

Wound Care Coordinator Connection: Enhancing Staff Knowledge of Skin and Wound Assessment and Documentation

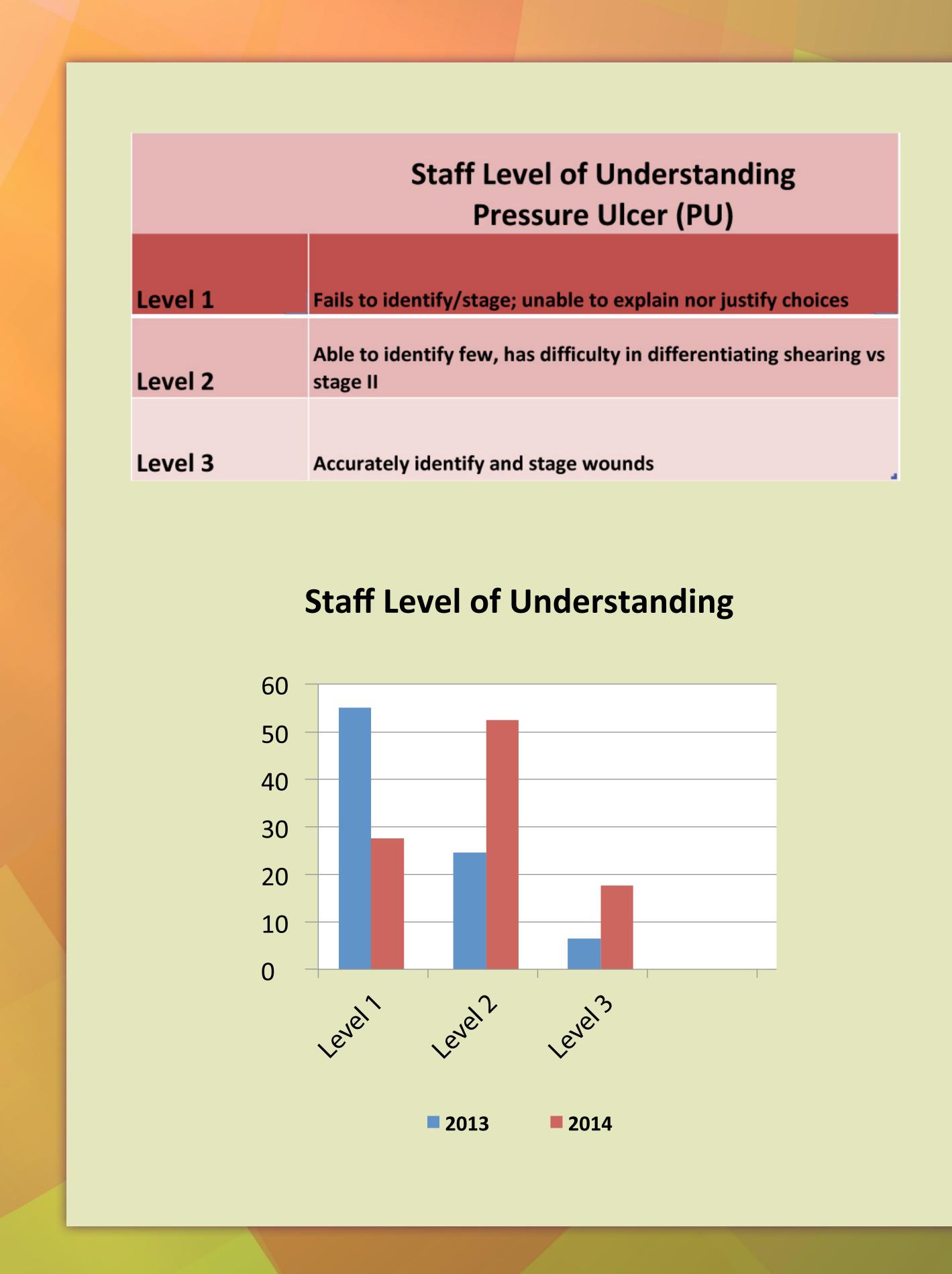
HEALTHSOUTH_®

HealthSouth Rehabilitation Hospital of Toms River Susan G. Castor RN, MSN, CCRN, NE-BC and Elaine Ditchkus RN, CWCN, CRRN

Aim of Study To enhance the knowledge of nursing staff and improve documentation with wound care competencies.

Background Skin and wound care is an integral part of nursing, yet staff reports a lack of adequate education as demonstrated by the level of knowledge toward prevention and management of wounds. Nurses often demonstrate poor adherence to pressure ulcer prevention guidelines.

The Quality Metrics Report in 2012 showed a consistent increase in the hospital wound incident rate. Chart reviews revealed substandard and insufficient wound assessment and documentation by the staff attributed to the poor outcome.



Design An educational needs assessment was administered to 87 members of the nursing staff with a modified version of the Pieper Pressure Ulcer Knowledge test to be consistent with the hospital's policies and procedures. The certified wound coordinator, nurse educator and chief nursing officer developed an educational program tailored to the identified learning needs.

The wound care coordinator provided one-on-one training to day and night shift staff. Additional training and assistance was provided to those who needed further support.









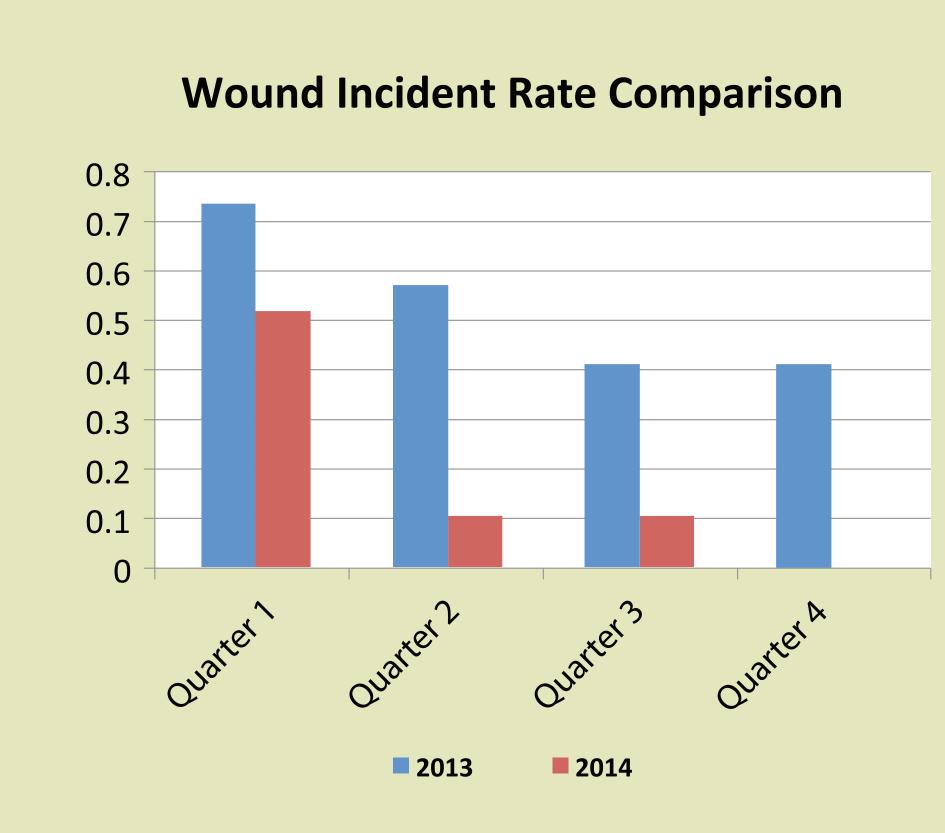
References

Pieper, B. & Mott, M. (1995). Nurses' Knowledge of Pressure Ulcer Prevention, Staging and description. Adv. Wound Care. 8:34-38.

Hess, C. (2005). The Art of Skin and Wound Care Documentation. Advances in Skin and Wound Care. 18(1):43-53

Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care. AHRQ Publication No. 11-0053-EF, April 2011.

Outcome The staff nurses who were reeducated by the certified wound care coordinator on basic wound care competencies improved their accuracy and consistency of assessment and documentation. This included shadowing the wound care coordinator during his or her shift. The frequent interaction and education of nursing staff by unit managers have also positively influenced the learning experience. Since the implementation of these changes, our hospital-acquired pressure rate has decreased significantly. Staff members are satisfied with the development of their skills in skin and wound care.



Conclusions

The complexity of wound care requires expert skills. Ongoing training and education with the certified wound care coordinator and leadership support have increased staff knowledge and confidence relating to wound care concepts and care provision.