

Upcoming Events ... and Important Dates in your State

NEW SOUTH WALES

ANZ Society for Vascular Surgery 2016

Theme: "Vascular Challenges"

Date: 5-8 August 2016

Venue: Sheraton on the Park, Sydney

QUEENSLAND

Science Week Twilight Education Event

Date: Saturday, 20 August 2016

Venue: TPCH Education Centre, Rode Road, Chermside, QLD

Twilight Education Session

Date: 6 September 2016

Venue: Gold Coast (TBC)

End of Year Twilight Education Session

Date: December 2016 (TBC)

Venue: Brisbane (TBC)

2016 International Indigenous Allied Health Conference

Date: 1-3 December 2016

Venue: Pullman Hotel, Cairns

Information: <http://www.indigenousconferences.com>

email: admincs@iinet.net.au

SOUTH AUSTRALIA

August Education Evening

Date: Wednesday, 17 August 2016

Venue: ANMF Building, 191 Torrens Road, Ridleyton SA

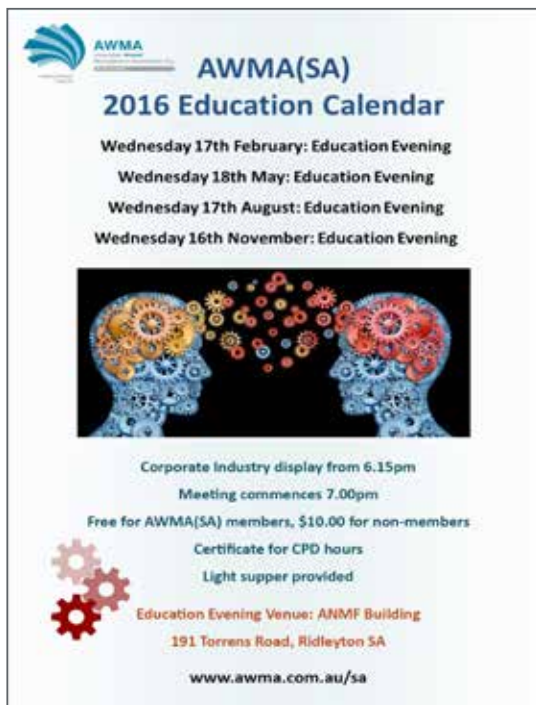
Information: www.awma.com.au/sa

November Education Evening

Date: Wednesday, 16 November 2016

Venue: ANMF Building, 191 Torrens Road, Ridleyton SA

Information: www.awma.com.au/sa



Australian Association of Stomal Therapy Nurses Branch Meetings

Date: 4th Wednesday of every month

Information: www.stomaltherapy.com

South Australian Society of Vascular Nursing Education Evenings

Dates: Monday, 22 June 2016

Monday, 10 August 2016: Journal Evening

Monday, 7 September 2016

Monday, 7 December 2016

VICTORIA

AWMA National Conference 2016

Date: 9-12 November 2016

Venue: Melbourne Convention Centre

Information: www.awma2016.com.au



State of Play

Australian Wound Management Association
National Conference 2016
Melbourne Convention Centre
9-12 November 2016



Early Bird Registrations are open!

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Occasional contributions:

Pressure injury prevention: A sticker solution

Poster by: Erin James and Wendy Brown

The Occupational Therapy department of the Redcliffe Hospital modified their Occupational Therapy assessment and documentation of pressure care interventions to improve patient care and assist facility in meeting National Standards and Pan Pacific Guidelines.

The 'Occupational Therapy Pressure Care Intervention' sticker is used for each patient seen by Occupational Therapy for pressure care intervention. Through consistent use of sticker, other members of the multi-disciplinary team are able to clearly identify recommendations following intervention. The sticker has assisted in consistent documentation and correct use of equipment.

The authors, Erin and Wendy, are both experienced clinical OT's working within the Redcliffe Hospital, they are passionate about pressure care and ensuring the MDT approach is taken to ensure better patient outcomes.

Pressure injury prevention: A sticker solution

Presented by: Erin James and Wendy Brown (Senior Occupational Therapists), on behalf of Redcliffe Hospital Occupational Therapy Department



Why Redcliffe Hospital wanted to improve

Best practice:

- Pan Pacific Guidelines on PI management.

NSQHS standards:

- Improve on meeting Standards 6 and 8.

Healthcare purchasing:

- Financial penalties for hospital acquired stage four and five pressure injuries.

Facility drivers:

- Falls and PI Committee continually improving patient care (of which OTs are active members).



Outcomes

- Developed **OT pressure care sticker** (in close consultation with wound care CNC) for seating regimes to replace hand written chart entry. Sticker is more visible, has improved consistency in documentation, **includes the patient** in the care plan and has a section for **clinical handover** to nurses.
- **New bedside chairs** were bought to decrease risk of pressure injuries.
- **Pressure mapping** device bought to tailor seating regimes for complex patients
- **Education** was provided to all staff regarding the importance of pressure care and appropriate seating with all patients.
- **Skin integrity code** used on sticker – for auditing.



OCCUPATIONAL THERAPY PRESSURE CARE INTERVENTION: 95550-02; 96020-00		
ASSESSMENT	Skin Integrity Check for PI only	<input type="checkbox"/> Unseen <input type="checkbox"/> Intact <input type="checkbox"/> At risk <input type="checkbox"/> Damaged Waterflow ___/30 <input type="checkbox"/> Stage 1 (specify) <input type="checkbox"/> Stage 2 (specify) <input type="checkbox"/> Stage 3 (specify) <input type="checkbox"/> Stage 4 (specify) <input type="checkbox"/> Unstageable (specify) <input type="checkbox"/> Suspected deep tissue (specify)
	Function	<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Good Sitting Balance <input type="checkbox"/> Able to weight shift
	Seating	<input type="checkbox"/> Education & Handout Provided <input type="checkbox"/> Chair height adjusted to (mm) <input type="checkbox"/> Cushion prescribed: <input type="checkbox"/> Chair provided:
	Regime	<input type="checkbox"/> Rest in bed (ensure off-loading) <input type="checkbox"/> Regular reminders for weight shifting <input type="checkbox"/> Toilet Privileges <input type="checkbox"/> Less than 60 min. (<1 hour) sitting out at a time <input type="checkbox"/> Meal Privileges <input type="checkbox"/> (specify time) minutes
	Review	<input type="checkbox"/> (specify timeframe)
CLINICAL HANDOVER	Verbal & Written	<input type="checkbox"/> Wound and Stomal therapy CNC (verbal) <input type="checkbox"/> MDT (chart entry) <input type="checkbox"/> Nurse on shift (verbal) <input type="checkbox"/> OT (as appropriate)



Why Occupational Therapy wanted to improve:

Putting people first:

- Improved efficiency for staff.
- Improved care for patients.

NSQHS Standards:

- Improve consistency of chart documentation and clinical handover with nursing staff.
- Improved consumer engagement through active involvement in their care.

Teaching and training:

- Improved understanding of best care for seating regimes and choice of pressure relief equipment (e.g. ROHO is sometimes a no-go).



A seating regime snapshot

- OT conducted a targeted **bedside audit** in July 2013 at RDH, looking at the appropriateness of the bedside equipment for the individual patients and their documented seating plan.
- Appropriateness of chair and plan was assessed via waterlow sore and clinical observations and measurement (based on seating principles including biomechanics of the body and physics of shear, friction and pressure).
- **135 patients audited**
- 66 per cent patient Waterlow > 15
- 81 patients did not have adequate pressure relieving equipment.

60% of patients audited were at increased risk of developing a hospital acquired pressure injury



Please email any comments or suggestions regarding this report to: newsletter@awma.com.au

