

A SIMPLE PROTOCOL OF CARE FOR LONG-TERM CARE: RESULTS FROM AN AUDIT

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OBJECTIVE/METHOD

To evaluate the current clinical and cost effectiveness of the wound dressing regime in place at the center of long-term care "Schlössli Biel" in a three phase audit and to test a simple protocol of care which offers savings in time and money and the benefits of simplifying the wound formulary:

- Phase I of the audit was a retrospective review of the clinical outcomes, the materials used and costs incurred in managing all wounds in the nursing home in 2011.
- Phase II consisted of a prospective audit for one month of the existing dressing regime, clinical outcomes and costs incurred in managing all of the current wounds in the nursing home.
- Phase III took the form of a prospective cohort study for one month of all the current wounds managed with a combination of ① and a simple absorbent or protective secondary dressing appropriate to the moisture status of the wound.

MAIN RESULTS

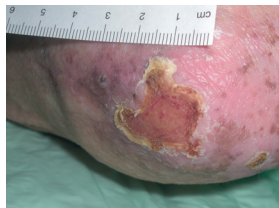
- Phase I: 27 patients with 39 wounds were treated for an average of 72 days at a mean cost per treatment day of CHF 16.90.
- Phase II: 7 patients with 9 wounds were treated having mean cost per treatment day of CHF 10.50, a saving of 29% versus 2011. Average time Time for dressing chane was 18 mins.
- Phase III: 7 patients with 9 wounds were treated having mean cost per treatment day of CHF 8.50, a saving of 42% versus 2011 and 19% versus Audit Phase II, with a mean duration of dressing change of 8 mins.
- The number of different types of dressing used was reduced from five (Audit 2011 and Audit Phase II) to two (Audit Phase III).

CASE REPORT

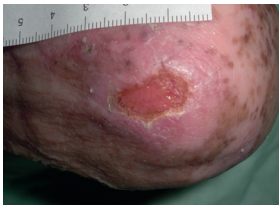
74-year-old female with a suture dehiscence following an implantation (total endoprosthesis), left elbow



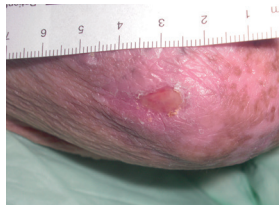
WEEK1 AUDIT PHASE II Recurrent ulceration on scar tissue for 1 year



WEEK2 AUDIT PHASE II



WEEK3 AUDIT PHASE II



WEEK4 AUDIT PHASE II Rapid improvement of wound situation

CONCLUSION

Karin Eggenberger, Wound Expert

"1" used in conjunction with a cost-effective and appropriate secondary dressing offers clinical, and financial benefits and the opportunity to simplify wound care procedures and the dressings' formulary."

"The wound care protocol "1" and a secondary dressing saw the use of additional wound cleansing materials decrease by 53%, the incidence of debridement (mechanic debridement with swab and tweezers) required by 83% and the incidence of dressings adhering to the wound by 52%."

"As a consequence of the Audit we have decided to carry on documenting specific aspects of the dressing change, to put more emphasis on wound cleansing and painless dressing change in our training programme and to include "1" in our dressing formulary."