Discussion

Introduction

Western Australian health services are consistently challenged to provide health care for an ageing population; who present with increasingly complex comorbidities. WA Health has recognised the need to improve patient health outcomes by improving wound prevention and providing evidence-based interventions to improve wound healing times.

The completion of the first WoundsWest prevalence survey of patients in all WA public hospitals informs the overall strategic direction of the WoundsWest project and has established the magnitude of wounds found on inpatients, in particular those that are hospital-acquired wounds. Current compliance to evidence-based clinical practice guidelines required to reduce the prevalence of preventable wounds such as pressure ulcers and skin tears has also been ascertained.

The survey data collected can be used to effectively prioritise and target wound categories and deficits in wound prevention and management that require immediate action. In addition, the data can direct the need for further analysis of these factors both state-wide and within individual organisations.

Quantify the prevalence of wounds in consented patients in all WA public hospitals

WoundsWest has quantified the prevalence of wounds across WA public hospitals. Of the 2,777 patients examined in the survey 49% of patients had 1 or more wounds at some point during their hospital admission, 26% of patients had 3 or more wounds. Across the state 2,867 wounds were identified on 1,363 patients.

Patients admitted to inpatient beds via Emergency Departments constituted the largest proportion (45%) of those surveyed and these patients accounted for 41% of all wounds identified (n = 1,175).

Almost 20% of patients examined were admitted as a transfer from another hospital, the majority of these (91%) to metropolitan sites. This confirms the important role the tertiary and larger hospitals have to play in the provision of wound care, but also highlights an opportunity to transfer some of that care to smaller and regional sites. Achieving improvement in wound prevention and management across regional and non hospital sectors will assist in the reduction of wound related Emergency Department presentations and inpatient admissions.

The surgical specialties recorded the highest proportion of patients with wounds (72%, n = 763). Within the obstetric cohort 61% had 1 or more wounds, the majority of which were suture lines (70%) and lacerations (13%). Patients admitted under a medical specialty comprised 40% of total patients surveyed (n = 1,112), had a prevalence of 34.5% and represented 28% of the patients identified with wounds.

The largest category of wounds identified were acute wounds (n = 1,555) equating to 31% of patients seen. Almost half of the acute wounds were suture lines (47%).

Wound prevalence tended to increase with age with patients 60 years and over accounting for 59% of all wounds identified. Group A hospitals (with 300+ beds) had the highest prevalence (55%). Metropolitan health services as a group had a higher prevalence 51% (n = 2,299) than combined country health services 41% (n = 478).

Hospital-acquired wounds

The results highlighted that almost 19% of the total wounds were preventable hospital-acquired (iatrogenic) injuries. Two thirds of wounds in the pressure ulcer and skin tear categories were hospital-acquired. Pressure ulcer prevalence was 11% with a hospital-acquired pressure ulcer prevalence of 8% (n = 2,777). In comparison a 2006 Victorian state-wide survey of public hospitals completed using the same methodology, reported pressure ulcer prevalence of 17.6%, with a hospital-acquired pressure ulcer prevalence of 11.9% (n = 6,936) [2]. Improvements in wound care and the prevention of unnecessary iatrogenic injuries will reduce the wound related drain on hospital resources.

This survey has established the baseline data required to evaluate if future initiatives and interventions in WA Health facilities achieve an improvement in wound prevention and management.

Obtain contextual data on how organisations currently prevent and manage wounds

Contextual information was gathered in an effort to identify the factors that contribute to or influence wound management in WA health services. The information gathered covered the services current:

- Wound management practices;
- Data collection/reporting processes (prevalence, incidence or incident data);
- Wound prevention and management education for staff;
- Existing resources (staff and equipment); and,
- Existing strategies for improvement in wound prevention and management.

The contextual data identified that few hospitals had comprehensive strategies, resources or regular reporting of clinical risk wound data to inform initiatives or monitor the effect of interventions and sustainable improvements. Coordinated organisational clinical risk management planning is required to develop and direct resources to improve current wound prevention and management processes.

Less than one third of hospitals had senior management accountability for wound management, a wound care or pressure ulcer committee, or organisational-wide strategies for continuity of wound care. Less than half the health services provided patients and carers with literature on how to prevent or care for existing wounds.

Contextual data also identified areas where there were gaps between policy and practice. Documenting a patient's plan of care, relevant history, diagnosis, investigations and treatment addresses both legal [26] and service provision requirements of all WA health services. Although 94% (n = 80) of health services stated that individual wound prevention and management plans were used, documentation recording patients' wound care regimens were present for only 74% of wounds identified. Pressure ulcers, skin tears, malignant and other wounds were not well documented. The lack of documentation with respect to these wounds is reflective of data found in other Australian studies [8, 9, 13, 20].

With an increasing emphasis for health professionals to function within clinical governance [27, 28] and clinical risk management [29] frameworks quality documentation in health records to support clinical decision-making, care provision and health outcomes requires considerable improvement by all clinicians. The use of the WoundsWest electronic wound documentation system with provision for mandatory data entry fields may assist the recording of a minimum data set of wound characteristics ensuring greater consistency in clinical assessment and communication of treatment protocols.

Again, although a high proportion of health services indicated their policy of completing a pressure ulcer risk assessment tool (RAT) on admission 69% (n = 59), the survey identified only 39% (n = 1,149) of patients had a completed RAT documented.

Health professionals have a responsibility to inform and educate patients about their care. Contextual data indicated only 47% of hospitals provided some type of wound information to patients, carers and families. No indication of the quality or effectiveness of the information was collected. The WA Health Clinical Governance Framework fosters patient-centred care and encourages patients to be an 'active, involved and informed participant in [their] health care experience and management' [30].

Basic information on wound prevention and management should be made available to enable patients, their families and carers to take an informed and active role in their health and its outcome. Where this has occurred, improvements in wound healing and patient outcomes and specifically health-related quality of life issues, has occurred [23, 31-34].

The responses for contextual data highlighted opportunities to introduce policies, practices and resources that would reduce the preventable hospital-acquired wounds which represented 19% of the all wounds identified in the survey. The benefit of introducing these policies state-wide would help create a common language, improve the communication between healthcare providers and ensuring a more consistent standard of wound prevention and care.

Provide data to inform strategic planning for improving the prediction, prevention and management of wounds

Both the patient and contextual data provided to the state and local organisations should be seen as a great opportunity to inform strategic planning on a state-wide and local organisational level to reduce preventable hospital-acquired wounds and improve the management of all wounds.

Strong organisational leadership from WA Health and health services is needed to use the survey data to plan and support comprehensive and coordinated improvements in:

- Reducing preventable hospital-acquired wounds; and
- Where wounds exist ensuring evidenced-based interventions promote rapid healing and positive patient outcomes.

An integrated interdisciplinary evidence-based approach to strategic planning is required where patients are fully informed and involved in determining treatment goals as this fosters improved patient and health provider outcomes [2, 4-9].

State-wide level

With almost half (49%) the inpatients examined found to have 1 or more wounds at some point during their admission, the survey indicates that the provision of wound care utilises a significant part of staff and consumable resources in our public hospitals. Much wound care may be acute or uncomplicated, and a routine part of a patient's overall hospital stay, however chronic wounds or wounds with adverse outcomes can require extended healthcare service provision beyond the acute hospital admission. The prevalence survey did not capture the proportion of patients discharged who required ongoing wound care either in an ambulatory care setting such as an outpatient setting or community nursing service or from another acute hospital service.

Routine collection of data by health services on all complex and chronic wounds using the WoundsWest electronic imaging and documentation system would provide important information to inform strategic planning on these issues. The WoundsWest system would also allow the patient's wound(s) history, assessment and treatment to be captured in a single record available to all health professionals caring for the patient.

Organisation-wide level

For participating health services the WoundsWest has provided site and ward level patient data and information on the lack of or current use of evidence-based wound management protocol. Based on the information provided health services can now prioritise, develop and implement a staged wound prevention and management improvement strategy to allocate scarce health resources within their organisation. Benchmarked data also allows comparison with organisations of a similar bed size.

Hospital-acquired wounds and wound prevention

Preventable hospital-acquired wounds such as pressure ulcers and skin tears cause physical and psychosocial harm and incur unnecessary fiscal costs to patients and health care providers. Two thirds of the pressure ulcers and skin tears identified in the survey were hospital-acquired. Overall 19% (n = 553) of the wounds identified were preventable hospital-acquired wounds.

The prevalence of patients with wounds in each category, the proportion of wound categories overall and the proportion of preventable hospital-acquired wounds has assisted in prioritising the order in which the WoundsWest education modules are developed. The first category specific module to be developed will be pressure ulcers.

The prevention of avoidable hospital-acquired injuries and the application of evidence-based practice to improve wound healing rates have the potential to substantially reduce many variables impacting on the cost of patient care such as: length of stay; number of visits; dressing materials; other consumables; and human resources currently expended on wound care.

A comprehensive program of prevention strategies can be effective in reducing pressure ulcers. These strategies incorporate: evidence-based clinical guidelines, risk assessment, interdisciplinary input, organisational risk management, education and information sharing for patients, carers and staff [8].

The WA Department of Health, Office of Safety and Quality in Health Care (OSQHC) are sponsoring a Safety and Quality Investment Reform (SQuIRe) to assist health services reduce hospital-acquired pressure ulcers. One quarter (25%) of health services surveyed indicated an involvement in the SQuIRe program.

The use of a pressure ulcer risk assessment tool (RAT) is recommended as a key to shifting care from crisis intervention to preventative management [1] and can assist with identifying a plan for the type of preventative intervention required. As mentioned previously, a completed RAT was identified for only 39% of surveyed patients (n = 1,149). The Braden Scale for Predicting Pressure Sore Risk was the most commonly used tool 78.5% (n = 902). The use of a single pressure ulcer RAT across WA would improve compliance with the tools use bringing consistency to the practice regardless of location and staff movement across wards or institutions around the state.

The US Agency for Healthcare Research and Quality found that the use of pressure relieving equipment met the greatest level strength of evidence criteria for impact and effectiveness [35]. The introduction of high density foam mattresses in Victorian public hospitals was part of a state-wide program which achieved a 30% reduction in pressure ulcers across Victoria over a 3 year period [2].

Few WA health services had an established pressure reduction static foam mattress replacement program (18%, n = 15) and many staff anecdotally indicated a scarcity or difficulty in consistently obtaining additional pressure reduction equipment for patients at high risk of developing pressure ulcers, particularly those in regional and remote areas. Of the 303 patients identified with pressure ulcers, no pressure reducing/relieving device was in use in 16.5% (n = 50) of these patients. The majority of pressure ulcers identified (84%, n = 421) were anatomically located on the pelvic girdle and lower leg. Patients at risk of developing pressure ulcers in these areas would benefit from the use of a pressure reducing mattress and/or additional device. Routine provision of pressure relieving devices should be used as part of individual preventative plans for patients assessed at risk of developing ulcers.

As a consequence of the data obtained in the survey a successful funding application for $2.5million in pressure reducing/relieving equipment for health services has been obtained.

All WA basic hospital mattresses should be of high density foam with a minimum technical specification that provides pressure reduction capabilities for patients at low to medium risk of developing a pressure ulcer. The technical specification should incorporate as a minimum the following elements: for mattress covers - infection control features, 2-way stretch, a specified moisture vapour transmission rate and for foams - declaration of classification, density and hardness, support load, minimum depth and side walls.

Health services also need access to a range of additional pressure reducing/relieving devices that can be used for medium to high risk patients as ascertained by the level of risk identified through a pressure ulcer risk assessment tool. Access to equipment for regional and remote health services could be made available through a regionally centralised sharing arrangement to ensure availability of equipment for patients regardless of geographical location.

Regular reporting of pressure ulcer data for a clinical indicator such as Indicator 1.5.3 of the Australian Council on Healthcare Standards (ACHS) EQuIP 4 [11] would increase the value of data for measuring compliance and the effectiveness of intervention in preventable hospital-acquired pressure ulcers and help keep the issue on health service agendas. All Victorian public hospitals commence quarterly collection of a pressure ulcer clinical indicator dataset (both outcome and process measures) in January 2008 [12]. Data was collected as part of a clinical risk management program by 34% (n = 29) of WA health services.

Skin tears were the third most represented wound identified in the survey (n = 354), with 8% of patients having 1 or more skin tear. Whilst in many instances these injuries can be prevented there is currently a scarcity of evidence for reliably predicting patients at risk of developing skin tears or in the management of these wounds. Further research is required but as a first step the introduction of a single skin tear classification system state-wide will create a common language to enable improved communication and continuity of care for patients with these wounds.

Coordinating and implementing evidence-based change

Strong organisational leadership and a strong focus on wound prevention and management is required in order to improve patient outcomes. As indicated by the contextual information gathered by WoundsWest there is a need to establish responsibility for coordinating organisational improvement in wound management. Sponsorship and accountability by a senior or executive manager will help maintain a high profile for wound care and interdisciplinary membership is central to achieving balanced and comprehensive input. If a wound committee is already established, a review of the terms of reference of the group is recommended to ensure the above elements are incorporated.

Successfully implementing evidence-based change presents challenges for a resource constrained health sector and there are a multitude of tools and techniques available to guide organisations. Evaluating patient outcomes is also central to good clinical governance and risk management processes of which wound management is but one component, albeit a largely forgotten one. It is essential that health services and clinicians alike pay more attention to evaluating outcomes of wound care regimens as part of the usual process of care thereby reducing the burden of disease on patients and the community by maximising the benefits of applying evidence-based care to patients with wounds [31].

Comprehensive and coordinated improvements in wound prevention and management should take care to incorporate wound prevention and management initiatives into existing quality improvement projects and to ensure outcomes align with existing statutory, regulatory and accreditation reporting requirements. Data should inform decisions, incremental targets should be identified and staged tasks undertaken to achieve the outcomes. The benefits of adopting this or similar approaches where multidisciplinary wound management units have been established are well documented [4].

The WoundsWest prevalence survey has established a baseline from which to measure and track improvement in wound prevention and management at an organisation and state-wide level. To achieve sustainable clinical practice improvement a number of points should be considered:

- Establish a consensus for achievable targets and measures of success;
- Base change on evidence-based or best practice guidelines;
- Ensure executive or senior level support;
- Ensure interdisciplinary input;
- Communicate widely, consulting staff, patients and carers before, during and after change;
- Support staff with education and resources; and
- Focus on improving the process.

The OSQHC suggest a 2 part 'Model for Improvement' to successfully implement change [36]. Part 1, the 'thinking' component, consists of identifying:

- The aim of the change;
- How to monitor or measure success; and
- The steps or changes can be made that will result in improvement.

The data provided to health services through this report can inform the 'thinking' component and provide a baseline measure.

Part 2 of the OSQHC 'Model for Improvement', the 'doing' component, suggests the use of the PLAN-DO-STUDY-ACT (PDSA) cycle as an effective approach for implementing change.

Plan – it is important to spend time carefully planning. Use data to inform a pilot test of change in real settings such as introducing a RAT in a single ward or unit.

Do – carry out the initiative, preferably first as a pilot or on a small scale and record data to measure change.

Study the results – what worked and what didn't? Did the change achieve what was anticipated?

Act on what was learned and any conclusions made. That might mean adopting the change on a permanent basis, modifying it and piloting again or abandoning it all together.

Using the PDSA cycle on small projects ensures a higher success rate for broad implementation of change.

Introduce the WoundsWest audit process and other project elements to WA Health

Effective use of all elements of the WoundsWest system will over time: increase patient safety; reduce preventable hospital-acquired wounds; and reduce wound-related Emergency Department presentations, inpatient admissions and outpatient attendances within WA Health facilities by improving access to consistent, continuous evidence-based wound care which can increasingly be delivered locally.

Staff within all 85 WA public health services have been informed of WoundsWest's aims and objectives and 220 staff received direct education on how to recognise and classify wounds according to survey criteria and were deemed competent to participate as surveyors in the 2007 wound prevalence survey.

Data can be a powerful tool for identifying a need, informing strategic planning to manage an issue and tracking the implementation and success of an intervention. The WoundsWest survey, the first Australian state-wide wound prevalence survey, presented the WoundsWest team with a unique logistical and communication challenge to arrange education, surveyor testing and data collection using a common methodology within 85 health services across WA. The WoundsWest audit process has been piloted, evaluated and successfully implemented. The survey will be repeated annually with an aim to streamlining the analysis and reporting of data to health services and the state.

WoundsWest education

Increasing staff knowledge of wound care across the state by improving access to evidence-based education and clinical support, especially for health professionals in regional and rural areas, will assist in reducing wound related Emergency Department presentations and inpatient admissions. Contextual data gathered from the survey noted that in two thirds (67%) of hospitals clinical staff had access to education on wound prevention and management.

Wound prevention and management education should be available to all health care staff in a format that addresses adult learning principals, the practicalities of a resource stretched health sector and the needs of health care staff located in regional and remote health services. Staff should be provided with the time and opportunity to access education. Wound education can be focused on specific categories of wounds so that hospitals and health professionals can target areas of greatest need such as acute wounds or leg ulcers. For example, a large proportion of leg ulcers (42%) were classified as being of uncertain aetiology, indicating an opportunity for improving knowledge in the management of this type of wound.

To assist in providing services in this area WoundsWest has launched its first online interactive wound education module which details basic wound assessment and management for all healthcare providers. Health professionals can try a quiz to test their knowledge, complete a case study to assess a patient then plan the patient's ongoing wound care or just work through the module from beginning to end. Additional modules which cover specific prevention and management information for all wound categories will be progressively developed and launched, with the pressure ulcer module planned for release by the end of December 2007. The WoundsWest education program can be accessed at www.health.wa.gov.au/woundswest/education.

WoundsWest IT

WoundsWest is also facilitating clinical support and remote referral of complex wounds to clinicians with wound management expertise via an electronic imaging and documentation system. The system will provide a patient centred record of wound care and will enable all health professionals caring for the patient's wound(s) to access a continuous record of the assessment and treatment of the wound(s).

The system which will be supported by the WoundsWest Consultant Team (WWCT) and will be piloted at 7 WA Health sites in early 2008.

Conclusion

The management of patients with wounds places considerable demands on health resources and health budgets [14]. The nature of wounds in terms of their underlying cause, type and number found on patients and their affect on health service delivery has been poorly explored, particularly within Australia.

WoundsWest has successfully:

- Identified the prevalence of wounds in WA public hospitals
- Obtained contextual data on how organisations currently manage wounds;
- Provided data to inform strategic planning for improving the prediction, prevention and management of wounds; and
- Introduced the WoundsWest audit process and other project elements to WA Health.

WoundsWest recommends WA Health adopt uniform policies and practices in wound management that will improve clinicians' ability to predict, prevent and manage all wounds according to current evidence. The recommendations centre on establishing state-wide and local leadership, uniform policies, collaborative interdisciplinary care and evidence-based education aimed at reducing preventable hospital-acquired wounds and improving wound management practices.

WoundsWest has achieved one of its primary objectives and all of the aims of the first state-wide wound prevalence survey. The successful attainment of the remaining WoundsWest objectives will mean that WA health is in an ideal situation to support improved continuity of wound care for patients across the spectrum of health in WA. WoundsWest has the potential to position WA Health as a world leader in wound prevention and management.

Recommendations

The following recommendations will achieve a reduction in preventable hospital-acquired wounds and improve wound healing outcomes.

WoundsWest recommends that WA Health and health services work collaboratively together to:

- Reduce hospital-acquired pressure ulcers by 10% in the next 12 months through the introduction of evidence-based pressure ulcer prevention and management strategies;
- Reduce hospital-acquired skin tears through the introduction of state-wide skin tear classification system and the investigation of evidence-based prevention and management strategies; and
- Increase access to and promote the use of the WoundsWest education program, clinical expertise and evidence-based wound care for all patients across WA.

The adoption, implementation and effect of the above recommendations will be evaluated through the second state-wide wound prevalence survey in 2008.

Table 42 details the responsibilities and actions required by WA Health and individual health services in order to achieve the recommendations and improvements in wound prevention and management.

Table 42. Summary of key recommendations

KEY RECOMMENDATION 1 – Reduce hospital-acquired pressure ulcers by 10%

WA Health and health services should work together to implement a range of evidence-based strategies aimed at working towards a 10% state-wide reduction in hospital-acquired pressure ulcer prevalence within the next 12 months.

Action	WA Health state-wide responsibility	Individual health service responsibility
1.1 – Establish clinical governance and interdisciplinary leadership for pressure ulcer prevention and management initiatives	▪ Provide pressure ulcer data to health services to inform strategic planning and track reductions in hospital-acquired pressure ulcers ▪ Conduct 2nd WoundsWest state-wide wound prevalence survey in 2008 ▪ Work closely with the Office of Safety & Quality in Health Care SQuIRe program to support clinical practice improvement ▪ Ensure interdisciplinary membership/input of working groups involved in developing wound prevention and management initiatives	▪ Establish a wound management committee chaired by a senior or executive manager to plan, audit and monitor wound prevention and management for the organisation ▪ Participate in the 2008 WoundsWest state-wide wound prevalence survey. ▪ Participate in the SQuIRe clinical practice improvement (CPI) pressure ulcer initiative ▪ Report on outcomes of participation and wound initiatives at health service executive level ▪ Establish interdisciplinary wound management clinics to manage complex or chronic wounds
1.2 – Standardise the use of pressure ulcer risk assessment tools (RAT) and protocols across all health services	▪ In collaboration with health services identify an appropriate pressure ulcer RAT for state-wide use	▪ Pilot and implement the state recommended pressure ulcer RAT and relevant protocols across the health service ▪ Link preventative and management interventions to patients' level of assessed risk ▪ Monitor the implementation and compliance of the RAT's use
1.3 – Provide static pressure reduction foam mattresses for all public hospital patients at low to medium risk of developing a pressure ulcer	▪ Provide additional funding to support a static pressure reduction foam mattress replacement program for all health services ▪ Ensure evidence-based technical specifications are established to support state procurement processes	▪ Establish an ongoing static pressure reduction foam mattress replacement program to ensure equipment meets appropriate specifications and is maintained to an agreed standard

Action	WA Health state-wide responsibility	Individual health service responsibility
1.4 - Provide access to a range of additional pressure reducing/relieving devices for patients at medium to high risk of developing a pressure ulcer	▪ Provide additional funding to support the procurement of pressure reducing/relieving devices for all health services ▪ Ensure evidence-based technical specifications are established to support state-wide procurement processes	▪ Establish an ongoing pressure reduction equipment replacement program to ensure equipment meets appropriate specifications and is maintained to an agreed standard ▪ Introduce protocols and agreements for sharing pressure ulcer devices between health services to maximise use
1.5 – Provide basic education on pressure ulcer prevention and management for all direct care and clinical staff	▪ Develop evidence-based pressure ulcer prevention and management education for all health care staff ▪ Provide access to evidence-based pressure ulcer education for all health care staff regardless of geographical location	▪ Provide regular opportunities for all staff to access WoundsWest evidence-based pressure ulcer education ▪ Establish obligatory annual pressure ulcer education for direct care and clinical staff
1.6 – Provide basic information on pressure ulcer prevention and management to all patients, their families and carers	▪ Develop patient and carer pressure ulcer prevention and management information ▪ Provide patients and carers with access to pressure ulcer prevention and management information regardless of geographical location	▪ Provide all patients at risk of or those who develop pressure ulcers and their carers with information on pressure ulcer prevention and management prior to, on and during their admission ▪ Ensure at risk patients or those with pressure ulcers and their carers are consulted over care regimens
1.7 – Establish regular clinical risk reporting on pressure ulcers	▪ Establish state-wide policy for management and reporting of pressure ulcers congruent with Australian Council on Healthcare Standards (ACHS) EQuIP 4 Clinical Indicator 1.5.3 ▪ Provide annual prevalence data through WoundsWest survey	▪ Establish policy for management and reporting of pressure ulcers congruent with Australian Council on Healthcare Standards (ACHS) EQuIP 4 Clinical Indicator 1.5.3 ▪ Report incidence and prevalence data at ward/unit and site level to executive management

KEY RECOMMENDATION 2 – Reduce hospital-acquired skin tears

WA Health and health services should work together to introduce a state-wide skin tear classification system and to investigate evidence-based prevention and management strategies, including an evidence-based risk prediction tool and clinical guidelines for reducing hospital-acquired skin tears.

Action	WA Health state-wide responsibility	Individual health service responsibility
2.1 – Introduce an evidence-based skin tear classification system across all health services	▪ In collaboration with health services identify an appropriate evidence-based skin tear classification tool for state-wide use ▪ Provide skin tear data through 2nd WoundsWest state-wide prevalence survey in 2008 on hospital-acquired skin tear prevalence ▪ Conduct 2nd WoundsWest state-wide wound prevalence survey in 2008	▪ Pilot and implement the state recommended skin tear classification tool across the health service ▪ Report incidence and prevalence data at ward/unit and site level to executive management
2.2 – Develop evidence-based guidelines for the prevention and management of skin tears	▪ Investigate the development of a risk prediction tool for skin tears ▪ Investigate the development of evidence-based guidelines for the prevention and management of skin tears	▪ Participate in the investigation of a risk prediction tool development for skin tears ▪ Participate in the development of evidence-based guidelines for skin tear prevention and management

KEY RECOMMENDATION 3 – Increase access to wound education, clinical expertise and evidence-based wound care

WA Health and health services should work toward increasing access to and promoting the use of the WoundsWest education program, clinical expertise and evidence-based wound care that can be delivered regardless of geographical location thereby reducing the need for patients to travel to major centres or Emergency Departments for wound care.

Action	WA Health state-wide responsibility	Individual health service responsibility
3.1 – Provide basic education on wound prevention and management for all direct care and clinical staff	▪ Progress the development of the WoundsWest online wound education program	▪ Promote use of WoundsWest online wound education program for individual and group education sessions ▪ Include basic wound education in induction agendas and annual competency sessions for direct care and clinical staff
3.2 - Promote the use of evidence-based clinical guidelines in policy development for wound prevention and management	▪ Establish or develop state-wide evidence-based guidelines for all wound categories ▪ Provide access to evidence-based guidelines for health care providers regardless of geographical location	▪ Review existing or develop new policies for wound prevention and management aligned to evidence-based guidelines ▪ Monitor the adoption, use and effectiveness of policies for wound prevention and management
3.3 – Provide access to evidence-based clinical support for all WA Health healthcare providers	▪ Implement state-wide wound imaging and documentation system supported by WoundsWest Consultant Team (WWCT)	▪ Participate in pilots/and or state-wide implementation of WoundsWest imaging and documentation system ▪ Provide access to and use of WoundsWest imaging system and WWCT