E-Wound Care Specialist

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Oleg Teleten, MS, RN, WCNC
Disclosure Information

- I have no conflict of interest to disclose
Acknowledgments

- Risk Management Liability Fund
- UC Davis SWA-T Team
- Children’s Miracle Network
Welcome to UC Davis Wound Care Website

At UC Davis we treat wounds with a multidisciplinary team approach:

Skin Wound Assessment–Treatment (S.W.A.—T.) Team

From left to right back row: Veronica Marquez, RN, WCC, Bo Vang-Yang, RN, WCC, Linda Minnaugh, RN, MSN,
Problem

- Need information on wounds, treatment and formulary 24/7
  - Unavailability of Wound Certified Nurses
  - Confusion over wound care products
  - Confusion over wound care policy and documentation
  - Barriers to current wound care information
The Goal of the Website #1

- Photos for proper wound identification, Treatment and Documentation

Stage IV Pressure Ulcers

**Definition**
- Full thickness tissue loss with extensive destruction, tissue necrosis down to muscle, bone, or tendon.
- Undermining or tunneled area may be present.

**Appearance**

**Interventions**
1. Request an order for Wound Care Nurse Consult.
2. Complete incident report.
3. Position patient off affected area. Use pressure redistribution surfaces (pillows, special mattresses, splints).
4. Dressings are dependent on amount of exudate-use foam, silicone, hydrofiber, or alginate dressings for heavy exudating wounds.
5. Maximize blood flow to the area by providing proper nutrition, hydration and warmth.
7. Keep area clean and dry.
The Goal of the Website #2

- Product formulary instructions
- Product photos in packet and out
- Indications and contraindications
- How to order and use
- Price
The Goal of the Website #3

- Wound Care Events and Announcements

- Days and times of wound care team and rounds
- How to contact team members
- NDNQI dates and link for education modules
- Wound care seminars
- Research news

Wound Care Seminar

Provider approved by the California Board of Registered Nursing, provider number CEP 26, for 7.5 contact hours.

The seminar offers:

- Knowledge and skills of basic and intermediate wound care management
  - Review on the anatomy and physiology of skin and its underlying structures
  - Basic principles of wound healing
- Newest strategies in wound care management
  - Strategies of wound assessment
  - Proper wound bed preparation
  - Dressing selection
- Pressure ulcer prevention and treatment
- Nutritional management of patients with wounds
- The role of mobility in wound management and wound healing
- Legal implications of wound care management and pressure ulcer prevention

Thursday, February 7, 2013
8:00 am – 4:30 pm
Minda Institute Auditorium
2625 50th Street
Sacramento, CA 95817

RSVP before January 24, 2013:
- By email at Cherry Hicks, R.N., M.S., C.N.S
  cherry.hicks@ucdmc.ucdavis.edu
- By phone at (916) 754-9780
The Goal of the Website #4

- All staff education

Wound Care Economics
(and the SWAT team)

Pirko Maguïña, MD
Holly Kirkland-Walsh RN, FNP
The Goal of the Website #5

- Specialty Surfaces Information and Order Form

These products are ordered from distribution and require a Nursing order only.

See below for products description and Cal Codes:

<table>
<thead>
<tr>
<th><strong>WAFFLE® Brand Products</strong></th>
<th>![Image of Waffle overlay and Bariatric overlay]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WAFFLE Overlay 1025ECP – 90031773</strong></td>
<td>![Image of Waffle overlay and Bariatric overlay]</td>
</tr>
<tr>
<td>The WAFFLE EconoGate is our most affordable solution for comfort and pressure ulcer prevention. Handwells on each side of the mattress provide for easier handling of the mattress to logroll and transfer the patient. Weight limit up to 300lbs.</td>
<td></td>
</tr>
<tr>
<td><strong>WAFFLE Bariatric Overlay 1076BMP – 91001151</strong></td>
<td>![Image of Waffle overlay and Bariatric overlay]</td>
</tr>
<tr>
<td>The WAFFLE Bariatric Mattress Overlay is designed to be placed on top of a standard hospital bariatric bed or a full-size bed in the home. The air overlay cradles the body, providing protection and treatment for pressure ulcers. And it is also recommended for pain management. Weight limit up to 800lbs.</td>
<td></td>
</tr>
<tr>
<td><strong>Standard Adult Cushion (19&quot;x19&quot;) – 91000949</strong></td>
<td>![Image of Cushion]</td>
</tr>
<tr>
<td>The Standard WAFFLE Seat Cushions are recommended for patients up to 300lbs. The cushion may be used for comfort and treating and preventing pressure ulcers. Each cushion features a unique low profile design to provide safety and convenience for getting in and out of chairs.</td>
<td></td>
</tr>
<tr>
<td><strong>Original Seat Cushion (17&quot;x17&quot;) – 90031774</strong></td>
<td>![Image of Cushion]</td>
</tr>
<tr>
<td>The Original WAFFLE Seat Cushions are recommended for patients up to 300lbs. The cushion may be used for comfort and treating and preventing pressure ulcers. Each cushion features a unique low profile design to provide safety and convenience for getting in and out of chairs.</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Cushion (22&quot;x28&quot;) – 91000950</strong></td>
<td>![Image of Cushion]</td>
</tr>
<tr>
<td>The WAFFLE Bariatric Cushion is designed with a diamond-shaped pattern to evenly distribute an</td>
<td></td>
</tr>
</tbody>
</table>
The Goal of the Website #6

- Updates and Easy Access to Policies

- Skin and Risk Assessment
  - Braden
  - Braden Q
  - NSRAS

- Documentation and Treatment
- Debridement
- ABIs

- Wound VAC Application policy and procedures
The Goal of the Website #7

- Wound Care Resources
- NPUAP
- Treatment guidelines
  - White paper on prevention of pediatric PUs
  - DTI information
  - Pressure ulcers on cartilage
- Research articles
- Patient education on wounds
- Templates for documentation
Deep Tissue Injury

**Definition**

- Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of undamaged tissue from pressure and/or shear.
- The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to normal tissue.
- Deep tissue injury may be difficult to detect in individuals with dark skin tones.
- Evolution may include a thin blister over the dark wound bed that may further evolve and become covered with eschar. This may be rapid and expose additional layers of tissue resulting in a Stage III or IV pressure ulcer.

*It is important to distinguish the DTI from traditional pressure ulcer as the time between deep tissue injury and visible presentation is usually 48 hours.*
Results

- About 1000 hits per month
- Less phone calls to the Wound Care team for minor questions
- Improved discharge process on weekends
- Access to all the information on the website to UC Davis clinics
- Positive feedback from staff
Future Plans

- Continuously update the website
- Educational Web Cast with CMEs
- Telemedicine for community facilities with access to information on the website
Questions?

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