Wound Programmes in Aged Residential Care: A Systematic Review

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Background

Older people in aged residential care (ARC):
- more dependent / higher rates of chronic disease
- at-risk for skin injuries / developing chronic wounds

ARC Challenges:
- inadequate funding
- care provided primarily by unregulated workers
- high staff turnover
- reduced opportunities education / training

Dissertation Aims:
Establish composition and effective of wound-related programmes in ARC, determine implementation strategies, resident and clinical staff outcomes & programme sustainability.
Present findings and provide recommendations for practice when implementing wound programmes in ARC.
Method

- Search period: Dec 2012 - March 2013
- 51 articles met inclusion criteria.
- 11 observational or descriptive studies met grading.
- Clinical & methodological data not comparable.
- Data was analysed for recurring findings.
- Three key syntheses and nine categories were developed.
Synthesis 1: Educational Outcomes

- Education increases knowledge, and when measured in practice can demonstrate improved resident outcomes.

- **Categories:** Pressure Injury (PI) Prevention / Management (10); and Knowledge Transfer

- **Findings:** Reduced PI rates. Increased: mattress use, PI risk assessment & PI staging.
  - Increase use skin integrity/skin tear assessment tools & limb protectors.
  - Improved knowledge pre/post testing.
Synthesis 2: Implementation Strategies

- EBP guidelines provide a programme foundation and permitted facilities to drive changes according to practice gaps.

- **Categories:** Achieved by staff empowerment, support resources and collaboration

- Continuous QI / QI Teams (6), project champions (5), internal committees (2), expert mentors (7), multiple interventions (9). Collaboration: GP (3), sharing with other facilities (2), residents/family (2)
Facilities that present barriers can impair programme implementation and reduce outcome benefits. A proactive organisation that lead and support staff to embrace change can work towards achieving full programme potential.

Categories & Findings:

- **Barriers**: staff turnover, organisational priorities, extra work demands, time constraints, lack financial reimbursement, lack management support & leadership.
- **Facilitators**: CQI, manager support, project champion/team roles, financial incentives, external mentors.
- **Programme Sustainability**: (3). Requires time to imbed (> 3yrs), include programme in compulsory annual staff training, maintaining support systems.
Practice Recommendations:

- Pre-assess facilities culture, readiness for change, potential barriers and facilitators.
- PI programmes can increase knowledge and skill, improved care and reduced PI rates.
- CQI methods using audit & feedback motivates and monitors adherence.
- Allow sufficient time to implement, measure and evaluate programmes (3 yrs!).
- Involve / update key stakeholders during and after implementing programmes.
- Multiple interventions increase success of programme implementation /outcomes.
Practice Recommendations Continued.

- Incentives can increase staff engagement.
- Plan flexible, realistic and achievable programmes in anticipation of staff turnover, resident and administrative demands.
- Develop / support project teams and/or champions to build confidence, skills, leadership and facilitate self-sufficiency and programme ownership.
- Expert external mentors can identify practice issues, develop programmes, model and guide best practice.
- Implement into compulsory staff training to ensure staff updates occur.
Review Limitations

- English studies only.
- Insufficient number of studies to determine the effect of other wound-related programmes other than for PIs.
- Not all related prevention and management interventions were achievable or statistically significant.
- Studies were of low methodological quality presenting a high risk of study bias.
Conclusion

- PI programmes can improve staff knowledge and care processes to reduce PI rates and improve resident care.

- CQI methodology within a positive organisational culture can gain outcomes and help sustain programmes in ARC.

- Future studies using process evaluations are required in this practice setting.
This dissertation is dedicated to the hard working managers, nurses and healthcare assistants working in aged care who continually embrace new learning to improve outcomes for their residents. You have opened my eyes and heart to the wider needs of the older person, and staff, working within these organisations.

“Tell me and I forget
Teach me and I may remember
Involve me and I learn.”

Benjamin Franklin