ADVANCING NURSING EFFICIENCY USING A NOVEL EXTENDED-WEAR WOUND DRESSING IN HOME HEALTH CARE AND BEYOND

Jodi Thompson, RN, BSN, CWOCN; Cynthia Hayes, RN, MHA, BSN, Director; Baptist Home Care | Paul Crockett, MHA, BSN, RN: Vice President

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BACKGROUND

Nursing shortages have system-wide domino effects,[1,2] starting in the acute hospital settings and continuing on to home health care. Professional nurses' positive impact on patient safety, including outcomes in wound care, is well documented.[3,4] The lack of sufficient nurses working in home care has at times delayed hospitalized patients from being discharged, and/or posed significant time constraints to home care nurses who need to perform frequent wound care utilizing conventional wound care products. Today's healthcare challenges demand new approaches beyond the prevailing models to increase nursing productivity and still ensure excellent patient care and outcomes.

METHODS

A sample population of five established home care patients with challenging wounds, requiring two or more nursing visits a week were treated with transforming powder dressing (TPD*) for evaluation. Our objective was to decrease the time and frequency of home nursing visits for wound care without compromising patient outcomes or increasing costs. A home health nurse reviewed multiple established home care patients who had challenging wounds from a variety of etiologies and were being visited more than once weekly, and who were not significantly improving with standard of care (SOC).

Transforming powder dressing (TPD) is a commercially available dressing comprised primarily of polymers similar to those used in contact lenses. When hydrated with saline, TPD granules aggregate to form a moist, oxygen-permeable barrier that covers and protects the wound while releasing excess exudate through vapor transpiration. It may be left in on the wound for up to 30 days and topped off as needed without requiring primary dressing changes.

DISCUSSION

Strategic partnering with industry to trial innovations and evolve best practices resulted in improved home-health nursing efficiency. By incorporating TPD, clinical outcomes and patient satisfaction were improved while helping our nursing colleagues become as efficient as possible in this highly challenging healthcare environment.

REFERENCES

1. Collins, Rhonda. Reimagining Nursing for the Future: Nurses are Innovators. CNO.3404.Report.202206.INRL_.pdf. Accessed 02JAN2023.
2. Jacobs, A. (2022) Nursing is in crisis: Staff shortages put patients at risk. New York Times. 'Nursing Is in Crisis': Staff Shortages Put Patients at Risk-The New York Times (nytimes.com).
3. Ross, Jacqueline. Nursing Shortage Creating Patient Safety Concerns. Vol. 37, issue 4, P565-567, Aug. 01, 2022. Published June 30, 2022. DOI: https://doi.org/10.1016/j.jopan.2022.05.078.
4. Hall, John. Workforce issues loom over wound care. Nov. 11, 2022. Mcknights.com.

*Altrazeal Transforming Powder Dressing

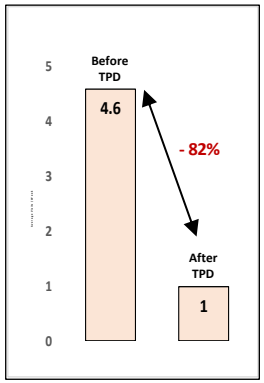
RESULTS

Wound Type	Wound Duration Pre-TPD	Healing Time Post-TPD	Complications Post-TPD	Pain (VAS) Pre-TPD	Pain (VAS) Post-TPD	Visits Per Week Pre-TPD	Visits Per Week Post-TPD
Spider Bite	30 days	42 days	None	10	1	3	1
Radiation Burn	90 days	33 days	None	-	-	7	1
Skin Tear	2 days	44 days	None	10	2	7	1
Amputated Toe	31 days	120 days	None	N/A (neuropathic)		3	1
Lower Leg Ulcer	7 days	Unknown*	None	3	0	3	1
Average	**32 days**	**59.8 days**	**None**	**7.7**	**1**	**4.6**	**1**

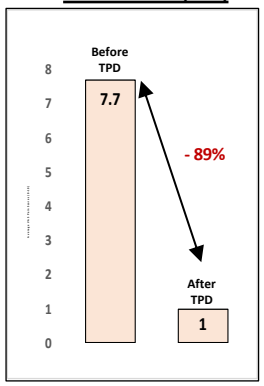
- **82 % reduction in wound assessments / nursing visits per week**
- **89% pain reduction for sensate patients post-TPD. Discontinued pain medications**
- **No safety issues/complications/adverse effects**

*Wound improved markedly but not quite completely healed when discharged from HH

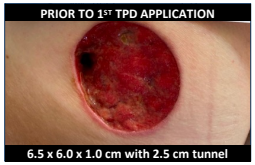
HOME CARE VISITS / WEEK



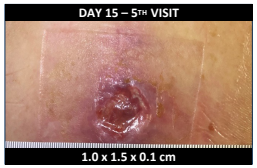
PAIN SCORES (VAS)



BROWN RECLUSE SPIDER BITE



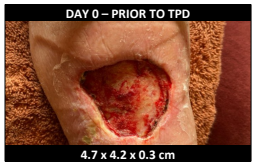
CHRONIC RADIATION BURN

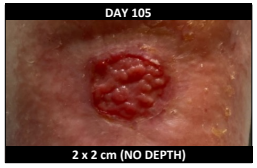


TYPE 2 SKIN TEAR

AMPUTATED TOE

LOWER LEG ULCER





Acknowledgements: *This poster was presented in collaboration with Altrazeal Life Sciences Inc. All protocols and clinical assessments were conducted independently by Baptist Health without any financial compensation from the manufacturer. For application instructions and risks of this device please refer to Altrazeal® Instructions for Use.* | EDU-0124, Rev 02