Turning the world upside down

Changes in wound care that resulted from the establishment of the West Australian Wound Care Association (WAWCA)

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In 1990 a group of nurses interested in wound care joined together to organise a study day to improve the quality of wound care in Western Australia by highlighting recent changes in the management of wounds. Following the enormous success of that study day, and the expression of support and interest from practising nurses, the West Australian Wound Care Association (WAWCA) was established.

The philosophy of that association stated that all people with wounds were entitled to receive appropriate wound management that was supported by current, validated research. The association set out to: promote and increase awareness of wound management by establishing a network of persons with expertise in wound care; provide ongoing education into current prevention and management of wound care; and facilitate continued research into wound management. Following the establishment of WAWCA, wound management protocols in Western Australia underwent a rapid change. After 3 years, an international conference was organised which led to the formation of a national, multidisciplinary wound management association, and *Primary Intention, The Australian Journal of Wound Management.*

Difficulties are often expressed concerning the utilisation of research in nursing practice. This paper will identify and describe the strategies used by WAWCA that successfully altered practices and improved the management of wounds within Western Australia. The history of WAWCA provides insight and direction for the integration of practice, research and education.

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Introduction

Despite the current emphasis on evidence based nursing practice, a number of difficulties have been encountered when research based evidence has indicated that a change in current practice is necessary. Apart from difficulties associated with the implementation of change, the sustainability of change within the health care environment is commonly limited [1].

A number of developments have occurred within Australia in recent years to facilitate the use of evidence within the health care environment such as the Australian Cochrane Centre, which was established in 1995, and the Joanna Briggs Institute in 1996 [2]. More recently, the National Institute of Clinical Studies was created as a national agency to assist practitioners to close the gaps between evidence and practice [3]. Although these organisations are starting to impact on the health care received by Australians, current understanding of the factors that facilitate and hinder the translation of evidence into practice is limited. Furthermore, worldwide, there is no clear pathway for research utilisation and a number of different models are being used [4, 5].

There are many examples of nursing care delivery that are not evidence based [6]. However, the practice of wound management within Australia, which for many years was directed by ritual and tradition, is one of the areas where changes have been instigated by research based evidence and have been sustained.

This paper describes the changes in wound management that occurred within Australia in the 1990s and outlines how those changes were sustained. A review of historical documents was performed and influential factors were identified.

Wound care uprising

In May 1990, a nurse who worked for a pharmaceutical company in Perth invited seven nurses with a dedicated interested in wound care to meet in order to discuss the current status of wound care in Western Australia (WA). This meeting arose from a shared concern that there was a need to update wound care knowledge and practice in WA. These nurses came from different hospitals and organisations and possessed a variety of skills and experience (Figure 1).

This group of nurses decided to call themselves the West Australian Wound Care Interested Nurses Group and set about organising a study day entitled *Wound care – a time for change* which was held at Fremantle Hospital in September 1990. The purpose of this day was to improve the quality of wound care in WA by highlighting the changes in the practice of wound care that had been indicated by research, as well as by the development of a number of new products for the treatment of wounds. A total of 278 people attended this study day and the energy and enthusiasm were enormous. Jenny Prentice (who became the first President of WAWCA) later described the audience on that day as being like an "insatiable sponge", such was their desire to learn more about improving the management of wounds [7].

Following the enormous success of that study day, and the expression of support and interest from practising nurses, a decision was made to expand and formalise the group. The name was changed to the West Australian Wound Care Association, and a philosophy and objectives were developed (Figure 2).

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Figure 1. Some of the founding members of WAWCA at the first study day September 1990. L-R front row: Jenny Prentice, Mary King. Back row: Anne Bailey (Williams), Helen Cadwallader, Madeleine McPherson, Pam Thompson, Winnie Felle, Keryln Carville.

In January 1991 WAWCA's first newsletter was distributed and three others were produced that year. A study day at a country hospital occurred in February and an open meeting was arranged for March to expand the expertise of the association and establish a multidisciplinary network. A competition was held to find a logo for the association (Figure 3).

Once the logo was decided upon, flyers advertising the association were circulated within the hospitals and paid membership was invited. This membership entitled members to four newsletters per year and access to other educational resources. A library of resources was established and a second study day, *Wound care – are we changing?*, occurred in July 1991. During that year an education forum, as well as a study day in another country area of WA, also occurred. In July 1992, the first Annual General Meeting was organised to establish a full constitution for WAWCA. At that meeting, Jenny Prentice, who was elected as president, said:

> *The West Australian Wound Care Association as it is today was conceived in response to a thirst. A thirst not for water, but for knowledge in all matters related to wounds, wound management strategies and how to implement change in these areas. Our parched and passive state was the result of years of conditioning as nurses, not to question, but to follow blindly and faithfully wound care treatments as they were prescribed or handed down through generations. New ideas or methods were often viewed with suspicion, trialled with bias or ignored. Either way our clients were compromised. Our dissatisfaction was growing* [7].

'War on the wards'

The desire to change wound care practices soon gained momentum and the uprising led to what could be described as a 'war on the wards' between those who wanted to change, and those who didn't perceive a change was necessary. Emotions ran high at this challenging time and were fuelled by a strong conviction among those who recognised that the time was right for appropriate change.

WAWCA identified five primary concerns. There was:

- A knowledge deficit amongst medical, nursing and allied health personnel in regard to the current concepts in wound healing and wound management.
- A commonplace adherence amongst practitioners to traditional dressing methods rather than those supported by current research.
- Resistance to change.
- The indiscriminate use of antiseptic solutions and topical antibiotics in wound care.
- The potential for the erosion of the nursing role in wound care [7].

Knowledge deficit

Wound care dressings underwent dramatic changes during the 1980s and research into wound healing had resulted in the development of numerous 'new age' dressings that differed radically both in design and management from the familiar bandages and gauzes used for years previously. These new types of dressings included foams, calcium alginate and hydrocolloids. At the time that WAWCA was being established, it was estimated that a choice of over 2,400 wound care dressings were available [8].

Figure 2. Philosophy and objectives of WAWCA.

Philosophy

We believe that all people with a wound are entitled to receive appropriate wound management that is supported by current, validated research

Objectives

Promote and increase awareness of wound management by:

- Establishing a network of persons with an expertise in wound care.
- Providing ongoing education into current prevention and management of wound care.
- Facilitating continued research into wound management.

Adherence to traditional dressing methods and resistance to change

Despite the greater understanding of wound healing that had been provided by research and the increasing availability of improved dressing materials, the traditional methods of wound management persisted. Knowledge relating to the use of new dressings was slowly filtering through to health care professionals in WA, through the literature and also by word of mouth. Representatives from manufacturers of wound dressings and pharmaceuticals endeavoured to inform clinicians, as did experienced practitioners who visited or migrated from overseas countries (where some of these new dressings had been used routinely for several years).

Wound care – a time for change, the first study day of WAWCA, unleashed an insurmountable energy among the nurses in WA. Research based knowledge fuelled that energy and nurses were empowered to change the wound care practices in their workplaces. In many situations, a war was raged with practitioners who were resistant change and insisted on the continuance of outdated practices. Nurses began to challenge these outdated practices and there were stories of nurses refusing to follow medical orders for wound care, and of specific journal articles being pinned up on strategic notice boards.

Indiscriminate use of antiseptic solutions and topical antibiotics

One of the wound care practices that was particularly targeted was the indiscriminate use of antiseptic solutions, such as the hypochlorite solutions, and topical antibiotics. At that time, one of the most commonly used preparations was EUSOL (Edinburgh University Solution of Lime). A substantial amount of research had been carried out during the 1980s [9-11] which explored the effectiveness and toxicity of antimicrobials and clearly demonstrated that they could delay wound healing rather than promote it.

One of the letters sent into the WAWCA newsletter in February 1992 described the problems encountered by a

Figure 3. WAWCA logo.

clinical nurse/area manager who was trying to reduce the use of toxic antimicrobials:

> *Dear colleague,*
>
> *At our hospital, we have, for many years, used a solution of hypochlorite and paraffin emulsion, for applying to sloughy wounds, and to pack abscesses after incision, plus a variety of other wounds.*
>
> *Due to the advent of new knowledge, I have been trying to remove this from the scene, but find it difficult to effect change. I don't really know what to offer as an ideal and acceptable alternative, especially in the area of wound packing to cleanse and allow the wound to drain. Hypochlorite is also used for cleansing. We have quite a number of patients coming in for daily dressings at various times and I would like to be sure that we are doing the best for their wounds* [12].

Erosion of the nursing role

Amongst some nurses of the day, there was a perception that the role of the nurse in wound management was being eroded. Although there was a team approach to the management of wounds in some situations, the 'hands on' wound care had historically been performed by nurses. However, at that time, there was a perceived threat to this historic precedence as nurses observed an increase in interest and wound management practices amongst allied health practitioners. In addition, some of the decisions in wound management that were being made by medical personal were being questioned at a scientific level. Inconsistencies in the management of wounds were apparent and there was a breakdown in the team approach.

1993: turning wound care upside down

The active members of WAWCA could be said to have turned the traditions in wound management upside down and this became the theme for the first national conference on the topic that was held in Australia. The conference, titled *Turning wound care upside down,* was held in Perth in 1993. Delegates came from across the nation and many from overseas. However, the legacy of this meeting was the formation of a working party to explore the formation of a national, multidisciplinary wound management association, and an Australian journal of wound management, *Primary Intention.*

What proved to be the recipe for effectively managing changes in wound care?

An analysis of the history of WAWCA identified six effective change strategies that were deemed necessary. The strategies were used by WAWCA to successfully alter practices and improved the management of wounds within WA:

- Promoting evidence based practice.
- Facilitating networking amongst practitioners.
- Fostering a multi-disciplinary approach.
- Providing a range of educational resources (e.g. conferences, workshops, newsletters, meetings, a journal).
- Attracting and utilising financial support.
- Establishing a core group of people committed to change.

Promoting evidence based practice

The advances of knowledge provided by extensive research into wound healing provided the evidence and direction for change in wound care practices. This evidence empowered nurses to challenge practices and instigate new wound management protocols that were based on the knowledge informed by research.

Facilitating networking amongst practitioners

One of the characteristics of WAWCA that greatly enhanced the speed with which change occurred was the founding members' ability to network. The convening committee was made up of nurses from the three major teaching hospitals in Perth, as well as the Silver Chain Nursing Association, which is a domiciliary nursing organisation. The nature of the group facilitated the sharing of ideas and approaches used by each of these organisations. This networking was further extended and fostered when the association was formally established and has remained a key enhancing feature of the organisation. Networking has been extended to other related organisations on a local, national and international basis.

Fostering a multi disciplinary approach

Although it was a group of nurses who formed WAWCA, there was a strong recognition among these nurses that a number of other professionals had a role in the care or prevention of wounds. It was deemed essential that all health care personnel need to work together as a team and representatives from other health care professionals were approached and invited to join.

Providing a range of educational resources

From the inauguration of WAWCA, it was the goal to provide a range of educational resources to ensure that new knowledge could be disseminated. A yearly conference as well as regular educational workshops and meetings have assisted to achieve this goal. The production of a newsletter has been an invaluable tool in providing synthesised information about wound care.

Wider use of the Internet has also proved to be a useful tool in the management of change. The Australian Wound Management Association Inc (1994) now has a website that was established in 1999, with a link to WAWCA and other national wound care groups. These resources are especially useful for members who have difficulty attending the education sessions, such as those who live in remote areas of WA. In addition, the establishment of the journal *Primary Intention The Australian Journal of Wound Management* provides a more detailed resource that disseminates current advances in wound management and embraces an international market.

Attracting and utilising financial support

Like many volunteer groups, members of WAWCA expended their own time, skills and resources. However, the financial support, which was provided by companies such as Fauldings in those founding years, assisted in the production of the first newsletters. Aligned manufacturers have continued to provide valuable support in various ways, and product representatives are invited to hold trade displays at conference venues. It needs to be acknowledged that focused time as well as financial expenditure is associated with change. Change rarely occurs independently of these factors.

Establishing a core group of people committed to change

The changes that were influenced by WAWCA would not have occurred without the commitment of a core group of people. It was fortunate that the convening committee for WAWCA brought together a group of nurses with a range of knowledge and expertise. This group was driven by a vision that much could be done to improve practices in wound management. It is interesting to note that the group was not formed by senior nurses but by midline clinicians; this undoubtedly was one of the strengths of the association. These nurses drew on their current experiences of wound care in the clinical setting and were able to assess the relevance and practical implications of the new knowledge that needed to be conveyed and used. Many challenges of the era were overcome with enthusiasm, perseverance and a vision for positive outcomes in wound management.

The ensuring changes that occurred within individual organisations were facilitated by the formation of local wound care groups. These groups were able to review wound care practices that were occurring within their own organisation and develop strategies to address those areas in which change was indicated. The networking instigated by WAWCA greatly assisted these groups by providing support and advice in regard to common issues.

Discussion

This paper has described six elements that successfully changed wound care management practices in WA – promoting evidence based practice, facilitating networking amongst practitioners, fostering a multi disciplinary approach, providing a range of educational resources, attracting and utilising financial support, and establishing a core group of people committed to change. It was apparent that successful outcomes in wound management occurred as a result of a combination of factors rather than a single factor. Other literature on change within the health care environment has also reported this to be the case [4, 13, 14].

In the past, much of the research into wound care practices had been medically driven and conformed to the five levels of evidence based medicine. However, a strong sense of clinical reasoning was apparent in the changes that were suggested by the founding members of WAWCA. This reasoning by expert clinicians combined research based evidence with experience to develop new guidelines for clinical practice [15].

Networking was an integral influence on facilitating the changes that resulted from the establishment of WAWCA. Most of the literature on change in health care practices tends to describe change implemented within one hospital setting rather than across hospitals. The networking of WAWCA enabled changes to occur firstly within WA and, following that, throughout Australia.

The recognition that wound care practice was influenced by a number of members of the health care team led to a multidisciplinary team approach to change. This approach has been described as effective in other literature and cooperation between disciplines has been identified as essential [1, 13, 16]. Partnerships between clinicians and researchers have also been observed as an effective component of change management and this was also apparent within the model used by WAWCA [17].

Education is an obvious accompaniment to the implementation of change and has been used in other settings [1, 5, 13]. The unique approach of WAWCA in developing and using a range of educational resources not only facilitated the initial changes, but has also continued to support and sustain ongoing changes in wound care practices. The availability of financial support greatly enhanced and facilitated the development of those educational resources.

In a review of innovative health care programmes, Bradley *et al.* [1] stated "... diffusion does not occur spontaneously. It requires the creation of an infrastructure dedicated to translating the innovation from a research setting into a

practice setting". In the case of WAWCA, much of the infrastructure was instigated by people who volunteered their time and skills. Eventually, many hospitals established their own wound care committees to ensure that best practice was incorporated into day to day practice.

Leadership has also been identified in other literature as an essential element for change. The importance of clinical champions, such as those persons who convened the WAWCA organisation, was identified by DeBourgh [16]. Leaders at a ground level, recognised by others as experts in their field, need to demonstrate commitment to change within their own clinical practice and be prepared to challenge others to do the same. Leadership at a senior organisational level is also crucial [1, 5, 13, 14, 18].

Conclusion

Much of the literature on the implementation of evidence based practice discusses the problems associated with the move towards this paradigm. Difficulties have frequently been encountered implementing and sustaining evidence based practice. The essential elements for sustaining change have been identified in this paper as: promoting evidence based practice; facilitating networking amongst practitioners; fostering a multi disciplinary approach; providing a range of educational resources; attracting and utilising financial support; and establishing a core group of people committed to change. A number of these factors have been identified in previous literature, but not in this combination.

Our knowledge about optimal health care has increased enormously in recent years, and a number of changes in health care practice have been indicated to improve outcomes, both physically and psychologically. It is essential that an effective model of change be developed and utilised to ensure that a mechanism exists to facilitate the best possible health care practices.

The Australian Wound Management Association has been instrumental in developing *Standards for wound management* as well as *Clinical practice guidelines for the prediction and prevention of pressure ulcers*. The reduction in suffering that has resulted from the changes in wound care that are reflected by the use of such guidelines is enormous, and countless patients have benefited from the changes that have occurred.

If one could travel back in time and ask nurses in 1989 what product they would use to clean a sloughy wound with, there is a high probability that the answer would be EUSOL. In comparison, if one were to ask nurse graduates in 2004 how many had heard of EUSOL, very few, if any, would respond. This is a very real example of a change that has occurred within the domain. However, let us not rest on our laurels. Let us be mindful of evolving knowledge and the responsibility we must share in ensuring our practices continue to reflect best practice.

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