**Innovation Fellowship Final Briefing Note**

*“*Whole vs Hole: Enabling Community Nurses to Implement Holistic Wound Care*”*

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**Background and Context**

 Clients with chronic wounds in their lower limbs suffer from a variety of preceding diseases such as diabetes, venous stasis, and arterial insufficiency. They experience many Quality of Life (QoL) issues such as impaired mobility, pain, insomnia, and stress. These proceeding physical and psychological consequences of wound will negatively impact wound healing and lead to their dependence on others for activities of daily living.

While creating independence is the mission of nursing at VHA Home HealthCare, nurses at the North Nursing Clinic are focused mostly on the wound itself rather than the related preceding causes and proceeding QoL issues. Nurses’ inconsistency in choosing appropriate wound dressings based on a sound and solid decision making process is another gap in practice that potentially delays the wound healing. Integration of client-centered care in nursing practice to include the whole client rather than just the hole (wound) may enhance wound healing and thereby QoL and independence in clients suffering from chronic wounds.

**AIM Statement**

The aims of this project are to increase:

wound related QoL (wellbeing) by 25%;

wound related QoL (physical symptoms and daily living) by 25%;

would related overall QoL by 25%; and

referrals to multi-professional team members by 20%

In clients with diabetes, arterial, and/or venous leg ulcer referring to the North Nursing Clinic by March 1st, 2020.

Conceptual frameworks used in the project consist of Kotter’s 8 stages of change model and ABCDET.I.M.E model. ABCDE stands for Assessment, Bringing in a multidisciplinary team, Controlling and treating the underlying causes, Deciding on the most appropriate wound treatment, and Evaluation. T.I.M.E stands for Tissue, Infection, Moisture, and Edges of the wound.

**Intervention /Change Ideas**

A needs assessment, literature review, stakeholder engagement and the use of best practice guidelines led to proposed change ideas based on the principles of adult learning theory including:

* Enabling nurses by providing them with a WounDS App which is a decision support tool for choosing the appropriate dressing based on the information provided by the health care provider, the algorithms behind the app, the mnemonic for local and systemic infection, the T.I.M.E. decision making and Product Picker posters.
* Engaging clients by asking nurses to encourage their eligible clients to self-assess themselves using a quick, easy, pictorial QoL self-assessment checklist and incorporate the findings in their nursing process.
* Empowering nurses through wound care education, using two learning activities; a game and an interactive jeopardy test based on ABCDE T.I.M.E model to restructure the nurses’ knowledge of wound care.
* Creating quick wins by motivating nurses to incorporate the outlined activities in their practice through a weekly draw.

**Data & Measures:**

* **Chart Audit:** All clients discharged between January to February 2019 (pre=93), and in January 2020 (post=28) were audited for eligibility criteria and 19 charts were included in the chart audit (Pre 12, and Post 7). Engagement of the multidisciplinary team as reflected by referrals was the main focus of the chart audit.
* **QoL Measure:** Client QoL pre and post was evaluated by the Cardiff Wound Impact Schedule (CWIS); a valid and reliable questionnaire specifically designed for patients with lower limb chronic wounds. Inclusion criteria included: having a wound in the lower limbs, any diagnosis of arterial insufficiency, venous stasis, and or diabetes foot ulcer, and willingness to fill out the CWIS. In total, 17 clients completed the CWIS (11 pre and 6 Post).
* **Nurses’ Perspectives:** Nurses ‘experiences with the intervention activities was explored qualitatively through semi-structured interviews with 5 nurses in February 2020.

**Results:**

Results of QoL assessment revealed that the average scores of wellbeing, physical symptoms and daily living were increased by 27% and 38% respectively. The overall QoL score was also increased by 54%. The increase in the number of referrals to multidisciplinary team members was 83%. Based on the nurses’ perspectives, interventions were effective and motivated them to consider both underlying causes of the wound and it’s proceeding QoL issues. Nurses evaluated the learning activities as engaging, innovative, inspiring, and effective. Moreover, they supported the value of the app mostly for new hires and on orientation phase. Also, the QoL checklist was found useful to be used on admission, and every 4 weeks thereafter.

**Sustainability Plan and Conclusion:**

The WounDS app now is available on a VHA cellphone as a decision support tool for nurses working in the clinic. Also, the app will become available for use at VHA’s orientation program for new hires. All the resources created during the project have been added to the VHA intranet resources. The idea of forming the coalition/champion group was accepted by the education coordinator. This group will act as champions to carry forward this work. The wound self-assessment checklist is under evaluation to be included in VHA electronic medical records.

It can be concluded that Kotter’s stages of change model and ABCDE T.I.M.E. framework were appropriate and feasible in practice. The intervention was effective and led to an increase in the number of referrals to multidisciplinary team members, and also the clients’ QoL. However, further studies are needed to generalize the findings.

The project was successful in creating a culture shift to practice (w) holistic wound care. The integration of the components of ABCDE T.I.M.E model into performance appraisal of nursing staff is suggested to nail the change. Presentation of the results in any related conference and or publication of the project may help spread of the change ideas to other areas.