# Questions & answers from the ‘Let’s discuss pressure injuries’ session 12 August 2020

The following questions were submitted during the pressure injuries case study presentation with Anj Dickson. Questions 1 to 3 were asked during the session and Anj’s transcribed answers have been copied below. Questions 4 to 7 were sent to Anj to answer after the session.

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| **You said it was a group of passionate professionals involved in his care – was there a planned regular meeting with all disciplines, any issues with communication?** |
| So, I think there were regular meetings, I did a lot of go-between, I did a lot of liaising with the different areas just to make sure that everything was working kind of seamlessly. I guess one of the most important things was that, the whole time, the patient was well informed, that he knew everything, and he was involved in every single decision. And we know that his family was important to him, so that there was always someone there for him, so that he felt that he was included in these decisions and we weren't making decisions for him. |
| **How did this case study enable you to work with your District Nursing colleagues to reduce the time to referral in the future?** |
| I guess one of the really good things is that I'm an ex-district nurse and so to them I'll always be a district nurse, so I'm very approachable because I've worked in that setting. And I think that, in terms of district nursing, they do know that we are here, and we are constantly approached by the district nurses, via emails and referrals. So, it's something that's done quite well at Counties and we've actually, they've recently just restructured to actually have their own community wound care nurse, so that's going to be even better for district nursing. |
| **Interesting the POAC model funding on discharge, is this arranged through planning and funding?** |
| So, it was. That was something that my colleague had previously done because we identified that there was a real deficit within the ARC facilities. They were quite hesitant to take VAC dressings because they didn't have the patients that were... oh, they didn't have the nurses that were familiar with it and quite often there's only one nurse to one rest home and that can take up a lot of a lot of time. And so it was really about kind of empowering the rest home so that they know that we have worked with the inter-med who supply our VACs, that we'd go into the rest homes and support them to learn how to do the dressings.<br><br>From a funding side of things, it was... POAC is Primary Options for Acute Care, so it's basically the way that we rolled it is basically we could have early supported discharge. So, that is how we got the sign off on it is, actually these patients don't necessarily need an acute bed, that this could be managed in a hospital facility and so, that is how we kind of developed that pathway to get that funding. Because actually it's a patient that could be managed in a public hospital, oh sorry, in a private hospital or a rest home, if they were given the required support, and if they had the funding to do it.<br><br>Because obviously everyone knows that funding is everything and when you don't have it, |

it's really very difficult. So, to be able to be able to develop that pathway, I think, was really important because it meant that everyone was able to just have a really smooth transition into that area. And we developed a pathway so that everyone was kind of on the same page and everyone knew their expectations.

And not all rest homes or private hospitals are ready to have them and that's okay as well. And it's really about liaising with the rest homes and private hospitals to make sure that it's the right thing for them as well. So, that's why it's really important that they come into the hospital and see the wound and see the dressing as well, so they can understand if it's actually within the realms of possibility. And we have it that some of them can't, they look at the wounds and they go, 'no, they're far too big, I don't think we can manage those' and that's absolutely fine and we just look for an alternate placement for the patient.

So, yeah it's a well-utilised stream and I think that it's something that could be easily implemented in other DHBs, because I think it is really beneficial for the patient because who really wants to be in a hospital when they don't have to be?

**PI are often viewed as 'shameful' that perhaps they reflect 'poor care'. do you think this was part of the issue in this case? How can we work better with patients and their families and our colleagues to allay this anxiety?**

I agree that there is indeed stigma attached with developing pressure injuries, but this was not the case with this patient. He wasn't trying to hide his pressure injury and he was receiving care for it, but I think that there were a lot of educational issues – he was still doing all the things he previously did, he was self-caring for it in between district nurse visits, so all of these things definitely contributed to the deterioration of his wound and he made a brave decision to commit to strict bed rest to get it healed.

**Any challenges with accessing dressing products in the ARC facility?**

The beauty of the POAC funding is that it included dressing products, which is why there is more buy in from the ARC facilities.

**Were you able to identify the initial cause of his PI to prevent future occurrence?**

The pressure injury was associated to the rim of his wheelchair which he knocked during a slide transfer. This initially caused a superficial breakdown, but due to the location of the pressure injury and the fact that he continued transferring, this broke down and progressed to a Stage 4 pressure injury.