Patient Empowerment Program on Self Wound Dressing – How does it work?

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Keywords:
Patient empowerment
Self Wound Dressing
Clinical Safety
Quality Improvement
Improved health Outcome

Introduction
Patients with chronic ulcers were commonly seen in in-patient and out-patient settings of O&T. From the literatures, most of these types of ulcers such as pressure ulcer, venous ulcer and diabetic foot ulcer could be managed by patients or carers if proper training and support were given. However, these groups of clients were seldom received formal teaching on wound assessment and dressing technique. Most of them usually relied heavily on public wound care services which provided by Community Nurse Service (CNS) or General Out-Patient Clinic (GOPC) in which increased the burden of healthcare services. There was obvious gap between patient’s needs and the services that can be provided. Such health seeking behavior should be changed so that both the service receivers and providers could be benefited in the long run.

Objectives
To empower patients or carers to manage patient’s chronic ulcers with proper wound management technique

Methodology
This program was piloted in April 2014 and fully implemented in January 2015. 68 O&T nurses were assigned as the trainer in this program. Various mode of education were adopted. First, patients were provided with iPad to watch an educational video about self-dressing, then real time demonstrated by nurses on the dressing technique. Learners had to demonstrate competency through the standard ability assessment and the self-dressing would only be started when they got pass. Upon discharge, an educational pamphlet was given to the patients / carers as a “Bring home reminder”. Purchasing information of wound dressing materials would be given to patients/ carers to facilitate self-dressing at home. Post-discharge phone support would be provided in case if patients or carers need further support. Wound care practice and
wound progress were monitored for about one month after recruitment at nurse clinic or by phone call.

**Result**
From January to December 2015 (1 year), 37 learners, including 25 patients and 12 carers, were successfully recruited and completed the program. 636 wound care attendance that previously provided by CNS or GOPC were spared within one month. The unplanned re-admission rate was reduced down to 2.7%. More than 94% of wound condition got improvement in terms of wound size and exudate amount. Time and money that patients spent were less and the patient satisfaction was good.

**Conclusion:** The patient empowerment program for self-wound dressing was effective, convenient and safe. Not only it could reduce patient's reliance on public health care service but also maintained a positive health outcome. Such practice should be further promoted in different health care settings.