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

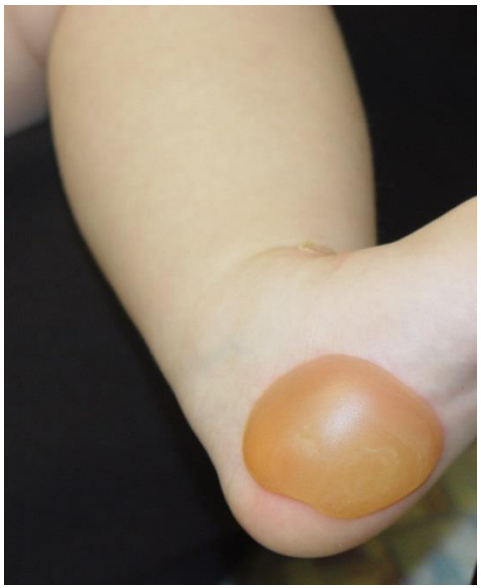
- To observe best practices caring for the new born baby with **Epidermolysis Bullosa** – Biopsy.

- 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



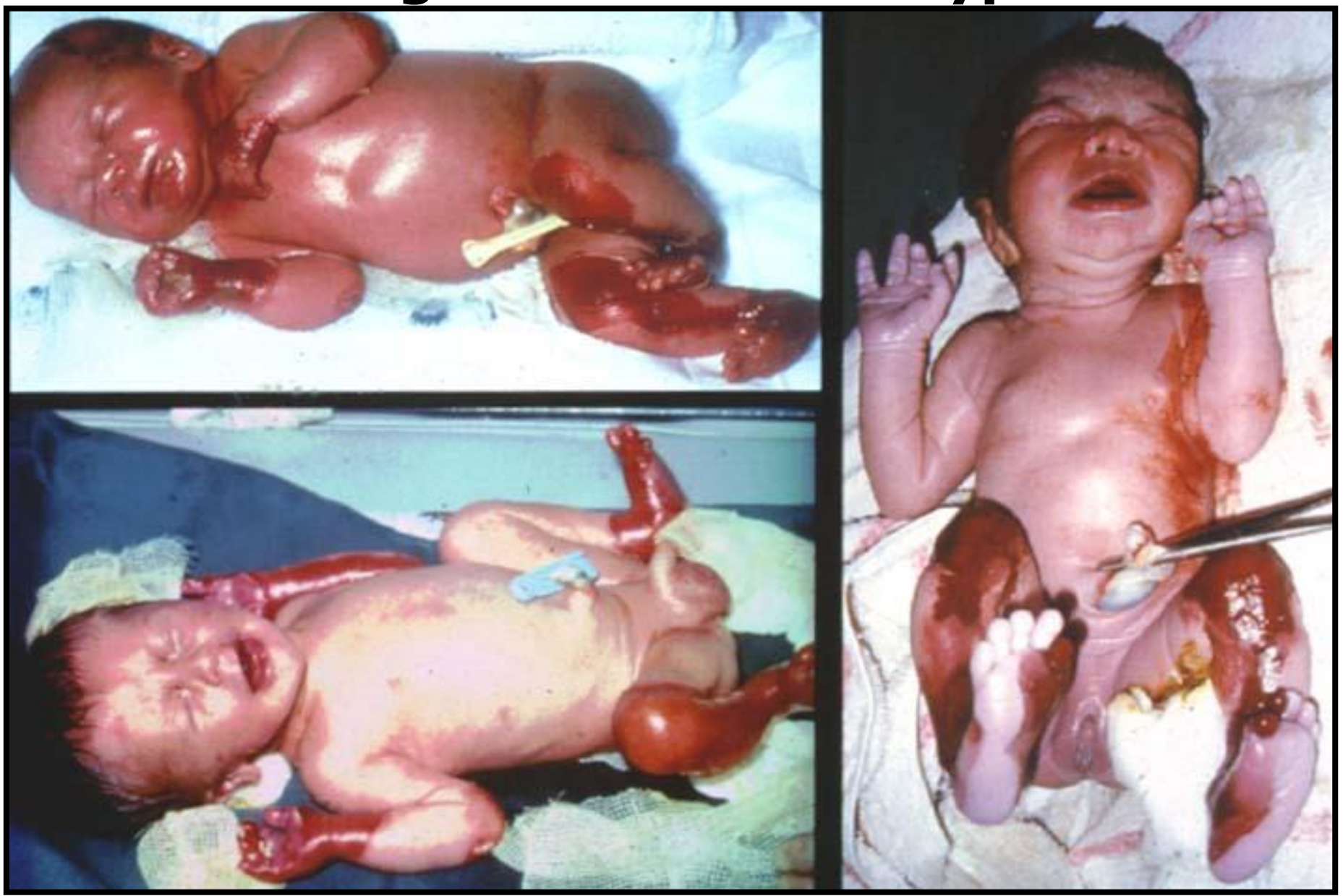
EB in New Zealand

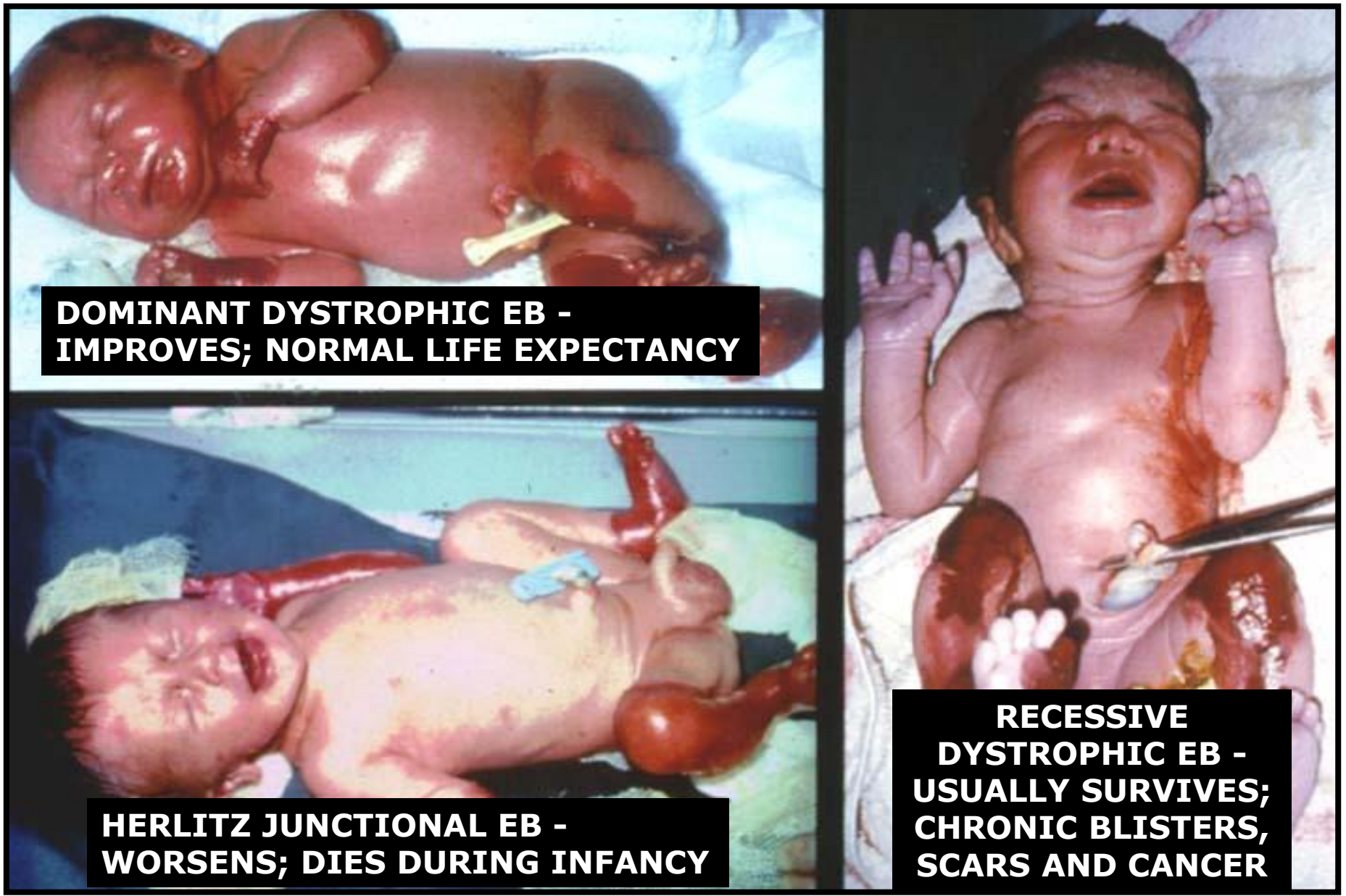
- Approx.100 families are members of DEBRA, NZ.
- DEBRA, NZ estimate there might be 500 people with EB in NZ.
- 3 new older clients in CHCH last year.
- Getting a definite diagnosis of EB types is currently a challenge in NZ.
- DEBRA NZ employ 4 part-time nurses – while no cure the focus is on prevention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

Definitive Diagnosis - Currently a Challenge

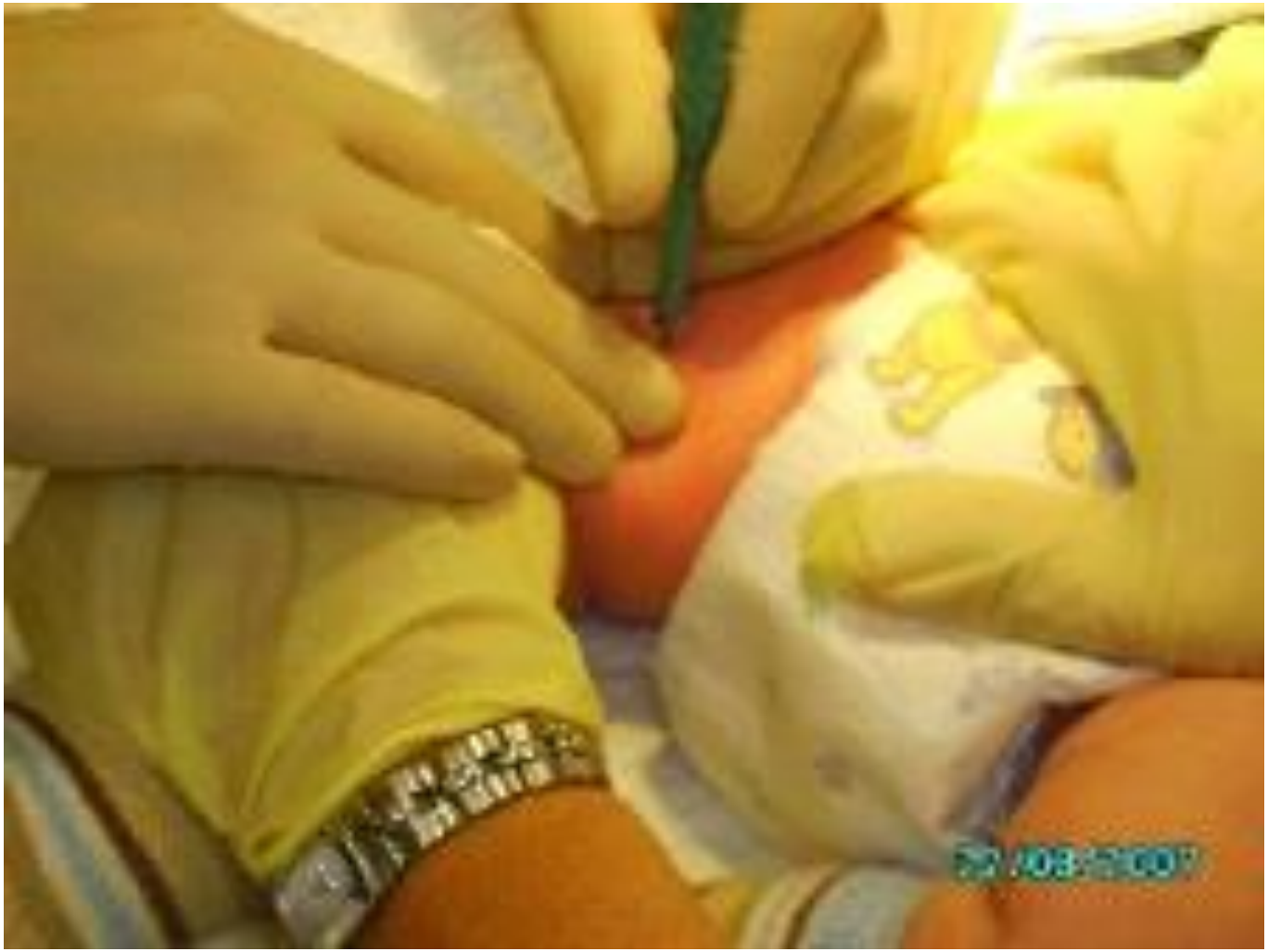
- Immunofluorescence Mapping – use fresh skin sample and a panel of antibodies to diagnosis the specific skin protein involved.
- Electron Microscopy – to assist in diagnosing the correct subtype of EB.
- Review our biopsy guidelines & benchmark for answers – America, Australia, Austria, Chile, Uk, Netherlands.

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

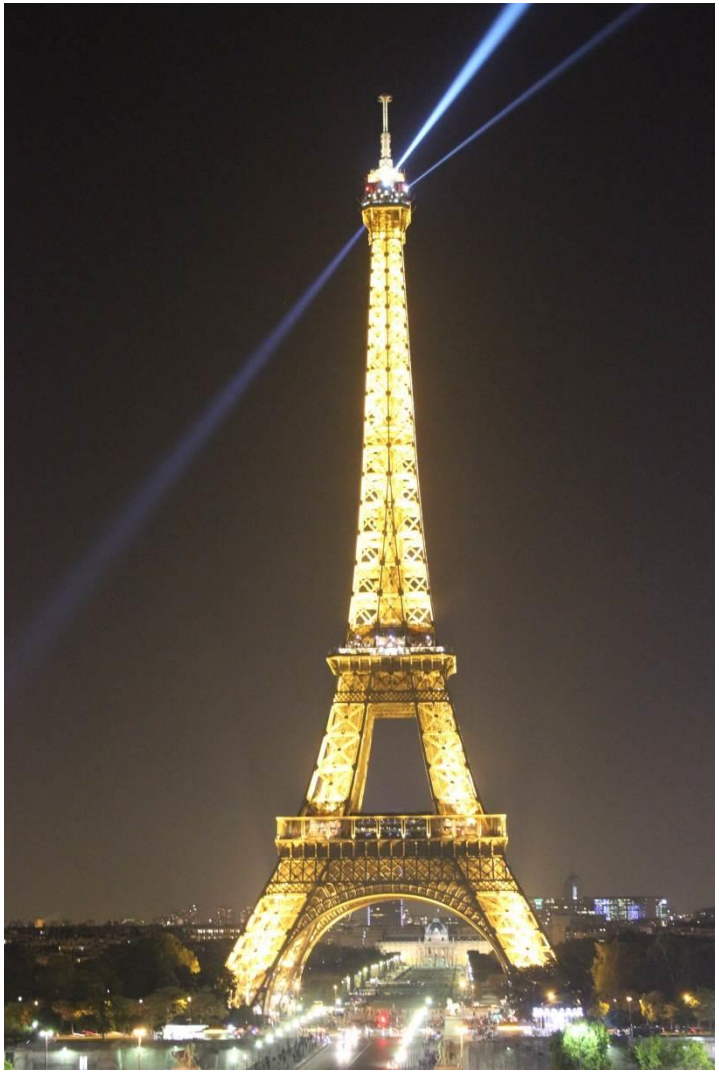
- Would there be a funding issue if we want to send our biopsies further afield overseas?
- Who would make the decision if we were to change the laboratory we send our biopsies to?
- Should the person taking the biopsy have prior experience with taking biopsies for an EB diagnosis?

Meetings/Conferences – EB CLINET etc.

DEBRA International Conference
Rome
September 2013

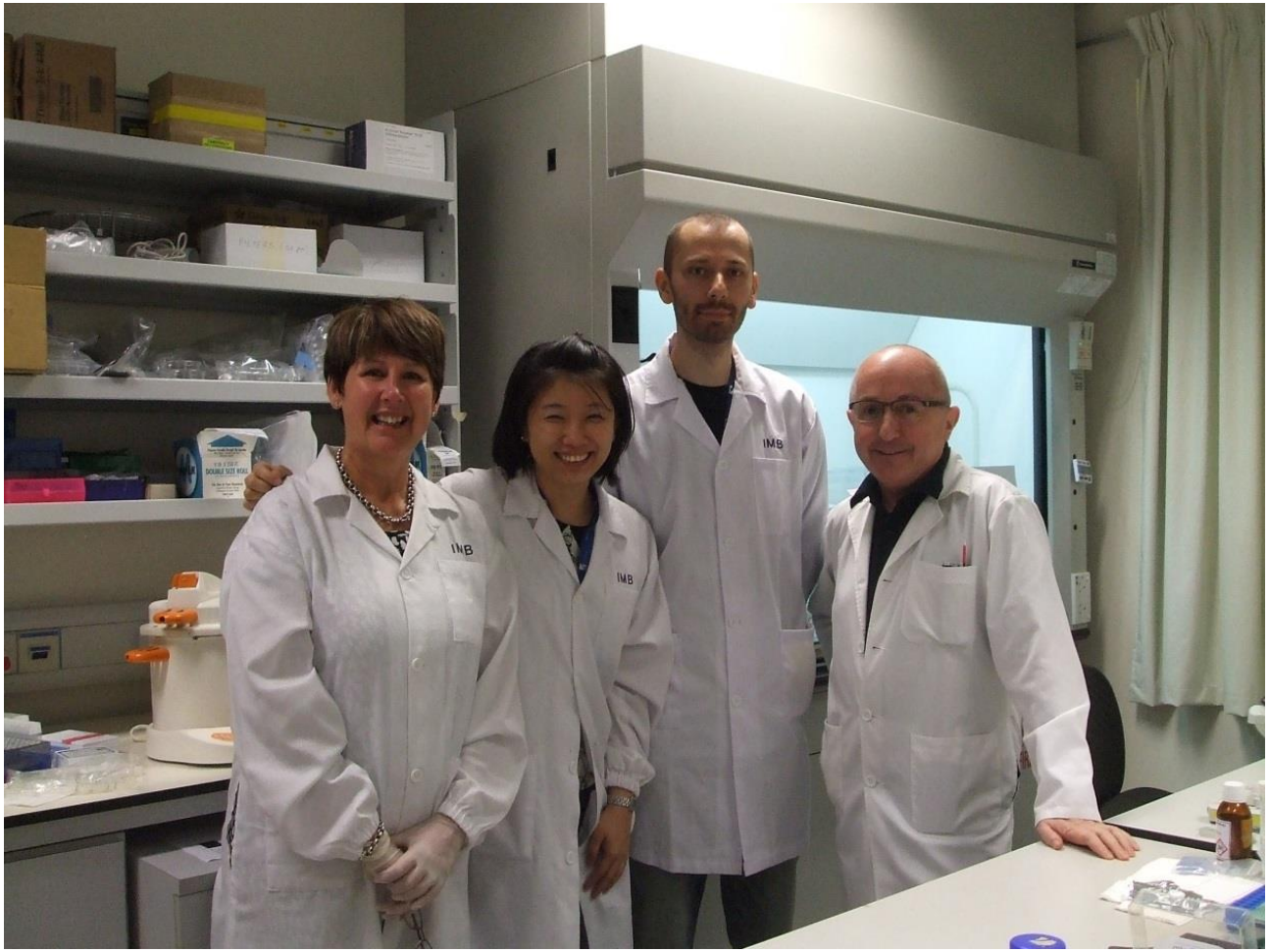
Clinic of Excellence

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

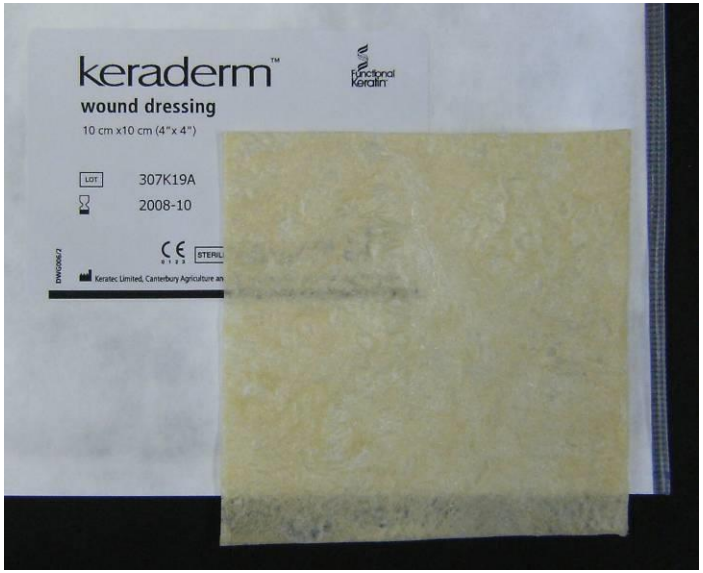
September 2013

Sharon Cassidy

EB Nurse Specialist

DEBRA NZ

Current wound care products developed



CE mark

FDA (510K) clearance

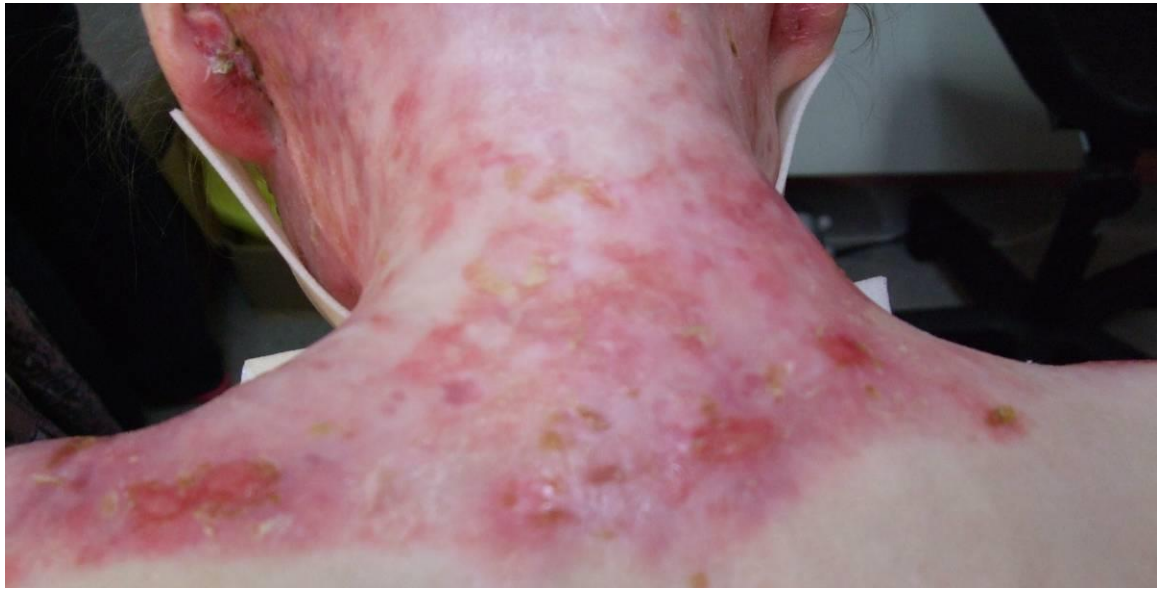
TGA approval

WAND Listed

PEHNZ approved

ISO 13485

Skin conditions – EB dystrophic

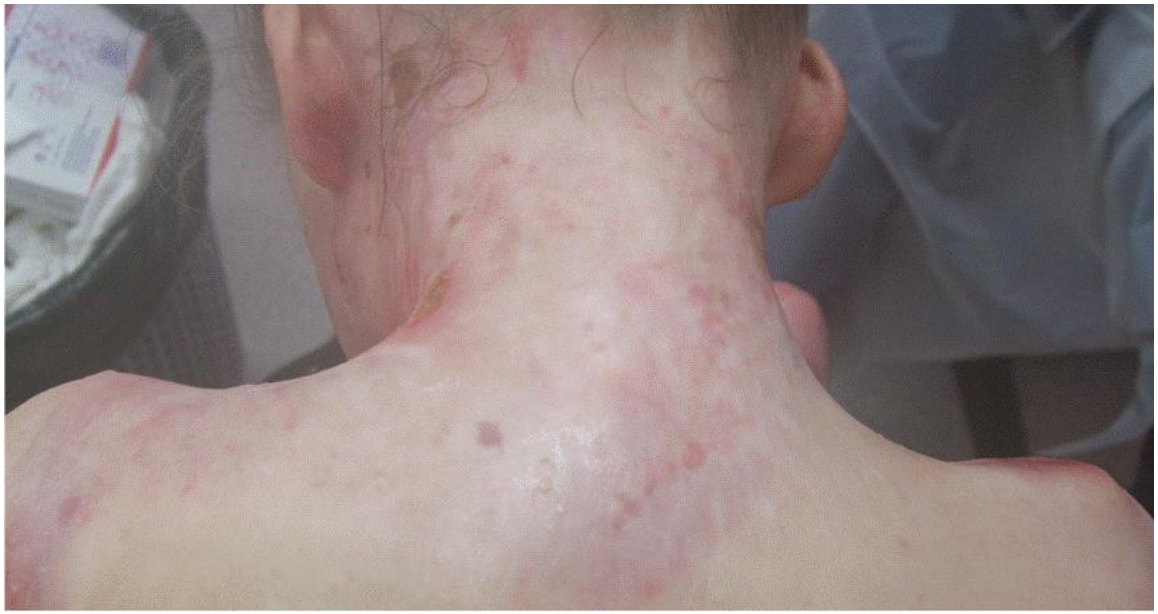


Before Keragel

Blistering consistent for 10 years

Child stated her most painful area

Troubled with overheating with excess dressings



After 9 months

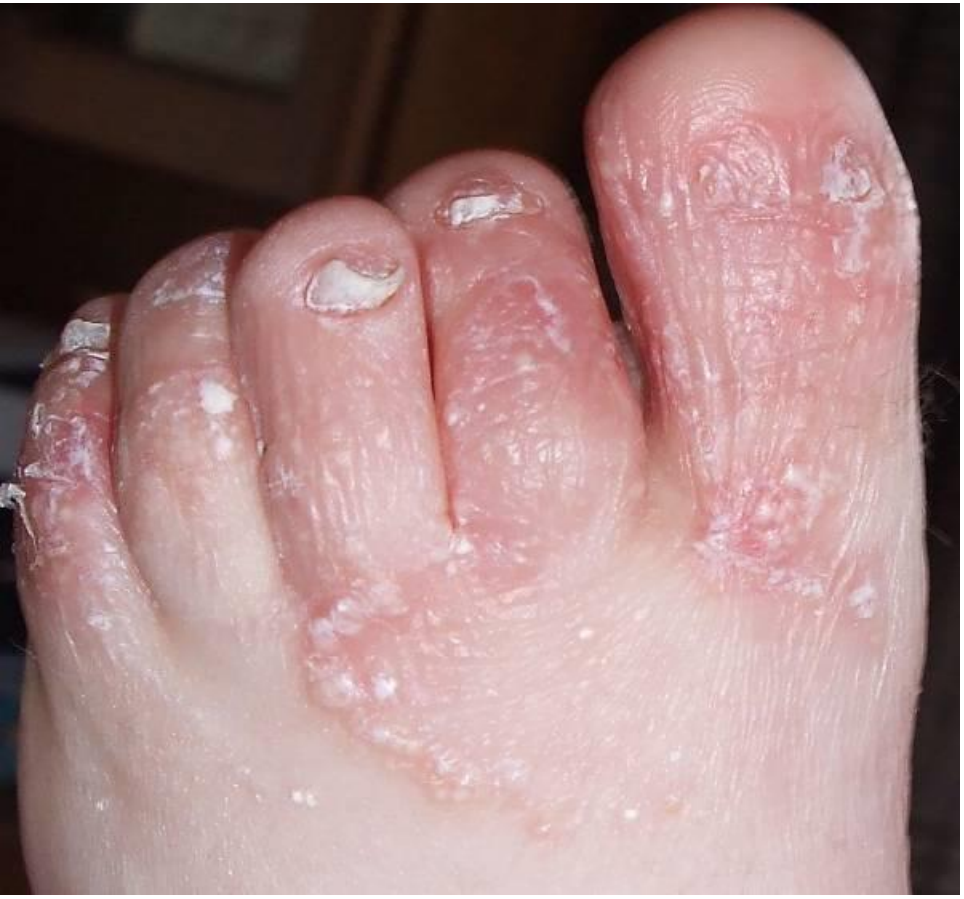
After 3 months, collar dressing no longer required.

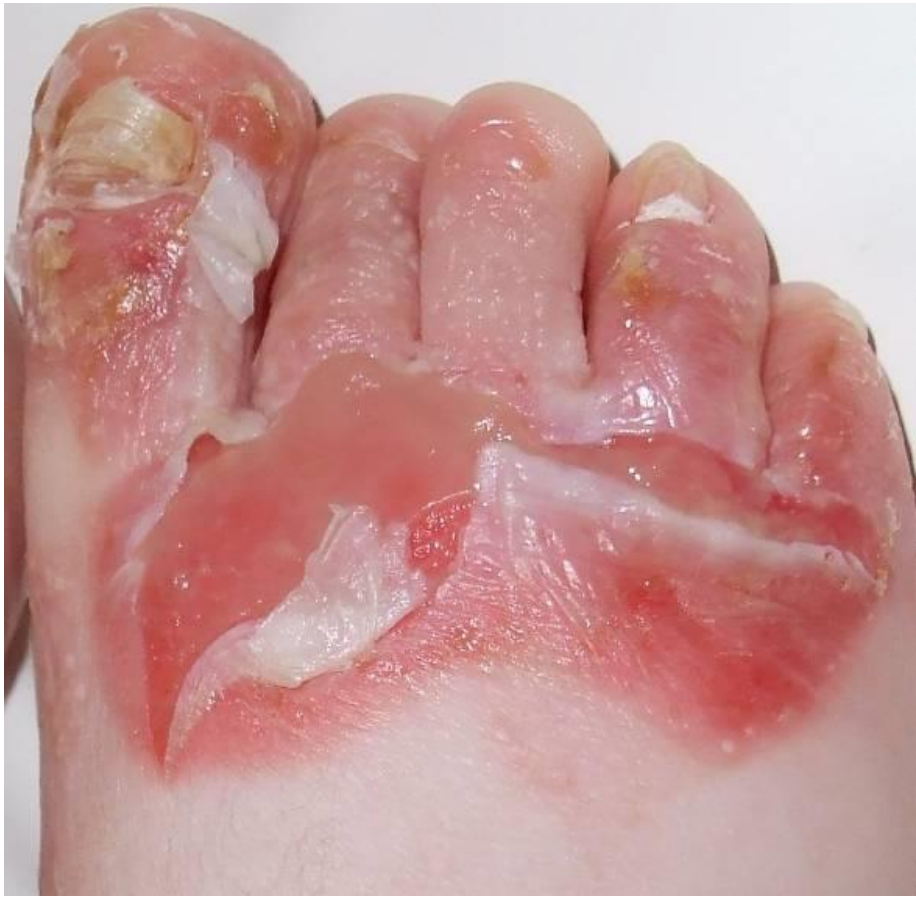
Increased time and focus at school

Reduced tendency to blister

Dramatic quality of life improvement

One Month into Treatment





Experience Using Functional Keratin on Superficial and Partial Thickness Burns

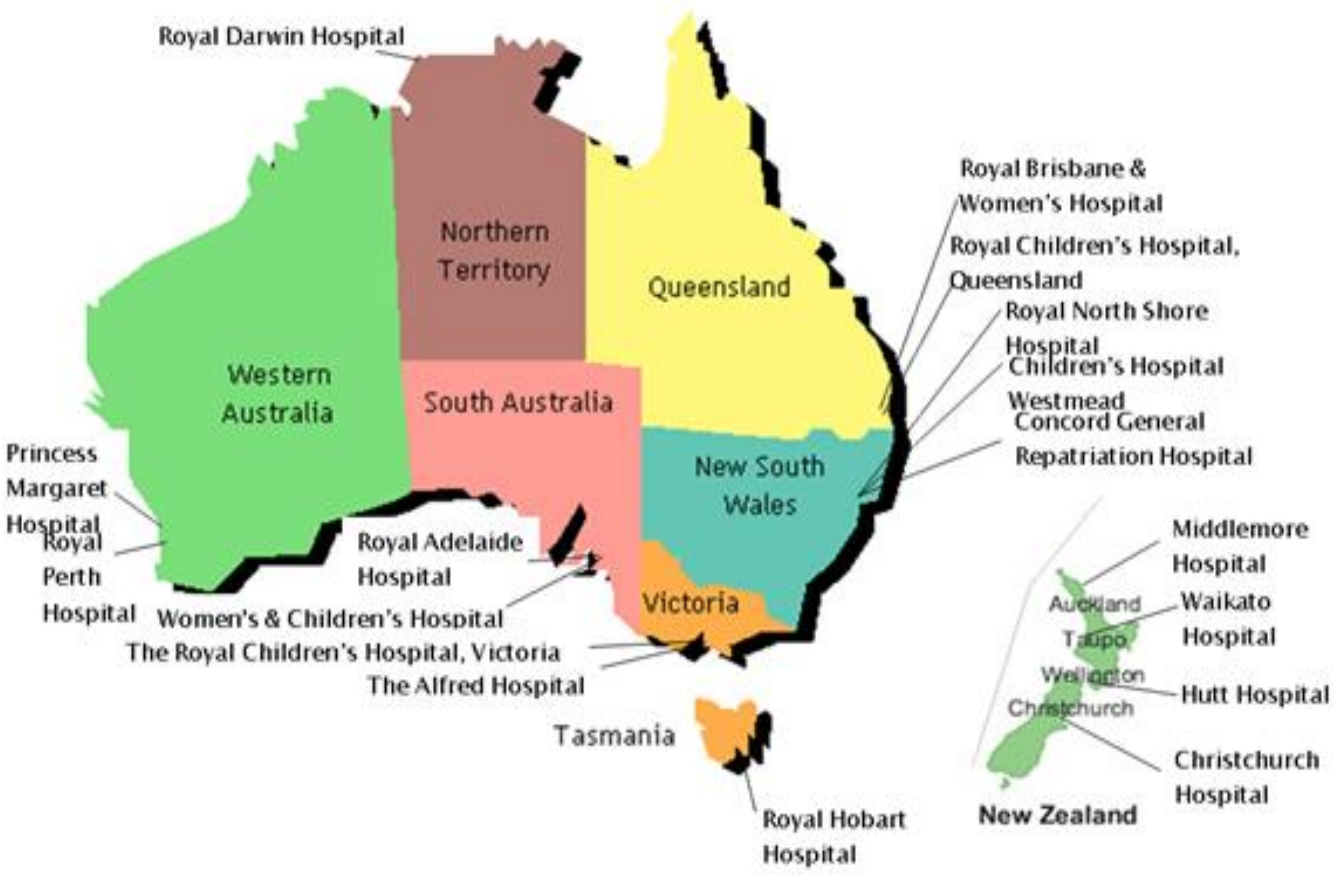
ANZBA

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

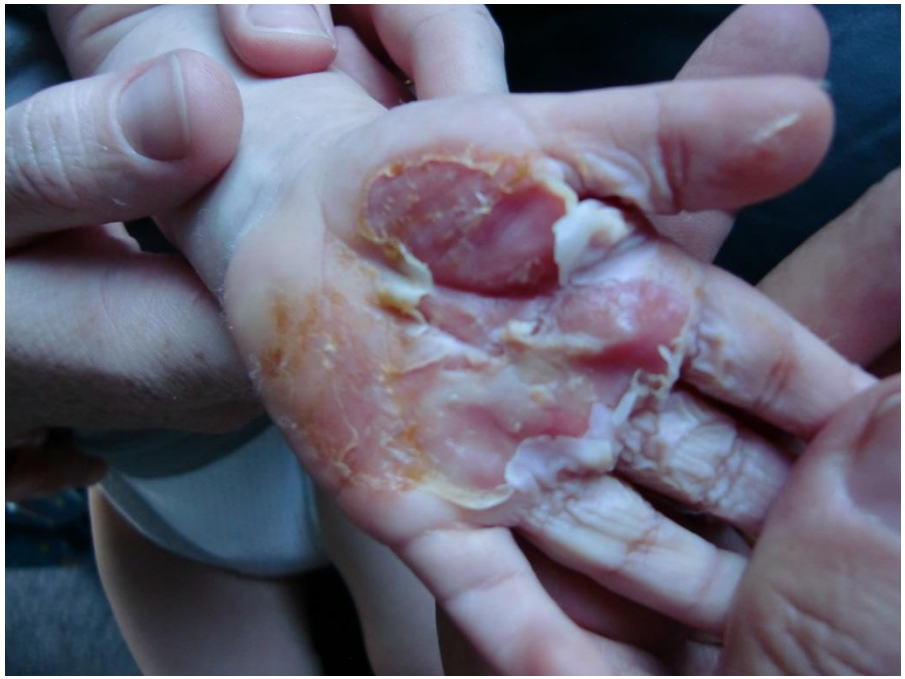
- March 2012 to September 2013
- All burns patients presenting acutely to Christchurch Hospital Emergency Department
- Ethical approval gained

METHODS

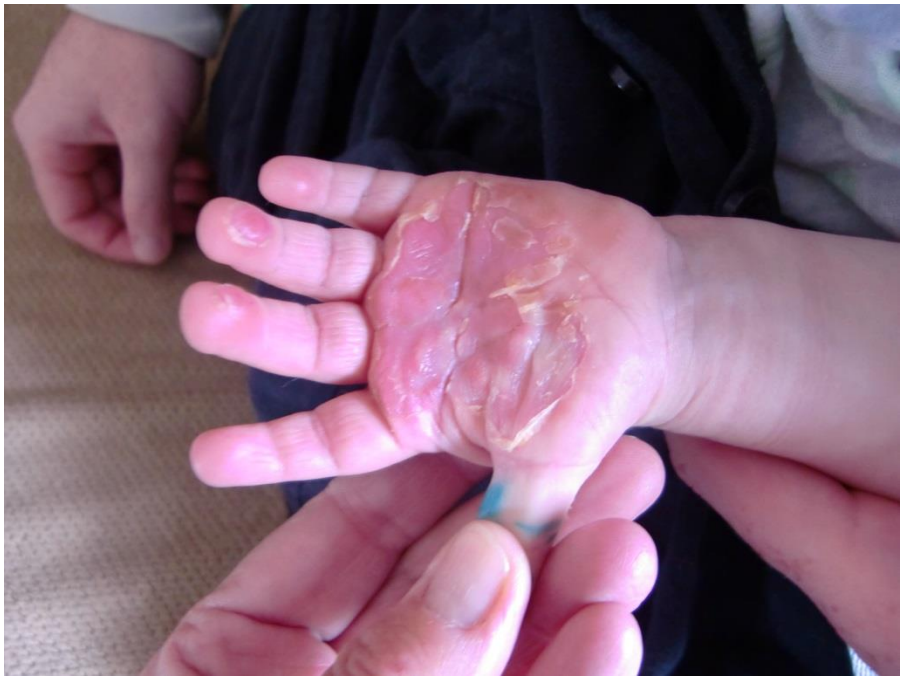
- Observational case study
- 40 patients
- Consent obtained at initial presentation in ED
- Treated with keratin dressings:
  - KeragelTM and KeragelITTM
  - KeramatrixR
  - Standard secondary dressings
  - Outpatient appointment arranged Day 14
- Observed for minimum 6 months
- POSAS Scar Assessment 6-12 months

Treatment of Blisters

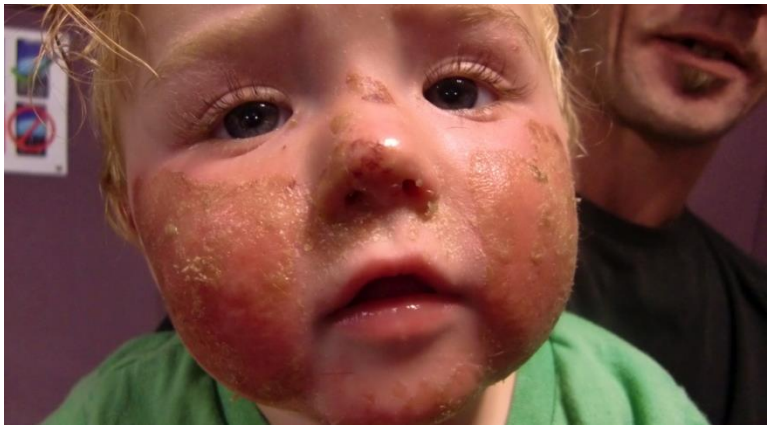
Debrided blister to prevent colonisation. Keragel applied



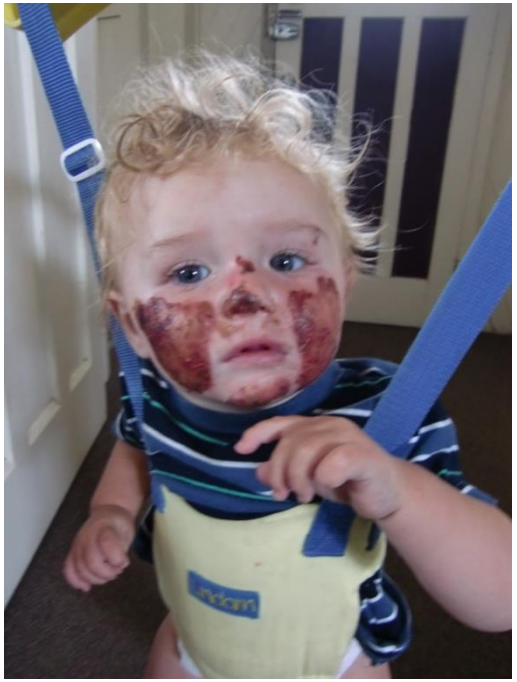
2 days later



RESULTS - Superficial Facial Burn

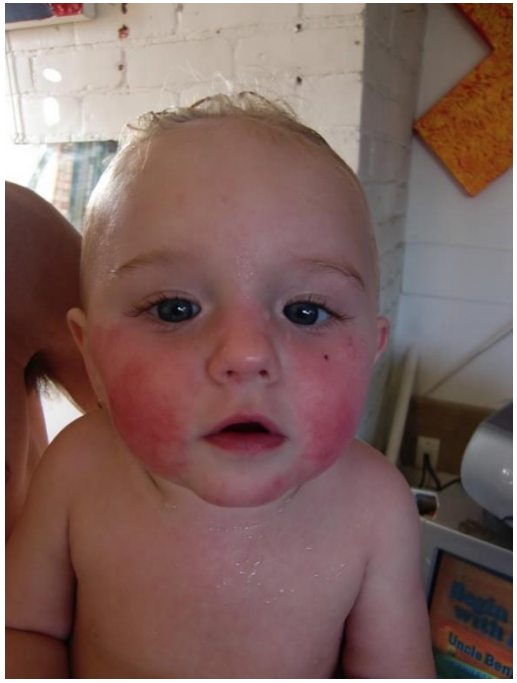


Day 0

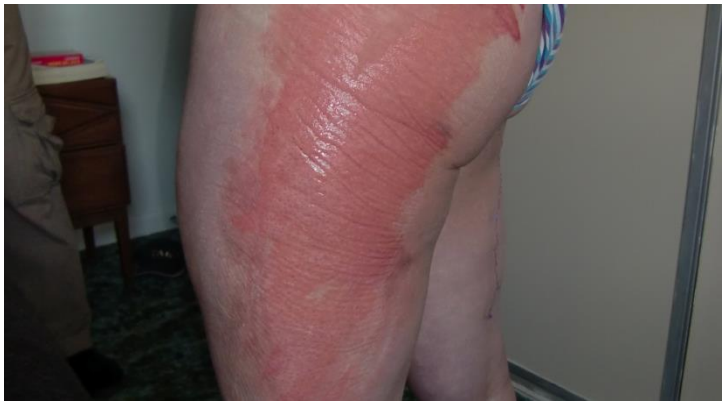


Day 2

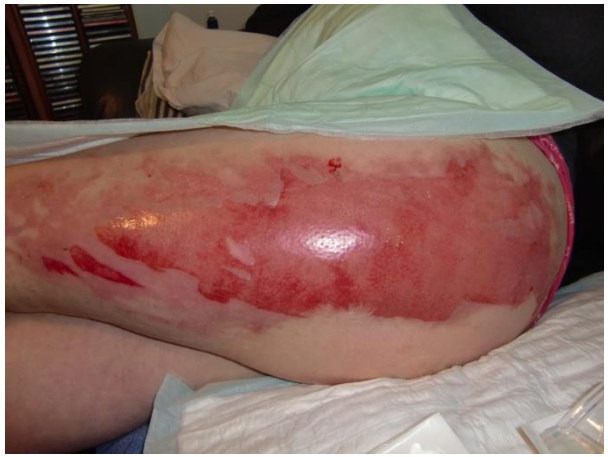
Day 8



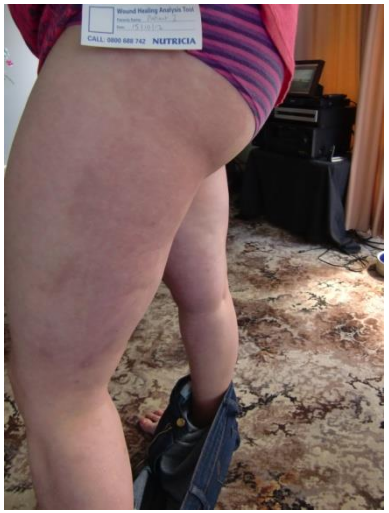
RESULTS - Partial Thickness Leg Burn



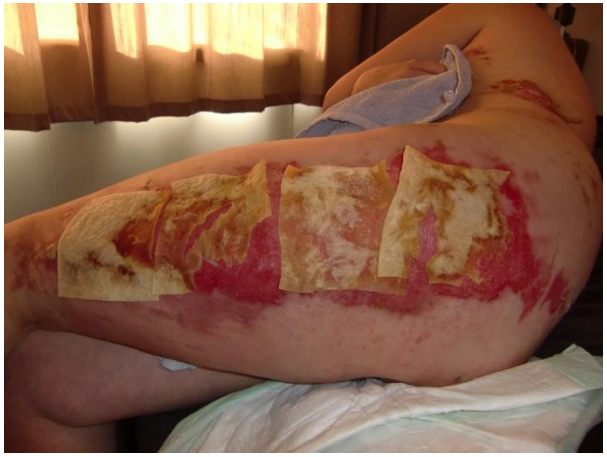
Day 2



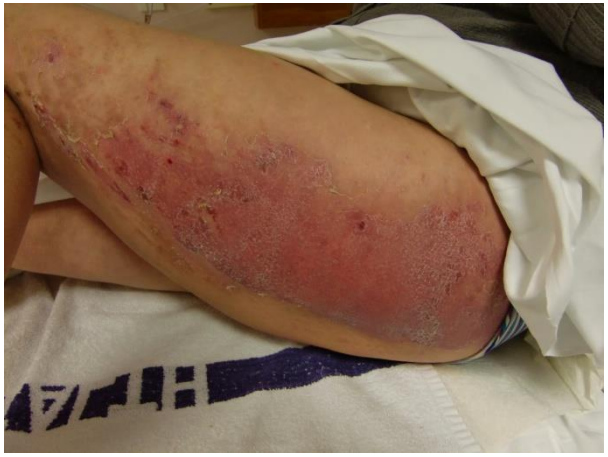
Day 4



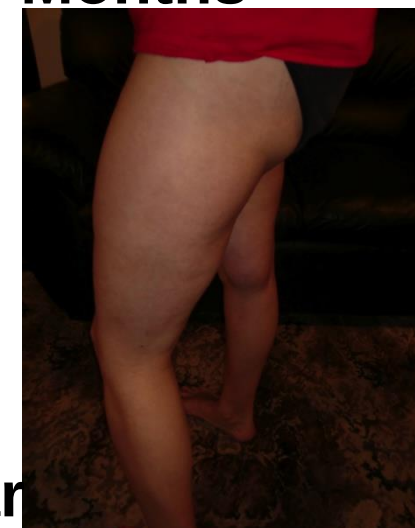
4 Months



Day 7

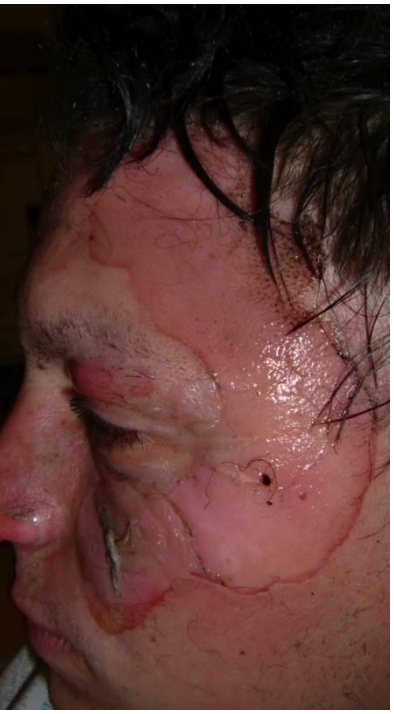


Day 12



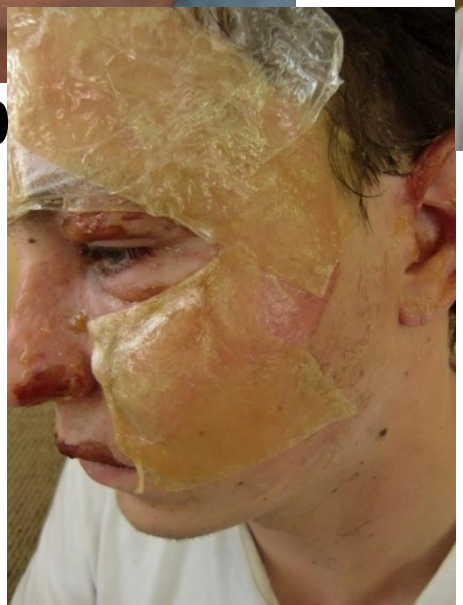
1 year

RESULTS - Partial Thickness Facial Burn

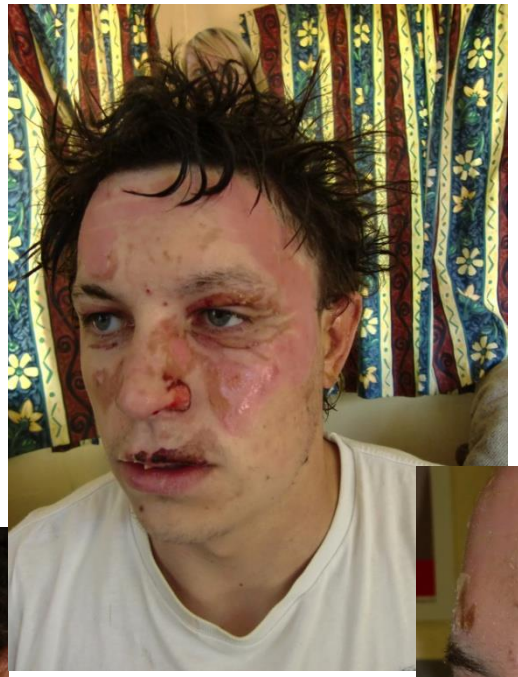


Day 0

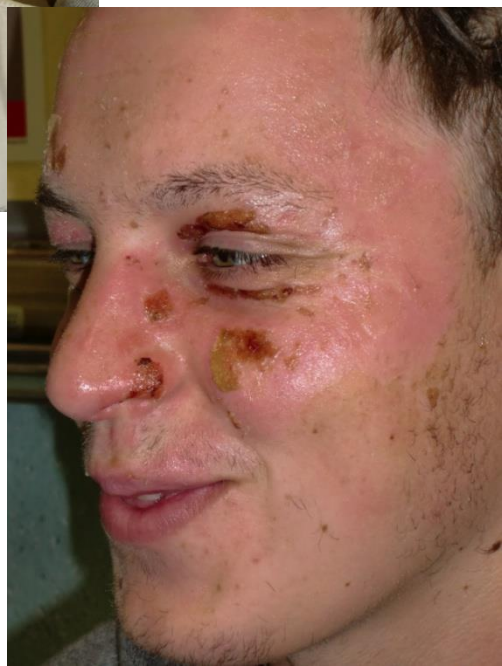
Day 0



Day 2



Day 5



Day 9

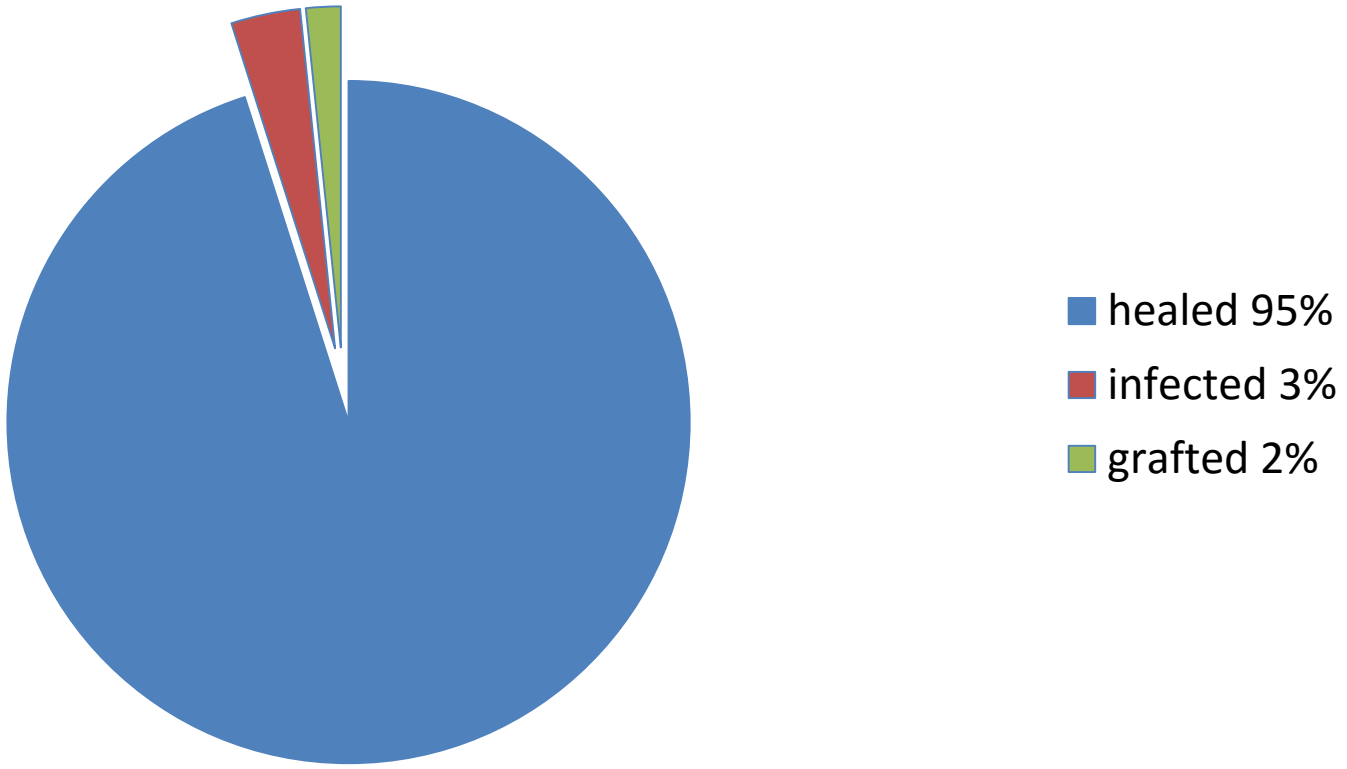
RESULTS

- 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



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.

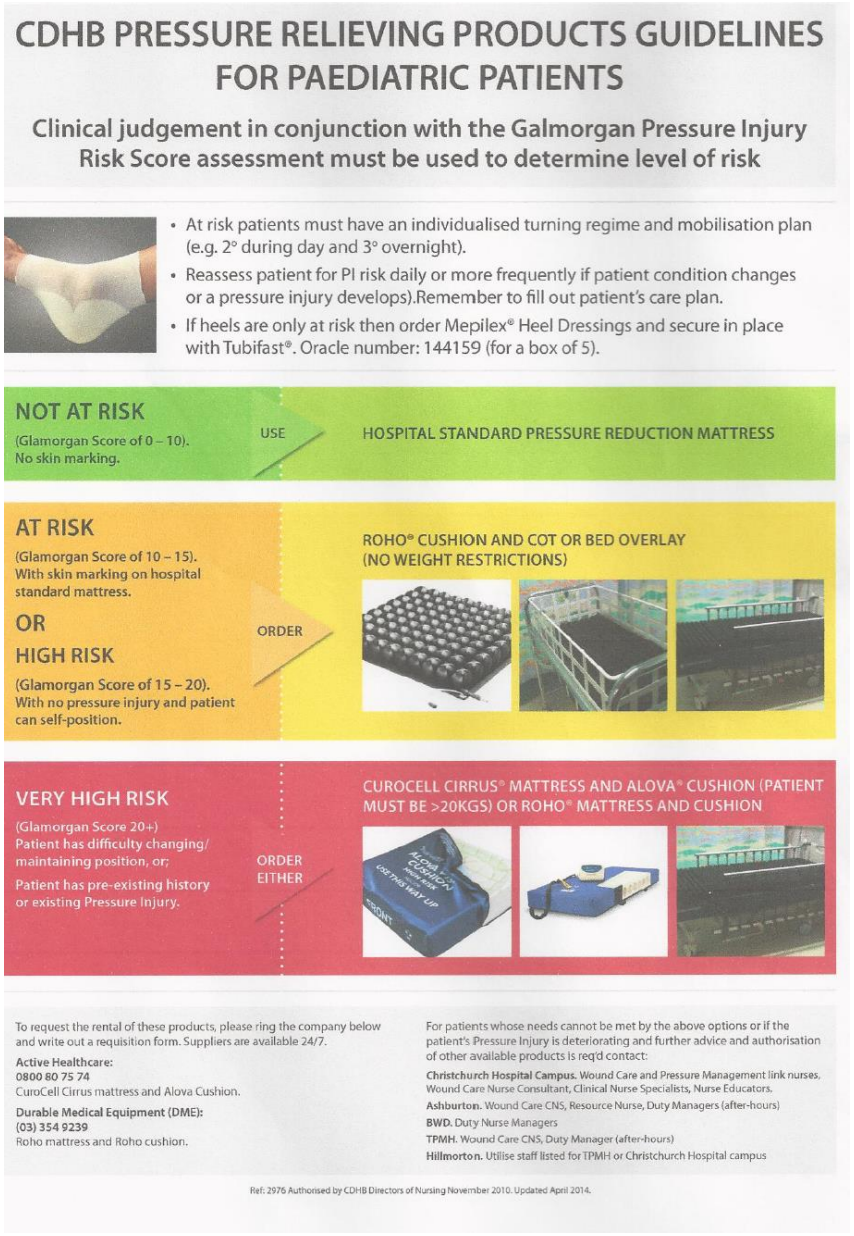
Tools

Pressure Relieving Product Guidelines

Traffic Light Indicator

Flip Chart

Pressure Injury Prevention Care Plan



CDHB PRESSURE RELIEVING PRODUCTS GUIDELINES FOR PAEDIATRIC PATIENTS

Clinical judgement in conjunction with the Galmorgan Pressure Injury Risk Score assessment must be used to determine level of risk

- At risk patients must have an individualised turning regime and mobilisation plan (e.g. 2° during day and 3° overnight).
- Reassess patient for PI risk daily or more frequently if patient condition changes or a pressure injury develops).Remember to fill out patient's care plan.
- If heels are only at risk then order Mepilex® Heel Dressings and secure in place with Tubifast®. Oracle number: 144159 (for a box of 5).

NOT AT RISK
(Glamorgan Score of 0 – 10).
No skin marking.

USE → HOSPITAL STANDARD PRESSURE REDUCTION MATTRESS

AT RISK
(Glamorgan Score of 10 – 15).
With skin marking on hospital standard mattress.

OR

HIGH RISK
(Glamorgan Score of 15 – 20).
With no pressure injury and patient can self-position.

ORDER → ROHO® CUSHION AND COT OR BED OVERLAY (NO WEIGHT RESTRICTIONS)

VERY HIGH RISK
(Glamorgan Score 20+)
Patient has difficulty changing/ maintaining position, or;
Patient has pre-existing history or existing Pressure Injury.

ORDER EITHER → CUROCELL CIRRUS® MATTRESS AND ALOVA® CUSHION (PATIENT MUST BE >20KGS) OR ROHO® MATTRESS AND CUSHION

To request the rental of these products, please ring the company below and write out a requisition form. Suppliers are available 24/7.

Active Healthcare:
0800 80 75 74
CuroCell Cirrus mattress and Alova Cushion.

Durable Medical Equipment (DME):
(03) 354 9239
Roho mattress and Roho cushion.

For patients whose needs cannot be met by the above options or if the patient's Pressure Injury is deteriorating and further advice and authorisation of other available products is req'd contact:

Christchurch Hospital Campus. Wound Care and Pressure Management link nurses, Wound Care Nurse Consultant, Clinical Nurse Specialists, Nurse Educators.
Ashburton. Wound Care CNS, Resource Nurse, Duty Managers (after-hours)
BWD. Duty Nurse Managers
TPMH. Wound Care CNS, Duty Manager (after-hours)
Hillmorton. Utilise staff listed for TPMH or Christchurch Hospital campus

Ref: 2976 Authorised by CDHB Directors of Nursing November 2010. Updated April 2014.

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.

- http://www.nzno.org.nz/resources/library/theses

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

- Margaret May Blackwell Trustees
- The Margaret May Consultative Committee
- Nursing Education Research Foundation
- New Zealand Nurses Organisation
- My employers & nursing colleagues from the Canterbury District Health Board and DEBRA NZ for nominations & support
- Dedicated Health Professionals
- Vulnerable children and supportive families