

TASMANIAN WOUND CARE ASSOCIATION



www.twca.com.au

June 2006

DEEPES TISSUES

WELCOME one and all to the current TWCA Newsletter. Hope this publication finds you well and wound savvy. If you have any items you would like published in the newsletter, please submit to Carol on 62 228322, 0408 992 403 or e-mail carol.baines@dhhs.tas.gov.au

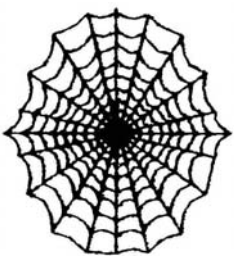


Thank you for giving generously to the Fistula Hospital in Ethiopia. Your caring gift is much appreciated.

(Word Vision 'Feb 06)

IT IS TIME TO RENEW YOUR MEMBERSHIP

Membership renewal registration form enclosed



TWCA WEBSITE DEVELOPMENTS

It is the intention of the TWCA committee to grow the association and our website www.twca.com.au. We are currently setting up an information exchange on the website where you as a member will be able to send wound management queries via the website to all TWCA members who are registered on our site. This is not a member's only chat room but a members information exchange. The web site manager will have over all control of the query traffic and you will not be receiving unsolicited emails from strangers who are also members of the exchange. **You will need to opt on your membership renewal form to be listed on the exchange.** If you do not wish to receive emails from the TWCA please ensure you tick the do not contact me box on the application form or do not complete the email details section.



Australian Wound Management Association Inc

News Release No. 2, April 2006

Highlights: AWMA Committee meeting 29 & 30 April 2006

6th AWMA Co-hosted Conference Canberra Act March 2006

A CD Rom of papers presented at the recent conference will be prepared for distribution to delegates and for purchase for those who did not attend. Placing the papers on the website is not possible at this time.

AWMA Conference Darwin NT 7-10 May 2008. Evolving landscapes: Dreams Diversity & Disasters.

Conference Logistics, the Professional Conference Organiser of the successful 2006 Conference has been appointed to support this conference and planning is progressing via teleconferences. A scientific committee is now being formed. A site visit of the facilities by the organising committee will occur on 3 November 2006. Also, in order to assist the Northern Territory to establish its own Wound Management Association an inaugural seminar will be held in Darwin 4th November 2006 with members of Conference Organising Committee including those based in Darwin, presenting.

Recognition of Service Certificates

The Recognition of Service Certificates with a letter containing position and dates of service will be posted to all former AWMA committee members shortly. In future these letters and certificates will be compiled when the term of office for that position has been completed, even if the person remains on the AWMA Committee is a new role.

New Membership CD ROM

The development of materials for inclusion on the new membership CD Rom is continuing. It is hoped that it will be ready for distribution to state wound management/care associations later this year.

APUAP

An inaugural teleconference meeting of APUAP Chairs was held. This group will meet in June to further progress development of the subcommittees (Policy/Guidelines), Education and Research) including relevant documents to underpin its functions.

AWMRF

An information meeting between the AWMRF Trustees and Industry representatives was held in Canberra. This Foundation offers an opportunity for wound management research (including clinical trials) to be funded via application to AWMRF. Donations to the Foundation to further research activities can also be made.

AWMRF Direct Membership

Membership of AWMA is encouraged via state wound management associations however direct membership to AWMA is available. A Direct membership Form has been developed and will be available on the AWMA website shortly. This will entitle those with Direct Membership (Full) to receive the Journal, Primary Intention, attend AWMA conferences at the AWMA membership fee. It will also enable a member to have voting rights on AWMA matters at AGM's or in postal referendums. There are no voting rights for Corporate or Associate categories of AWMA Direct Membership.

AWMA Newsletter

Ms Carol Baines has offered to coordinate and produce, in cooperation with state newsletter editors, a twice yearly AWMA newsletter for insertion into the Journal, Primary Intention. This will enable the important activities or highlights from the states to be shared.

Michael Woodward
AWMA President

RESOURCES IN YOUR OWN BACKYARD

Australian Wound Management Association Documents:

*Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers
Standards for Wound Management*

FEATURE ON STANDARDS FOR WOUND MANAGEMENT

Both the above documents were published and distributed in 2001 and 2002 respectively. The documents were formulated and published by Australian clinicians auspiced by the Australian Wound Management Association (AWMA). The AWMA is considered the peak body for Wound Management in Australia.

The original intent of the Standards for Wound Management were to be reflective of best practice as defined in the literature and consensus of opinions sought from expert wound clinicians, educators and researchers.

The Standards are presented as a guide only to promote optimum outcomes in the care of the individuals with wounds or the potential for wounding.

Some of the most commonly asked questions related to the Standards are how to apply in practice and how to deal with poor wound practice in a variety of settings?

The Standards were only ever intended to be broad statements, which then allows for flexible application in accordance with the needs of individual disciplines and practice settings. This document if being used correctly can act as a reference not only to promote good practice but to assist when there are dilemmas within the practice areas in relation to Wound Management.

The Australian Wound Management Association does not have a disciplinary role in this regard, but rather focuses on best practice by exposure of practitioners to publications and education and making available links to other bodies and website support.

The performance criteria within the Standards are considered to be base criteria for achieving each Standard. It is these that can be adopted in the context of practice areas, professional roles, legislation and individual institutional requirements for determining a standard of care.

The 7 Standards are:

1. Collaborative practice and interdisciplinary care
2. Professional practice
3. Clinical decision making in wound management
4. Best Practice in wound healing
5. Documentation
6. Education
7. Research

The Standards are now going through a review process, there is a commitment to do this regularly as new scientific evidence is published and as a greater understanding of wound healing and best practice in wound management occurs.

There are a number of suggestions that are being considered in the review process and relates to frequently asked questions and feedback:

- Explore the possibility of an inclusion of an appendices for opportunities for use as
 - an audit process
 - educational purposes
 - development of policies, procedures and competencies
 - a tool for self development and assessment
- Embedding the Standards in education programs to aid in guiding practice
- Gain credibility for Standards via endorsement (e.g. NHMRC) and credentialling.

These are a sample only of suggestions; I invite you to feel free to make comment around the Standard document in general and suggestions for inclusion in the review process. Please forward comments to juliet.scott@dhhs.tas.gov.au

Juliet Scott
CNC/M Wound Management
Aged Rural Community Health.

Academic Poster Presentation



Staff from the specialist wound clinic presented an academic poster at the AWMA March 2006 titled “Wound Clinic Smoking Cessation Strategy”. Although it entailed juggling a heavy workload it proved to be worthwhile and rewarding as we received very good feedback. This article provides some useful tips for poster presentation aiming to encourage more people to participate in future events.

Why present a poster?

Most conferences and many meetings have a poster section, which is an ideal forum to present work in progress, innovative ideas, highlight education strategies and foster networking with people who

have similar interests plus increasing the profile of your work.

Posters are often on display in hospitals, libraries and universities. Take a poster tour within your agency and see which posters appeal to you, then try and work out why you thought they were good.

Considerations when designing your poster.

- Obtain specific instructions from the conference organisers especially size limitations, timelines for abstract submission, acceptance dates and other relevant information.
- Budget: Posters can be very expensive. It is worthwhile obtaining quotes from various printers. There are many variables involved in budgeting for your poster including, size, paper quality, lamination, graphic design input, printing and hanging accessories.
- Software: Word™ and PowerPoint™ can be used for A0 size posters.
- Viewing distance: Interested people will spend approximately 3 minutes reading your poster from an average distance of 1 metre.
- Title: Keep it meaningful but not complex, and try not to cater specifically for the experts.
- Clarity: keep the poster visually clear. Have unambiguous and concise descriptions of your aims and method.
- Colour: Try to be pleasing to the eye, too much colour can be confusing, too little can dull. Aim for simplicity, for example highlighting headings.
- Relevance: Demonstrate where and why your poster fits with other research.
- Message: Identify what you want people to remember and this will help clarify the message of your poster.
- Images: Keep them clear and of good quality. Clarity is lost with enlargement and image transfer eg Word™ to PowerPoint™.
- Font: Consistency will add to the aesthetics. The font size is important. Remember it should be able to be read from 1 metre. Do not be tempted to increase the font size to reduce the negative space or conversely reduce the font size to fit everything in.
- Layout: Try to set the poster out to 'guide the readers' eye'. For example, dividing sections of the poster with borders. Avoid too much clutter or too much negative space.
- Summary: Clarity is essential; remember your key message.
- Contributors: Acknowledge all the contributors, financial assistance and sponsorship.
- Contact details: Make sure people know how to contact you.

At the end of the day you have a poster to hang in your workplace, which will continue to provide a focus for discussion and feedback.

GOODLUCK I shall look forward to seeing lots of posters at the next TWCA Conference.

Kathy Canning:
Specialist Wound Clinic,
Royal Hobart Hospital

Bibliography

University of Bristol www.bris.ac.uk/is/selfhelp/courses/studentcourses/pptxp-ss3/pptxp-ss3.do
Canterbury Christ Church University College keyskills.canterbury.ac.uk/communication/posters/general-posters.htm
University of Dublin <http://student.dcu.ie/~mcmahon4/posteradvice.html>
University of Maine <http://www.umehon.maine.edu/special/posters.htm>

MUSINGS OF A FIRST TIME PRESENTER



I was asked by Anne Smith to present a case management study at the Wound Conference 2005 to promote the profile of community nurses in wound care. I was assured the audience would be only 70 – 80 people. Then began the gathering of information, obtaining client consent and pouring through the patient's extensive file to condense this into a 15 minute cohesive, flowing presentation. Panic stations as the conference loomed closer. I needed more time to "get it together" and the computer took on a life of its own. (as computers do at critical moments) My colleagues shouldered some of my work load and Anne assisted in taming the computer and educated me in the finer points of a power-point presentation.

Finally I presented my team with the finished article, after having seen me talking to the wall and computer they thought a live audience would be better.

The big day arrived! With some trepidation I entered the conference room filled with wall to wall seats which eventually filled to include wall to wall people. Anne was blithely chatting away to people and just said, with a gentle pat on my arm, "oh, you'll be right, it's a breeze, you'll enjoy it." Then came my time for the podium. Anne had sat me beside her to prevent me from doing a runner. The sea of faces numbered 120 which included other presenters and a professor from Melbourne. With a slight croak to the voice and a gentle knocking of the knees I began. When in full stride and relaxing a little Murphy struck! The projection screen went blank. With a strangled cry of "is there an IT person in the house, "Help" my mind went blank.

The computer was fixed and I finished my presentation. My client was an interesting case study, my work team were supportive and Anne was a great mentor. The prize for my efforts was an excellent wound care book and a voucher to Elle Bache.

As I was laying on the table at Elle Bache enjoying the fruits of my labour, the question I had been asked many times came to mind. Would I do it again? YES. It was a challenge in many ways and the experience was positive. I also gained a sense of achievement and was able to say I DID IT!

Cheryl Wilson
Eastern Shore Community Nurse.

Answers to previous newsletter's crossword puzzle.

Across: 3. Protein 5.Culture 6.Hydrogel 8.Saline 9.Cellulitis 11.Haemostasis 16.Dehiscence 19.Chronic 20.Acute 21.Alginate 23.Evisceration 24.Foam 26.Exudate 28.Autolytic

Down: 1.Hydrocolloid 2.Gauze 4.Epithelialisation 5.Colonisation 7.Dressing 10.Contaminated 12.Occlusive 13.Packing 14.Debridement 15.Induration 17.Erythema 18.Necrosis 22.Infection 24.Film 25.Moist 27.Eschar

WOUNDS AT WORK

ROYAL HOBART HOSPITAL MULTI-DISCIPLINARY HIGH RISK FOOT CLINIC



Back (L to R): Nancy Williams (Podiatry), Rimi Statkus (Podiatry), Kahlie Walker (Podiatry), Catherine Edmeades (Podiatry), Georgie Stilwell (Endocrine), Ming Ling (Nursing Student), Sam Leitch (Podiatry)

Front (L to R): Josie Okey (Diabetes Education), Anne Smith (Wound Care Consultant), Anne Shorter (Nursing Student)

Absent: Elaine Blair (Footcare), Clare Baker (Footcare), Helen Morgan (Footcare), Kendra Evans (Podiatry), Vanessa Ireland (Podiatry), Toni Nash (Podiatry), Tim Greenaway (Endocrine), Suzanne Ferreira (Diabetes Education), Sue Armstrong (Diabetes Education), Marion Starosta (Diabetes Education), Stuart Walker (Vascular), David Cottier (Vascular), David Stary (Vascular), Bev Saunderson (Administrative Assistant).

The Royal Hobart Hospital High Risk Foot Clinic provides multi-disciplinary management of the 'high risk foot'. Vascular, Endocrinology, Clinical Wound Nursing, Diabetes Education, Podiatry and Foot Care Therapy are involved in the clinic.

The 'high risk' foot occurs in patients who have neurological, vascular or rheumatological factors which compromises the health of their lower limbs. Examples of these pathologies include;

- Ulceration with neuropathic or arterial aetiology
- Charcot arthropathies (neuropathic bone and joint destruction)
- Osteomyelitis

The benefits of a multidisciplinary wound clinic have been documented in the literature. Benefits such as; convenient access to relevant investigative methods, surgical approaches, improved continuity of care and greater potential for clinical education and training has been discussed (Gottrup & Sci 2004; Gottrup et al 2001).

These benefits are evident in the clinic at the Royal Hobart Hospital. The medical input from the Endocrine and Vascular team has provided easy access to medical imaging, specialist referrals and prompt surgical intervention.

The multidisciplinary approach has resulted in an increase of communication between the professions and improved continuity of care. This approach has also allowed the clinic to access alternative treatment modalities such as Larval therapy.

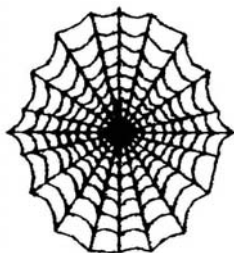
Both internal and external education opportunities have been provided to staff. Recently two staff members attended the Diabetic Foot Conference in Adelaide. An internal education programme commenced in 2005, featuring presentations such as a review of plantar foot pressure deflection modalities and an update of wound care products.

Please Remember

It is not necessary to nominate a particular clinic when referring to the Podiatry service. If an appropriate level of information is provided, the letter will be screened and an appropriate review will be arranged.

Diabetes neurological and vascular screening of the lower limbs, without the presence of ulceration, can be performed in the Podiatry Diabetes Clinic at the Royal Hobart Hospital or by a private or public Podiatrist in the community.

Any queries regarding the High Risk Foot Clinic or Podiatry clinics can be forwarded to Sam Leitch on (03) 6222 8340 or samuel.leitch@dhhs.tas.gov.au.



THIS MONTH'S TWCA WEB SITE

This months TWCA web site of interest is Luna Boots
<http://www.lunaboots.com>

This site is a local Tasmania business and has lots of valuable information that may be of interest to many of our diabetic patients. Well worth a browse.

WOUND TALK



Brought to you by Lotta Mank our roving reporter

There once was a new grad called Lou
About wound care she hadn't a clue
She'd whip down the dressing
Then end up confessing
That she didn't know what next to do

LOTTA: I was sent this poem by an anonymous group of desperate new grad nurses who say that choosing a product is really hard. So here I am interviewing some senior nurses from the TWCA to find out why many nurses are unable to choose dressing products effectively. Now let's get to the bottom of this problem.

TWCA member 1: Well Lotta, there are certainly a lot of products on the market and it is understandable that nurses are often overwhelmed by choice. Sometimes when they change workplace the brands and packaging are unfamiliar.

TWCA member 2: Lotta I think the problem goes further back than choosing the products. We need to remember that there is a patient attached to every wound that we see and we need to understand all aspects of that patient's condition, how the wound occurred and how long it has been there. We then need to identify the factors which may delay their ability to heal a wound.

LOTTA: But isn't this the long way around? I mean look at all these lovely dressings, I particularly like that pink one. I bet that would go with anything!

TWCA member 1: Lotta I agree that is a very attractive dressing and would go particularly well with your colouring. Unfortunately it is a bit more complicated than that and there are no shortcuts. After we have assessed you we would then need to examine your wound and the surrounding skin. We examine the wound edges, the wound bed and the exudate. We also need to measure the size of the wound and note any undermining. Once we have gathered all these facts we then need to form an aim.

LOTTA: You need an aim for a wound?

TWCA member 2: Yes Lotta. It may be a simple aim such as promoting granulation or donating moisture but once you form an aim this can help lead you to the right dressing for the wound. Some products donate or retain moisture, some products absorb moisture. Some products are anti microbial. Get to know what each product is for and wound care becomes a clinical decision, not a just a wild guess. And remember to always reassess at each dressing change. Wounds are dynamic and we need to be too.

LOTTA: Mmmmmm that was really informative girls. Thank you ever so much. Now just one more question. Are we able to mix and match these products? I'm just looking at that nice white fluffy one to go with the pink.....

TOOLS OF THE TRADE 2006



Trade Show and Dinner Meeting

HOBART

Thursday June 29th

Moorilla Function Centre – Berriedale

5.30 – 9.30 pm

Presenters include

Dr Tim Greenaway
Major Barbara Watson
Ms Moira Laverty

REGISTRATION

Via the TWCA Website www.twca.com.au

or

TWCA Secretary Margaret Clarke 03 62228322
Or robbyn.carrick@dhhs.tas.gov.au

Trade Show and Dinner Meeting

LAUNCESTON

Monday September 18th

Launceston Tram Shed Function Centre

Inveresk

5.30 – 9.30 pm

Presenters include

Wendy White

Kindly sponsored by Molnlycke Healthcare



This will be the TWCA's major educational event for the 2006 in Northern Tasmania. The evening will provide a fantastic opportunity to network with colleagues along with an unprecedented number of trade companies.

The AGM of the TWCA it will be held immediately prior to this at 4.00pm. Nominations for Committee and Executive are welcomed. Nomination forms are available on the website or via TWCA Secretary Margaret Clarke on 0418 123 559. All members are welcome to attend.

All items featured are submitted with the philosophy of improving wound care for sufferers and carers. No financial support is given or offered by wound care product manufacturers or distributors in the making of the newsletter. If you have any concerns or questions about items featured, please contact either:

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