Journal watch

Miller C

Carter MJ & Fife CE. Clinic visit frequency in wound care matters: data from the US wound registry. Journal of Wound Care 2017;26(Sup1):S4–S10. doi:10.12968/jowc.2017.26.Sup1.S4

This study sought to validate the conclusions of a prior study that found that clinic visit frequency was associated with improved wound healing rates. Extracting data from the US Wound Registry, the presence of an effect and its size from clinic visitation frequency was investigated. The study considered patients with a diabetic foot ulcer (n=39, 750) who had visited one of the 115 clinics contributing to the registry on more than one occasion between 2007 and 2013. Analysis considered visit frequency as well as other known variables associated with wound healing to predict time to wound healing using a Cox regression model.

Predictors of faster wound healing included wounds of shorter duration, more frequent clinic visits, treatment with hyperbaric oxygen therapy, treatment with negative pressure wound therapy, fewer prior diabetic foot ulcers, smaller initial wound area, less prior amputation, lower Wagner grade, as well as treatment with Regranex, dermagraft, and smaller initial wound depth. The effect of clinic visit frequency was determined to be 0.14, which is considered a small to medium effect size. The hazard ratio of not healing was notably lower in wounds seen at least fortnightly (HR=0.098) compared to wounds seen either once every 2–4 weeks (HR=0.32) or 4–7.5 weeks (HR=0.40). A variety of reasons are speculated by the authors as contributing to the association between clinic visit frequency and wound healing, including the benefits of regular monitoring, debridement, and care, as well as reflecting client engagement and the psychosocial benefits of clinic attendance.

The authors concluded by recommending at least fortnightly clinic visits by clients to optimise their wound healing outcomes. Additionally, the authors note the relevance of clinic visits' frequency in clinical studies, suggesting the importance of standardising the treatment protocol for frequency of clinical care. Alternatively, monitoring and statistically controlling for the frequency of clinic visits should be pursued. What is lacking from this research study is an understanding of alternative modes of care that may be engaged in concurrently or as an alternative to clinic care, including home care visits and self-management. A study examining care in combination with and across different settings would extend the knowledge obtained from this research.

Ding S, Lin F, Marshall AP & Gillespie BM. Nurses' practice in preventing postoperative wound infections: an observational study. Journal of Wound Care 2017;26(1):28–37. doi:10.12968/jowc.2017.26.1.28

Surgical site infections (SSIs) are purported to be the most common of hospital-acquired infections, with prevalence particularly high in developing countries, and they have a concomitant impact on patient health and quality of life, length of hospital stay and healthcare costs. The authors of this paper cite systematic review evidence to suggest that more than half of all SSIs may be preventable if practice were to align with current evidence-based practice recommendations. This pilot study examined the alignment between practice and clinical guidelines, obtaining their data from prospective observational methods rather than survey or audit. The authors generated a data collection tool that distinguished elements of best practice recommendations derived from a variety of surgical wound management clinical guidelines. The tool itself was additionally piloted prior to use in the study and inter-rater reliability evaluation suggested good consistency between two raters (ICC=0.859).

The study was conducted in four surgical units at one Australian hospital. A convenience sample of 60 surgical nurses was observed attending to a dressing change for a surgical wound. There was strong alignment between actual practice and clinical guidelines for pre-procedure hand hygiene (95%) although post-procedure hand hygiene was less frequently attended (82%). The physical environment itself was appropriately established at all times to minimise risk of contamination (that is to say, uncluttered bedside, absence of urinals and so on). An aseptic field and sterile wound dressing kit was used in the majority of instances (85%).

Inconsistencies between practice and guidelines were more apparent in the use of correct aseptic, non-touch technique. Where clean gloves were indicated, only 62% of nurses used clean gloves correctly without touching the wound. In 38% of instances, glove selection or use errors were evident; either using no gloves at all (5%), clean gloves were used when sterile gloves were required (19%), or clean glove use was incorrect and contaminated the procedure (14%). Wound assessment documentation also appeared to be inconsistently attended. Wound assessments were typically documented in the patients' progress notes (73%) and details of the wound presentation were scant. A hospital wound assessment documentation chart was used in only

one-quarter of instances (25%) and included a substantial amount of missing content. Additionally, only 30% of patients received some wound care education regarding wound management post-discharge.

This study identified a number of inconsistencies between actual practice and recommendations for surgical wound management in clinical guidelines. As a pilot study, the research has generated a data collection tool and method for observing clinical practice that can be utilised in other services to further investigate the nature and scope of any inconsistencies and use these results to target initiatives to improve the translation of these guidelines.

Charne Miller
Senior Lecturer, La Trobe University