

# AWMA & ANZBA Newsletter

# Deepest Tissues

September 2014



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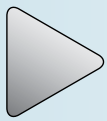
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# DeepestTissues

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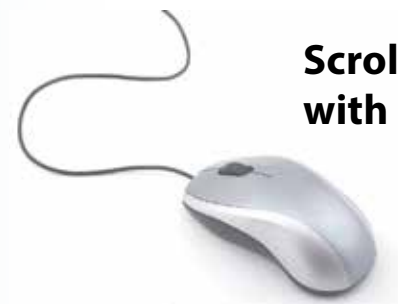
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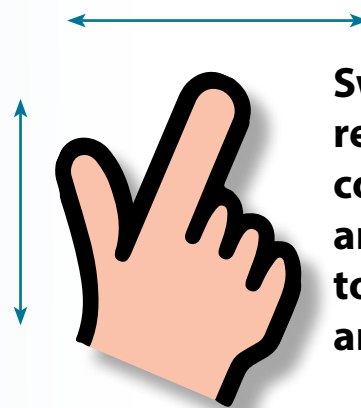
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# Prevention and management of the complications of surgery.

The most common post-operative incisional complication is surgical site infection<sup>1</sup> (SSI), which has been reported as being about 20% of all healthcare associated infections.<sup>2</sup> While an overall infection rate of 6% has been cited, this varies by surgery type and is likely to be underestimated, as many infections occur post-discharge.<sup>3,4</sup>

The cost of surgical complications is considerable – Graves et al<sup>5</sup> estimated that the mean cost of surgical infection (per 10000 patients) is \$224,520, or 273 bed days lost. A study of coronary artery bypass grafts in Australia showed that the mean extra cost of complications was \$12,028 per patient.<sup>6</sup> Such costs do not count the costs to the patient or the effect on their wellbeing.

Recent evidence has shown that the use of modern wound care products can have a positive effect on the prevention and management of

surgical complications, with significant economic benefits. Arroyo et al<sup>7</sup> showed that the use of a see-through, highly absorbent film dressing ([OPSITE® Post-Op Visible, Smith & Nephew](#)) resulted in a significant reduction in SSI and wound complications, at a lower treatment cost than gauze and tape.

There is also increasing evidence that the use of incisional Negative Pressure Wound Therapy (NPWT) can improve clinical outcomes but also reduce overall costs, in a variety of different wound types.

A review of the literature by Karlakki et al<sup>8</sup> concluded that there was “evidence of reduced incidence of wound healing complications after between three and five days of post-operative NPWT of two- and four-fold, respectively” in orthopaedic incisions. [\[continued below\]](#)

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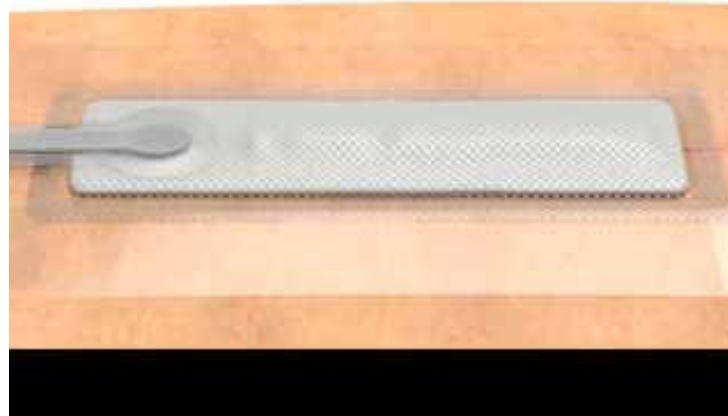
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A European study assigned patients with Crohn's disease to either portable NPWT ([PICO, Smith and Nephew](#)) or gauze and showed that the NPWT group experienced "significantly less surgical site complications".<sup>9</sup> Importantly, patients in the second study were able to be discharged sooner, and readmission rates were lower in the PICO\* group.

[Karlakki concluded that "Investigations show that reduction in haematoma and seroma, accelerated wound healing and increased clearance of oedema are significant mechanisms of action"<sup>8</sup>.](#)

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In a UK study of Caesarean section patients, the standard post-operative dressing was replaced by a combination of OPSITE Post-Op Visible for low risk patients and PICO for high risk (BMI > 35).<sup>10</sup> This, in addition to improved wound care education for midwives resulted in a 50% reduction in infection rate, with no infections reported in the high risk group. Similar reductions were recently reported in an Australian study.<sup>11</sup>

There are many factors that influence the development of complications related to surgery and examination of potential solutions must take into account a full economic analysis of the impact. There is increasing evidence that the use of newer interventions which may have a higher unit cost, can in fact result in considerable savings.

**For more information on preventing and managing the complications of surgery with PICO and OPSITE Post-op Visible, contact Smith & Nephew today on 13 13 60 or email [Aidan.Schurr@smith-nephew.com](mailto:Aidan.Schurr@smith-nephew.com)**

#### References:

1. Smyth ET, et al. Four Country Healthcare Associated Infection Prevalence Survey 2006: overview of the results. J Hosp Infect 2008;69:230-248.
2. NICE. Quick Reference Guide. Surgical Site Infection. London: NICE; 2008.
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# ANZBA President's report

## International Society for Burn Injuries Congress



ANZBA is proud to be hosting the 17th Congress of the International Society for Burn Injuries (ISBI) next month at the Hilton Hotel in Sydney from 12 to 16 October 2014.

This is a once-in-a-lifetime opportunity to learn, showcase and be inspired by your national and international peers regarding burn practice, research and innovation — on Australian soil. The diversity of the speakers and presentations is testament to the ethos of ANZBA's sister organisation ISBI: *One World, One Standard of Burn Care*. The detailed Scientific Program is now available on the conference website.

There are still some conference sponsorships of \$75 available for ANZBA members. To qualify for a sponsorship, simply send a copy of your registration receipt to the ANZBA Secretariat along with your bank details (BSB and account numbers) to facilitate an electronic funds transfer.

We look forward to seeing you at the conference and on board the ISBI Sydney Harbour Dinner Cruise on the evening of 15 October 2014.

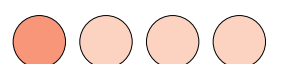
## An Update on the Burn Registry Australia & New Zealand

The Bi-National Burn Registry has been renamed and rebranded "Burn Registry Australia & New Zealand" or "BRANZ". The name change was agreed upon unanimously by ANZBA and Monash University as it provides greater recognition of the specific two countries involved with the world's first clinical quality registry.



Watch out for the soon-to-be-released 4th Annual Report from BRANZ.

*The BRANZ logo — similar in colour and style to the ANZBA logo to assist brand recognition*



## Burns Quality Improvement Program

ANZBA in collaboration with Monash University continues to move forward with the Burns Quality Improvement Program. The first step has been the re-formation of the Quality Indicator Working Party in August. The task of the QI Working Party is to analyse the clinical quality indicators in the Burn Registry Australia & New Zealand (BRANZ) for completeness and validity. Once complete, this will allow for credible comparison and de-identified benchmarking across Australian and New Zealand burn centres, the development of standards of care and establishment of clinical outcomes of burns patients.

The aims of BQIP are to use BRANZ data to assist burn centres to monitor individual performance against de-identified peers and bi-national standards, and provide a framework which will facilitate local quality improvement initiatives to improve performance and patient outcomes.

The program will include risk-adjusted comparison of quality indicator performance, and an educational framework to encourage units to implement changes that will improve performance and practice, including education on audit and loop closure and showcasing high performers.

Thanks to all those who have volunteered as members of the QI Working party to assist with this important piece of work.

Due to the important contribution of the BRANZ and BQIP to burn care in our two countries, a motion will be put forward at our next AGM to change the ANZBA constitution to establish a new role: Chair of the BQIP. If passed, the BQIP Chairperson will become a member of the ANZBA Board, representing the work of the BRANZ and BQIP.

## ANZBA membership survey

Thanks to Bec Schrale (Tasmanian State Rep) and Tracey Perrett (NZ State Rep) for implementing and evaluating the ANZBA membership survey. Survey results were sent out to all members in August.

The survey was sent out to approximately 500 individuals, with 172 responses, of whom 61% were current ANZBA members. Overall, the survey results indicate that participants believe that ANZBA membership services are valuable, they utilise the benefits and believe that collegiate support and networking are a beneficial component of membership.

Common themes from the survey comments were to continue the Annual Scientific Meeting (ASM) discount, review the cost of membership, provide online access to a journal, and communicate with members regarding available educational opportunities.

Watch this space as we respond to your membership survey feedback. The ANZBA board remains committed to the review of membership services and will repeat the survey in 12 months to evaluate engagement by members/non-members and examine new and ongoing initiatives. We invite all members to actively engage in the ANZBA Strategic Plan and welcome any ideas that members and non-members may have to improve the service that ANZBA delivers to clinicians and the community.





## Reminder — membership renewal

Membership subscriptions for the 2014–2015 financial year were posted out in August. Please note that membership payments can now be made online via the ANZBA website using PayPal, or otherwise via the Secretariat office for credit card and cheque payments.

## Board positions

The call for nominations for ANZBA board members and office bearers was recently circulated with the renewal of membership subscriptions. There are a number of board positions becoming vacant in October. All ANZBA financial members are eligible, so this is a perfect time and opportunity to actively contribute to the organisation at the board level.

I would be delighted if we could welcome younger ANZBA members on the board and encourage you to think about getting involved. It's not all boring, sitting-around-a-table stuff that ANZBA board members are doing and we would appreciate some young ideas and input from all groups! The ANZBA board wants to be inclusive and inviting to our members, so come and get involved.

Nominations must be received by close of business on 15 September 2014.

## Engaging our membership

As a membership-based organisation, ANZBA is continually looking for the best means of engaging with our current members and reaching out to prospective members. We encourage members to participate in our subcommittees. The recent revision of the ANZBA Allied Health Clinical Practice Guidelines is evidence of the great contributions of our subcommittees to burn care.

To find out more about the ANZBA subcommittees and get involved, contact the Committee Chairs:

1. Allied Health Subcommittee: Dale.Edgar@health.wa.gov.au
2. Nursing Subcommittee: Y.Singer@alfred.org.au
3. Burn Prevention Subcommittee: Siobhan.Connolly@aci.health.nsw.gov.au

ANZBA appreciates its clinicians volunteering their time and expertise to help improve burn care within our region. Please consider!

## ANZBA 2013 poster prize winners

We are pleased to share with you the three winning posters from last year's ANZBA ASM. The winners were:

### ***Mölnlycke Health Care Award — Best "Care" Poster Presentation***

Dimity Rynne — *To tape or not to tape? Innovative use of Kinesiotape in children's hand burns*

### ***Mölnlycke Health Care Award — Best "Research" Poster Presentation***

Sarah Porteous — *Resting energy expenditure in critically ill burns patients*

### ***Mölnlycke Health Care Award — Best "Prevention" Poster Presentation***

David Goltsman — *Identifying the local issue of burns in New South Wales*





## Guest Assistance Program (GAP)

ANZBA is pleased to be sponsoring two Nepalese guests to the ISBI Conference this year. They are:

- Dr Ramnandan Prasad Chaudhary — paediatric surgeon/consultant, Nepal
- Mrs Bhoja Kumari Bashyal — staff nurse, Burn Unit, Nepal

We trust you will all make them feel welcome at the ISBI conference.

## ANZBA PowerPoint™ template

A new PowerPoint template has been designed in keeping with the recent rebranding of ANZBA. If you are presenting a paper on behalf of ANZBA at the ISBI or another scientific conference, please contact the Secretariat to get a copy. This includes papers whose predominant work is related to the BRANZ data. ANZBA encourages and thanks all members for promoting our brand.

## ANZBA AGM

The ANZBA AGM will be held at the ISBI conference on Wednesday 15 October at 2.30 pm.

As always, the board welcomes feedback and suggestions from members and others on all matters relating to the care of burn injuries and their prevention.

Contact us at [info@anzba.org.au](mailto:info@anzba.org.au)

**Peter Maitz**

**ANZBA President**



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ISSN 1838-0115

**The official newsletter of the Australian Wound Management Association Inc. and the Australian and New Zealand Burns Association.**

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**Published quarterly by**



**CAMBRIDGE**  
PUBLISHING

*A Division of Cambridge Media*

10 Walters Drive, Osborne Park, WA 6017

Tel (08) 6314 5222 Fax (08) 6314 5299

[www.cambridgemedias.com.au](http://www.cambridgemedias.com.au)

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# AWMA

## President's report



It is difficult to believe that it has only been three months since the national conference in Queensland and the commencement of my president's position. Within this short time frame a tremendous volume of activity has been undertaken by the AWMA committee and subcommittees. Whilst it is extremely busy, it is also satisfying to witness such effective collaboration and teamwork.

The nationalisation planning remains on track. Following the AWMA conference, Judith Barker was quick to resume work and promptly developed our action plan to guide the states closer to our united goal of a company limited by guarantee. Each state president has been charged with the responsibility of sharing our national plan and updates with the membership. The information PowerPoint delivered by our immediate past president, Bill McGuinness, has been posted on the website and sent to each state president. Judith has arranged to answer questions or communicate any members' concern back to the AWMA committee through a dedicated email contact. I encourage members to review the website and if further information is required about the restructure plans members should contact the AWMA committee through the dedicated email address [restructure@awma.com.au](mailto:restructure@awma.com.au)

Members that have recently been on the AWMA website will have discovered the new "Wounds Central". This has made navigation of our site easier and access to the electronic journal improved. Well done Sue Templeton, our website manager and the website subcommittee. The group has continued to make changes to benefit the members and improve the look of the site.

AWMA conducted the annual strategic planning meeting in August at the scheduled face-to-face meeting in Melbourne. A productive session resulted in agreement of four key result areas (KRAs). Each KRA has the leadership of an executive committee member. This is a new concept for AWMA but one I believe will focus the groups to work towards short- or long-term goals by utilising 90-day action plans and measured key performance indicators. Within the KRAs, the relevant subcommittees also align and report to the KRA lead. Each meeting agenda will be designed to incorporate the strategic KRA and the leads will provide updates from the action plans.





The AWMA key result areas are as follows:

KRA	Title	Leader	Group members	Subcommittees/groups
1	Profile	Margo Asimus	Bill McGuiness Sue Templeton Lyndsey Wright Carol Baines Nicole Flannery Cheryl Banks Stephen Yelland	Political lobbying Website  Newsletter Wound Awareness
2	Organisational Growth	Paul Philcox	Terry Swanson Vic state rep	Executive budget committee State membership secretaries
3	Governance/ Nationalisation	Tabatha Rando	Lynette Thomas Jennifer Byrnes *Judith Barker	Restructure subcommittee Operations manual subgroup
4	Education/ Research	Nikki Frescos	Kathleen Finlayson Jan Wright Judy Blair *KerylN Carville *Lyn Thomas	Pan Pacific Pressure Injury Advisor Board subcommittee AWMA Wound Management Standards subcommittee Aseptic Non-Touch Technique subcommittee <i>*Indicates chairpersons</i>

This concept is certainly different and has created changes for the committee; however, one that was welcomed by all that participated on the day. Working within the strategic KRAs’ framework with accessible leadership for each group the committee continues to seek methods to work more efficiently to undertake the volume of activities that flows into the organisation.

In continuing the success of our national conferences, planning meetings have commenced. The 2016 conference will be hosted in Victoria. ConLog will again be the conference event organiser who will work closely with the convenor Andrea Minnis. I am also confident that Geoff Sussman and his team will coordinate an exciting program as scientific chair. I look forward to working with the Victorian organising committee over the next two years in planning another dynamic event.

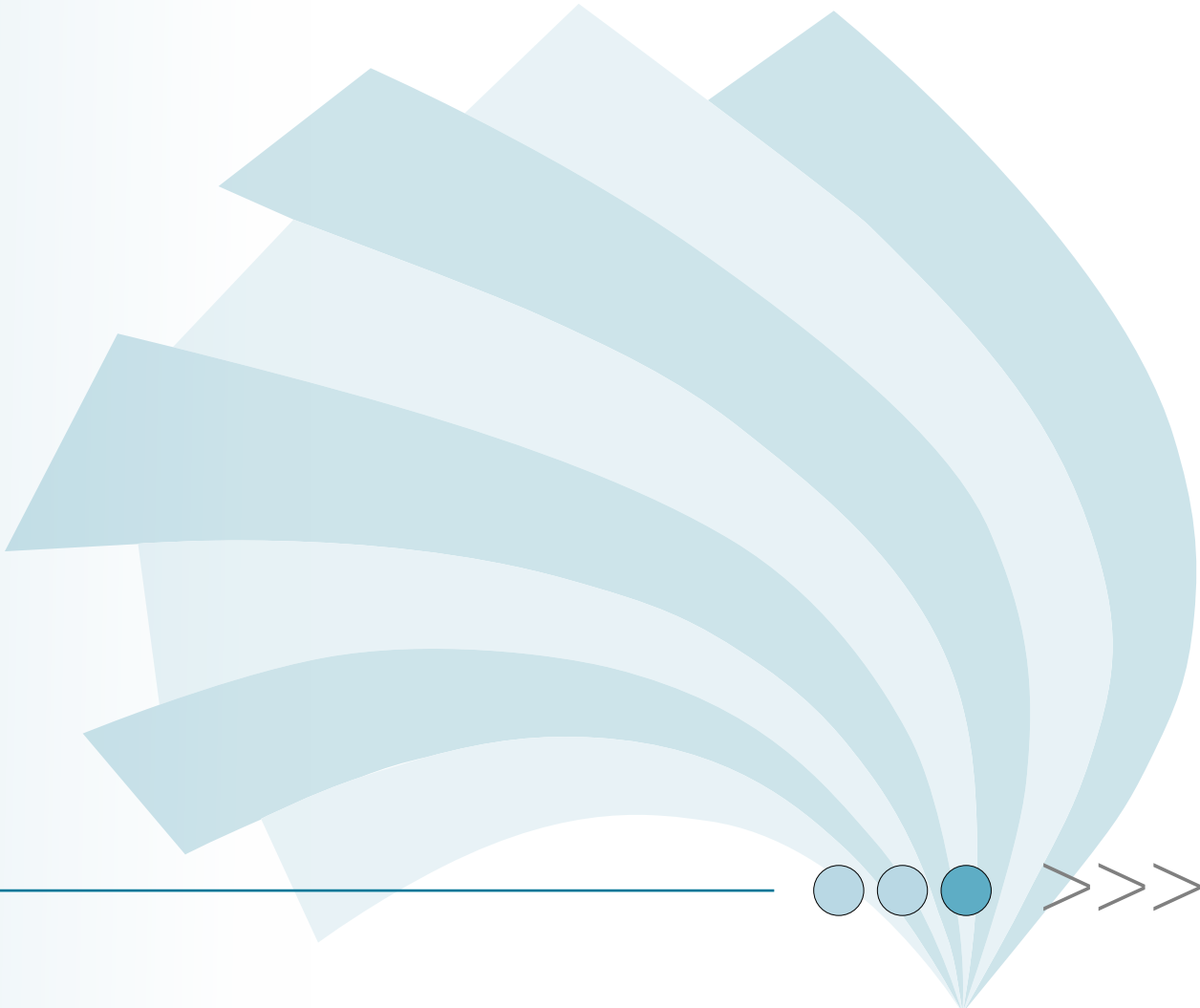
Members from AWMA have again been invited to participate in similar organisation conference presentations. This year AWMA has been represented through oral presentations and workshops facilitation from our expert members at the Australian Practice Nurse Conference and most recently the International Union of Angiology Conference, hosted in Sydney. Congratulations and thank you to the presenters for an excellent representation of AWMA; the feedback has been very positive.

After many years of dedicated hard work and outstanding leadership, Jan Rice has stepped down as chairperson of the AWMA education subcommittee. Jan has worked incredibly hard and frequently juggled several projects at the one time. Her drive and tenacity is to be admired and we acknowledge the contributions she has made to improve wound management education nationally. Thank you from the 2014 AWMA committee.

Thank you to those members that have renewed their membership by the end of June this year. We understand life can get busy for many of our members and you may have missed renewing. Please accept this prompt as a friendly reminder to complete your membership payment with PAMS, our membership services [admin@awma.org.au](mailto:admin@awma.org.au) at your earliest convenience.



**Margo Asimus**  
**President, AWMA**



## Resting Energy Expenditure in Critically Ill Burns Patients

M. Walsh<sup>1</sup>, S. Porteous<sup>1</sup>, A. Tierney<sup>1</sup>, E. Ridley<sup>1,2</sup>, I. Nyulasi<sup>1,3</sup>, H. Cleland<sup>4</sup>

<sup>1</sup> Nutrition Department, Alfred Hospital, Melbourne, Victoria <sup>2</sup> Department of Epidemiology and Preventative Medicine, Monash University, Melbourne, Victoria  
<sup>3</sup> Department of Medicine, Monash University, Melbourne, Victoria <sup>4</sup> Victorian Adult Burns Service, Alfred Hospital, Melbourne, Victoria

### INTRODUCTION

Hypermetabolism in burns patients results in an elevation of resting energy expenditure (REE) up to twice normal levels<sup>1</sup>. Indirect calorimetry (IC) is considered the gold standard for measuring REE; however the use of predictive equations remains common practice where IC is unavailable.

### AIM

To compare the accuracy of three predictive equations used to estimate energy expenditure (EE) to IC measurements.

### METHOD

Trained dietitians performed IC using the Quark RMR™ device (Cosmed, Rome, Italy). Values obtained were compared to estimated EE calculated by the Toronto Formula<sup>2</sup>, the Schofield Equation with added stress factor<sup>3</sup> (based on total body surface area (TBSA burn) and the Harris Benedict equation<sup>4</sup> (using same stress factor). Table 1 data is reported as median (IQR), n (%), or mean ± sd.



Figure 1. Quark RMR™ device for measuring metabolic rate

### References:

(1) D. Herndon, M. Jeschke, F. Williams, The Hypermetabolic Response To Burn Injury and Interventions to Modify This Response, *Clinics Of Plastic Surgery*, vol 36, 2009, pg 583-596. (2) Allard J.P., Pichard C., Hoshino E. et al., (1990) Validation of a new formula for calculating the energy requirements of burns patients. *Journal of Parenteral and Enteral Nutrition*, 14, 115-118. (3) Schofield WN. Predicting basal metabolic rate, new standards and review of previous work (1985) *Hum. Nutr. Clin. Nutr.* 39C: suppl 1: 5-41. (4) Harris JA, Benedict FG. Biometric studies of basal metabolism in man. Washington DC: Carnegie Institution of Washington, 1919, publication no. 270.

### RESULTS

Table 1. Characteristics

	n =14
Age (years)	32 (22-69)
Gender (male: n (%))	8 (57)
% TBSA Burn	25 (7.5-37.5)
Body Mass Index (kg/m <sup>2</sup> )	25.9 (22.3-28.4)
ICU length of stay (days)	10.7 ± 6.0
Stress factor	1.35 (1.3-1.66)

Table 3. Correlation of Equations with IC

Predictive Equations	Pearson's Correlation Coefficient	P-value
Harris Benedict	0.52	0.06
Schofield	0.67	<b>0.008</b>
Toronto Formula	0.51	0.13

A positive correlation was observed between REE determined through IC and the Schofield Equation, accounting for 44% of the variance.

### CONCLUSION

Despite the small sample size, the results support our current practice which is to attempt IC on all critically ill burns patients. In the absence of IC, energy requirements are based on the Schofield Equation using an appropriate stress factor to account for the hypermetabolic response to injury.

Table 2. Predictive Energy Equations vs IC

Predictive Equations	Mean	SD
Indirect Calorimetry (MJ)	9.3	4.2
Harris Benedict Equation( MJ)	8.4	2.3
Schofield Equation (MJ)	9.7	1.9
Toronto Formula (MJ)	7.2	1.5



## TO TAPE OR NOT TO TAPE? Innovative use of Kinesiotape in children's hand burns

**Dimity Rynne**<sup>1</sup>, Kate Miller<sup>1,2</sup>, Jessica Shapland<sup>1</sup>, Dominique Tabacaru<sup>1</sup>, Zoe Laack<sup>1</sup>  
Centre for Children's Burns and Trauma Research, The Royal Children's Hospital Brisbane<sup>1</sup>; The University of Queensland<sup>2</sup>

At the Royal Children's Hospital Stuart Pegg Paediatric Burn Centre, many children present with significant palmar hand burns. Functional alternatives to splinting have been explored and **Kinesiotape** has demonstrated benefits in maintaining active range of motion (AROM) and maximising function.



Although splinting has long been used to prevent contracture, limitations can include muscle atrophy and flattening of palmar arches associated with long term immobilisation. Splinting impedes functional hand use - an important component of contracture prevention and a necessity for general development & engagement in occupational roles.

Studies outside of burns have highlighted the use of Kinesiotape in providing muscle facilitation & improving AROM. Other suggested benefits include improvement in lymphatic flow and reduction of pain and swelling. A case review of 6 children was conducted, using a sample of convenience, to test the use of Kinesiotape to maintain AROM and function in children.

Can I play?!

Splint  
= No!

Kinesiotape  
= Yes!

Kinesiotape was applied on the dorsal unaffected surface of deep partial to full thickness palmar surface burns, at initial dressing, where splinting may have been indicated to prevent contracture.

Functional hand use & ROM were assessed through parent report & observation at time of application & subsequent appointments. Patients returned to clinic after 3 days for dressing change, to monitor effectiveness & risk.

### Outcomes:

- No loss of active or passive ROM.
- No adverse outcomes seen.
- Enabled function and participation in age-appropriate occupational performance. Children demonstrated use of their affected hand in play & self-care roles such as feeding & dressing. Kinesiotape allowed effective grasp / release, bilateral function & fine motor control.
- Use of the affected hand has provided increased independence and control, potentially leading to an increased sense of well-being.



With thanks to:

Index

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Bassett, K., Lingman, S. & Ellis, R. (2010) The use and treatment efficacy of kinaesthetic taping for musculoskeletal conditions: a systematic review. *New Zealand Journal of Physiotherapy* 38(2): 56-62.  
Procter, F. (2010). Rehabilitation of the burn patient. *Indian Journal of Plastic Surgery*, 43: 101-113.  
Rahman, S. & Shakoor, M. (2007). Concepts in the Rehabilitation of Burn Patients. *Journal of Bangladesh College of Physicians and Surgeons*, 25: 139-143.  
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# AWMA Nursing Report

**What a great AWMA conference in May. Congratulations to ConLog, AWMA Queensland and the AWMA organising committee for such an informative and uplifting event. The trail of boa feathers from local hotels to the convention centre will now be legendary for a conference dinner event. Congratulations AWMA on 20 years, which was well celebrated. I was elected for a second term as the Nursing Representative and will represent AWMA for the next two years. I will be looking for expressions of interest from nurses looking to take on the role at the Melbourne 2016 Conference.**

I was nominated by AWMA for an executive position on the Australian Health Care Reform Alliance (AHCRA) <http://www.healthreform.org.au/>. We were notified this month that I was successful. AHCRA is a coalition of peak health groups working towards a better health system for Australia's future. The priorities following the recent Summit in Canberra are:

1. Concern about a shift away from a universal health care system.
2. Primary health care as the core of an effective and sustainable health care system.
3. Primary Health Networks.
4. Sustainability.
5. Better use and distribution of health workforce including enabling nurse practitioners to work to their full potential.
6. Continued improvement of the oral health system.
7. Stronger role for consumers in their own care, in partnership with health professionals (consumer-centred care) and in governance of service planning, designing care and service measurement and evaluation.

I look forward to participating and representing AWMA on this new committee.



Due to the new AHCRA position I will be stepping down as Chair of the Wound Aseptic Technique Subcommittee but a new leadership team was approved at the face-to-face meeting in Melbourne this month and they are:

**Chair:** Lyn Thomas: NPWM from NSW

**Vice-chair:** Liz Howse: NPWM from WA

**Secretary:** Pam Morey: NPWM from WA

I will remain and participate on the committee and thank the team for such a collaborative effort.

I will continue to participate and renominate for the executive of the Coalition of National Nursing Organisations (CoNNO) <http://www.conno.org.au>. CoNNO is made up of over 50 national nursing organisations in an alliance to work collectively to advance the nursing profession to improve health care.

After the national conference I joined a group of Australians in Madrid, Spain, for the European Wound Management Association annual conference. The support that we gave each other was fantastic. We continue to participate in the international arena and forge collaborative arrangements. Bill McGuiness and Gill Butcher were co-authors in the most recent publication: *Managing Wounds as a Team* (Moore A, Butcher G, Corbett L *et al*. AAWC, AWMA, EWMA Position Paper: Managing Wounds as a Team. J Wound Care 2014; 23(5Suppl.):S1–S38.)

Working hard to work together for the wounded individual.

**Terry Swanson NPWM**

**AWMA Nursing Representative**

[tswanson@swh.net.au](mailto:tswanson@swh.net.au).



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# AWMA Qld Gold Coast Wound Interest Group (GCWIG) Update



**The Gold Coast has a number of reasons to be celebrating its success in wound management of late! Firstly, Congratulations Gold Coast for hosting a most successful AWMA National Conference, in May 2014, at the Gold Coast Convention Centre. Delegate numbers at this meeting saw previous records broken!**



Secondly, on 11 June 2014 our GC “Wound Busters Pty Ltd”, Dr Stephen Yelland and Cheryl Frank, were awarded Runner-Up at the National Lead Clinicians Group 2014 Awards for Excellence in Innovative Implementation of Clinical Practice.

Their Bundall Chronic Wound Clinic provides a secondary level of wound management utilising evidence-based medicine and advanced therapies; provides access to community patients based on a referral system from primary care providers; and provides education and practical skills to general practitioners and practice nurses.

Dr Yelland and Cheryl (see photo) were presented with their certificates and prizes by the Australian Government’s Chief Medical Officer, Professor Chris Baggoley, on behalf of the Minister of Health, the Hon. Peter Dutton.

AWMA Qld wishes to give Dr Stephen Yelland and Cheryl Frank a big Hip Hip Hooray for their Wound Care Innovation and Achievements!

**Courtney Vassallo**



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## NEW SOUTH WALES

### Activities

It was a great opportunity to launch the new Central Coast Wound Interest Group (CCWIG) during the National Wound Awareness Week in March at Gosford Hospital. Margo Asimus launched the event and later presented on the importance of evidence-based practice and Anne Purcell (nurse practitioner — Central Coast) presented on wound assessment. The night was a great success, with over 100 people attending and 88 new members for the CCWIG including podiatrists, physios, aged care nursing staff, community health nurses and ambulance officers. AWMA (NSW) committee members Margo Asimus and Lyn Thomas represented AWMA (NSW) at the launch and helped to increase the profile of Wound Awareness Week.

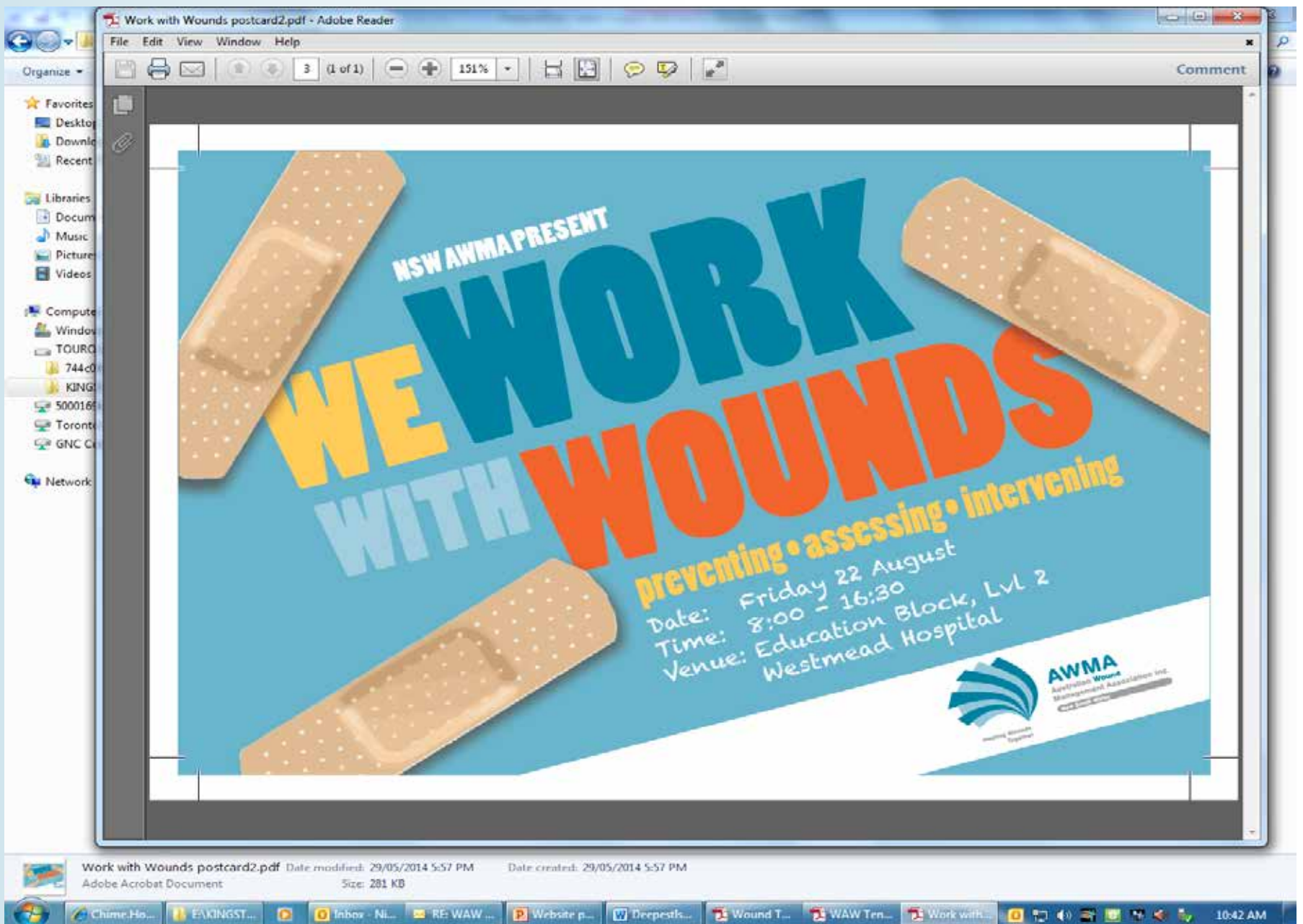
### Achievements

The Wound Resource Group from Bankstown Lidcombe Hospital, Sydney South Western Local Health District, led by Fleur Trezise, was delighted with the announcement and reward for their efforts for Wound Awareness Week, winning the AWMA (NSW) \$1000 educational scholarship. Over a three-day period the hospital provided displays and information to the patients, general public and clinicians throughout the hospital setting. The wards competed against each other for the most informative and creative WAW activities.



*CCWIG committee and Margo Asimus*





## Future seminars

AWMA (NSW) presents its free to members education day in Sydney on 22 August 2014 and we extend an invitation to all members and non -members.

### **We Work With Wounds: Preventing, Assessing and Intervening**

The programme will include issues that impact on wound healing, including pain, infection and nutrition and the challenges of providing clinical excellent and best practice principles in caring for patients with wounds.

**Nicole Flannery**  
**AWMA (NSW)**  
**Website Manager**

## QUEENSLAND

AWMA Qld has a number of reasons to be celebrating its success in the world of wounds of late!

Firstly, the sunny Gold Coast hosted a most successful AWMA National Conference, from 7 to 10 May 2014. A huge thank you and congratulations must go to Donna Hickling, our AWMA Qld President, for convening what was an extremely innovative and informative few days of education.

Another two Queenslanders doing wound management proud are Dr Stephen Yelland and Cheryl Frank. On 11 June 2014, Dr Yelland and Cheryl were awarded Runner-Up at the **National Lead Clinicians 2014 Awards for Excellence in Innovative Implementation of Clinical Practice**. Their Bundall Chronic Wound Clinic, on the Gold Coast, provides a secondary level of wound management utilising evidence-based medicine and advanced therapies; provides access to community patients based on a referral system from primary care providers; and provides education and practical skills to general practitioners and practice nurses.

Dr Yelland and Cheryl (see photo) were presented with their certificates and prizes by the Australian Government's Chief Medical Officer, Professor Chris Baggoley, on behalf of the Minister of Health, the Hon. Peter Dutton.



Finally, AWMA Qld is preparing to host their annual education day/AGM to be held at the Princess Alexandra Hospital on Saturday 16 August 2014. This AGM will hold a tinge of sadness as the AWMA Qld Committee prepares to bid a fond farewell to Kerrie Coleman. Both here in Queensland, and at a national level, Kerrie has been a most inspirational mentor for so many of us! For this Kerrie we say a big thank you! You have been the firm foundation upon which AWMA Qld has been built. AWMA Qld wishes Kerrie all the best as she continues with her higher level studies and research.

**SO, GO AWMA QUEENSLANDERS, YOU HAVE MUCH TO BE PROUD OF!**

**Courtney Vassallo**  
**PR Officer AWMA Qld**



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## SOUTH AUSTRALIA

In this report I will highlight some of the important work the AWMA(SA) committee is undertaking to further wound management in South Australia.

The committee is currently updating the patient information sheets we developed in 2010. We are keen to ensure the information is current and useful to the public. And, of course, since 2010 we have had a name and logo change! The information sheets cover various topics, including:

- General information
- Wound cleansing
- Abrasions
- Burns
- Lacerations
- Skin tears

Of course, it is important to get feedback from potential end-users, so the committee members have asked patients in their clinics and workplaces for feedback. This has been valuable as it has provided a different perspective to ours — the health care professional experienced in wound management. We will have the revised and updated information sheets on our web page soon.

Another project has been the redevelopment of our non-member organisation distribution list. For many years AWMA(SA) has sent a one-page flyer promoting our quarterly education evenings to organisations that are not corporate organisation members — predominantly aged care facilities. The flyers are placed on noticeboards in the facility. This strategy has been quite effective and we have seen increasing numbers of non-members who work in aged care facilities attending our education evenings. However, until now these flyers were printed and sent via postal mail. This meant many laborious hours printing and folding the flyers, stuffing them into envelopes, addressing them, then going to a post office and mailing them! To take this burden off our committee members we have contracted the AWMA membership Secretariat (PAMS) to maintain our non-member organisation list and manage distribution of the flyer electronically. This reduction in workload means we have a few very happy committee members who will now have more time to watch *The Bachelor*, *Master Chef* or *Game of Thrones* (depending on what takes their fancy!).

AWMA(SA) is always keen to support and reward our members. Our Janet Vincent Education Scholarship is named in honour of an AWMA(SA) committee who died suddenly and unexpectedly in 2007. In the 2014–2015 year we are very proud to use this education scholarship to support our members by offering five scholarships of up to \$1,000 each for members undertaking a wound management course or postgraduate studies. We all know education and training can be expensive, so we aim to help ease the financial burden of studying. Further information and an application form is available on the AWMA(SA) web page. Applying for the scholarship is definitely much easier than writing an assignment!

**Sue Templeton**

**AWMA(SA) representative to AWMA**



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## TASMANIA

### AWMA Tas supports nurses in Nepal

In June I travelled with my colleague Louise Barker to Pokhara in Nepal to experience health volunteering in a Third-World country and establish a network for further education and assistance. We were hosted by The Fishtail Hospital and Research Centre in Gairapatan, Pokhara, with a few days spent at the Kirtipur Hospital Cleft and Burns Centre in Kathmandu.

We spent a large portion of our time teaching the nursing students along with a number of the registered nurses basic topics such as hand hygiene, manual handling, BLS and medication management. These are all topics that are a huge part of our daily work in Australia and strictly regulated by policy and procedural guidelines, but under-represented in the Nepalese nurses' schedule. Fishtail Hospital is a small, private hospital of 100 beds that proudly advertises to provide the latest medical, surgical, orthopaedic, gynaecology and obstetrics, ENT, neurology, psychiatry, radiology, dermatology, ophthalmology, paediatrics, physiotherapy and ICU. It is a very challenging environment to be a part



*Louise Barker, Bebe Brown and Dr Kiran Nakarmi*



## Tasmania

of, in that although incredibly keen to learn from Australian nurses you can see from their working culture it is actually quite different. The implementation of what we consider basic aspects of our Australian health care system and daily work routines (such as hand hygiene and safe medication administration) would not be easy and take much longer than the time we had.

The student nurses we worked with were a fabulous bunch of bright and enthusiastic girls (only females are eligible to apply for nursing) and their appreciation and excitement for the goods we had was priceless. The AWMA TAS had given over \$500 of fob watches, stethoscopes, pulse oximeters and blood pressure cuffs. There are many new fob watches being proudly worn now at Fishtail Hospital. Their learning environment is a tough place and with a significant emphasis placed on intellectual ability, so to be able to give away useful tools that would brighten their day was a pleasure.

In Kathmandu at Kirtipur Hospital we were lucky enough to work with a team of plastic surgeons who were some of the most dedicated and humble doctors we have met. Working for the poor and underprivileged of Nepal, this team treats hundreds of people each year with operative reconstruction and management of cleft palates, cleft lips, burns and burn contractures. These operations and treatments are done free of charge by this dedicated group of professionals who work within a tight budget of donated international funding. The average time lapse from the time of burn injury to reconstructive surgery in Nepal is 18 years.

**Bebe Brown RN**  
**AWMA TAS**



## VICTORIA



### Regional Wounds Victoria update

Regional Wounds Victoria (RWV) is a collaborative of eight regional nurse consultants who work across 96% of Victoria's land mass, covering 30% of Victoria's Home and Community Care clients within the rural regions. RWV collaborates with stakeholders to target the management of chronic wounds within the community, specifically district nursing and public sector aged care.

We last reported in *DeepesTissues* on our new-look website at:

[www.grhc.org.au/vic-wound-man-cnc-project](http://www.grhc.org.au/vic-wound-man-cnc-project) (or simply google Regional Wounds Victoria).

Since this time, our online Connected Wound Care resources have expanded. Now any clinician across Australia can access our educational YouTube compression bandaging video clips. These were developed initially as part of the first standardised compression bandaging elearning package, incorporating metropolitan and regional, HACC-funded District Nursing Services across Victoria. The package was based on the *Australian and New Zealand Clinical Practice Guideline for the Prevention and Management of Venous Leg Ulcers 2011* (Elder K, Samolyk M, Cullen M, Nair D & Ticchi M. Connected wound care: partnerships informing wound management. *Wound Practice and Research* 2014; 22:2). Most Victorian nurses will already have access to the complete elearning resource on their existing learning management system.

***We are proud to freely make available, to any clinician, the six instructional videos contained within the compression elearning package to view any time via YouTube. Anyone can access this quick practical resource, to support their own training or for review prior to attending the skill in practice.***

Videos available include:

- \* applying roll underpadding
- \* applying tubular underpadding
- \* applying elastic compression bandages
- \* applying inelastic compression bandages
- \* applying a zinc paste bandage
- \* applying a multi-component compression system

To access the videos, or for further information, simply click on the Connected Wound Care logo at our website or click here: [www.grhc.org.au/vic-wound-man-cnc-project/connected-wound-care-project#vids](http://www.grhc.org.au/vic-wound-man-cnc-project/connected-wound-care-project#vids)



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## WESTERN AUSTRALIA

As I reflect on recent activities, it is a pleasure to see the extent of education provided by AWMA WA. Recently country study days were conducted in Esperance and Katanning, with 30 and 32 participants respectively. The education was multidisciplinary, including wound and burns management, podiatry and diabetes education. A local clinical update on 11 June 2014 on wound Infection was exceptionally well received, with speakers Dr Duncan McClellan, clinical microbiologist and infection disease physician, followed by Dr Teck Siew, radiologist and nuclear medicine physician. Amongst other aspects, Dr McClellan discussed critical colonisation, the impact of biofilms on wound healing and consistent antibiotic stewardship. Keryln Carville will be presenting the next “Metro” clinical update, 27 August 2014: Skin tears — the latest evidence.

Wound Awareness Week was celebrated at SCGH with multidisciplinary displays themed: Clinical Solutions and Innovation. Fremantle Hospital presented a different display each day of the week including: Skin tears, managing stomas and compression therapy. Keryln Carville was interviewed on Regional Radio, South West Bunbury ABC, discussing skin tears, pressure injuries and venous leg ulcers.

We congratulate Western Australian award winners from the AWMA conference. Kylie Sandy-Hodgetts for the Rye Pharmaceuticals New Investigator Award in the category of Research and Policy for her presentation “Prevalence of Surgical Wound Dehiscence in community nursing service patients in Perth: A retrospective cost analysis”. Lucia Gillman and her team — Beth Sperring and Lynn Barnden — for the Coloplast Biotain Literary Award for Best Original Article, comparing a calcium alginate and retention dressing for split-thickness skin graft donor sites.

Planning is advancing well for the state conference Friday evening 3 October 2014 and Saturday 4 October 2014. We look forward to seeing our members there.

**Jan Wight**  
**President AWMA WA**





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# AWMA website report

## Untangling the web — Navigating the AWMA website members' areas

The AWMA website now has two separate areas that require a username and password:

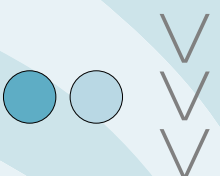
- 1) Wounds Central; and
- 2) Membership portal

***The username and password for Wounds Central are different to the username and password for the membership portal*** (although you can manually change them yourself to be the same).

A current email address is required to access Wounds Central — this is your username.

The username and password are individual for each eligible AWMA member and should not be shared with anyone else.

If you have changed your email address or we don't have an email address for you, please send your name, the state/territory association you are a member of and your email address to [info@awma.com.au](mailto:info@awma.com.au)



# Wounds Central

Contains educational and association resources only available to current AWMA Individual, Associate and Life members (not available to Corporate Industry and Corporate Organisation members).

Currently, this includes:

- PDF copies of articles from the most recent four editions of *Wound Practice and Research*
- Links page
- Webinars (post live broadcast)
- Link to the membership portal
- Some resources from state/territory associations

**Wounds Central is part of the AWMA website and is administered by AWMA**

## Membership portal

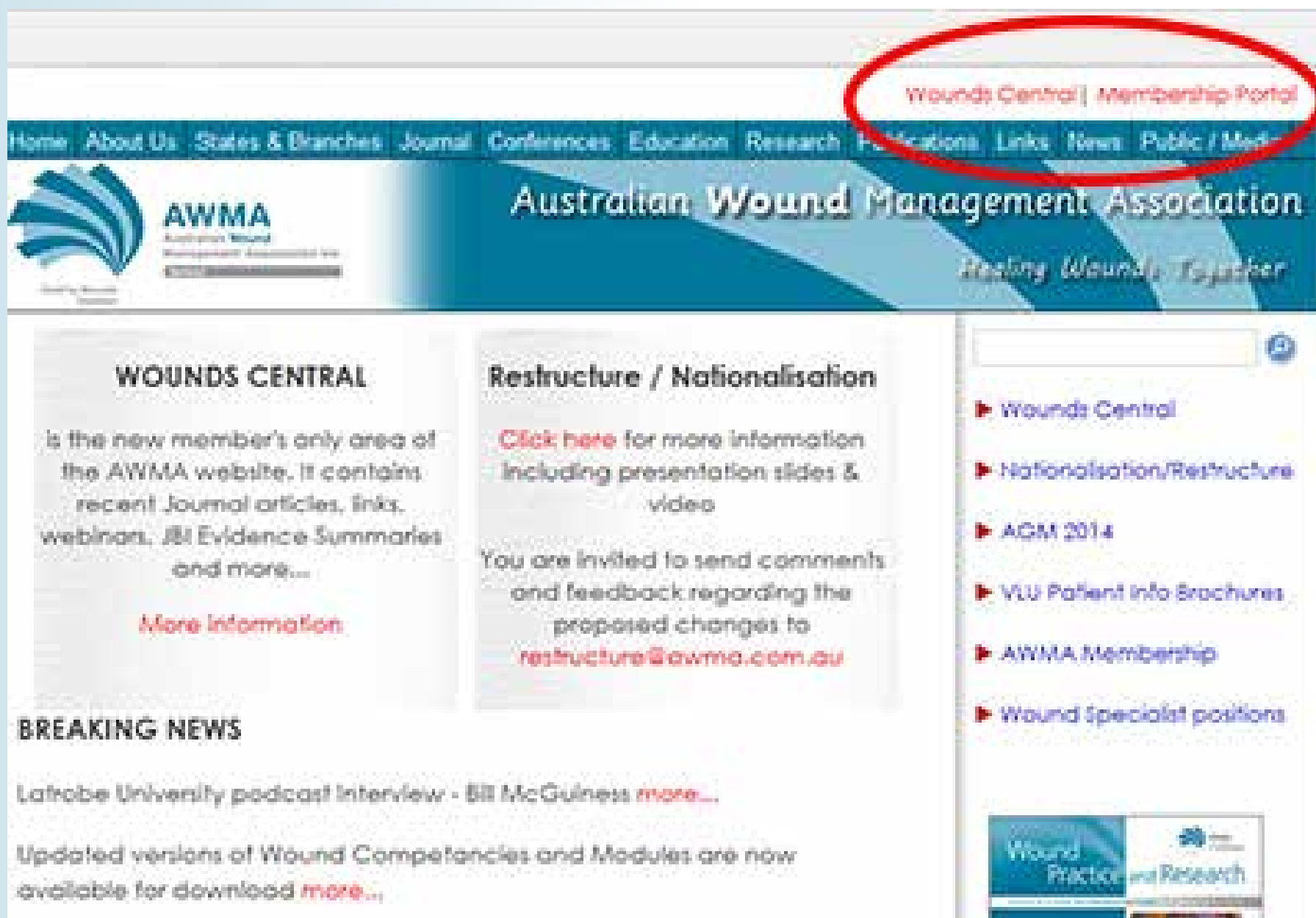
- Renew your AWMA membership
- Update your details
- Identify areas of wound management interest

The membership portal is administered by PAMS, the AWMA Secretariat (Professional Association Management Services). Click the links below to go to the membership portal which are also available on the [AWMA website](#).

[Wounds Central](#) / [Membership portal](#)







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AWMA and Cambridge Media  
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in the last issue of DeepesTissues.





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1. Taherinejad and Hamberg. Antimicrobial effect of a silver-containing foam dressing on a broad range of common wound pathogens. Poster publication, World Union Congress, Toronto, Canada 2008. 2. White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK, 2008. 3. Dykes P.J. et al. Effect of adhesive dressings on the stratum corneum of the skin. Journal of Wound Care, 2001. 4. Waring P. et al. An evaluation of the skin stripping of wound dressing adhesives. Journal of Wound Care, 2011. 5. Wiberg A.B. et al. Preventing maceration with a soft silicone dressing: in-vitro evaluations. Poster presented at the 3rd Congress of the WUWHS, Toronto, Canada, 2008. 6. Meaume S. et al. A study to compare a new self-adherent soft silicone dressing with a self-adherent polymer dressing in stage II pressure ulcers. Ostomy Wound Management, 2003. 7. White R. et al. Evidence for atraumatic soft silicone wound dressing use. Wounds UK, 2005. 8. Johansson C. et al. An assessment of a self-adherent, soft silicone dressing in post-operative wound care following hip and knee arthroplasty. Poster presentation at EWMA conference, Brussels, Belgium, 2011.

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**References:** 1. Gago M, et al. A comparison of three silver-containing dressings in the treatment of infected, chronic wounds. *Wounds* 2008; 20: 273-8. 2. World Union of Wound Healing Societies (WUWHS). Principles of best practice: Wound infection in clinical practice: An international consensus. Available from [www.woundsinternational.com](http://www.woundsinternational.com). Accessed 25 May 2012. 3. International consensus. Appropriate use of silver dressings in wounds. An expert working group consensus. Available from: [www.woundsinternational.com](http://www.woundsinternational.com). Accessed 25 May 2012.

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13–14 November, Hobart TAS

20–21 November, Burwood NSW

### Infection prevention and control

This course is designed for nurses seeking to gain an update on factors influencing infection prevention and control, and how to effectively manage infection control challenges.

CPD hours: 14

### Upcoming courses:

13–14 November, Burwood NSW

Visit our website to find out more about the courses on offer and download the latest CPD Calendar.

ACN also offers a selection of 1-hour webinars and webcasts on a range of topics, including **Wound biofilms: break the shield**. Presented by Jane Rodgers, this webcast aims to create awareness of one of the most important factors that affects wound healing – wound biofilms. Topics covered include strategies to minimise the risk of wound infection and best practices in biofilms management. Go to <http://cpd.acn.edu.au> to access this webcast.

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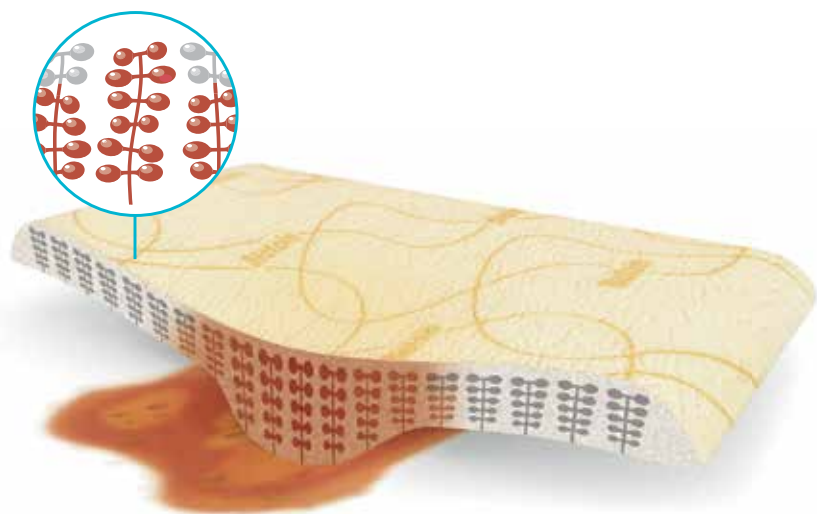
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