MARGARET MAY BLACKWELL Fellowship

CCYN Conference
23rd November 2018
Sharon Cassidy
RN, PG Dip (Nursing)
Objectives

- To profile the Margaret May Blackwell (MMB) Travel & Study Fellowship
- To share my experience as a recipient
- To encourage colleagues to apply
How did this Scholarship start

- Margaret Blackwell born in Kaiapoi 1907.
- Qualified as a Karitane Nurse.
- Active in the Girl Guide Association-DC
- 1930s studied pre-school education-UK.
- After Spanish Civil War helped escort refugee children to England.
- Auckland worked as a child psychologist at the Auckland Hospital for many years.
- Died in 1980
Margaret May Travel & Study Fellowship

The bequest of Margaret May Blackwell makes available an annual fellowship to enable a nurse working in early childhood health to travel overseas to gain further knowledge and subsequently disseminate that information back in New Zealand for the benefit of early childhood health in New Zealand.
Cont..

- Open to Registered Nurses who are practicing in the public and private sectors of early childhood health or who are teaching in a tertiary level in the subject.

- The nurse must be nominated by her employer/s indicating their support.
Topics for 2013/2014

- Proactive nursing practice to address the health care needs of vulnerable children and their families

- Contribution of technology and/or research to improving child health.
Various Nursing ‘hats’

- RN/Wound Resource – Child Health, CPH
- Clinical Nurse Specialist - Outreach, Child Health
- Clinical Nurse/Manager – SOS Nursing
  Subcontract to organisations such as;
  DEBRA NZ
  ACC
Introduction

- A short presentation will cover the meetings, conferences & clinic’s I attended while travelling.

- The best practice learning opportunities I gained from experts in clinical centres of excellence and the strong networks of specialist professionals I built relationships with.
My Objectives

- To observe best practices caring for the new born baby with **Epidermolysis Bullosa** – Biopsy.

- To learn up to date best wound management information of baby/children with excessive skin loss to avoid possible risks of infection. Eg. EB and **Burn** patients.

- To review current **pressure injury** programmes around the world and see how else we can improve in New Zealand.
What is Epidermolysis Bullosa (EB)?

- A rare, genetic skin autosomal condition of recessive or dominant inheritance

- It causes blistering of the skin and mucous membranes through friction

- Blisters are not self limiting

- It is not gender or race specific

- It is not contagious

- EB effects approximately between 10-50 live births per million
EB in New Zealand

- Approx. 100 families are members of DEBRA, NZ.
- DEBRA, NZ estimate there might be 500 people with EB in NZ.
- 3 new older clients in CHCH last year.
- Getting a definite diagnosis of EB types is currently a challenge in NZ.
- DEBRA NZ employ 4 part-time nurses – while no cure the focus is on prevention & managing the symptoms.
Definitive Diagnosis - Currently a Challenge

- Immunofluorescence Mapping – use fresh skin sample and a panel of antibodies to diagnosis the specific skin protein involved.

- Electron Microscopy – to assist in diagnosing the correct subtype of EB.

- Review our biopsy guidelines & benchmark for answers – America, Australia, Austria, Chile, Uk, Netherlands.
Can we diagnose the EB subtype at birth?
DOMINANT DYSTROPHIC EB - IMPROVES; NORMAL LIFE EXPECTANCY

HERLITZ JUNCTIONAL EB - WORSENS; DIES DURING INFANCY

RECESSIVE DYSTROPHIC EB - USUALLY SURVIVES; CHRONIC BLISTERS, SCARS AND CANCER
Diagnosis is Vital to Ensure Best Health Outcomes.
Without a Diagnosis

- Families get upset without answers.
- Hard to prepare families for outcomes—particularly for palliative care.
- Difficult to get funded wound care consumables without diagnosis.
Questions

- Would there be a funding issue if we want to send our biopsies further afield overseas?
- Who would make the decision if we were to change the laboratory we send our biopsies to?
- Should the person taking the biopsy have prior experience with taking biopsies for an EB diagnosis?
Meetings/Conferences – EB CLINET etc.

DEBRA International Conference
Rome
September 2013
Clinic of Excellence
DEBRA International - 2014

UK Team
Visit to Institute of Medical Biology Lab

**Question:** Would this laboratory in Singapore be seen as authentic?
What I learnt

- Probably not the person taking the biopsy, but the process.

- Need to look at the mm of biopsy taken

- Less invasive tests now available that might be just as effective to give results.
How could we improve in NZ

- NZ EB Nurse Specialists were looking to extend their scope of practice – need to look at education package around scope and competencies.

- NZ EB Nurse Specialists did look at registered nurse prescribing – Lignocaine etc…

- International working group for CPG

- Will see what comes from the guidelines
Experience using Keratin Products

DEBRA International Conference
Rome
September 2013

Sharon Cassidy
EB Nurse Specialist
DEBRA NZ
Current wound care products developed

- CE mark
- FDA (510K) clearance
- TGA approval
- WAND Listed
- PEHNZ approved
- ISO 13485
Skin conditions – EB dystrophic

Before Keragel

Blistering consistent for 10 years
Child stated her most painful area
Troubled with overheating with excess dressings

After 9 months

After 3 months, collar dressing no longer required.
Increased time and focus at school
Reduced tendency to blister
Dramatic quality of life improvement
One Month into Treatment
Experience Using Functional Keratin on Superficial and Partial Thickness Burns

ANZBA
Perth, October 15th-18th 2013

Fiona Loan, Clive Marsh, Sharon Cassidy, Jeremy Simcock

Sharon Cassidy
Nurse/Manager - SOS Nursing
Christchurch
Designated Burns Units across Australia and New Zealand
Aim

- What was standards of care elsewhere
- Could our trial influence others
Aim of Trial

- To develop a suitable dressing regimen and determine effectiveness of keratin based products for superficial and partial thickness burns

- Compare to standard care
CRITERIA

- **Inclusion Criteria:**
  - Within 24 hours of burn injury
  - $< 10\%$ TBSA

- **Exclusion Criteria:**
  - Deep partial or full thickness burns
  - Burns requiring skin grafting or other management
  - Evidence of infection
METHODS

- March 2012 to September 2013

- All burns patients presenting acutely to Christchurch Hospital Emergency Department

- Ethical approval gained
METHODS

- Observational case study
- 40 patients
- Consent obtained at initial presentation in ED
- Treated with keratin dressings:
  - Keragel™ and KeragelIT™
  - Keramatrix™
  - Standard secondary dressings
  - Outpatient appointment arranged Day 14
- Observed for minimum 6 months
- POSAS Scar Assessment 6-12 months
Treatment of Blisters

Debrided blister to prevent colonisation. Keragel applied 2 days later
RESULTS - Superficial Facial Burn

Day 0

Day 2

Day 8
RESULTS - Partial Thickness Leg Burn

Day 2

Day 4

4 Months

Day 7

Day 12

1 year
RESULTS - Partial Thickness Facial Burn

Day 0

Day 2

Day 5

Day 9
RESULTS

- 40 patients
- 61 burn areas
- Majority contact, flame, scald
- One chemical burn

- 58 (95%) healed rapidly, no complications

- Epithelialisation
  - 6 days superficial burns
  - 10 days partial thickness burns
Results

- healed 95%
- infected 3%
- grafted 2%
DISCUSSION

Patients

- Comfort provided by dressings
- Ease of use in community care
- Minimal outpatient appointments
- Children more responsive to treatment and faster recovery compared to standard care
- Flexibility to return to regular daily routine
Implemented into practice

- ED, Plastics, Paediatric departments Christchurch Hospital.

- Algorithm

- Publication

- Local Policies for Burns
Pressure Injuries

- Inaugural International Paediatric Wound Care Symposium in 2011.

- Best conference for relevant content to work.

- Many risk assessment papers.

- Misconception that baby/children do not get pressure injuries.
Everyone is at risk particularly if....

- They have reduced activity
- Unable to move themselves normally
- Have reduced skin sensation
- Have loss of bowel/bladder control
- Have poor nutrition or fluid intake
- Has pressure or friction to one area of the body
- Has medical equipment attached to them
Contributing to a change in practice

- Braden Q scale.
- Glamorgan Paediatric Pressure Ulcer Risk Assessment Scale.
- Submission to Pharmac regarding their consultation document on medical devices.
- Pressure Injury Group (PIG) –
  - established CDHB policy.
  - tools for preventive management.
  - audits & prevalence studies of PI & to raise staff awareness.
Tools

Pressure Relieving Product Guidelines

Traffic Light Indicator

Flip Chart

Pressure Injury Prevention Care Plan
Child Health Audit Results

- Overall prevalence rate for Child Health was 3% with a 0% incidence rate.

- Documentation of evidence for assessment and re-assessment of pressure injury risk need further attention.

- Report in Kai Tiaki.
CDHB Innovation Award - Improved Health & Equity for all Populations
A voice for Child Health
Expectation of Reporting

- Written report to trustee’s. This was broken into three key areas, Epidermolysis Bullosa, Pressure Injuries and Burns.

- The report included discussion on presentations at meetings, conferences & clinic’s that I attended while traveling.

- Discussion on gaps in our current service delivery & identified ways in which I thought we could improve the service that we offer our clients.
Dissemination of findings

- National and International meetings/conferences hoping to influence others and for them to think about implementing a change into their practice.

- Plastic Surgery & Paediatric Departments - Christchurch Hospital
- New Zealand Wound Care Conference – (Dunedin)
- Australian New Zealand Burns Association conference - (Perth)
- National Burn’s Unit – (Auckland)
- Kids Trauma Conference – Auckland
- NZNO Canterbury Regional Meeting - Christchurch
- CCYN Conference - Auckland
Conclusion

- MMB Travel & Study Fellowship has enabled me the opportunity to observe in clinics of excellence, attend important conferences, meetings which have all helped increase & enhance my skills & knowledge.

- What was also pleasing that I could contribute to others education and care also.

Before I step down

- I would like to encourage all of you as my colleagues to think about applying for this prestigious scholarship.

- Next years topic -

- Applications close April 2019
Acknowledgements

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