

A SIMPLE PROTOCOL OF CARE FOR LONG-TERM CARE: RESULTS FROM AN AUDIT

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OBJECTIVE/METHOD

The objective of this study was to evaluate the current clinical and cost effectiveness of the wound dressing regime in place at the center of long-term care “Schlössli Biel” in a three phase audit and to test a simple protocol of care which offers savings in time and money and the benefits of simplifying the wound treatment concept:

- **Phase I:** A retrospective review of the clinical outcomes, the materials used and costs incurred in managing all wounds (27 patients

with 39 wounds) in 2011.

- **Phase II:** A prospective audit for one month of the existing dressing regime, clinical outcomes and costs incurred in managing all of the current wounds (7 patients with 9 wounds).

- **Phase III:** A prospective cohort study for one month of all the current wounds (7 patients with 9 wounds) managed with a combination of ① and a simple secondary dressing adjusted to the moisture status of the wound.

RESULTS

Chart: Average time for dressing change (minutes)

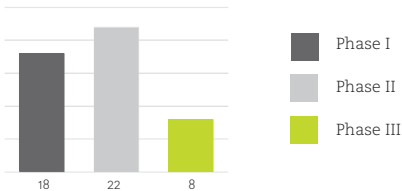


Chart: Total treatment costs per treatment day (CHF)

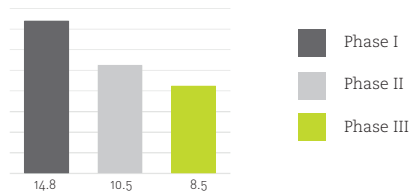


Chart: % of dressing changes with wound cleansing

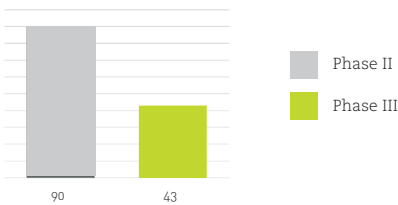
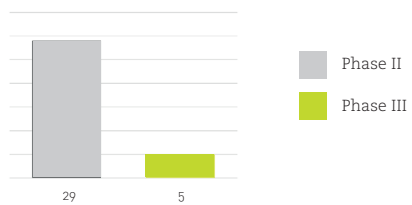


Chart: % of dressing changes with debridement

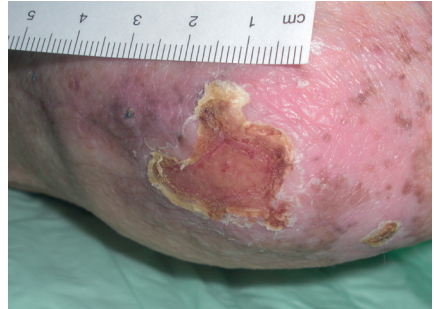


CASE REPORT

74-year-old female with a suture dehiscence following an implantation (total endoprosthesis), left elbow



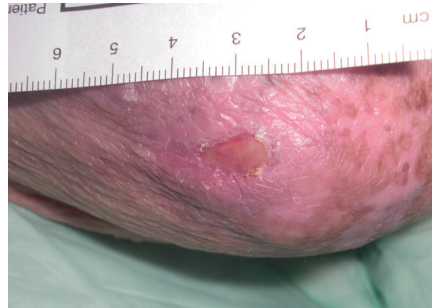
WEEK 1 AUDIT PHASE III



WEEK 2 AUDIT PHASE III



WEEK 3 AUDIT PHASE III






WEEK 4 AUDIT PHASE III

TESTIMONIAL



Karin Eggenberger
Wound Expert

“ used in combination with a cost-effective and appropriate secondary dressing offers clinical, and financial benefits and the opportunity to simplify our treatment concept. One of the most interesting results was that all the 18 nurses involved in daily dressing changes reported that their anxiety of mistakenly using the wrong dressing type or applying it wrongly reduced significantly when using . As a consequence of the audit we have decided to carry on documenting specific aspects of the dressing change, to put more emphasis on wound cleansing and painless dressing change in our training programme and to include  in our treatment concept.”