Filling the Need for Specialized Wound Care Nurses

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Good News: There are opportunities for all levels of nurses as Wound Specialists!
OBJECTIVES

- Identify the growing need for specialized wound care nurses
- Discuss the essentials of wound care
- Appraise the resources available for educators & learners on the Why Wound Care? website
CONFLICT OF INTEREST DISCLOSURE

I, Diane L. Krasner, certify that, to the best of my knowledge, no affiliation or relationship of a financial nature with a commercial interest or organization has significantly affected my views on the subject on which I am presenting.
Why Wound Care?™

For Nursing Students

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- RN since 1979
- WOCN (Wound Ostomy Continence Nurse) since 1985
- Wound & Skin Care Consultant since 1989
- Expert Witness since 1989
Case #1

Wound Care with Negative Pressure Wound Therapy, HBOT & an Interprofessional Team Approach
NEGATIVE PRESSURE WOUND THERAPY (NPWT) & HYPERBARIC OXYGEN THERAPY (HBOT)

- s/p Arteriogram, Hematoma, Muscle Flap & then Necrotizing Fasciitis
- Transferred to our major medical center for debridement and HBPT
- NPWT used simultaneously at patient’s three wound sites
- Delayed primary closure

Cases
#2 & #3
Palliative
Wound Care
MRS. L.
S/P CHEMOTHERAPY WOUND

WOUND CARE

- Cleansing
- Topical Anesthetic
- Non-adherent dressing
- Minimize number of dressing changes

PAIN MANAGEMENT

Chronic Wound Pain

Mixed Pain Pattern:
- Swelling
- Ischemia
- Neuropathic pain

MR. S.  
END STAGE ARTERIAL DISEASE

To cure occasionally, 
To relieve often, 
To comfort always. 
- Hippocrates
The Growing Need for Wound Care Specialists
Increasing population with chronic conditions and related wounds

Current shortfall of Wound Nurse Specialists well documented

Wound Specialist Nurses needed across the continuum of care

EXAMPLES

- LPNs Treatment Nurses & APN Wound Specialists in Skilled Nursing Facilities
- RNs on Wound Specialty Units in Acute Care & Outpatient Wound Centers
- Certified Wound Nurses across the continuum of care
- DNP & PhD Wound Specialists needed to conduct wound research, outcomes research and support the implementation of evidence-based practices
Certifications for Nurses*

- American Board of Wound Management (CWS): LPNs, RNs, APNs, DNPs & PhDs
- NAWCO (WCC): LPNs, RNs, APNs, DNPs & PhDs
- Wound Ostomy Continence Certification Board (CWOCN; CWCN): RNs, APNs, DNPs & PhDs

* Additional information at: www.whywoundcare.com/resources
Using Wound Care to Teach Important Nursing Concepts & Principles
Assessment

Risk Assessment

Healable - Maintenance & Non-healable
Annually there are over 6.5 million Americans with non-healing wounds.
This number is expected to rise due to:
Diabetes
Obesity
Alzheimer’s Disease
TYPES OF WOUNDS
SKIN TEAR

© AAWC Used with permission
DEEP TISSUE INJURY

© AAWC Used with permission
VENOUS ULCER
INCONTINENCE-RELATED SKIN BREAKDOWN WITH CANDIDA

© AAWC Used with permission
THREE PATHWAYS:

HEALABLE

MAINTENANCE

NON-HEALABLE/PALLIATIVE

The International Interprofessional Wound Caring Model ©

SCOPE
- Organization
- Community/Region
- National/International

FOCUS
- Social responsibility
- Population health
- Research

HOW (Embed change)
- Policy, regulation, operations:
  - Departments of Education, Health, Labor

Individual/Team (micro) to Organization (Meso) to External: Community/Region National/International (Macro)

Continuous Professional Development & Lifelong Learning

Knowledge Transfer to Practice/Quality Improvement

Communities of Practice

Healthcare Professional’s Caring

Interprofessional Team

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Documentation should illustrate a consistent Interprofessional Patient-Centered Team Approach to care

Using Wound Care to Teach Critical Thinking Skills
THE AVOIDABLE VS. UNAVOIDABLE PRESSURE ULCER DEBATE
If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

- Florence Nightingale

Notes on Nursing, 1859
Jean-Martin Charcot
The Decubitus Ominosis

Lecture on Diseases of the Nervous System
1877

Levine JM, JAGS 53:1248-1251, 2005

HISTORICAL LINKS BETWEEN PRESSURE ULCERS & DEATH / UNAVOIDABILITY
http://www.jeffreymlevinmd.com/charcot-on-pressure-ulcers/
JEAN MARTIN CHARCOT VS. HENRI BROWN-SEQUARD

THE AVOIDABLE VS. UNAVOIDABLE DEBATE BEGINS

Alois Alzheimer
Frau August D

Died April 8, 1906
Septicemia due
to decubitis ulcers
in end stage Alzheimer’s Disease

Shenk D,
The Forgetting
2001, p. 22
FAST FORWARD TO THE TWENTIETH CENTURY . . .
Skin Changes
At Life’s End (SCALE)
2009

SCALE Documents downloadable from www.dianelkrasner.com
SCALE Wounds (2009)

SCALE Documents downloadable from www.dianelkrasner.com
Photos Courtesy of Diane L. Krasner
Physiological changes that occur as a result of the dying process (days to weeks) may affect the skin and soft tissues and may manifest as observable (objective) changes in skin color, turgor, or integrity, or as subjective symptoms such as localized pain. These changes can be unavoidable and may occur with the application of appropriate interventions that meet or exceed the standard of care.

An avoidable pressure ulcer can develop when the provider did not do one or more of the following: evaluate the individual’s clinical condition and pressure ulcer risk factors; define and implement interventions consistent with individual needs, individual goals, and recognized standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

NPUAP, 2010; OWM 2011; 57(2): 30.
An unavoidable pressure ulcer can develop even though the provider evaluated the individual’s clinical condition and pressure ulcer risk factors; defined and implemented interventions consistent with individual needs, goals, and recognized standards of practice; monitored and evaluated the impact of the interventions; and revised the interventions as appropriate.
Introduced the terms:

- **Pressure Injury**
- **Unmodifiable risk factors**
- **Unmodifiable intrinsic risk factors** \( (N=11) \) (e.g. impaired tissue oxygenation)
- **Unmodifiable extrinsic risk factors** \( (N=8) \) (e.g. immobility)

Edsberg et al. JWOCN 2014; 41(4);313-334.
Surgical Debridement (Aggressive) vs. Enzymatic Debridement (Palliative) vs. No Debridement (Maintenance)

Photos Courtesy of Diane L. Krasner
Using **Wound Care** to Distinguish between Scope of Practice, Standard of Practice & Standard of Care Issues
SCOPE OF PRACTICE

- Reflects State Nurse Practice Acts
- May differ from state to state for RNs
- Different for RNs & LPNs (e.g. RNs assess; LPNs monitor)
- CNAs / NAs practice under nurses direction
STANDARDS OF PRACTICE
(ANA, SCOPE & STANDARDS OF PRACTICE, 2\textsuperscript{ND} EDITION, 2010)

- Care Planning
- Communication
- Consults
- Documentation
- Ethics
STANDARD OF CARE

What a reasonably prudent nurse would do with a similar patient in similar circumstances in a similar setting.
STANDARD OF CARE = ACTUAL CARE

STANDARD OF CARE IS NOT:

- Clinical Practice Guidelines
- Best Practices
- Policies & Procedures
- Information in textbooks
Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline

NPUAP EPUAP
PPPIA CPG
2014

Available at
www.npuap.org
Pressure Ulcers in the Long-Term Care Setting

AMDA CPG
PUs in LTC
2008

www.amda.com
To Err is Human:
Building a Safer Health System
Institute of Medicine
National Academy Press 2000

Crossing the Quality Chasm:
A New Health System for the 21st Century
Institute of Medicine
National Academy Press 2001
If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently

Second River Healthcare Press 2004
The Checklist Manifesto: How to Get Things Right
Atul Gawande
Metropolitan Books
2010
Why Hospital Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care

John J. Nance, JD
Second River Healthcare Press
2008
Charting the Course
Launching Patient-Centric Healthcare
Sequel to Why Hospitals Should Fly
John J. Nance, JD
Kathleen Bartholomew, RN, MN
Second River Healthcare Press
2012
STREAMLINE DOCUMENTATION &
TRAIN YOUR STUDENTS TO USE
CHECKLISTS THAT CAPTURE CRITICAL
DETAILS TO IMPROVE QUALITY AND
SAFETY

SYSTEMS APPROACH FOR THE SOLUTION
Case #5

Legal Case Involving Skin Changes At Life’s End
CASE ANALYSIS
Defense Case

- Female, 83 years old, 17 facilities in last year of life
- Adult Failure to Thrive, Admitted with Sepsis Syndrome, Critically ill, Albumin 1.3
- Stage 2 sacral pressure ulcer present on admission
- Deteriorates to unstageable during her four week ICU stay. Patient dies 8 months later.

TAKE-HOME MESSAGES FOR PRACTICE

• Document, document, document [Medical & Nursing Practice Issue]

• Pressure ulcer prevention protocol checked off on flow sheets every shift; specialty beds by brand identified on flow sheets

• [Medical & Nursing Practice Issue]

• When appropriate, discuss Palliative Care or Hospice and document these conversations in the medical record

[Medical & Nursing Standard of Care & Practice Issues]
Case #4
Legal Case Involving Negative Pressure Wound Therapy
OVERVIEW: MR. MCDONALD

- 50 year old, Diabetes, Hypertension, Obesity, PAD, PVD, Sleep Apnea, Smoker
- s/p Bilateral Fem-Pop Bypass for claudication in 2003
- s/p redo with Reverse Saphenous Vein Grafting in 2005
OVERVIEW: MR. MCDONALD

- May 2006 Rt. Femoral Endarterectomy + patch angioplasty (bovine) - Florida Medical Center (FMC)
- 3 weeks later: pain, redness, swelling at the groin site, fever, N/V
- Presents to Physician’s Office on a Wednesday morning, I & D of groin site. Admitted with diagnosis of “wound infection right groin”
OVERVIEW: MR. MCDONALD

- Wednesday afternoon VAC applied by wound nurse per physician order. Wound has tunneling, but nurse chooses routine VAC care (M-W-F changes, GranuFoam, 125 mmHg)

- Friday afternoon wound has slough, nurse calls in the PA who says D/C Mr. McDonald home with IV Vanco and home care – it’s a holiday weekend
OVERVIEW: MR. MCDONALD

- Home care arrangements for VAC fall through the cracks. VAC home care visit not scheduled until Tuesday (PRN Discharge Planner)

- Monday morning at 4 am Mr. McDonald exsanguinates though the VAC in front of his wife and grandson. He is pronounced dead in FMC’s ER.
ANALYSIS:
MR. MCDONALD
10 TOP FAILURES

1. Failure to appreciate the signs and symptoms of wound infection and develop a plan of care accordingly
   [Nursing SOC & Practice]

2. Failure to perform cultures in a timely manner and then direct IV therapy based on the culture results (Vanco did not cover all the organisms) [Medical Issue]
ANALYSIS:
MR. MCDONALD
10 TOP FAILURES

3. Failure to properly evaluate Mr. McDonald for VAC Therapy and consider other options [Medical Issue]

4. Failure to document VAC dressing change orders (with specifics) in the Medical Record and in the Discharge Instructions for the Home Care Agency [Nursing Practice Issue]
ANALYSIS:
MR.MCDONALD
10 TOP FAILURES

5. Failure to utilize appropriate VAC dressings and dressing change schedules according to KCI Clinical Practice Guidelines (FDA Device)
   [i.e. Mepitel, VersaFoam, Granufoam Silver daily] [Medical & Nursing SOC Issue]

6. Failure to educate patient and family about VAC risks, home care, etc.
   [Medical & Nursing SOC Issue]
ANALYSIS:

MR. MCDONALD

10 TOP FAILURES

7. Failure to train staff (nursing and medical) in the appropriate use of the VAC and VAC Clinical Practice Guidelines [Medical & Nursing SOC Issue]

8. Failure to arrange an individualized plan of care for home care

[Medical & Nursing SOC Issue, Nursing Scope of Practice Issue]
ANALYSIS:
MR. MCDONALD
10 TOP FAILURES

9. Failure to communicate between members of the interprofessional team and up the chain of command when necessary [Nursing Practice Issue]

10. Failure to report death to the FDA Center for Devices and Radiologic Health (CDRH) [Administrative Regulatory Issue]
Quality Educational Resources Complimentary for Registered Users (Faculty, Students, Recent Graduates)
WOUND CARE ESSENTIALS TOOLKIT

- Basic & Advanced Modules (PowerPoints) to download
- *Chronic Wound Care: The Essentials*
  - 25 chapters in .pdf format to download
- Two videos on Wound Assessment and Documentation & Pressure Ulcers: Assessment and Management
- Access to Ostomy Wound Management tablet edition and the SAWC Network
Also information on:

- Wound Educational Programs
- Certifications
- Associations

... And much, much more!
Basic Modules (PowerPoints)
Advanced Modules (PowerPoints)
(Drop them into your lectures!)
BASIC MODULES
(Powerpoints to Download)

Including:

• Wound Assessment
• Risk Factors
• Diabetic Foot Wounds
• Pressure Ulcers
• Venous Ulcers
• Types of Dressings
ADVANCED MODULES
(POWERPOINT TO DOWNLOAD)

Including:

• Pain Assessment & Management
• Legal Issues
• Venous Ulcers
WWC? MODULE #1
COMMON TYPES OF WOUNDS

Diane L. Krasner
PhD, RN, FAAN &
Lia van Rijswijk
DNP, MSN, RN, CWCN
Etiology:
- Trauma
- Surgery

Definition:
Acute wounds usually progress through all phases of the healing process in an orderly and timely sequence.
**WWC? MODULE #1**

**CHRONIC WOUNDS**

Etiology: Various, e.g.

- Insufficient blood supply
- Infection
- Repeat trauma
- Less-than-optimal nutritional or overall health status
- Less-than-optimal wound environment/care

**Definition:**

A wound that has failed to proceed through an orderly and timely healing process to produce anatomic and functional integrity within a reasonable period of time (2 to 3 months)

WOUND CLASSIFICATION
OVERVIEW

Wound Classification Algorithm

Wound Classification

Surgical

Acute wounds (e.g., incisions, excisions, skin graft donor sites)

Chronic wounds (e.g., dehisced or infected surgical wounds)

Nonsurgical

Acute wounds (e.g., burn wounds, abrasions, skin tears)

Chronic wounds (e.g., pressure ulcers, leg ulcers, foot ulcers)

Regardless of etiology wounds are further classified by depth

Superficial (e.g., blister)

Partial thickness (e.g., donor site, Stage II pressure ulcer)

Full thickness (e.g., punch biopsy, Stage III or Stage IV pressure ulcer)

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WWC? MODULE #1
KEY NURSING CONCEPTS

- Assessment
- Infection
- Infection Control
- Pain
- Patient Education
- Prevention
- Self Care Deficit
- Safety
WWC? MODULE #1
KEY NURSING DIAGNOSES

- Potential for Alteration in Skin Integrity
- Potential for Alteration in Tissue Integrity
- Impaired Skin Integrity
- Impaired Tissue Integrity
- Oral Mucous Membranes, Altered
- Knowledge Deficit r/t
- Self Care Deficit r/t
Registered Nurses (RN) assess wounds; Licensed Practice Nurses monitor wounds per state nurse practice acts.

- Physicians diagnose wound etiology; some Advance Practice Nurses diagnose wound etiology per state nurse practice acts.

- Correct etiology is key to selecting the correct clinical practice guideline to follow for an individualized patient & wound plan of care.
WEBSITES FOR FURTHER INFORMATION ON TYPES OF WOUNDS

- Association for the Advancement of Wound Care
  www.aawc1.org
- Canadian Association for Wound Care
  www.cawc.net
- National Pressure Ulcer Advisory Panel
  www.npuap.org
- World Union of Wound Healing Societies
  www.wuwhs.org
- Wound Ostomy Continence Nurses Society
  www.wocn.org
Nursing School Promo Kit

The Why Wound Care?™ campaign is aimed at both increasing awareness and delivering education. The campaign seeks to collaborate with nursing programs at leading universities throughout the country to elevate visibility for the specialty, and tell the story about careers in wound care. Below are links to promotional materials for the campaign which nursing schools can utilize when supporting the WWC?™ program.

- WHY WOUND CARE?™ Brochure
- WHY WOUND CARE?™ FAQ’s
- WHY WOUND CARE?™ Sample Press Release
- WHY WOUND CARE?™ Social Shareables #1
- WHY WOUND CARE?™ Social Shareables #2
- WHY WOUND CARE?™ Social Shareables #3
- WHY WOUND CARE?™ Social Shareables #4
- WHY WOUND CARE?™ Social Shareables #5
- WHY WOUND CARE?™ Digital Poster #1
- WHY WOUND CARE?™ Digital Poster #2
- WHY WOUND CARE?™ Digital Badge
For every complex problem
There is a simple solution
and it is wrong.
- H. L. Menken
The real voyage of discovery
Consists not in seeking new landscapes
But in having NEW EYES
- Marcel Proust