Coaching in wound care. The wound care specialist nurse, facilitator for the management of skin lesions between hospital and territory in the Bologna Local Health Authority: a research project

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ABSTRACT

The aim of this is project is the development of an organizational/professional strategy that can help the homogenization of the behavior of healthcare professionals, determining a reduction of human resources and costs, but above all promoting an improvement of the quality of life of people with skin lesions. Some skin wounds are characterized by a long duration and a high incidence of complications, which often result in considerable economic expenses. The Wound Care Specialist Nurse, in collaboration with healthcare professionals by consultancy, training and supervision of operational processes, is an important reference for the improvement of the care and the treatment goals and outcomes. The project involves Hospital/Health Care Home and the Wound Care Specialist that works in collaboration with the nurses of the area.

INTRODUCTION

The growing difficulty of managing acute and chronic wounds is mainly attributed to a lack of assistance to those affected by these problems. The WHO argues that interprofessional collaboration is very important, both in terms of training and management of wounds in order to provide better patient care. International guidelines suggest that a team approach is required to prevent and manage wounds, and pressure ulcers.[1]

Bologna Local Health Authority, one of the largest and most important social and health companies in the country with over € 1.7 billion annual budget and more than 8,000 employees has developed a great sensitivity to the problem of skin lesions: it consists of 6 Districts of clients and guarantees, the district assistance is guaranteed through structures managed directly by the Local Health Authority and by accredited private structures. The accredited public and private hospital network has a widespread presence on the territory and guarantees the self-sufficiency of the company not only on the basic disciplines, but also on those of the highest specialist level.

The Domiciliary Nursing Service is connected to the 6 Districts and provides assistance to the users through 24 points to cover the entire catchment area. The nursing staff also takes care of the territorial nursing clinics, of the little and big hospital of the territory.[2]

A recent analysis about the dressings shows the following: for *hospital wards* it is not possible to quantify the medication performance or the number of patients with skin lesions as the assistance documentation is only paper and in the hospital discharge form (*scheda di dimissione ospedaliera*) the corresponding diagnosis-related group is almost never completed, but a monitoring program of the incidence is structured and the prevalence of pressure injuries only in corporate medical areas. For the *Territorial Nursing Clinics* the total number of dressings/bandage performances is about 60,000 *per* year. For *Home Care* the total number of dressings/bandage performances are around 200,000 *per* year.

Bologna local Health Authority is consolidating the development of *care pathways* that offer to all every citizens the guarantee of access to timely and adequate care for individual professional expertise, of team and structure mixed service definable as *diagnostic pathways* and the *Diagnostic Therapeutic Assistance Path (PDTA) of the patient with difficult injuries* is among these.

The PDTA project of difficult wounds wanted to overcome the absence of a uniform network that accompanies

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Key words: Wound care; Coaching; Nursing; Skin lesions.

Conflict of interest: the author declares no potential conflict of interest.

Funding: none.

Received for publication: 30 May 2018.
Accepted for publication: 4 February 2019.

Italian Journal of Wound Care 2019; 3(1):27-31
doi:10.4081/ijwc.2019.37

the patient with a difficult wound in his path due to the problematic interaction between general medicine doctors, specialists and nurses, but also by the non-homogeneity of approaches to the skin lesions in the phase of prevention and often inadequate treatments of the acute wound that turns into chronic thus considerably lengthening the healing time and increasing exponentially the costs. The main action has been to intercept patients with skin lesions, treat them appropriately and address them to the right place. If the skin lesion does not show signs of healing within a reasonable time (within 8-10 weeks of appearance) the lesion it becomes chronic.[3]

Bologna Local Health Authority has in its staff: professional resources that have been involved for some considerable time in the management of skin wounds in different care settings, a group of specific skilled nurses many others have earned Master degrees in Wound Care, who play the role of representative Coaches. The latters are also part of a substantial network of nurses who, through active participation, collaboration on corporate projects such as illustrated posters, operational procedures and publications (such as: *Guide to the choice of dressing*),[4] document audits, inspections (educational outretch visit) for the data collection and for the super the prevalence and incidence of skin lesions.

The Coach is seen, therefore, as a *facilitator* in the processes of change and development of personal skills and organizations that is the mean to achieve the desired good.

Despite many operational tools (PDTAs, difficult wounds, computerized operating systems, specialist clinics, *etc*.) and the big role given to the training as well as specific skills according to a recent audit conducted in local areas and hospital, is still evident a considerable discrepancy in the use of the best practices in compliance with the prevention, assessment and treatment of skin lesions. There is a need to build relationships, collaborations among specialists, expert and skilled nurses, and colleagues who deal with injuries, in order to change bad inadequate (Figure 1).

Objective

This project is mainly linked to a cooperation with all the professional operator, both in hospital or in the territory; the base of this project is basically strict for the fact that all the operators (both in hospital and also the one's who works in nursing clinic and home health care) have to manage in wound care.

All professionals are trained to the prevention, to evaluate and for the treatment of pressure ulcers; the assessment and the treatment of bedsores, vascular injury with certain specific based on different etiology by International Guidelines and by Emilia Romagna Region protocol.[5,6] The aim of this project is to aim common clinical care behaviors; during the training different concepts are given to the operator like: wounds assessment, wound treatment, advanced dressing, date records.

The second point is related how to use coaching methodology: in this moment the Wound Care Specialist Nurse lets grow the interest in the operator related to care of this patient.

Final objective is to create a solid structure between hospital and home health care focusing on prevention of skin lesion, this can be obtained with a specialized nurse in wound care who, through the role of facilitator, is able to collaborate in an active and constructive way alongside professional operators, thus facilitating professional decisions, overcoming the fragmentation of existing interventions, encouraging skills growth to achieve best practices, through a coaching methodology.

The specific objective is to favor the prevention of pressure injury at home on fragile patients; to promote supervision of complex skin lesions in the hospital and in the area through prevention of specialist nursing advice; to help the creation of a link between the Home Health Care and Hospital settings to overcome the fragmentation of the interventions.

MATERIALS AND METHODS

The Area Responsible (DATeR), PDTA Care Manager, and Hospital Responsible cooperate in: *first*, speaking to each other; *second*, plan the project; *third*, build up the project.

The project will involve San Giovanni in Persiceto Hospital, Home Health Care and Outpatient in the West Plain District, the General Practitioners of the territory concerned, the Primary Care Coordination Point (PCAP) West Plain District.

A modality to involve the interaction between the specialist nurse facilitator and nurses of the different care settings area will be built like this: the Nurse Specialist Wound Care will have to express authority in the phases of integration and collaboration with health workers; have to keep an effective and constructive understanding with the PDTA network of difficult is in skin lesions; must collaborate with the Nursing Management to solve any problems related to the management of skin lesions in the various care settings.

PCAP work will be basically important in the organization as soon as a patient he/she is sent home, because they do activate to contact the different needs but basically the Nurse Specialist Wound Care.

Strengths

Enhance the skill of the Specialist Nurse in wound care; the willing of all the nurses in cooperate; different nurse's skills to obtain the best practice; use the computer network when a fragile patient, with or without skin lesion, is outgoing from hospital to his house. Very important need is to create a strong interface between the doctor who follows the patient at home.

Points of weakness

The difficulty for the different clinical components like: general medicine doctors, specialists, case managers is to involve or accept the Wound Care Specialist Nurse in the management of patients with difficult skin lesions. The nurse need to see the therapeutic diagnostic path of skin lesion's patient; first level nurse and general medicine doctors don't know the Specialist's Nurse net enough; non-homogeneous wound or dressing knowledges; missing certain clinical standard or non-homogeneous brochure.

Opportunities

Enhance the figure of Nurses Specialists in Wound Care in the Company; to respond to the need to share knowledge

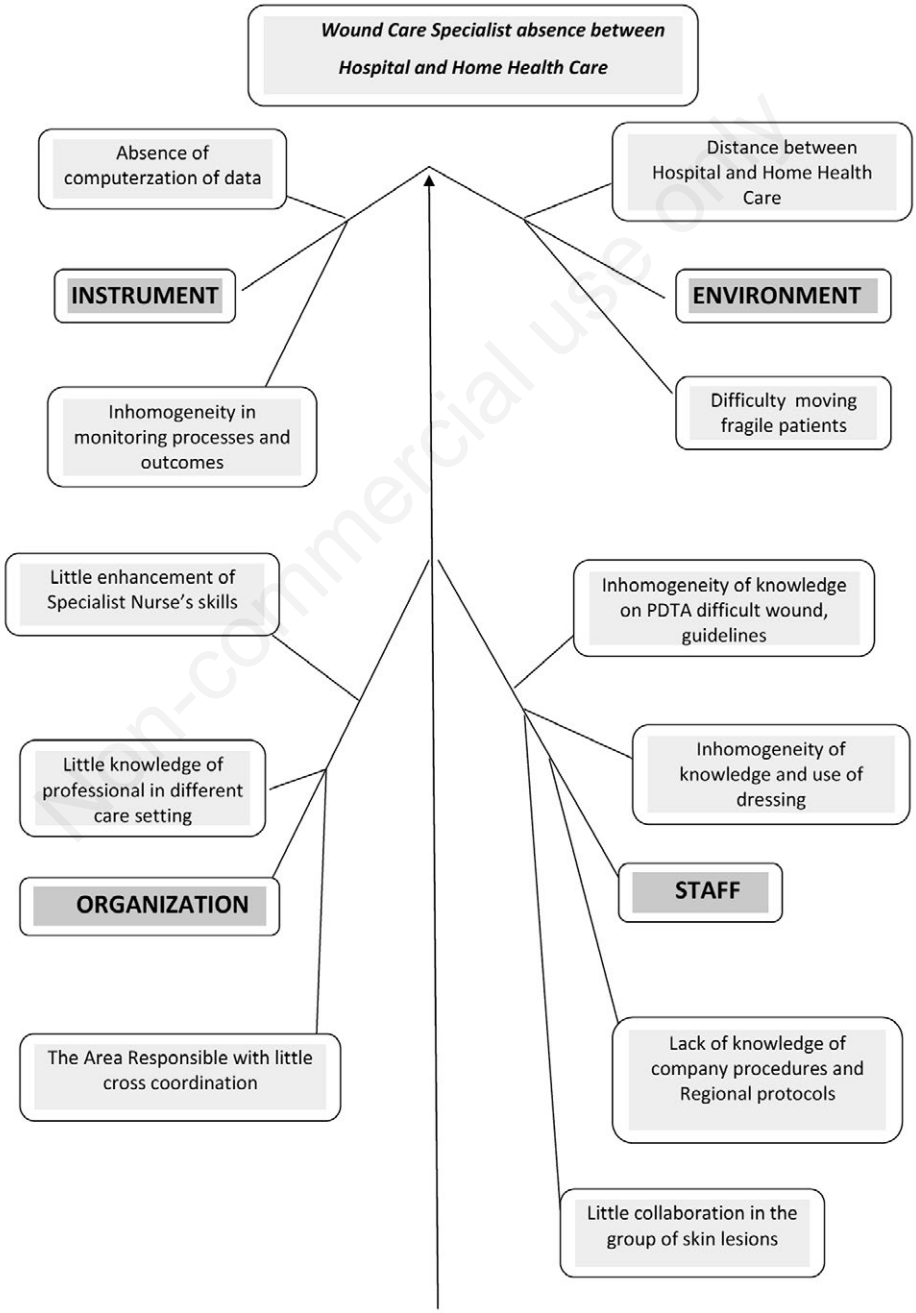

Figure 1. Ishikawa diagram showing the lack of a wound care consultant between hospital and territory.

and skills on the part of nurses who deal with all levels of skin lesions; focus on a health problem of the patient until now diversified by type of injury; presence of a consultant Specialist in Wound Care to refer to in the care setting; possibility to perform consultations reducing the patient's discomfort for the movement.

Threats

Delay, by general medicine doctors and specialists and Case Managers of the various care settings, of the request for intervention on those injuries that becoming chronic make healing times more difficult; poor knowledge of the project and of the role of the facilitator of the management of skin lesions; resistance to change. The whole project will be accompanied by continuous training that aims to homogenize the knowledge but also the knowledge among the network actors as the courses to strength the presence of the operators in all the interested settings (Table 1).

Process and outcome indicators

Number of injuries in patients discharged in the absence of injury

The indicator is detectable only between patients discharged from the hospital who do not show pressure lesions, who have a Braden scale equal to and/or less than 18, and for whom a protected discharge path has been activated because for such patients it is foreseen a traceability through a computerized management system named *Garsia*.

The incidence of patients who experienced the onset of pressure injuries on the total patients discharged during a given observation period will be detected.

The impact on the subsequent periods observed will have to tend towards a downward trend.

Supervision and monitoring and management of complex skin wounds

Number of consultations carried out for the management of skin wounds.

Personnel involved in the management of skin lesions will have to provide complete reporting on the type of lesions, interventions performed and results obtained based on standardized indicators (WBS, EPUAP/NPUAP classification, TEXAS classification, *etc*.).

Taking the EPUAP classification as an example, the injuries of 3rd and 4th category that tend to the intervention of the Wound Care Specialist Nurse can be considered complex.

Since the wound healing times and methods can not be standardized because Wound Healing is a process that can be influenced by intrinsic and extrinsic factors (*e.g*., age, health status, co-morbility, degree of mobility, *etc*.), the indicator must identify the number of requests for intervention by the Wound Care Specialist Nurse for specific types of injury categories, for example 3rd and 4th category.

The expected result, the outcome indicator, should be to demonstrate and confirm that there is greater autonomy in the management of patients suffering from 3rd and 4th category skin pressure injuries by operators and care givers through continuous training and process monitoring.

Home health care - hospital connection

Number of interventions carried out in the Hospital *vs* Home Health Care and Nursing Clinic.

Through the PCAP, the intervention of the Wound Care Specialist Nurse will be activated for patients with complex skin lesions near the discharge to which the protected discharge path has been activated at home. The indicator should record the number of requests for interventions by the specialist nurse for the total number of patients with

Table 1. Gantt chart.

Intervention	Action	Time of actuation	Responsible
N. 1	Information and communication of the project	1 week	Wound Care Specialist Nurse
N. 2	Drafting of the project	4 months	Wound Care Specialist Nurse, DATeR West Plain, Assistant Manager PDTA Wounds Difficult
N. 3	Presentation and sharing with DATeR Ausl Bologna	1 month	DATeR West Plain, PDTA Assistant Responsible Wounds.
N. 4	Agreements with Coordinators Hospital Ward Area, Territorial Area, District Surgery Area	2 weeks	DATeR West Plain Assistant Manager PDTA Difficult Wounds
N. 5	Sharing with Nursing Group and General Practitioners	1 month	DATeR West Plain, PDTA Care Assistant Difficult Wounds,Wound Care Specialist Nurse
N. 6	Start of experimentation Specialist Wound Care, Facilitator management of skin lesions	6 months	Wound Care Specialist Nurse
N. 7	Meeting and re-evaluation project with Coordinators Area Hospitals, Territorial and District	1 week	DATeR West Plain, Assistant Manager PDTA Wounds Difficult, Wound Care Specialist Nurse
N. 8	Data presentation to the Corporate Nursing Leadership	1 month	DATeR West Plain, Assistant Manager PDTA Wounds Difficult
N. 9	Starting the final project	1 month	Nurse Specialist Wound Care

complex skin lesions, discharged by means of protected discharge.

The expected result is that patients with complex lesions are discharged with the evaluation of the Wound Care Specialist Nurse who will have to assess the patient's state, the type of injury, the treatment in place, to support the definition of the already structured care path and the continuity of care.

EXPECTED RESULTS

The implementation of this project would allow the use of a professional specialist who, by exercising the specific competence in the management of the subject of skin lesion, would help collaborators to promptly identify vulnerable individuals at risk for the onset of skin lesions and their management.

The active collaboration between the Nurse's Specialist Facilitator and colleagues from the Hospital and/or Home Health Care Units should be able to transfer a certain number of services at a local level leading to a reduction in costs for dressings, a reduction in discomfort for non self-sufficient patients and a improving in their quality of life by improving care.

Timeliness of intervention on skin lesions that are difficult to manage would lead to a reduction in the length of stay for those patients hospitalized with diagnoses related to skin lesions.

The Coaching methodology should encourage the motivational growth of professionals who, in collaboration with the Wound Care Specialist Nurse, will continue to take care of subjects with skin lesions in the various Care Setting.

DISCUSSION

The social and economic impact with the implementation of this project will certainly be positive, its implementation, certainly not easy to implement, because the flexibility interests must be understood and elaborated at different levels of responsibility.

In a current care/organizational/professional reality, where the interest is increasingly focused on saving and optimizing resources, both economic and human, and where the quality of the assistance provided is oriented towards scientific evidence but above all quality of perceived care is fundamental for the creation of a therapeutic alliance and for the achievement of outcome the figure of a facilitator in the management of skin lesions, with a methodological approach of Coaching, will favor a timeliness in the services to be provided overcoming the waiting time limits, a possibility of coaching, directly on the assistance setting of the Specialist Wound Care in moments of criticality related to the assessment of skin wounds.

This will have a positive influence on the costs related to the movements of the non self-sufficient user of skin lesion; on the waiting lists of the 2nd level PDTA clinics of difficult wounds; on the interception of fragile patients and at risk of the onset of pressure injuries, favoring preventive measures in an anticipatory way; on-the-job training directly on the operational field, through clinical and practical reasoning, improving the performance of the operators involved in achieving best practices.

The involvement of the operators, in those situations that are difficult to manage, will encourage motivational growth in order to achieve personal and professional goals, through coaching, gratification and encouragement for improvement.

CONCLUSIONS

Through this method of management of skin lesions, the Wound Care Specialist Nurse will have the opportunity to make evident his professionalism, his specific competence, to act independently and to take professional responsibility about what we talk since long time but still today, it is limited by ancient resistances and rigid organizational models.

The Wound Care Specialist Facilitator will be a decisive figure to support the Caregiver by experimenting with data collection, innovative and functional research projects in particular for the prevention then for the assessment and treatment of skin lesions in both home care and hospitals.

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