Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Wound up for Wounds

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In this issue:

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Wound up for Wounds

Wound up (verb. To be excited) for Wounds (noun. Injuries to living tissue)

This is the 7th edition of Wound Up for Wounds, and it is always a pleasure to reflect on and showcase the work our wound care teams and clinicians are doing.

Since November, we have been busy getting ready to roll out our pilot education program for Conservative Sharp Wound Debridement - more on that later. I have two final year student occupational therapists, Michelle Hubbard and Taylor Shortly, who are completing a two month clinical placement with me and they have provided their perspectives on the development of a Clinical Practice Guideline. Michelle and Taylor have also worked very hard on developing a Level 2 Wound Care course for occupational therapists and Physiotherapists which they will deliver on their last day of placement, February 28, 2020.

Prevalence and incidence studies have been conducted at most of the sites. A huge shout out to everyone who has participated in the assessment and gathering of data. Angie Libbrecht at St. Boniface Hospital created an excellent poster on staging pressure injuries which can be copied. Thank you Angie!

The Lymphedema Association of Manitoba is hosting an amazing symposium on March 6 and 7, 2020 with internationally renowned speakers, and the Wounds Canada's Spring Conference is in Calgary on April 3 and 4, 2020. Registration details included on page 8.

Jane McSwiggan, MSc., OT Reg. (MB), IIWCC,
Education and Research Coordinator, Wound Care

Did you know?

- In Manitoba, stages 3, 4 and unstageable pressure injuries are critical incidents if they meet the criteria.
- Please report using RL6 or call the Critical Incident Reporting and Support Line (24 hours) at 204-788-8222.
- Further information: https://home.wrha.mb.ca/quality/afterreported.php

Conservative Sharp Wound Debridement (CSWD) Update

Congratulations to Josh Ruby, Zoe Reimer, Lynne Perron and Shannon Blanchfield from Home Care who have started their journey to become certified in Conservative Sharp Wound Debridement (CSWD).

Josh, Zoe, Lynne and Shannon attended a lab session on January 15, 2020 to learn scalpel and curette technique. They were joined in the lab by Taylor Shortly and Michelle Hubbard, student occupational therapists. They will be completing a self study education module and written examination before starting on a mentorship program of six to eight months. Independent practice in CSWD can begin after the mentorship period is successfully completed.

Zoe Reimer and Josh Ruby

Shannon Blanchfield, Taylor Shortly, and Michelle Hubbard

Student Occupational Therapists Working in Wound Care

Michelle Hubbard

Taylor Shortly

Wound care you say? What are two student occupational therapists doing in wound care? Well, we are here to tell you all about our adventures at WRHA's corporate office.

To start, we thought you might want some background on who we are. We are two Master of Occupational Therapy students from the University of Manitoba. Only seven more months until graduation! Currently, we are enjoying our time on our third practicum with Jane McSwiggan. Working primarily in education and research, we have been involved with many different projects.

One of our biggest projects is developing a Clinical Practice Guideline (CPG) for pressure injury reconstructive surgery. This project has allowed us to connect with a variety of stakeholders, including occupational therapists, physiotherapists, physicians, nurses, dietitians, clinical nurse specialists, and most importantly, clients. We were even given the opportunity to speak at the Regional Wound Care Committee! With input from our stakeholders, we created a needs assessment and thoroughly researched the topic. After reviewing the literature, we developed an outline on what the CPG should include.

The process of developing a CPG has taught us a lot. For starters, it takes time. Not only does it take time connecting with stakeholders, but it takes time reviewing current literature, creating an outline, and filling in the outline. Six weeks in and we actually have concrete paragraphs!

However, the future of these paragraphs is unknown. We have learned how important it is to work closely and get feedback from stakeholders because the needs of the region are constantly changing. Another lesson we have learned is that just because you have knowledge from research, it oes not mean you have the answers to your questions. The development of this CPG has been difficult at times due to a lack of conclusive literature on this topic.

Another project we have been involved in is CSWD. Those certified in CSWD are able to use scissors, scalpels, and curettes to remove non-viable tissue from the wound bed. As students, we were able to participate in the skills lab portion of this course, which included use of scalpels and curettes on candles, oranges, and pigs' feet! We also helped create the exam for clinicians certifying in CSWD. It was a nice change to make an exam instead of taking one!

> continued on page 2...

Student Occupational Therapists Working in Wound Care Cont.

Over the last six weeks, we were able to see other wound care courses in action. So far, we have attended Level 2 Diabetic Foot Ulcers, Venous & Arterial Leg ulcers, and Pressure injuries. We were also given the opportunity to attend information sessions on the prevention of medical treatment related skin and tissue injuries. These sessions were presented by a nurse educator, a clinical nurse specialist, a physiotherapist, an orthopedic technologist, an orthotist, and a rehab engineer. Talk about working on an interprofessional team!

This practicum has demonstrated the need for enhanced interprofessional collaboration in wound care. After shadowing Advanced Wound Care Clinicians at Seven Oaks General Hospital and Riverview Health Centre, and participating in interprofessional meetings we can identify the role of allied health in wound care. In fact, there was a call for specific education in wound care for occupational therapists and physiotherapists. As requested, we created the **FIRST EVER Level 2 Wound Care Course for Occupational Therapists and Physiotherapists**. It is our hope this course will be open to therapists working with wounds in a variety of contexts. Although the course in February is full, another course will be offered April 17, 2020. We look forward to seeing you or your colleagues there!

By Taylor Shortly and Michelle Hubbard

Level 2 Wound Care Course for Occupational Therapists and Physiotherapists

This course will provide occupational therapists and physiotherapists with the tools required to integrate wound care into clinical practice. Participants will gain a more in-depth understanding of wound assessment as it relates to pressure injuries, diabetic foot ulcers, venous/arterial ulcers, and skin tears. There will also be a review of local resources to assist with wound care interventions.

Friday April 17, 2020
8:30 a.m. - 12:30 p.m.
Grace Hospital, 300 Booth Drive
Bill Larson Lecture Hall

No Registration Fee
Register on the Learning Management System (LMS) at sharedhealthmb.learnflex.net/include/login.asp or contact Cindy Hoff at choff@wrha.mb.ca to register.

If you have any questions please contact Jane McSwiggan, Education and Research Coordinator - Wound Care, at 204-926-8013 or jmcswiggan@wrha.mb.ca

LAM
Lymphedema Association of Manitoba

Lymphedema Association of Manitoba

Symposium 2020

Join us on
March 6 and 7, 2020
Theatre B, Basic Medical Sciences Building

CME accredited on Friday

Confirmed Speakers :

Dr. Alex Munnoch, internationally recognized plastic surgeon from Dundee, Scotland

March 6th is focused on health professionals

March 7th is focused on patients and caregivers

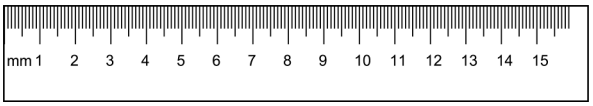
Registration form available at lymphmanitoba.ca

Dr. Kathleen Francis, Medical Director for Klose Training & Consulting and Lymphedema Specialist in St. Barnabas Ambulatory Care Center in New Jersey, USA

Ms. LaMantia is a registered dietitian, author and cancer survivor in Toronto, Ontario.

This event was co-developed with the CPD Medicine Program, University of Manitoba and was planned to achieve scientific integrity, objectivity and balance. This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been approved by the CPD Medicine Program, University of Manitoba for up to 6.0 Mainpro+ credits. ID #192110-001. Participants should only claim credit for the actual number of hours attended. The University of Manitoba CPD Medicine Program is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME).

Practice Corner: Wound Measurement



Wound measurement, using centimeter ruler and cotton-tipped applicator

Length

- The direction of length is from head to toe
- Take the measurement from open wound edge to open wound edge at the longest point

Width

- The direction of width is from side to side
- Take the measurement from open wound edge to open wound edge at the longest point

Depth

- To measure depth, moisten a cotton-tip applicator with saline solution
- Place the applicator into the deepest area of the wound, keeping the applicator vertical to the wound bed.
- Grasp the applicator with the thumb and index finger at the point where the applicator exits the wound at skin level.
- While still grasping the applicator, remove it from the wound and place it next to the centimeter ruler to measure.
- If the depth varies, take measurements in different areas. The recorded depth should be the deepest spot of the wound measured.

Tunneling

- To measure tunneling, insert a saline-moistened cotton-tip applicator into the tunneled area and grasp the applicator where it meets the wound's edge.
- While still grasping the applicator, remove it from the wound and place it next to the centimeter ruler to measure. Repeat for each tunneled area.

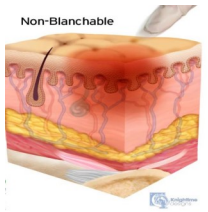
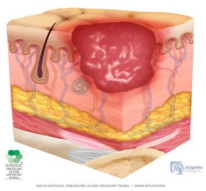
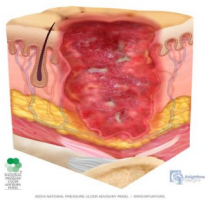
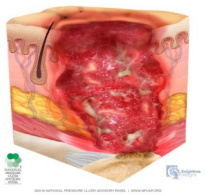
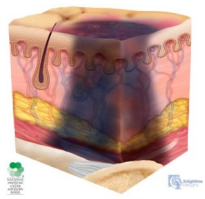
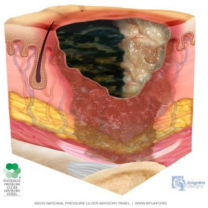
Undermining

- To measure undermining, insert a saline-moistened cotton-tip applicator into the undermined area and grasp the applicator where it meets the wound's edge.
- While still grasping the applicator, remove it from the wound and place it next to the centimeter ruler to measure.
- Progressing in a clockwise direction, document and measure the deepest sites all around the wound edges where undermining occurs. Use the clock face to indicate location and direction of undermining.

Here is an excellent video to assist you: https://youtu.be/ZWMaR-jheGY

WRHA 2018. Adapted from Wound Care Education Institute (WCEI), copyright 2014.

If Pressure Injuries were Apples

	**STAGE 1** Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. *Think of the normal state of a red apple. We can't "touch" a red apple and make the color be less vibrant or make the color go away. Just like a Stage 1 pressure injury, we can't take away the redness simply by touching it. It will not blanch because there are already signs of capillary compromise within the layers of the skin.*	
	**STAGE 2** Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister. *The key here is that there is not a lot of depth to these wounds and that it is right at the layer of the dermis. Think of an apple being peeled. Just the layer of outside "skin" is being removed or impacted when we carefully peel an apple. The same superficial layer has been removed or compromised in a Stage 2 pressure injury. These wounds will not have slough, and they will be superficial in nature.*	
	**STAGE 3** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle, are not exposed. Slough may be present but it does not obscure the depth of tissue loss. May include undermining and tunneling. *Think of what your apple looks like when you take a nice healthy bite out of it and the skin is gone, you are into the juicy "meat" of the apple. A Stage 3 pressure injury is similar. It's migrated into the subcutaneous tissue and there is usually depth to these wounds.*	
	**STAGE 4** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. *If you were to bite too far into your apple, you would get to the core…to the inner structure of that apple. This is what happens in a Stage 4 pressure injury. You are down to the inner structure under that subcutaneous layer.*	
	**Deep Tissue Pressure Injury (DTPI)** Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft 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 adjacent tissue. *What if your apple had a purple or dark spot on it. You wouldn't know just how "bad" that apple was underneath that spot. The skin looks intact, but you know that part of that apple is bad and is not good to eat. That's what happens with a deep tissue pressure injury. Just like an apple with a soft discolored spot, a deep tissue injury presents with skin intact, but with a top layer of maroon or purple localized discoloration, letting you know that there is tissue damage underneath even though the skin is intact.*	
	**Unstageable** Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. *Think of a caramel-covered apple. That thick, tannish brown caramel completely coats the apple. Because of that caramel, we don't really know the state of the apple underneath. Just like an unstageable pressure ulcer, because of the slough or eschar obstructing the base of the wound, we don't know how deep it is, and therefore, we cannot stage it, and we consider it unstageable.*	

Adapted from: Turner, P; APPLES TO ULCERS: Tips for staging pressure ulcers

Additional Information

Having trouble signing up for wound care courses?

Staff with LMS access

Log into the Learning Management System (LMS) from any computer or device at https://sharedhealthmb.learnflex.net.

If needed, create a new account by clicking “new User”.

Enter “**WOUND CARE**” in the global search bar.

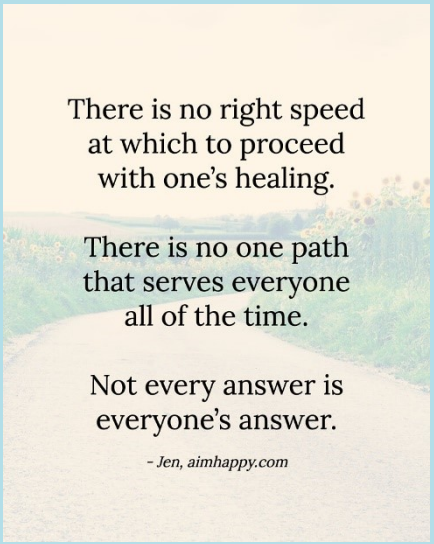
- Level 1 is a bundle of 8 modules available online;
- Level 2 and other courses are delivered in the classroom setting.

Staff without LMS access

Contact Cindy Hoff at choff@wrha.mb.ca or 204-926-7047 to register.

Have a question?

Contact Jane McSwiggan, Education and Research Coordinator-Wound Care at jmcswiggan@wrha.mb.ca.



Wounds Canada Spring Conference is in Calgary at the Calgary Plaza Hotel and Conference Centre, April 3-4, 2020

Register at

https://www.woundscanada.ca/

Lanyard card for wound assessment

(Print, cut out and laminate)

Wound Assessment		NERDS
Identify/Treat the cause		(≥3 antimicrobial dressing, no swab)
Person-centred concerns & pain		**N**on healing wound
Healable, Maintenance, Non-Healable?		**E**xudative wound
T/D:	Type of tissue?	**R**ed, friable granulation tissue
	Need for debridement?	**D**ebris (slough/eschar)
I:	Infection/Inflammation	**S**mell or unpleasant odour
	NERDS or STONEES?	**STONEES**
M:	Moisture Balance, not too wet, not too dry	(≥3 antimicrobial dressing, swab, abx)
E:	Edge of wound & peri-wound skin	**S**ize is bigger
		Temperature is Increased
		Os (probes to bone)
		New or satellite areas of breakdown
		Exudate,
		Erythema, edema
		Smell or unpleasant odour