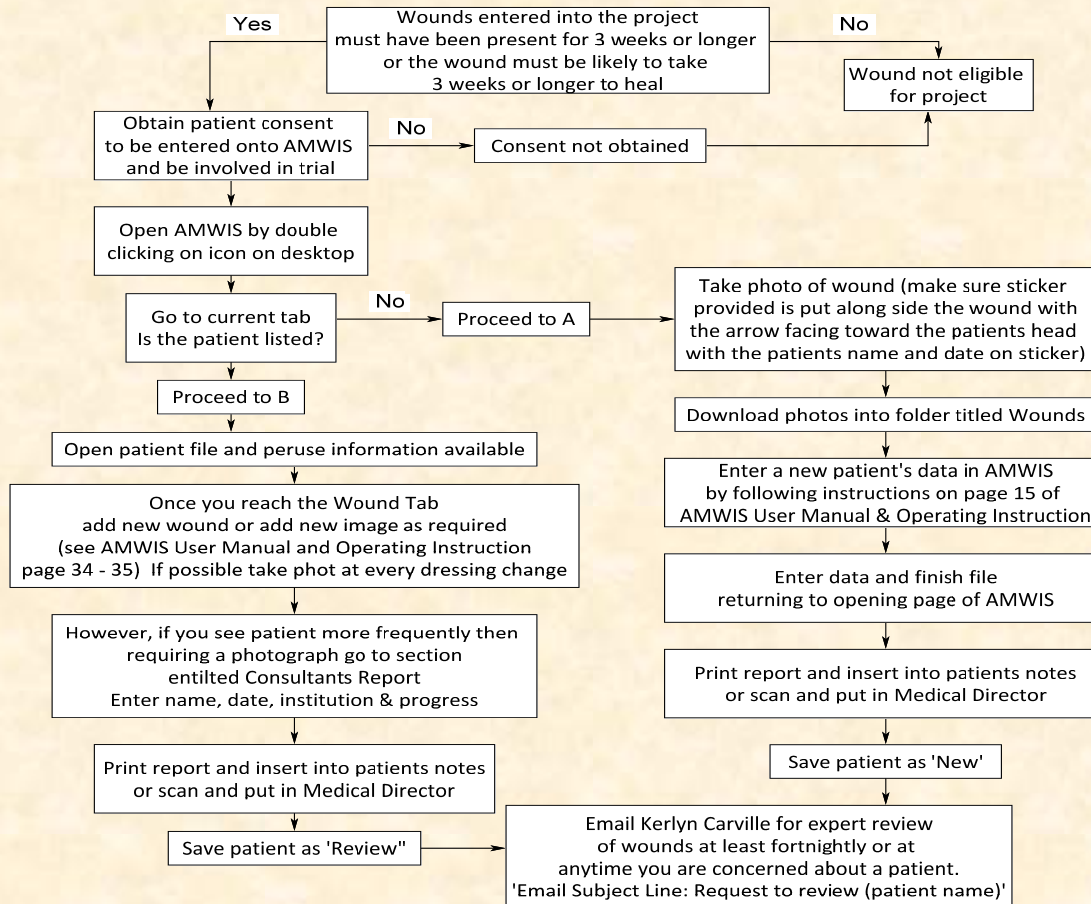
Type: Thermic Wounds: Frostbite

Location: test 2

Wound Areas in mm² (and %):

	Total	Epithelialisation	Granulation	Slough	Necrotic	Infected	Hypergranulati
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Wound Witch at a Glance



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 creat and print a report. Give copy to patient to tak 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

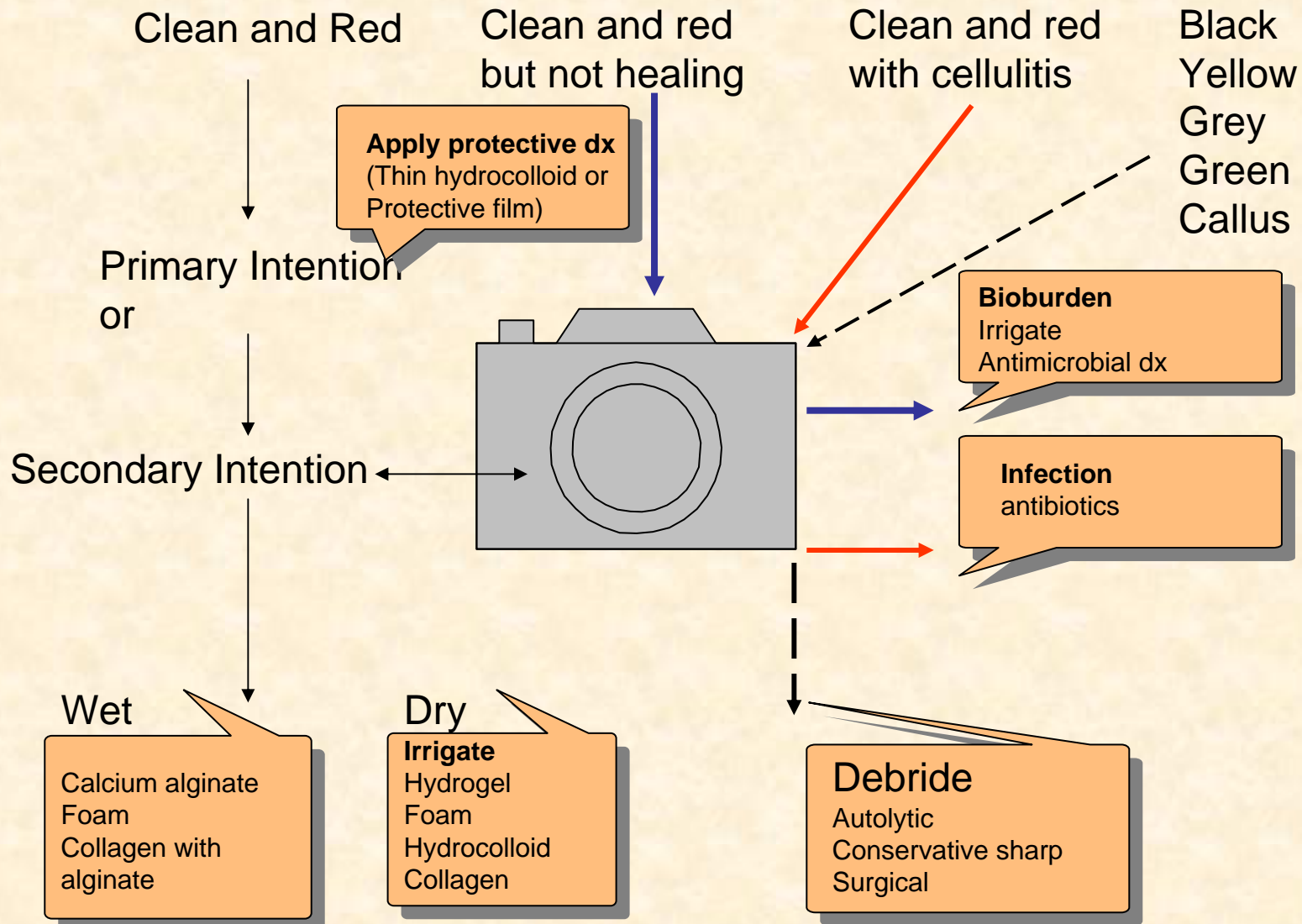
If antibiotics are ordered for the patient plesae update medication list and also document in consultants comment section on the most recent photograph. Ensure start and cease dates are entered.

When AMWIS requests URN number enter patients Medicare Number

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



Findings

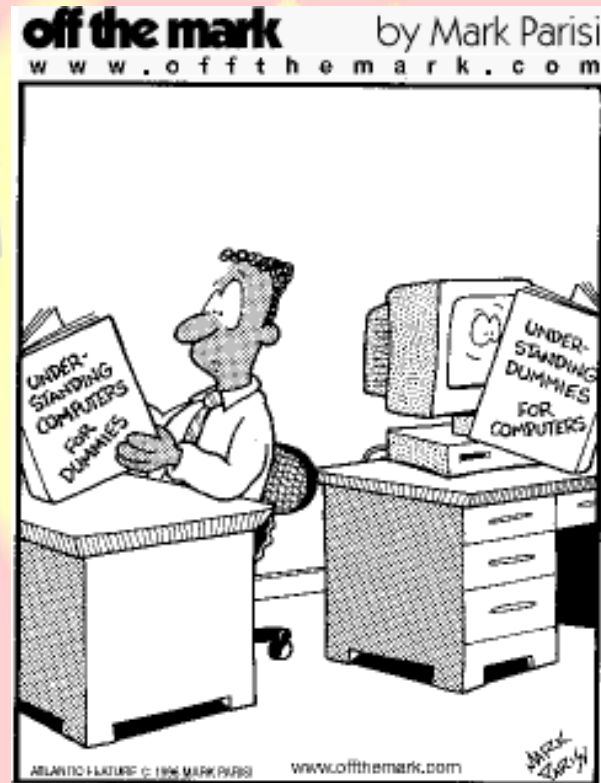
- Stable workforce
- Backfilling for training
- Wound care high % of case load
- Relatively stable patient pool
- AMWIS replaced previous documentation
- IT admin rights granted to CUCRH

- **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

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"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**

www.cucrh.uwa.edu.au/woundwitch

expert
healing magic

the Wound Witch

improved
continuity
of care

patient
wound
database

**Thank you
for your
time.**

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