

Using interactive study days to enable staff to appropriately manage patients' wounds

KEY WORDS

- ▶ Interactive teaching
- ▶ Patient outcomes
- ▶ Surgical site infection (SSI)
- ▶ Wound care

Background: Surgical site infection (SSI) rates within the division were high at 3%. Staff lacked confidence in the management of wounds. There was no specialised training within the Trust that focused on the management of surgical wounds. **Aims:** The surgical practice development team aimed to create a 2-day training programme that overhauled educational delivery of wound management and improved patient outcomes. **Methods:** The surgical practice development team introduced a series of fun and innovative days where staff learned through interactive teaching sessions. The effectiveness of this was measured through audit of the SSI rates within the division and assessment of individual competency in aseptic non-touch technique (ANTT). We also undertook a qualitative survey assessing whether staff within the division felt competent and identifying the barriers to achieving competence when managing wounds. **Results:** Following delivery of the education days rates of SSI fell to 1% in total knee replacements and to 0% in other specialities. Following the training 79% of staff felt confident in managing wounds by being able to select appropriate dressings and plan appropriate care. There was an improvement in the rates of ANTT assessments passed on first attempt from 57% to 83%. **Conclusions:** Introduction of fun, educational days improves SSI rates within the division and, therefore, enabled us to improved patient outcomes.

Staff within the surgical division lacked the knowledge to appropriately dress wounds to optimise healing. Due to an increasing workload and capacity requirements, we became aware that the tissue viability nurses were struggling to provide the support staff needed. This led to an increase in surgical site infections (SSI) among patients within the surgical division and/or an increased wound healing time, which contributed to increased cost and bed occupancy. Therefore, the surgical practice development team implemented a series of teaching days, which were largely interactive in content. The days were devised using the 'Mind the Gap' research (Jones et al, 2015) to help guide and find shared characteristics so activities could benefit all generations of nursing.

Ethics committee approval

The work did not require ethics approval due

to it being a service evaluation project within an educational programme which used staff as participants. The Trust's Research and Development team were aware of the project.

METHODS

The team recognised the lack of a barrier to good practice was the increased capacity of the tissue viability nurses, when staff lacked confidence in their abilities, to manage simple wounds and therefore, made inappropriate referrals. We set about empowering nurses to solve their own problems and very literally 'dress their wound's right'. It was decided that the practice development team would deliver 2 days of training on wounds and wound care. The tissue viability team were included in planning discussions for the study days and were happy for them to go ahead.

The days were introduced with a fun and

EMILY LAMBERT

Practice Development Nurse for Surgery, Northampton General Hospital NHS Trust, Cliftonville, Northampton

BEV AL-AZZAWI

Lead Practice Development Nurse for Surgical Division, Northampton General Hospital NHS Trust, Cliftonville, Northampton

interactive nature having used the 'Mind the Gap' research (Jones et al, 2015) (Table 1), which identified the generational concepts that require considering to support individuals, making our training suitable across all generations. The team used interactive methods to teach staff about the

Table 1. Identified generational typologies and features considered to inform educational offering adapted from Jones et al (2015)

Typology	Percentage of NHS workforce	Date of birth range	Features
Baby Boomers	25%	1946 to 1964	Takes risks and likes excitement Needs challenging Driven Wants recognition
Generation X	40%	1965 to 1980	Educational needs to be meaningful Work smarter Innovative Problem solver
Generation Y	35%	1981 to 1994	Wants recognition Work with you not for you Tools to be productive and efficient
Generation Z	<5%	1995 to 2010	Technology driven Interconnected working Frustrated at manual methods Acknowledge responses

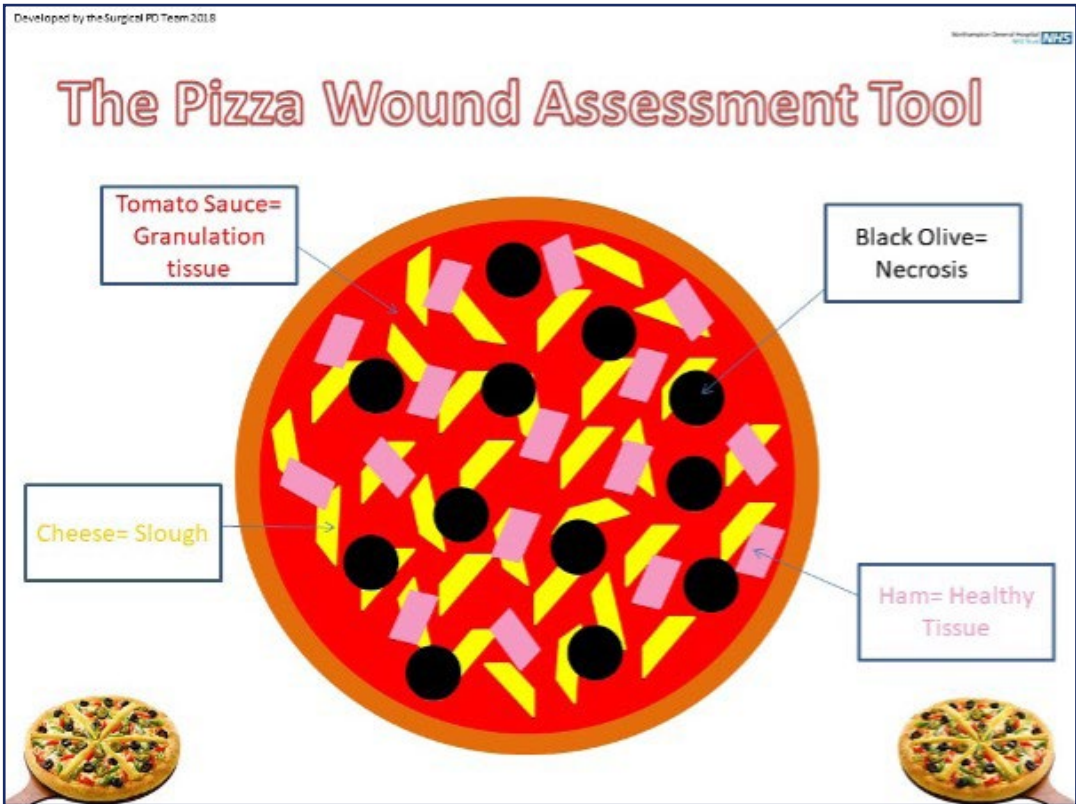


Figure 1. Visual of pizza activity



Figure 2. Programme for day 1

anatomy and physiology of the skin and wound healing. Staff took part in pizza making to help them visually learn about the components of the wound as illustrated in *Figure 1*. Staff used various techniques to understand the components of a wound and took turns at practically assessing wounds from previous cases studies. Participants worked in pairs, one describing their pizza wound and the other drawing it, then discussing how they could improve their description. The day also including teaching of the aseptic non-touch technique (ANTT) of wound clean and dressing assessment. The day also used reflective practice to help evidence and action plan how they will use their skills to improve patient care. As well as teaching wound management the day includes simulated scenarios for staff to encourage effective escalation of wounds i.e. they assess the wound and if decide if there is a need for escalation to the TVN.

Figure 2 shows the first days programme. The second day focused on the selection of the correct dressing for the specific wound to ensure staff feel confident and empowered in their choice and patients receive better outcomes. During the second day, the team also developed a version of the game Bingo where staff had to guess the dressing from a verbal description. In addition to this, the day also

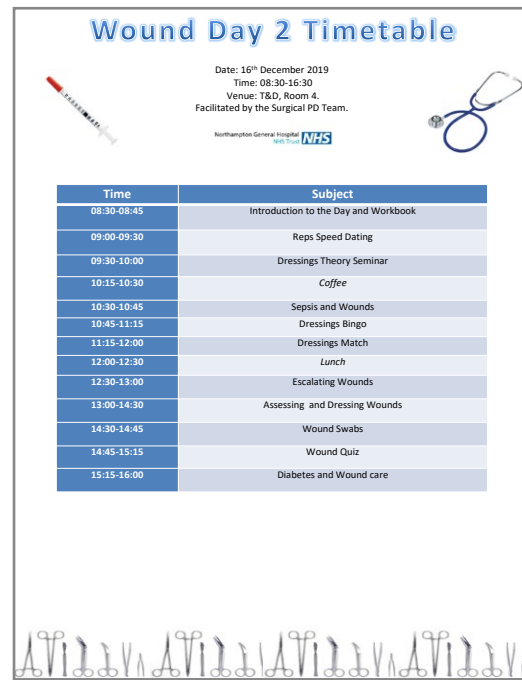


Figure 3. Programme for day 2

included games based on cost management to encourage staff to use effective dressings and try to prevent waste.

The effectiveness of the days were measured in multiple ways, these included:

- ▶▶ A survey among staff within the division following the day
- ▶▶ A review of reflections staff completed on the day to see if they felt that the day had improved their practice
- ▶▶ An audit of our SSI rates within the division since the introduction of the day
- ▶▶ Audit of the assessment and treatment documentation.

The questionnaire used for the survey was piloted among the wider practice development team for validation. The survey used a 5-point Likert Scale and points 4 and 5 were classed as agreement.

RESULTS

We trained 80 staff, holding four 2-day courses throughout the time period.

Following the course, the survey showed 87% of staff felt more confident in undertaking an accurate assessment of the wound compared with 49% before the course. There were 60% of the

participating staff who reported they would now use TIME wound assessment tool (Vera, 2016) to complete an assessment of the wound, which was an improvement from 32% before the training days. Furthermore, 54% of staff reported they felt more confident in managing the wound without referring to the tissue viability service. The reflective accounts showed that in 82% of cases, practice had improved following the study day with staff changing their assessment of the wound. Thematic analysis through the framework method (Gale, 2013) showed common themes before the training days were lack of staff confidence, lack of assessment tools and lack of consistency. Following the 2-day course, themes emerged of improved confidence, use of TIME assessment (Vera, 2016) and a consistent approach. Following the introduction of the training days, our SSI rates for total hip replacements reduced from 1.3% to 0. Our SSIs for large bowel surgeries have also decreased to zero from 6.3%. The audit showed an improved depth of documentation, and analysis showed that in 73% of cases all four components of the TIME assessment had been included.

DISCUSSION

These training days were part of a series of measures designed not only to improve SSI rates within the division, but also to enable staff to feel more empowered and provide them with the skills to confidently manage wounds. Through using interactive teaching methods staffs have retained more knowledge, which has led to improved patient outcomes. In time, the hope is that, with better training and retention of knowledge staff feel more confident managing simple wounds and refer to tissue viability for complex patients. Audit work to evidence this and further improve the training days is now ongoing. It is hoped that supporting staff in this way will create capacity for TVNs to provide bespoke teaching and manage the more complex patients.

The interactive nature of the days will also allow this to be adapted to suit the ever-changing wound management market as staff will have good

theoretical knowledge of wound care and therefore, will feel more confident in selecting the appropriate product. Staff also now recognise the importance of good documentation (Kinnunen et al, 2012) and this has been seen in the improvements compared with before training. In order to strengthen the role of the training days in improving patient outcomes, it would be necessary to undertake quantitative analysis using more in depth statistics, including statistical significance, looking at staff attendance in relation to patient outcomes to highlight the difference these days played. The training was supported by the TVNs who have commented on the improvements it has made to staff in the division being able to manage patients with wounds in their care.

The success is largely due to the study day being designed to meet the needs of the various generations within nursing. It is important to consider succession planning in emerging generations as identified in the 'Mind the Gap' (Jones et al, 2015). A weakness of the project is the training has a high level of local validity due to it being designed to overcome problems in a specific area and context which, therefore, may need considering when applying the days outside the organisation.

CONCLUSION

The introduction of a bespoke wound management 2-day training programme has led to improved outcomes for patients as demonstrated by the reduction in SSI rates due to the staffs improved ability to better assess and manage wounds. **WUK**

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