
The Service Wounds - a COVID-induced redesign

Initiative Type

Redesign

Status

Deliver

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Summary

Daily meanderings to my afternoon ward shift had me passing a cohort of mostly mobility compromised patients in our Emergency Department (ED) waiting area. Patients that I learned were waiting for their daily wound care appointment. I started to think about the mechanics of this service, but was cautious about where I was placed, as a physio, to even contemplate what was happening. A few insights came knocking with opportunistic patient reviews (read- can I help you out with that

patient?) and next thing, we have first-hand experience of a patient journey for complex wound care in our town. Market failure of staffing meant that there weren't any wound care services in our community, and to meet a need, patients were scheduled for complex wound care services in daily ED-hosted clinics with whoever was rostered on that nursing shift. Lots of probing, asking, engaging and discussion later, an idea was formed about an alternative service delivery model. But the age-old story about people and money was a barrier- we were like the farmers with no paddock and no rain. That was until the fairy godmother called COVID-19 came along and cropping conditions were suddenly and unexpectedly perfect. COVID created a shift in direction and every service possible was moved out of acute services. This was a golden opportunity to totally redesign our rural wound care service. From this we have totally transformed the service- it is now a multidisciplinary, nurse navigator led service with telehealth links to statewide podiatry and our community partners. There are now work opportunities for skilled clinicians, education and upskilling are available in the inpatient and outpatient wound management space, and we have an engaging scope and variety in service delivery for our primary and community care team. And the most important outcome, is that we have harvested a very happy patient cohort whose outcomes are much improved. But the farmer isn't finished and is using meanderings to contemplate whether we can increase our crop yield in other ways.

Key dates

Jul 2020

Jun 2021

Implementation sites

St George Hospital

Partnerships

Statewide Podiatry, GP and AMS

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Aim

Attempting to solve the issues associated with wound care, for community patients with complex needs, being hosted out of ED in small rural hospital. There was dissatisfaction with the model for clinicians and patients alike. There was a demand for clinical support, continuity, oversight and direction, and appropriate location of services.

Benefits

This journey highlights two concepts:

1. This gives an example of the value of permission and space for ideas from staff who may not traditionally feel they have agency in a space to make change. As a rural generalist physiotherapist, it likely wouldn't be seen as a traditional move to think in the space of wound care delivery models occurring in ED. But with powers of observation and curiosity, combined with the safety and opportunity to discuss, it has led to the transformation of our service. And what better place to draw ideas than frontline workforce with copious local experience, as is often the case in rural areas. The journey has given credibility and trust with staff to explore and share their ideas, as you never know what can come of these thoughts.
2. This journey also highlights the value of using the full scope and variety of staff skill mix. It has also led to the development of nursing positions that can be an employment opportunity not previously available. The position has also enhanced the capacity of other nurses and the multidisciplinary team but supporting and engaging them in this speciality area of practice. This has enhanced inpatient and outpatient wound care services.

Background

At St George Hospital it was noticeable that a cohort of mostly mobility compromised patients in the ED were waiting for their daily wound care appointment which was part of the patient journey for complex wound care.

Solutions Implemented

A service redesign opportunity presented itself as a consequence of COVID-19 and a direction to move services out of ED. This led to the sudden ability to stand up a long-considered model of care for complex wound care clients to enable better outcomes for patients and staff.

Evaluation and Results

- survey of patients, medical officers and patients
- evaluation of occasions of service and consistency of management as evaluated against documentation
- evaluation is ongoing, but there is overwhelming positivity around the model.

Lessons Learnt

By trusting staff's potential, working with the conditions, finding and utilising available resources and using each stage as an opportunity of growth allows for small ideas to be successful in a big organisation.