Translating evidence into practice in residential aged care:

Long term sustainability of the Champions for Skin Integrity Model

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Background

- Wounds increase in incidence with age
- Pressure injury prevalence ~20% in RACF samples\(^1,2\)
- Skin tears account for up to 41% of wounds of residents\(^3\)
- Leg ulcers: 1–3% of adults > 60 years, 5% of those >80\(^4\)

Background

- In 2009/10, Champions for Skin Integrity project funded
- Encouraging Better Practice in Aged Care program

Aims

- To promote evidence-based management of wounds
- To implement & evaluate the effectiveness of CSI model
- To preserve skin integrity in residents
The CSI Model

CSI model based on research on most effective ways to transfer evidence into practice, including:

- **Champions** - multi-level teams of CSIs
- **Education & resources** - group / one-on-one / hands-on skills
- **Clinical decision making support & reminder systems**
- **Audit / Feedback cycles**
- **Link Clinicians** - expertise in wound management
- **Dissemination activities**
Outcomes: Phase 1

- Model implemented over 6 months
- Improved skin integrity for residents
- Uptake of evidence-based practice increased
- Facilities able to act as a resource to other RACFs
Outcomes: Phase 1

Previous feedback

(76 interviews & focus groups, & staff surveys n=143) on the most effective strategies to facilitate EBP:

- Multi-level teams of champions
- Facilitating easy access to short summaries of EB guidelines
- Provision of clinical decision making tools
- Developing networks for peer support and access to expertise
Champions for Skin Integrity – Phase 2

In 2013, 2nd Phase received funds for national dissemination

Aims

• to obtain feedback on successful long-term strategies from 1st phase

• to evaluate the long term sustainability of strategies to facilitate evidence based wound care

• to use this information to update the CSI model and resources

• to disseminate the CSI resources to all RACFs in Australia and deliver a national series of ‘train the trainer’ workshops on the model
Methods

- Survey of previous project facilities to obtain feedback on the most successful and sustained CSI strategies
- Telephone interviews and postal surveys
- 13 Champions from all 7 aged care facilities interviewed
- CSIs interviewed 2 – 2½ years after completion of first project
Results – long term sustainability

92% (12/13) of participants reported:

• Wound care clinical practice had changed as a result of the CSI project
• These changes in practice had been sustained
• Staff had improved knowledge and confidence
• Most frequent areas of increased knowledge were in prevention of wounds, assessment, EBP
Results – long term sustainability

- Resident outcomes had been maintained or improved, including:
  - decreased prevalence of wounds
  - increased awareness of EB management

- CSI resources remained in use in all facilities

- Most helpful factors were education and resources, particularly those for residents, carers & family

- Still difficulties with logistics and costs of appropriate resources
Next steps

- Findings informed development of updated and refined resource kit
- Findings also informed development of a program for a national series of ‘train the trainer’ workshops for CSIs, commenced 2013
- Thus far, 21 workshops held in all states of Australia
- 710 participants:
  - 49% Clinical managers/educators/clinical specialists
  - 26% RNs
  - 19% ENs
  - 6% PCWs/allied health
Pre & Post Workshop Surveys

Following workshops, participants reported significantly increased levels of confidence (p<0.001) in

- Identifying, managing and preventing venous leg ulcers, arterial leg ulcers, diabetic foot ulcers, pressure injuries and skin tears
- Finding evidence on wound management
- Applying evidence to clinical practice
- Setting goals to implement change
- Measuring the effect of change in their workplace
Implementation of the CSI Model in RACFs

During workshops, participants develop a plan for a small CSI project. These projects have ranged broadly in scope, including:

- Improving assessment /daily skin checks
- Improving uniformity in management of skin tears
- Introducing emergency skin tear kits
- State-wide changes in products and equipment to meet EBGs
- Introducing twice/daily skin moisturising
- Education, audits and feedback
Implementation of the CSI Model in RACFs

To date, interim outcomes from these projects include:

- Reduction in prevalence of pressure injuries
- Reduction in prevalence of skin tears
- Replacement of products: e.g. mattresses, soap-free washes
- Improved measurement & documentation of progress in healing
- Decreased healing times
- Infections rates halved
- Time efficiency  e.g. Skin tear kits
Conclusion

- CSI Model of evidence based wound care has successfully improved uptake of EBP and decreased prevalence of wounds.
- Facilities have reported long term sustainability of the model and improved outcomes.
- Demand for extra workshops has led to successful application to extend the workshop program in 2014.

Thank You.