



## Getting A Jump On Wound Care

*A wound care education program that empowers nurses and CNAs is able to control pressure ulcers at a Colorado state veterans facility.*

**W**HILE FILLING IN ON THE night shift at the Colorado State Veterans Home at Fitzsimons, a nurse answered a 1:00 a.m. call from a patient who was experiencing discomfort. She discovered that the patient had a potentially serious wound on his hip, characterized by deeply reddened skin.

If left untreated, this patch of reddened skin could have become a full-blown pressure ulcer in as little as four hours, well before the patient would be seen by a physician or wound care nurse. But the night nurse was prepared to treat the wound proactively, employing specific wound care protocols that she'd learned that week as part of the Skin and Wound Care Academy, an in-house training program at Fitzsimons. By referring to the "Wound Care Treatment Guide," an adjunct to the training program, she was able to follow the prevention algorithm and treatment order, fill out the wound care forms—noting the care provided—and implement the recommended prevention strategies. The patient was then referred to the wound care staff for further examination in the morning.

When the nurse arrived at work the next night, the redness on the patient's hip was no longer apparent, and the problems associated with a developing pressure ulcer had been averted—for the facility as well as for the patient.

"Skin issues are one of the top problems in long term care, and delays in care often happen when a nurse identifies a skin problem and then waits for a reply from the doctor, especially on

weekends and evenings," says Amanda Thornton, RN, the facility's staff development coordinator. "We have an incredible wound care program that provides the floor nurses with the training and tools to identify and treat skin issues while they are on shift. This ensures no delay in care for the wound at all.

**■ The wound care program was so successful that many Air Force hospitals adopted it.**

It empowers the nurse to be able to make decisions closer to the bedside."

### Program Origin

This wound program was first developed by Ryan Thornton, RN, when he was serving as a nurse in the Air Force, stationed at Elmendorf Air Force Base in Alaska. He found that because Air Force hospitals were often on skeleton staffing, patients sometimes had long waiting periods to see physicians for proscribed treatment plans.

Thornton conceived the idea of training floor nurses to recognize wound stages and begin immediate



treatment with follow up by physicians.

This proactive approach was the opposite of the traditional approach in which a wound was recognized by the nurse, seen by a doctor, and then treated after a significant delay.

The wound care program was so successful at reducing serious wounds; shortening the healing process; and reducing hospitalization, death, and high costs that many Air Force hospitals adopted it.

### Adapted For LTC

This program was later adapted to meet the specific challenges of long term care and implemented at the 180-bed Fitzsimons facility in December 2005.

It includes four basic components: training of key staff through an in-house Skin and Wound Care Academy; providing staff with a "Wound Care Treatment Guide"; equipping floor units with standardized wound care dressings, ointments, supplies, and equipment; and developing easy-to-use forms that allow for accurate and efficient resident documentation.

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The “Wound Care Treatment Guide” provides initial guidelines for the management of a wound until it can be assessed by the skin care team. Written by Ryan Thornton and Karyn Leible, RN, MD, the guide includes color photographs and written descriptions of wounds, which can be compared to a resident’s wounds. Specific treatment orders are outlined that specify cleansing procedures, preferred ointments, dressing materials, and dressing change schedules. There are care hints to remove causative factors or implement interventions that minimize negative impact.

For example, the turn schedule may be adjusted, heels may be floated, continence checks stepped up, pressure reduction surfaces provided, and nutritional supplementation started.

### Stressing Prevention

Prevention is central to the program. Many wounds can be avoided if proper attention is paid to such issues as incontinence, immobility, improper use of equipment, poor hydration and nutrition, edema, dry skin, mental status, emotional health, and general health status. Wound care education teaches staff to assess residents’ skin, identify their key risk factors, treat any wounds found, remove or manage all identified risk factors, and continue ongoing evaluation.

Nursing staff are encouraged to look at the whole patient and utilize risk management tools. They are also taught to “treat the patient not the tool,” referring to the need to utilize clinical judgment, experience, and training to see the whole patient not just the areas any limited tool can address.

The program is kept as uncomplicated as possible and is designed to empower nurses with enough knowledge to act proactively—not to make them experts. Even if nurses retain only 25 percent of the content of the class, they are more knowledgeable than they were before. More impor-

tantly, nurses are provided with a system that allows them to find the proper treatment options for specific wound problems and then implement that treatment on the spot.

Nurses who have not yet taken the class are also using the “Wound Care Treatment Guide” with success. And certified nurse assistants (CNAs) who have taken the class now have the ability and the self direction to solve problems and fix equipment issues, such as specialty air mattresses deflating or

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seat cushions not working correctly, and in turn teach and help other CNAs to do the same.

Skin issues are a very complicated and “layered” problem that must often be tackled from the bottom up, starting with the CNA and going all the way up to the physician, not the other way around. If staff can be empowered to deal with wound problems early on, many of the wounds that develop in long term care can be avoided or quickly healed.

As Ryan Thornton explains, “The key is very simple: Remove all the barriers that the direct-care staff have in meeting the needs of the patient.” Execution, however, can be the tricky part. “It must involve system reform and staff empowerment,” he says.

### Program Yields Results

At Fitzsimons, follow-up data show that the wound care program has resulted in a significant drop in pressure ulcers. Prior to implementation, advanced wound care took between

seven and 72 hours, depending on the doctor’s availability. Treatment time has now been reduced to less than two hours under the new guidelines. The result is a significant reduction in pressure ulcers. Since the program began in December 2005, Fitzsimons, according to the national database of quality indicators and measures, has reduced its residents at high risk for pressure ulcers with breakdown by 40 percent and its residents at low risk for pressure ulcers with breakdown by 80 percent and has a current low-risk breakdown rate that is one-third that of both the national and Colorado averages.

These reductions are especially impressive because of the short duration of the program, and approximately 30 percent of the staff still need to complete the training. In addition, Fitzsimons recently opened a subacute wing, which typically raises breakdown rates due to increased resident acuity and a higher number of residents admitted with previously attained pressure ulcers that reflect in the facility numbers.

It is also important to note that the wound care program at Fitzsimons does not just cover pressure ulcers, but also provides education; care hints; assessment guidelines; and treatment options for vascular, diabetic, and acute traumatic wounds—all of which have had similar reductions in both incidence and prevalence.

“I know this program has made a big difference in our facility and improved the quality of care for our elders,” says Amanda Thornton. “I know it could potentially be a solution for many other homes out there, to help improve quality of care.” ■

### For More Information

■ To find out more about the “Wound Care Treatment Guide,” contact Ryan Thornton at [Ryan.thornton@state.co.us](mailto:Ryan.thornton@state.co.us).

## CDC Eyes Drug-Resistant Infections

Recently released guidelines from the Centers for Disease Control and Prevention (CDC) call on hospitals and other health care facilities to make comprehensive infection control programs a priority and to take aggressive steps to reduce rates of drug resistance.



### Drug-Resistant Infections On The Rise

In "Management of Multidrug-Resistant Organisms (MDROs) in Health Care Settings," CDC notes that between 1972 and 2004 the presence of drug-resistant bacteria rose by 61 percent.

"These types of bacteria had become resistant to the antibiotics commonly used to treat them, and methicillin-resistant 'staph' infections are a growing problem in hospitals and health care facilities such as nursing homes and dialysis centers," a statement said.

"Preventing these types of infections requires a constant and concerted effort on the part of health care facilities, but it's important they make this a priority," said Denise Cardo, MD, director of CDC's Division of Healthcare Quality Promotion.

"We need to reduce the number of these serious and potentially life-threatening infections. Doing so helps patients get healthy and, most importantly, saves lives," she said.

There is ample evidence to show that MDROs are transmitted from one person to another by hands, which are easily contaminated during the caregiving process or from contact with surfaces close to the patient.

Opportunities for transmitting MDROs beyond the acute care hospi-

tal result from patients receiving care at multiple sites, moving between acute care, ambulatory, and long term care environments.

The new guidelines illustrate that in order to prevent and control antibiotic-resistant infections, hospitals and health care facilities need to take several steps, including:

- Ensuring prevention

### Prevention of drug-resistant infections requires a full complement of actions tailored to the local setting.

programs are funded and adequately staffed;

- Carefully tracking infection rates and related data to monitor the impact of prevention efforts;

- Ensuring that staff use standard infection-control practices and follow guidelines regarding the correct use of antibiotics;

- Promoting best practices with health education campaigns to increase adherence to established recommendations; and

- Designing robust prevention programs customized to specific settings and local needs.

### Long Term Care Strategies

Included in the guidance are several strategies specific to long term care facilities.

For example, it is strongly recommended that long term care facilities and hospitals with special care units, such as ventilator-dependent, intensive care, or oncology units, develop and monitor unit-specific antimicrobial susceptibility reports in accordance with those recommended by the Clinical Laboratory Standards Institute.

Another recommendation advises facilities to develop and implement protocols for storing isolates of selected MDROs for molecular typing in order to confirm a transmission or delineate the epidemiology of the MDRO within the setting.

In facilities without expertise for analyzing epidemiologic data, recognizing MDRO problems, or devising effective control strategies, experts should be identified for consulting as needed.

The guidance also advises long term care facilities and hospitals to give patients with known or suspected MDRO colonization or infection priority for single-patient rooms, with highest priority going to those patients who have conditions that could facilitate transmission, such as uncontained secretions or excretions.

Additionally, the guidelines advise that when single-patient rooms are not available, patients with the same MDRO should be grouped in the same room or patient-care area.

For all health care systems, CDC advises judicious use of antimicrobial agents.

"There's no one-size-fits-all solution," said Patrick Brennan, MD, chair of CDC's Healthcare Infection Control Practices Advisory Committee. "Prevention of drug-resistant infections requires a full complement of actions tailored to the local setting."

—Meg LaPorte