
Protocol development: Comparing compression wraps against compression bandages for management of bariatric clients with venous leg ulcers

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Abstract: Objectives: To assess the therapeutic outcomes, associated costs and functional qualities of two compression wraps systems compared to compression bandages. Comparison will be made in terms of:

- Compression pressures achieved
- 1. Time to complete the dressing and compression application
- 2. Cost of wound management over each the 12 week period
- 3. Wound progression over each 12 week period
- 4. Client satisfaction and acceptance of compression therapy
- 5. Nurse satisfaction and ease of application
- 6. Ergonomic assessment and comparison

The final results informed the formation of an organisational protocol in the management of bariatric clients with venous leg ulcers.

Methods: A descriptive pilot study was conducted on 10 obese community clients with venous leg ulcers. Clients recruited to the study had baseline data collected, prior to receiving best practice wound management based on assessment with compression bandaging for 12 weeks. At week 12, clients were randomised to receive one compression wrap system for another 12 week period. Data and measurements were collected through weekly ongoing assessments with a client and nurse evaluation at week 12 for the bandages and week 24 for the compression wraps.

Results: Bariatric clients present a unique challenge to nursing staff and especially in the application of compression therapy for venous leg ulcers. The compression wraps were found to be preferred over the bandages by both the clients and nursing staff. It was easier and more comfortable to both apply and wear without any detriment to the wound. In addition, consumable costs were reduced and the application time to apply dressings was also decreased. An independent ergonomic assessment found the wraps decreased the risk to nurses significantly potentially reducing injury. Furthermore, an unexpected outcome was the majority of the clients were able to be self-caring or could have carer assistance with the application reducing the need for nursing visits.

Conclusion/Recommendation: A protocol to use compression wraps on bariatric clients was endorsed by the study and adopted by Silver Chain Group.

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Introducing the emergency NP role to Margaret River Hospital: Surviving the storm and riding the waves

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Abstract: Surviving the storm and riding the waves...

Objective: The objective of initiating a six-month trial to implement the Emergency Nurse Practitioner role to Margaret River Hospital was primarily to measure the ability to reduce the GP clinical workload in the Emergency Department.

Design/Method: A comparative quantitative analysis was undertaken to review the number of patients that were independently assessed, diagnosed, managed, treated and discharged by the ENP at Margaret River Hospital over a six-month duration.

Results: The primary key performance indicator of the trial yielded a 43% reduction in GP clinical workload in the Margaret River Hospital Emergency Department. Provision of focused patient care was the ENP priority. This approach empowered the ENP role to navigate the political storm during times of change. Motivation was maintained by ambition, expectancy, focus, attitude, effort and creating an environment that fostered dynamic practice, support, knowledge, leadership and mentorship. The journey was met with great challenges and the change management approach was retrospective as we hit the ground running

Conclusion/Recommendations: The rural tourist town of Margaret River South West Western Australia has experienced a 15% growth of emergency presentations; the single nurse led, GP on-call model is overwhelmed. The reactive resolve by Western Australia Country Health Service was to implement the Emergency Nurse Practitioner (ENP) role, whilst the current model of care was re developed in response to a heightened sustained activity and acuity. The trial illustrates the complex issues involved when implementing NPs in EDs.

The findings may inform policy makers and health care professionals in the future development of the role of NPs in Australian rural EDs. As the ENP role develops in rural Western Australia, the new horizon is to support the ENP to work to their full potential with consideration to sustainable roles. A framework that integrates the core values of NP clinical governance, mentorship and collegial support is recommended. However, it is evident that limited time has become an obstacle to gather rich data and compile into meaningful outcomes,