WHASA Presentations

 Wound Healing Southern Africa 2018;11(2):7

Best Oral Presentation:

Venous Leg Ulcers

Background: Venous leg ulcers are the most common type of leg ulceration and prevalence seems to be increasing as the population ages and co-morbidities increase. Venous lower leg ulcers appear to be an underestimated and misdiagnosed chronic disease that has a significant socio-economic impact on the individual as well as the community and the healthcare system. The treatment of these wounds seems to be the responsibility of community nurses in private practice and public facilities attending to wounds. Nurses require specialised training to have the skill and knowledge to identify and treat these wounds according to existing guidelines. Evidence-based care improves outcomes for the patients suffering from this debilitating disease.

Objectives: The objective of this research was to describe the current level of care within wound care practices in Gauteng according to the Donabedian Structure-Process-Outcome quality improvement model.

Method: Forty-eight facilities were chosen randomly from wound care practices within 5 different strata i.e. private wound clinic, Public sector clinics, general practitioners, pharmacies and home-based care nurses in Gauteng. Trained fieldworkers conducted structured interviews with care providers to assess infrastructure, human resources, level of education, equipment available and policies and protocols. Within these facilities, patient files were randomly chosen from patients that previously presented with venous lower leg ulcers. One-hundred-and-sixty files were audited by using a checklist to assess processes implemented and outcomes reached.

Results: Lack of proper record keeping made data collection very difficult, but a few important revelations from this study are the fact that facilities lack the necessary equipment to perform vital assessments, for example handheld duplex dopplers were only available in 60% (n=48) of the facilities. Patients are being attended by clinicians with no formal wound care training as 61% (n=48) of the personnel at the facilities had no formal wound care training.

Although in the majority of files (147% n=160) an assessment tool was used, many of the elements thereof were not comprehensively done according to best available evidence. Pain, assessment, presence of varicose veins, previous treatment, and functioning of the calf muscle were assessed in more than 70% of the cases. However, aspects such as smoking, body mass index and anaemia that all play a major role in wound healing were assessed in fewer than 30% of cases. Distinguishing between superficial infection and deep infection seems to be a challenge with over-utilisationof antimicrobials and antibiotics. Furthermore, 71% received compression therapy while the ABPI of only 30% were known.

Outcomes were fairly well recorded at three weeks but declined towards completion of treatment.

Conclusion: Quality of care could be measured by measuring structure, processes and outcomes. Accurate record keeping is vital to obtain a view of what processes are being followed and what outcomes are being reached. From this survey it is evident that nurses providing wound care are not all trained in wound care, that best practice guidelines are not being fully implemented, and that the consequences may be detrimental to the patients as a high number of amputations were reported.

Febe Bruwer

Best Poster Presentation:

THINKING OUT OF THE BOX: The ability to improvise and the recycling of rubbish into equipment in Africa

A lack of resources in home nursing can become a huge obstacle in the successful treatment of a patient. This limited resource is not only present in rural areas. Innovation and improvisation can result in simple yet excellent solutions.

Presenting a cut-out cardboard box as a bed cradle that not only relieves the pressure from heavy bedding successfully but also acts as heat isolation. As a bonus the box is being recycled into a piece of equipment that is essential for pressure relief.

There is no cost involved and anybody can do it. The box should be clean and sturdy. It should be wide and deep enough to accommodate a standard pillow and high enough to accommodate the patient's feet when placed on its side. A window is cut out at the opposite side allowing easy access to observe the patients' feet.

Susan Thiart