

Residential Aged Care Facilities Outreach Newsletter – Spring 2022

Despite the cold of winter passing, there are large numbers of people remaining affected by COVID-19 and influenza in the community. Following NSW Government advice, Residential Aged Care Facilities (RACFs) should maintain a high degree of vigilance and continue to take precautionary actions such as regular screening of staff and visitors for symptoms, use of rapid antigen tests in addition to screening, mask wearing and hand hygiene. In addition, geriatricians and nurses in the RACF Outreach Team will continue to provide support and guidance to all Sydney Local Health District RACFs in managing clinical issues, outbreaks and subsequent matters.

We are strong advocates for vaccines, as the best protection against influenza and COVID-19 for yourself, your residents, their families and carers and your staff. The **COVID-19 winter booster dose and annual flu vaccine** are also highly endorsed by Department of Health and Aged Care to residents and workers in aged care facilities. We need to do everything possible to avoid concurrent outbreaks. For more information, visit <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated>.

If you have ideas or suggestions for our team, would like to suggest a focus area for our next newsletter, or have your name added to our mailing list, please send an email to SLHD-ACCRExecutiveAssistant@health.nsw.gov.au

“If we had no winter,
the spring would not
be so pleasant.”

Anne Bradstreet

Wound education and referral pathway

Older adults are at high risk of developing chronic wounds due to numerous changes that occur with aging. Wound management has become an essential nursing skill in aged care facilities. We understand your skill mix issue with staffing, and our clinical nurse educator, Summer Xia is available for staff education via face-to-face or online (via Zoom). Education requests please send directly to Summer Xia (Wenqian.xia@health.nsw.gov.au).

Furthermore, a Wound Referral Pathway flowchart has been created for your convenience (see following pages). This is to help accommodate high demands in wound care support requests and to prioritise urgent deteriorating wound reviews.

In addition to the referral pathway, we have added some General Information about Wound Management and factors affecting wound healing. These are for nurses to consider before sending a wound referral request.

For all wound referrals, please complete online referral form: slhd.nsw.gov.au/ACRS/form/RIC_Referral_Form.pdf

Access Care Team: Wound Referral pathway



Referral pathway to the Residential Aged Care Facilities (RACF) Outreach team for **WOUND CARE**

Access Care Team (ACT) staff to contact the RACF Registered Nurse (RN) and ask for a comprehensive handover of the resident and the wound. Request the following information from the RACF RN **unless clinically urgent: Photo of wound, current dressing regime, medical history, medication chart and ACD**

Continue with referral based on verbal handover.
If **RACF documents are received, update clinical note and recommendations with relevant information.** If no RACF documents are received, continue with referral based on verbal handover.

- **Chronic wound** with no recent deterioration
- **Superficial wounds**
- Has been reviewed by Outreach **within 3 months**

1. ACT staff to open ACT Triage encounter
2. Reason for Referral as below:
'Wound Review – initials – date to be reviewed'
I.e. Wound Review – EC - 27052022
3. ACT staff to contact RACF and provide dressing and clinical recommendations based on verbal handover from RACF RN.
4. Plan for Telehealth/phone review in 1 week
5. Document under ACCR Aged Care Triage Case Notes and place the subject heading as 'Wound Care Initial Review' OR 'Wound Care Follow up Review (week 1 OR 2)'
6. Complete ABF nursing form
7. Place on Patient List: ACT Wound Triage List

One week phone call: Wound is **STABLE.**
Plan for telehealth/phone review in another week

2 WEEK FINAL REVIEW
Wound has remained stable/no change or improved
Request RACF continue to follow dressing regime
Escalate in one month if the wound deteriorates.

ACT Discharge

Complete Community Discharge Summary which should include status of wound, ongoing recommendations, and escalation pathway if the wound deteriorates. Email to Admin to process.

Discharge encounter

Wound with acute concern of deterioration/infection /complications

WOUND DETERIORATION
Place referral to Outreach.

*Ongoing patient follow up should be completed by the nurse who took the referral **UNLESS** going on leave for more than one week, in which case the nurse will provide a written handover using ISBAR to the ACT CNS. This should be emailed to the ACT CNS, ACT NUM and the Outreach CNC.*

One week phone call:
Wound has **DETERIORATED.**
Place referral to Outreach team
Continue to **ACT Discharge STEP**

2 WEEK FINAL REVIEW
Deterioration in wound
Place referral to Outreach team with wound photos attached
Continue to **ACT Discharge STEP**

General Information about Wound Management

The Basics

- How How did the wound occur? If chronic, what is the underlying aetiology?
- Where Where on the body is it located? Is it in an area that is difficult to offload or to keep clean?
- When How long has this wound been present? (e.g., chronic or acute)
- What What anatomy does it involve? (e.g., epidermis, dermis, subcutaneous tissue, fascia, muscle, tendon, bone, arteries, nerves)
- What What comorbidities or social factors does the patient have which might affect their ability to heal the wound?
- Is it life-threatening/or infected?

Factors affecting wound healing

Local factors

Vascular - inadequate blood supply or poor venous drainage, neuropathy, Increased skin tension wound dehiscence, presence of foreign body, excess local mobility, infections (bacterial, fungal) traumatic (pressure, radiation damage)

Systematic factors

Age, obesity, smoking, malnutrition, vitamin deficiency, systematic malignancy, chemotherapy immunosuppressant drugs

Investigations to consider checking prior to recommendations (if already completed)

Are there any recent blood test:

Hb: anaemia, WBC/CRP: Infection, Platelet count: Thrombocytopenia, Urea/Creatinine: High urea impairs wound healing and renal function important in AB effectiveness, Albumin: Protein loss delays healing
Glucose/A1x: Diabetes

Wound swab +/- cultures: AB's only needed in the presence of other symptoms. Check if the AB is susceptible if indicated on wound swab.

Wound biopsy/aspiration

X-ray/ultrasound: Osteomyelitis

Wound characteristics: Wound location, dimensions/size, and temperature, wound hydration/exudate, necrotic tissue or foreign bodies present, infection, surrounding skin, wound edges (sloping/punched out/rolled/undermining)

Tips- Avoid recommending brands, stick with principles!

- **Absorptive dressings:** Alginates, Hydro fibres, Hydrocolloids, Foams, Pads
 - **Moisture Retention Dressings:** Hydrogels, Gel sheets, Tulle Gras
 - **Retention Dressings:** Tubigrip/Tubifast. Roles (webriil, crepe etc.)
 - **Protective:** Films, non-adherents (melalite, opsite)
 - **Antimicrobial:** Silver, Iodine (inadine), PHMB
- Refer to the Shared drive for wound references: ACR → RACF → 16. WOUND REFERRAL**

SLHD Policies

http://slhd-intranet.sswahs.nsw.gov.au/sswppolicies/pdf/slhd/slhd_pr2019_005.pdf

<http://slhd-intranet.sswahs.nsw.gov.au/concord/wag/wound%20policies,gudielines,%20protocols.html>

Know when to ACT

1 If it's a medical emergency, call 000

2 Contact the resident's GP

3 Contact ACT 1300 722 276

If you're concerned about a resident's condition, you can call our Access Care Team (ACT) on **1300 722 276** any time.

Soon, we'll be installing phones which connect you directly to ACT to give you support if you see any of the following:

- falls
- delirium
- sudden deterioration
- tube or drain management
- complex wound management
- complex palliative care

The Access Care Team (ACT) are available 24/7

- phone-based clinical triage
- experienced Registered Nurses provide advice
- a single point of contact for referrals
- patients get faster access to specialised care
- reduces patient movement and transfers
- on call support for RACF staff

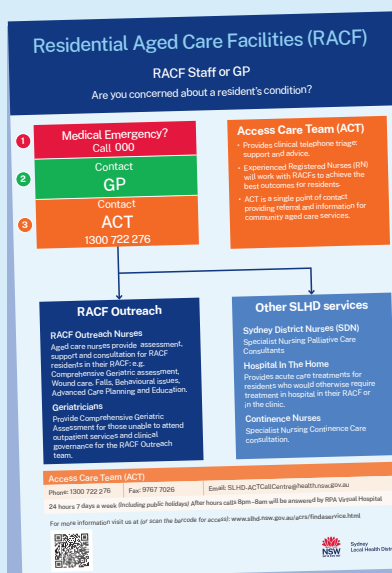
Access Care Team (ACT) 24 hours 7 days a week (including public holidays)

Call 1300 722 276

Fax 9767 7026

Email SLHD-ACTCallCentre@health.nsw.gov.au

Referral form slhd.nsw.gov.au/ACRS/form/RIC_Referral_Form.pdf



Dementia and how can we make a difference

What is Dementia?

Dementia is a syndrome – usually of a chronic or progressive nature – that leads to deterioration in cognitive function (for example, the ability to process thought) beyond what might be expected from the usual consequences of biological ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by changes in mood, emotional control, behaviour, or motivation.

Signs and symptoms of dementia

Early signs of dementia can be subtle and may not be immediately obvious.

Common symptoms include:

- memory loss
- changes in planning and problem-solving abilities
- difficulty completing everyday tasks
- confusion about time or place
- trouble understanding what we see (objects, people) and distances, depth and space in our surroundings
- difficulty with speech, writing or comprehension
- misplacing things and losing the ability to retrace steps
- decreased or poor judgement
- withdrawal from work or social activities
- changes in mood and personality

Dementia Action Week 19 – 25 September 2022

Many people living with dementia can continue to live well for many years after their diagnosis.

Dementia Action Week supports and celebrates

carers of people living with dementia, and the idea that 'A little support makes a big difference'. The **Dementia Action Week website** has information and tips to encourage all Australians to increase their understanding of dementia and learn how they can make a difference to the lives of people around them who are impacted – and to help eliminate discrimination.



To find out how you can make a difference, visit the **Dementia Action Week website**

Farewell and many thanks

On 14 July 2022 we said farewell to Outreach CNC Karen Errington, who has been a wonderful part of the team since 2018.



Contact

Access Care Team (ACT)

Available to provide triage advice, to discuss a change in resident condition or to accept your referrals 24 hours, 7 days a week. From 8pm to 8am, calls are managed by RPA Virtual Hospital and reviewed by ACT the following day.

Phone: 1300 722 276

Fax: (02) 9767 7026

Email: SLHD-ACTCallCentre@health.nsw.gov.au

Online referral form: slhd.nsw.gov.au/ACRS/form/RIC_Referral_Form.pdf

Referral forms sent after-hours will be processed the next day.

RACF Outreach Team clinicians are available
8am to 8pm, Monday to Friday
8am to 4.30pm on weekends and public holidays

An ongoing reminder that our Outreach clinicians work on a rotating roster, including on-call and after hours. Please contact our team in the first instance via ACT and not on individual mobiles – the experienced and skilled team are always available and will know where best to direct your call.

As we write, we're welcoming lots of new team members, and appreciate your patience as we adjust our service to ensure the best orientation and training for our staff.