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Service Enhancement and Patient/Caregivers Empowerment on Chronic Wounds through Case Management Approach

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Case Manager

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Introduction

Chronic wounds are defined as wounds that fail to proceed through the wound healing process over a period of 3 months (Werdin et al. 2009). Chronic wounds can take months or years to heal and it result in a significant burden to patients, health care professionals and health care system. Examples of chronic wounds include pressure ulcers, diabetic foot ulcers, venous ulcers and infected wounds. Causes of chronic wound are multifactorial, but some complications are preventable and manageable. Therefore, a wound management team which adopting case management approach to enhance wound management in our department since October 2014. Case Management Society of America (2005) stated that a case manager delivers wound care by identifying potential risk, providing interventions for prevention and treatment; moreover, case manager acts as advocate and stresses patient education so as to promote wound healing.

Objectives

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Methodology

1) Establish a wound management team which is led by an advanced practice nurse with qualification on advanced wound management. 2) Implement case management intervention. 3) Conduct a thorough wound assessment and provide early interventions. 4) Collaborate and coordinate with physicians and allied health. 5) Provide advanced wound care with different modality. 6) Provide one-on-one education to patient and caregivers.

Result

From 28 October 2014 to 29 October 2015, there were total 40 patients has been referred to our wound team by doctors for conservative wound debridement. Each case has been assessed by case manager not more than 1.5 working days. Bedside conservative wound debridement would be beneficial to patients, because they could

be free from the risk of anaesthesia. Moreover, the waiting time of wound intervention has been shorten, which alleviate the anxiety and worries of patients and their caregivers. Adequate pain control was ensured. Physicians were satisfied with the progress of wound management. Besides, case manager has interviewed with 34 patients and their caregivers, hence comprehensive history and underlying conditions were gained. Simultaneously, treatment plans were explained. Furthermore, 30 patients' relatives were taught how to prevent and relieve pressure. In addition, advices on diet were given to 24 patients and their caregivers. All of the patients and caregivers showed appreciation and responded positively to the case manager. 79% of the caregivers approached the case manager proactively. By increasing patients and caregivers' knowledge, they are more likely to engage in the treatment plans and prevent complications which lead to improve healing outcome.

Reference

Werdin, F., Tennenhaus, M., Schaller, H.-E., & Rennekampff, H.-O. (2009). Evidence-based Management Strategies for Treatment of Chronic Wounds. *Eplasty*, 9, e19. Case Management Society of America (2005). Case Management Resource Path on Chronic Wound Care. Retrieved February 2, 2016, from <http://www.cmsa.org/LinkClick.aspx?link=PDF/MemberOnly/ChronicWoundCareResourcePath.pdf>