Utilising a health promotion based quality improvement program to put the pressure on venous leg ulcers and prevent skin tears

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Declaration of Financial Interests or Relationships

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I have no financial interest or relationship(s) to disclose
So what is the Evidence - Practice Gap?
Venous leg ulcers and skin tears are among the most common wounds treated in General Practice.

Up to 50% of venous leg ulcers are not healed at 9 months and most people with recurrent ulcers experience the condition for an average of 15 years.

Between 40% and 60% of patients with venous leg ulcers do not receive recommended treatment.

43% of residents in aged care facilities experience a skin tear.

Source:
Woodward M. Primary Intention. 2002.
And in the veteran population.....

5,000+
In a 1 year period 5000+ veterans were hospitalised with an ulcerous wound

Almost 1 in 5 of those hospitalised were hospitalised more than once in the same year

87%
Up to 87% of veterans at high risk of a skin tear due to regular use of a potent topical corticosteroid, did not receive an emollient dispensing

Source:
DVA Health Claims Database, University of South Australia, QUMPRC. [Accessed July 2016]
Best practice results in the prevention of skin tears and faster healing times for venous leg ulcers.

73% of venous leg ulcers will be healed at 12 weeks with compression therapy, compared to 31% without.

In patients who regularly wear a compression stocking recurrent venous leg ulcers can be reduced to 32% at 5 years compared to 69% in those who do not.

The application of an appropriate skin moisturiser twice daily reduces skin tears by between 34% to 46%.

Source:
Translating the evidence into practice: The Veterans’ MATES approach
Veterans’ MATES Since 2004

We use the Australian Government Department of Veterans’ Affairs routinely collected health claims data.

Contains hospital records including diagnosis and procedures

Includes pharmacy, medical and allied health records including doctor visits, radiology and pathology claims

Client data are updated weekly, health claims data are updated monthly
Four times a year GPs receive information about the veterans they treat who may have the targeted medication or health-related problem. The information includes:

- A list of the patient’s relevant medicines and health services
- Notes identifying the potential problems
- The opportunity for GPs to note the actions they will take
- Supportive evidence-based educational material
- Access to a clinical support phone line staffed by pharmacists, and the Veterans’ MATES website www.veteransmates.net.au
Veterans receive information specifically tailored for the veteran community

Supportive veteran tailored educational material and tools. Information is also available online

Access to a clinical support phone line staffed by pharmacists, and the Veterans’ MATES website www.veteransmates.net.au

And pharmacists and other members of the health care team receive supportive evidence based information
And then the intervention is evaluated

Stakeholder surveys assess participant satisfaction, changes in awareness, knowledge and self-reported behaviour change

Cohort studies and time series analyses assess changes in use of medicines and health services

Cohort studies assess changes in health outcomes, such as changes in rates of hospital admissions
The approach includes significant stakeholder engagement

A veteran and practitioner reference group provide advice guidance and feedback

Educational materials are developed with the support of a multidisciplinary clinical reference group and peer reviewed

Topics and materials are endorsed by a national representative editorial committee
Is underpinned by behavioural theories and models

Social Cognitive Theory

Transtheoretical Model
And the data are used to inform every phase of the program

**PLANNING PHASE**
Using the data, we determine the prevalence of a medication or health-related problem

**IMPLEMENTATION PHASE**
The data are used to develop the patient-based feedback provided to doctors

**EVALUATION PHASE**
The data enable the impact and outcomes of the intervention to be measured
So can Veterans’ MATES make a difference to the management of venous leg ulcers & skin tears?
The intervention commenced in June 2017 and targeted:

- 14,000+ GPs
- 8,000+ Pharmacists
- 2,500+ RACFs
- 52,000+ Veterans
Advice to health professionals included:

- The benefits of compression therapy
- Strategies to encourage patients to persist with treatment
- Where to refer patients

Information for veterans included a guide to looking after skin tears

**Diagram 1: Dressing your skin tear**
Cover the wound with a non-stick dressing pad. Draw an arrow on the top of the dressing to indicate the direction for removing. The arrow should be pointing in the same direction as the edge of the skin flap.

**Diagram 2: Safe removal of the dressing**
Remove the dressing slowly and close to the skin, using the arrow to guide you. *Never pull against the direction of the skin flap.*
Responding health professionals were not previously aware that the majority of venous leg ulcers heal within 12 weeks with compression therapy.
What did we achieve?

9 out of 10 veterans found the skin tear tips helpful

99% GPs said they were likely to use compression therapy

GPs became more confident in coordinating care for venous leg ulcer
What did we achieve?

INCREASE IN THE DISPENSING OF APPROPRIATE MOISTURISER

Emollient (lotion) dispensing

Rate per 1000 veterans

1 Jan 17  | 1 Feb 17  | 1 Mar 17  | 1 Apr 17  | 1 May 17  | 1 Jun 17  | 1 Jul 17  | 1 Aug 17  | 1 Sep 17  | 1 Oct 17  | 1 Nov 17

Targeted

Historical comparison

Veteran’s MATES intervention
What did we achieve?

COST OF COMPRESSION BANDAGES

Wounds Topic: June 2017

This represents a 10% increase in people receiving compression bandages after the intervention.
So what has contributed to Veterans’ MATES success?
The contributing factors

- A multidisciplinary, collaborative approach
- Methodologically rigorous analytics
- Independently audited data and security standards
- Clinical information is evidence based
- Only target identified problems
- Grounded in behavioural theories and models
- Significant stakeholder engagement
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