

January/February 2016

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# Tissue Issue



New Zealand Wound Care Society Newsletter    Issue 23 -  
Jan/Feb 2016

## Welcome

Happy New Year and Welcome to the first NZWCS Newsletter of 2016. We hope you enjoyed November's issue. The competition deadline for the Renaming of 'Tissue Issue' will be extended until 15th March 2016. Tissue Issue will have an Educational Focus with in-depth articles on a different topic every 2 months. This month the focus is on **SKIN TEARS**. We will highlight a different Area of the NZWCS so that you can each update us on Wound Care in your Area. Please send photos (not too big), articles, book reviews, nursing jokes etc. to share with the rest of the membership. Send these to

## Inside this issue

- Welcome
- From the President
- Bullet points from National Committee meeting held on 14th December 2015
- STOP PI Day Photo Competition winner.
- Focus Topic - SKIN TEARS
- Re-name TISSUE ISSUE Competition!

## Articles for Tissue Issue to be submitted to:

Jeannette Henderson  
administrator@nzwcs.org.nz

administrator@nzwcs.org.nz  
make sure you mark them as  
items for Tissue Issue. They  
need to be sent at least 2  
weeks before the next issue or  
they will be rolled over to the  
following month, if appropriate  
to do so. All content will be at  
the discretion of the Editing  
team.

### A note from the President

Here are some of the highlights  
of what your Society and its  
members have achieved in  
2015:

- The Blenheim  
conference in May was a  
huge success. We had  
wonderful feedback from  
the participants, invited  
speakers and exhibitors.
- The leg ulcer group is  
busy reviewing the  
international leg ulcer  
guidelines.
- The pressure injury  
prevention group met  
with MOH, ACC and  
Health Quality  
Commission NZ to lobby  
for more awareness.
- The STOP PI action day

2 weeks prior to issue.

### What is the New Zealand Wound Care Society?

The NZWCS is a voluntary  
organisation made up of  
health care professionals  
from a variety of disciplines  
who share a common  
interest in wound  
management. As an  
organisation it gives its  
members an opportunity to  
share experience, expertise  
and knowledge providing a  
forum to network with other  
members throughout the  
country.

Currently there are thirteen  
branches New Zealand-  
wide. Each has an area  
coordinator and a national  
committee member. The  
area coordinator is  
responsible for coordinating  
meetings and seminars for  
the local branch members,  
while the national committee  
member represents each  
branch at a national level. In  
some areas these duties are  
undertaken by the same  
volunteer.

For more information  
membership forms visit:

[www.nzwcs.org.nz](http://www.nzwcs.org.nz)

**National Committee  
and Area Coordinators  
President - Emil Schmidt**

in November was the best ever. We had great photos sent to us!

- The Society works in partnership with pan pacific wound societies to host the inaugural pan pacific wound conference in 2017. Watch this space
- We had great response from our member survey. As a result we send out bimonthly email newsletters.
- Our members now have free access to the Wound Practice & Research journal.
- We ran several very popular wound study days.
- The wound care expert group is working closely with PHARMAC.
- Society members presented during the national “show your ability” road shows.
- Prue Lennox was voted in as Vice President in August this year.

And the list goes on... I would like to say to all of you who are, in one form or another, involved in these activities. Thank you and Be Proud of what we have

**Vice-President** - Prue Lennox

**Treasurer** - Rebecca Aburn  
**Area 1 & 2** - Northland & Auckland

Prue Lennox & Alan Shackleton

**Area 3** - Waikato

Maria Schollum & Team

**Area 4 & 5** - Tauranga & Lakes

Rebecca Dawson

**Area 6** -

Manawatu/Wanganui

Desley Johnson

**Area 7** - Taranaki

Chris Gruys & Suzanne Smith

**Area 8** - Wellington & Lower NI

Kate Gray & Paula McKinnel

**Area 9** - Nelson &

Marlborough

Susie Wendelborn, Noreen

Sargent & Melanie Terry

**Area 10** - Canterbury

Pam Mitchell & Cathy Hammond

**Area 11** - Otago

Rebecca Aburn & Anne Sutherland

**Area 12** - Southland

Mandy Pagan & Phylis

Harvey

**Area 13** - Hawkes Bay &

East Cape

Wendy Mildon

**Web Management** - Wayne

Naylor

**Administrator** -

Jeannette Henderson

administrator@nzwcs.org.nz

achieved. For those who are less involved but contributing through their membership fees, thank you too as the society needs those funds to keep functioning. I wish you all a peaceful Christmas. For those who can, may you recharge your batteries by finding a hideaway, good food and company. For those who have to work. Thanks for keeping things going, hopefully won't be too busy.

Best wishes,  
Emil

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## Bullet Points of the Minutes of the last National Exec meeting held 14 December 2015

### **President's Report**

- 2015 was a very busy year for the NZWCS and we achieved a great deal. Well done to all of you involved - Be proud of the achievements. Thanks to all members who continue to support the Society. We would not function without you either.
- Have a peaceful Christmas and may you find a hideaway to recharge your batteries. Thank you to all of you who have to work at this time of year - hopefully you are not too busy.

### **Leg Ulcer Advisory Group (LUAG)**

- Small Working Groups have commenced critiquing the literature for the VLU Guidelines.

### **Pressure Injury Advisory Group (PIAG)**

- STOP PI DAY – was a huge success around the country with the financial help of the gov't agencies on the posters, literature and on-line presentations.

- Photo competition was won by Taranaki Base Hospital as judged by the MoH Chief Nurse office. Taranaki Base Hospital have won a Full version of the 'Int'l Pressure injury Guidelines for their library and some edible goodies for the Wound Mgmt team to share.
- The PIAG team met with the MoH gov't agencies to discuss future collaborations and projects.
- Prof. Keith Harding visit to NZ April 2016 - NZWCS will be organising Study Days

### **Treasurers Report**

- Current Account = Conference proceeds deposited. Other income was from Study Evenings in Canterbury & Waikato in November. Charities Services fee paid and accountants will lodge NZWCS End of Year accounts for June 2015 with them.
- Investment Account = Rebecca will deposit a further \$60,000 into this account at the appropriate time in January 2016.

### **Conference 2017**

- The National Committee is looking for a convenor for this conference - (needs to be from Nat Comm or Area Coordinator) by 15 Jan 2016 or one will be appointed.

### **Survey of Society Members**

- We will hold another Survey of members to get a better understanding of the demographics of our membership.

### **Insurance**

- Professional Indemnity insurance has been approved for the Society.

### **Research Grants & Scholarships**

- We received 2 Scholarship applications and 4 Research Grant applications. The Research Grants are still being assessed but both Scholarships have been awarded.

### **Education Advisory Group**

- We need to set up this group to organise a Master Class for Podiatry NZ conf in July 2016 & to sit on their organising

committee. There are plenty of other projects to get involved with also.

- Rebecca Aburn, Mandy Pagan & Chris Gruys are all interested in getting this group off the ground and an EOI will be sent out asap.

## Scholarship Winners for 2016

**We received 2 applications this year for Scholarships - both for \$1,000.00 to attend an International Conference.**

**Yvonne Denny** - \$1,000.00 to attend the EWMA 2016 Wound Care Conference, Bremen, Germany. 11-13 May 2016

**Emil Schmidt** - \$1,000.00 to attend the EWMA 2016 Wound Care Conference, Bremen, Germany. 11-13 May 2016

Both applications were approved. Congratulations to you both and we look forward to reading your reports.

## Research Grant Winner for 2016

**We received 4 applications this year for the \$5,000 Research Grant.**

The standard of the applications was tremendous and made the Assessors' jobs extremely hard, however, using a point allocation system, a winner was found:

**Dr Emma Best** - Senior Lecturer and Paediatric Infectious Diseases Consultant of the Faculty of Medical and Health Sciences, University of Auckland.

**Congratulations!**

Comments from the Assessors: "**..most** impressed with the quality and innovation behind all these applications... They are all very relevant and will do much to improve wound

management in NZ and elsewhere. Congratulate all the researchers and would encourage their ongoing commitment to their worthy studies.

## STOP PI Day 2015 - Thursday 19th November 2015



### Photo Competition Winner - Taranaki Base Hospital (above)

The Taranaki Base hospital have a won the Full Version of the 2014 Int'l Pressure Injury Guidelines and a \$50 box of goodies for the team to share. **Well done Taranaki!** Thanks to Kathy Glasgow and the team at the Office of the Chief Nurse for judging the competition for us and thanks to you all for all the entries. They had 5 favourites – Mary Potter cupcakes – good photography, Tauranga – gorgeous baby, Wairau - great attitude, Whareama Rest Home Nelson – for good thinking, however the winner was Taranaki for active patient involvement *'We loved this view of education and assessment in action'*.

Great work and well done to all!

**Resources from STOP PI Day are still available from the NZWCS website:**

- Pressure Injury Presentation - to be delivered by Health Professional with some knowledge
- Posters to put up at work
- Patient Leaflets to hand out
- 'How to Classify & Record Pressure Injuries' 1 page hand-out
- Check out this video from YouTube: <http://www.youtube.com/watch?v=Syc-hByVGF0>

## FOCUS TOPIC - SKIN TEARS

Article for a Skin Moisturising Regime - submitted by Mandy Pagan

**Below is an article critique for a skin moisturising regime to reduce the incidence of skin tears. Due to copyright this article cannot be published in its entirety.**

Reference: Carville, K., Leslie, G., Osseiran-Moisson, R., Newall, N. & Lewin, G. (2014). The effectiveness of a twice-daily skin-moisturising regimen for reducing the incidence of skin tears. *International Wound Journal* Volume 11(4), 446–453

### **Study Summary:**

- Skin tears are the most common wounds in older adults.
- A cluster randomised trial in aged care residents across 14 aged care facilities (7 intervention & 7 control facilities) in Western Australia conducted over six-months.
- A total of 420 residents in the intervention group and 564 residents in the control group.
- There was no statistical difference between groups age and gender.
- Intervention: twice-daily application of a pH neutral and perfume free,



moisturising lotion (Abena®) to body extremities morning and evening (preferably following bathing).

- An electronic data management system was used to record resident demographics, care interventions, outcomes and incident data.
- The STAR Skin Tear Classification system was used to stage the skin tear injuries (as shown below)

#### **Findings:**

- Residents in high-care facilities had significantly more skin tears.
- Overall Skin Tear Category: 40.69% category 1a, 26.58% category 1b, 11.25% 2a, 12.18% 2b and 9.31% category 3.
- Monthly incidence rate in the intervention group was 5.76 per 1000 occupied bed days (450 skin tears over 6-months).
- Monthly incidence rate in control group was 10.57 per 1000 occupied bed days (946 skin tears over 6-months).
- Residents in low-care had more skin tears on lower limbs.
- Residents in high-care had more skin tears on upper limbs.
- Main contributory factor for skin tears in both groups was to be fragile skin.
- Overall 72.39% related to fragile skin, outcome of a fall, and poor skin turgor.
- Quarter of injuries related to shearing and friction forces.
- Skin tears occurred most commonly in the resident's bedrooms and bathrooms.
- More skin tears occurred on a Saturday, whilst the least on a Thursday.
- Skin tears occurred more frequently during peak manual handling times.

#### **Summary:**

- Twice-daily moisturiser application to extremities (compared to usual care) reduced skin tear incidence by almost 50%
- Study limited to frail elderly Caucasians.

**Skin Tear Risk Assessment - submitted by Maria Schullum**

**Skin Tear Risk Assessment - Maria Schollum**

Skin tears can occur in the elderly population with fragile skin. Some maybe unavoidable, but many are preventable. This article will give a generic, brief overview of the causes, potential risk factors, prevention and management strategies for skin tears.

If the skin tear is a result of an injury follow your facility's policies, procedures and/or guidelines and if required complete appropriate ACC documentation. Consider a tetanus toxoid vaccination if the skin tear injury is potentially contaminated with dirt or >1cm in depth (Le Blanc, Christensen, Orsted & Keast, 2008, Healthed NZ, 2016).

### **What is a Skin Tear?**

A skin tear is a traumatic injury caused by shear, friction, and/or blunt force resulting in separation of skin layers, which can be partial thickness or full thickness (Stephen-Hayes and Carville, 2011).

#### **Potential causes of skins tears:**

- Falls
- Blunt trauma injuries
- Equipment and handling related injuries
- Removal of tape or adhesive

#### **Risk factors:**

- Sensory or cognitive deficits
- Impaired mobility and vision
- Neuromuscular changes
- Skin changes - dry fragile skin, ecchymosis, bruising
- Predisposing co-morbidities - renal failure, heart failure
- Medications - long standing use of steroids, polypharmacy
- Changes in nutrition - weight loss
- Age (elderly, neonates and paediatrics)

- Dependence on others for ADLs - showering, transferring

**Prevention strategies** - It is important to:

- Identify those at risk of skin tears
- Implement the appropriate preventative strategies for the at risk patients.

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**Provide a safe environment:**

- Ensure adequate lighting
- Secure loose mats, pad sharp corners of protruding objects, remove excess furniture and clutter, instigate a falls prevention programme if required
- Non-restrictive clothing covering arms/ legs some high-risk individuals may require limb protectors.
- During direct patient care watches should be removed and jewellery limited to one flat band only, fingernails should be short and filed to reduce the risk of causing skin tears. Plastic cover aprons should be utilised to cover exposed buttons, badges or other uniform items that may cause trauma to the patient's skin.

**Manual Handling:**

- Use correct manual handling techniques when transferring
- Use appropriate devices to reduce shear and friction
- Educate client +- family and caregivers

**Nutrition:**

- Ensure optimal nutritional intake to maintain tissue viability
- Monitor for dehydration by assessing intake and output i.e. urine, skin turgor. Oral intake can be monitored through use of a food diary
- Referral to Dietician for assistance if required

## **Good skin hygiene**

- Daily skin assessments. Moisturise skin especially hands and arms after showering, assess length of toes and fingernails. Wear appropriate clothing to protect arms and legs
- Avoid soap, cleanse with mild pH-neutral cleaners
- Avoid the use of adhesives and tapes on fragile skin

## **Medications:**

- Assess medications that can affect the skin e.g. Steroids
- Monitor prescribed medications that place the older adult at risk of falls

## **Management strategies:**

**S:** Stop bleeding and clean

**T:** Tissue alignment

**A:** Assess and dress

**R:** Review and assess

## **Skin Tear Dressings:**

- Should be easy to apply
- Are protective, anti-shear barriers
- Are tissue friendly, flexible & mould to contours.
- Maintain a physiological balance: moisture, temperature & pH.
- Allow for secure but not aggressive re-tension.
- Provide extended wear time.
- Enable atraumatic removal
- Optimise quality of life
- Cost effective.

## **Adapted from the following references:**

Cowdell, F., & Garrett, D. (2014). Older people and skin: challenging perceptions. *British Journal of Nursing*, 23(12), S4-S8.

Healthed NZ (n.d.). Retrieved from <https://www.healthed.govt.nz/resource/adult-tetanus-and-diphtheria-immunisation>

Holmes, R.F., Davidson, M.W., Thompson, B.J & Kelechi, T. J. (2013). *Skin Tears – Care and Management of the Older Adult at Home*.

DOI:10.1097/NHH.0b013e31827f458a

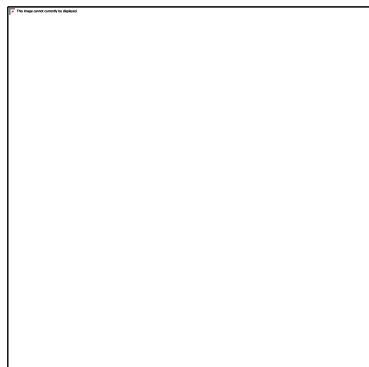
LeBlanc, K., & Baranoski, S. (2014). International Skin Tear Advisory Panel: Putting it all together, a tool kit to aid in the prevention, assessment using a simplified classification system and treatment of skin tears. *World Council of Enterostomal Therapists Journal*, 34(1),12-27.

LeBlanc, K., Christensen, D., Orsted, H.L., & Keast, D.H.(2008). Best Practice Recommendations for the Prevention and Treatment of skin tears. *Wound Care Canada*, 6(1),14-30.

Milner, L. (2013). A simple tear ....but a complex wound. *Nursing Review Series*.

Stephen-Haynes, J., & Carville, K. Skin tears made easy. *Wounds International* 2011: 2(4): Available from <http://www.woundsinternational.com>

## STAR Skin Tear Classification System



### STAR Skin Tear Classification System Guidelines

1. Control bleeding and clean the wound according to protocol.
2. Realign (if possible) any skin or flap.
3. Assess degree of tissue loss and skin or flap colour using the STAR Classification System.
4. Assess the surrounding skin condition for fragility, swelling, discolouration or bruising.
5. Assess the person, their wound and their healing environment as per protocol.
6. If skin or flap colour is pale, dusky or darkened reassess in 24-48 hours or at the first dressing change.

### STAR Classification System



**Category 1a**  
A skin tear where the edges **can** be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is **not** pale, dusky or darkened.



**Category 1b**  
A skin tear where the edges **can** be realigned to the normal anatomical position (without undue stretching) and the skin or flap colour is pale, dusky or darkened.



**Category 2a**  
A skin tear where the edges **cannot** be realigned to the normal anatomical position and the skin or flap colour is **not** pale, dusky or darkened.



**Category 2b**  
A skin tear where the edges **cannot** be realigned to the normal anatomical position and the skin or flap colour is pale, dusky or darkened.



**Category 3**  
A skin tear where the skin flap is completely absent.

Small text at the bottom of the STAR Classification System section: Skin Tear Audit Research (STAR). Silver Chain Nursing Association and School of Nursing and Midwifery, Curtin University of Technology. Revised 4/2/2010.

## FUTURE TOPICS FOR TISSUE ISSUE

These are in date order but not set in stone.

- Getting to grips with grafts - March/April 2016
- Wounds in the elderly - May/June 2016
- Spotting a skin cancer - July/Aug 2016
- Decoding diabetic foot ulcers - Sept/Oct 2016
- Preventing pressure injuries - Nov/Dec 2016
- How to heal: Fistulas / Pilonidal sinuses / Dehisce abdominal wound - Jan/Feb 2017
- Focus on infection - Mar/April 2017
- Leg Ulcers – overcoming the key challenges - May/June 2017
- Feeding your wound – understanding nutrition - July/Aug 2017
- Best practice with burns - Sept/Oct 2017
- A 'Pressure Injury' related topic - Nov/Dec 2017

## Competition to rename Tissue Issue -

**CLOSING DATE: 11th MARCH 2016**

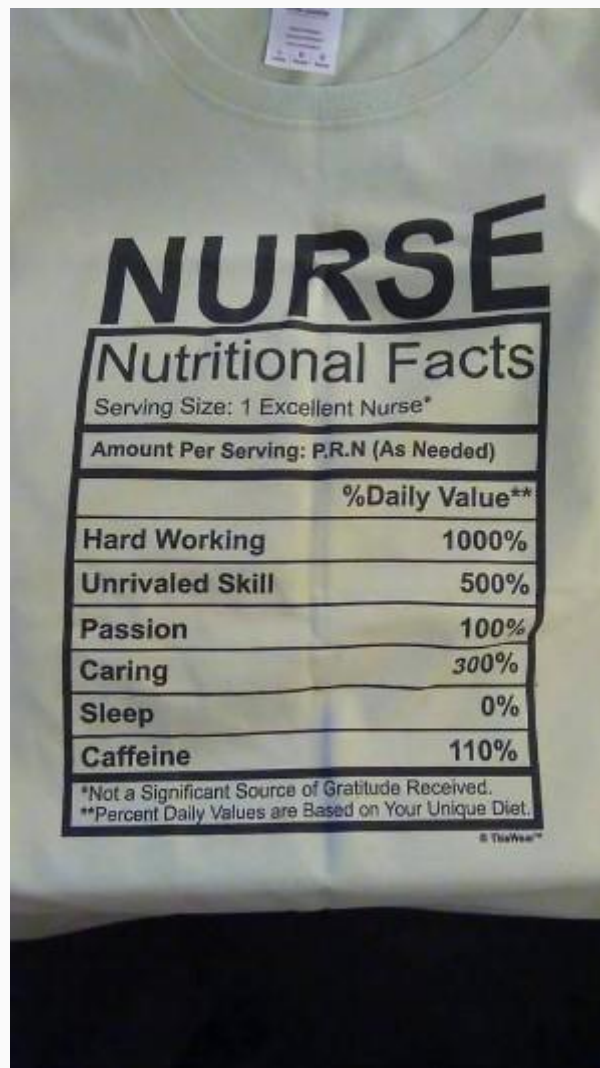
We want you to rename 'Tissue Issue' to something a bit more punchy and a little less dry.

**Got any ideas?**

Email your idea along with your name by Friday 11th MARCH 2016 to [administrator@nzwcs.org.nz](mailto:administrator@nzwcs.org.nz)

We will judge the submissions and the winning name will receive a **PRIZE**. Tissue Issue will remain named as such until a new name has been chosen.

**AND FINALLY! Found on 'The Nurse Path' on Face Book**



**AND Hospital Opening hours over the Christmas & New Year break!**

Monday 21<sup>st</sup> December OPEN  
Tuesday 22<sup>nd</sup> December OPEN  
Wednesday 23<sup>rd</sup> December OPEN  
Thursday 24<sup>th</sup> December OPEN  
**CHRISTMAS DAY OPEN**  
**BOXING DAY OPEN**  
Sunday 27<sup>th</sup> December OPEN  
Monday 28<sup>th</sup> December OPEN  
Tuesday 29<sup>th</sup> December OPEN  
Wednesday 30<sup>th</sup> December OPEN  
Thursday 31<sup>st</sup> December OPEN  
**NEW YEARS DAY OPEN**  
Saturday 2<sup>nd</sup> January OPEN  
Sunday 3<sup>rd</sup> January OPEN

To Contact the New Zealand Wound Care Society  
please email [administrator@nzwcs.org.nz](mailto:administrator@nzwcs.org.nz)

- Email all 'Rename Tissue Issue' entries (clearly marked)
- Email all contributions to future newsletters 2 weeks before issue release

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