Welcome to the rise newsletter for 2014. Vicky Moss has gone on Maternity Leave and we are pleased to announce she has had a beautiful baby girl. I would like to introduce Julie Birrell our new editor for the Rise Newsletter. Julie joins 3M with a wealth of information and experience.

In our previous edition the focus was on Pressure Injury and Incontinence Associated Dermatitis. This edition continues the same theme but also extends to explore Medical Adhesive Related Skin Injuries (MARSI) which has also become a hot topic. So much has been happening and once again we have lots of great information to share with you around Skin Integrity.

With Health Care Prevention Initiatives and National Standards being top of mind for many clinicians, education is proving to be so important to help clinicians stay up to date on how they can make a difference in their workplace and also ensure they are providing the best possible care and meeting any standards relating to their practice.

With the RISE programme (Reducing Incidence of Skin Breakdown through Education) 3M has been able to continue on with educational webinars this year. Webinars are proving to be an excellent tool in providing education to such a wide diverse group of people.

In March we held the MARSI (Medical Adhesive Related Skin Injury) Webinar. In an effort to increase awareness of MARSI and define best practices for its prevention, a consensus panel of 23 key opinion leaders came together to establish consensus statements on the assessment, prevention, and treatment of MARSI. 3M had the privilege to be able to host one of the panel members, Carolyn Lund and share her knowledge via Webinar alongside Bill McGuiness as the chair of the event.

In June we held a RISE Webinar, Pressure Injury vs Moisture Lesion: Getting diagnosis and management right presented by Tracy Nowicki and once again chaired by Bill McGuiness. Tracy shares her wealth of knowledge on this topic and gives great insight into Skin Assessment and Inspection.

If you were haven’t already had a chance to view the webinars in this edition you find the link to the recordings that you are welcome to view and share with your colleagues.

We hope you enjoy this issue.

Best Wishes
Paula

RN / Technical Specialists
Critical & Chronic Care Solutions Division
3M Australia & 3M New Zealand
pmassey@mmm.com
Medical Adhesive Related Skin Injury (MARSi)

Skin injury related to medical adhesives is a prevalent, but under recognised complication. It occurs in all care settings and to people of all ages. MARSi has significant human and financial implications.

- Medical adhesives compromise an integral part of healthcare delivery and are used by virtually every medical specialty, every patient, every day.
- Tape-related skin (epidermal) stripping can occur at any age and in any clinical setting, but it is especially prevalent at the extremes of life (in the elderly and neonates).1,2,3,4,5
- Medical Adhesive Related Skin Injury (MARSi) has a significant negative impact on patient safety.
- While there has been some awareness related to skin injury and pain caused by wound care dressings, MARSi caused by tapes and other adhesives is largely unrecognised, or is accepted as an inevitable part of patient care.

In an effort to define best practices for prevention of MARSi, a consensus panel of 23 recognised key opinion leaders convened to establish consensus statements – focusing on assessment, prevention, product selection, application, removal and appropriate treatment. By implementing these recommendations, together, we can establish new standards and components of care.

References

Did you know?

A moisture lesion will not heal if treated purely by pressure reduction/relief. However, the presence of moisture may increase the risk of pressure ulceration so some pressure ulcer risk management is required.

What are the components of care?

To learn more about MARSI these resources can be accessed through your local Critical & Chronic Care Solutions Division Territory Manager. If you have any questions or require further information, please contact our Customer Care Helpline on 0800 80 81 82 (in NZ) or 1300 363 878 (in Australia) to be put in contact with your local Territory Manager.
MARSII Webinar

Strengthen your knowledge on the impact of Medical Adhesive Related Skin Injuries (MARSII) by viewing the Webinar Recording

To view MARSII Webinar recording, please click on the link below:

Watch The Webinar Now!

Learning Objectives

• Become familiar with the significant health and financial implications attributed to Medical Adhesives Related Skin Injuries.
• Be able to discuss appropriate assessment and treatment of MARSII, as well as appropriate selection and use of medical adhesive products.
• Explore and define best practices regarding the prevention of such injuries with particular reference to the neonatal high risk population group

Presenters

Carolyn Lund - Neonatal Clinical Specialist, USA
Carolyn is the keynote speaker for the webinar and currently works as a Neonatal Clinical Nurse specialist in the Children’s Hospital in California. Carolyn is one of 23 Key Opinion Leaders of the 2013, Medical Adhesive and Patient Safety: State of Science – Consensus Statements for the Assessment, Prevention and Treatment of Adhesive Related Skin Injuries. Carolyn has extensive background in research publications and specialises in neonatal and paediatric care

Associate Professor Bill McGuiness RN, Dip T, B Ed, MNS, PhD
Bill has been involved in wound management since 2000 as both an educator and a clinician. Bill is the past President of the Australian Wound Management Association (AWMA) and has been working with the AWMA National Committee to seek Government subsidy for essential wound management practices. 3M are very pleased to have Bill as the Chair for the webinar.

Did you know?

Tape-related skin (epidermal) stripping can occur at any age and in any clinical setting, but is prevalent at the extremes of life (in the elderly and neonates).

I had the great privilege of attending an education session on Medical Adhesive and Patient Safety presented by Carolyn Lund, Neonatal Nurse Specialist.

In March this year 3M delivered a presentation aiming to strengthen clinician knowledge of Medical Adhesive Related Skin Injuries (MARS). Carolyn outlined the significant health and financial implications attributed to MARS. She discussed appropriate assessment and treatment of MARS, as well as appropriate selection and use of medical adhesive products.

She then explored and defined best practices regarding the prevention of such injuries with particular reference to the neonatal high risk population group.

Carolyn shared a wealth of her own knowledge and also outlined the recent project (MARS Project) that she participated in. This project consisted of an advisory board and conference attendees that represented 23 different specialities some of these included Geriatric Care, Oncology, Dermatology, Paediatrics, Neonatology, Wound Care, Infection Control and Infusion Nursing. The objectives of the project were to identify patients at risk for MARS, review methods to increase patient safety using medical adhesives. The task force reviewed 167 articles and pulled out 31 key publications that led them to the MARS consensus statements.

The agreed definition of MARS is an occurrence in which erythema and/or other manifestation of cutaneous abnormality (including, but not limited to; vesicle, bulla, erosion, or tear) persists 30 minutes or more after removal of the adhesive. Prevalence is largely unknown. Common examples include: Skin tears, epidermal stripping, tension Injury, maceration, folliculitis, contact dermatitis, and allergic dermatitis.

Within the Consensus document components of care were identified to help in the prevention of MARS. These include assessment, prevention, product selection, application and removal, infection prevention and treatment. Carolyn discussed that by implementing these recommendations you can assist in establishing new standards of care with the aim in preventing MARS.

I have learnt that MARS prevention is an organisation’s role not just a nurses role. Also initial and ongoing engagement with staff is the key. We need to value intact skin and not wait for injury to occur before prevention techniques are adopted.

It is important to ensure which ever skin prevention program we use that it is standardised so all staff are delivering consistent, evidenced based skin care. This will ensure the skin is protected and not compromised putting it at risk. If we understand causes, risks, diagnosis and treatment, we can apply the principles that our unit develops to prevent harm.

Thank you 3M for the excellent education program you have provided us with. We are all learning together, sharing our experiences and evidence and most importantly putting the patients first. Looking forward for your ongoing support and education sessions.

Pushpa Ram
(RN)
Waikato Hospital
Pushpa Ram, is a Senior Registered Nurse at Waikato DHB, New-born Intensive Care unit since 1999, prior to this Pushpa worked in Fiji, she is a preceptor; to staff of all skill levels and shift Coordinator of a busy 41 bed tertiary centre, Pushpa has a keen interest in education and is the unit Health and Safety Trainer and representative for the wider hospital group. She is also a member of the Neonatal Nurses College of Aoteara

See Your Name In Print!

Wanted
Case studies, articles, journal or book reviews, conference and educational day reports.

Please email the editors with your submission or any ideas or feedback you have.
Julie Birrell jbirrell@mmm.com, or Paula Massey pmassey@mmm.com
3M RISE Program

RISE (Reducing the Incidence of Skin breakdown through Education). The RISE Program is an educational program which 3M can offer to help your organisation to reduce the incidence of skin breakdown. The RISE program offers a range of tools and support.

RISE Educational Workshops & Webcasts

3M hosts accredited educational workshops and national webcasts to provide continuing education on skin breakdown and skin protection.

RISE Webinar 2014: Strengthen your awareness of pressure injuries vs moisture lesions so you get the diagnosis and management right.

To learn more watch the recording by clicking on the link below:
Watch the Webinar Now!

Learning Objectives

- Understand why pressure injury prevention is important, the need for pressure injury prevalence data and the human and financial impact of pressure injuries through a wider perspective of Standard 2 & Standard 8 (NSQHS* Standards – Partnering with Consumers and Pressure Injury Prevention and Management);
- Expand awareness of diagnosing a pressure injury versus a moisture lesion and the implications for NSQHS Standard 8;
- Enhance understanding of the causes of moisture lesions with particular reference to Incontinence Associated Dermatitis and how this can be an extrinsic risk factor to pressure injury development;
- Gain practical tips to take into clinical practice when undertaking comprehensive skin inspection;
- Provide an overview of evidence based skin care for prevention of skin breakdown and the need for the implementation of skin care education and protocol development.

Presenters:

Tracy Nowicki Clinical Nurse Consultant
Quality Effectiveness Support Team, The Prince Charles Hospital, QLD.
Tracy Nowicki is a Clinical Nurse Consultant for the Quality Effectiveness Support Team at The Prince Charles Hospital. She is a member of the Queensland Bedside Patient Safety Audit Committee and sits on multiple statewide pressure injury collaboratives. Tracy has shared her passion and expertise on Pressure Injury Prevention, Standardising Evidence Based Skin Care, Equipment Management, Bariatric Care, and Bed Safety in numerous publications and presentations across Australia and internationally. Tracy is lead role in Queensland Bariatric Interest Group (QBIG) and is supporting AusBig. She has been on the development team for the Pan Pacific Pressure Injury Guidelines and now is participating in a review group for International pressure injury guidelines. Tracy has extensive experience in presenting innovative approaches to quality risk management topics. A focus of her teaching is to ensure people have fun in learning.

Associate Professor Bill McGuiness
RN, Dip T, B Ed, MNS, PhD
Bill has been involved in wound management since 2000 as both an educator and a clinician. Bill is the past President of the Australian Wound Management Association (AWMA) and has been working with the AWMA National Committee to seek Government subsidy for essential wound management practices. 3M are delighted to be able to have Bill as the Chair for the webinar.
Rise Webinar Review

I had the great privileged in co-presenting with Bill McInnis at the 3M Rise Webinar in June 2014 on Pressure Injury vs Moisture Lesion. Well, what an experience it was! So much preparation. We were over whelmed with the response as nationally and internationally healthcare workers delegated to log into this event. The webinar grew in both numbers and enthusiasm. The technology and preparation to put on such an event is awesome (and truthfully over whelming at times). As time ticked on, the system was loaded to the maximum capacity of delegates. Unfortunately, some staff had to miss the live presentation, but were offered a chance to view the recording later. All over, healthcare workers were common minded to learn about pressure injuries and moisture lesions. The lead up caused me to reflect on how important it is that we understand what a pressure injury (PI) is and what it is not. One point I would like to make early in this paper is, this is not complex. It is about catoragising the points and making a checklist. Have a look at the 3M poster on ‘Moisture Lesions vs Pressure Injuries’. This is a great pictorial summary of our topic, a fantastic resource for all wards. This poster is a simple and concise tool that all clinicians can regularly refer to.

In January 2013 we saw the launch of the 10 National Standards.

Standard 2: Partnering with Consumers; Standard 8: Pressure Injury Prevention and Management.
This alerted our healthcare system that the government saw PIs as so important that they stood alone as a standard on their own, despite the many competing patient safety initiatives. Partnering with consumers is woven throughout all the standards, giving us the message that to truly deliver quality, safe care we must listen and engage our consumers.

As mentioned above, our main point is: To understand PIs we need to understand what they are not. Incontinence Associated Dermatitis (IAD) has long been in our healthcare system, but has remained under recognised and under reported. Little research has followed this painful, preventable condition looming under the sheets. Staff have been left ‘guessing’ the diagnoses of shearing wound, IAD, PI, skin tear, moisture lesion, fungal infection and so on.

We know there are about 126 risk factors that can influence development a PI. However the common extrinsic denominators that we can influence are pressure, shear, friction and moisture. It is only of recent times that shear is finally being recognised for its dangerous and powerful ability to quickly dissolve healthy skin into a painful, preventable, damaged pressure injury. A Moisture lesion can also be influenced by pressure, shear, friction and moisture, but the common denominator is moisture. This moisture being urine, faeces or perspiration.

Healthcare workers need to be empowered with the correct tools to assist with diagnosing preventable skin harm. During this webinar, practical tips on how to do a comprehensive skin inspection were explored: Head to toe anterior, head to toe posterior. Common sites of risk were highlighted: sacrum and heels. Healthy skin can be compromised by using ritualistic and habitual hygiene practice instead of using an evidenced based skin care program involving a pH neutral cleanser, a moisturiser and water-based invisible barrier cream to protect the skin. It is important to ensure whichever skin care program your facility adopts that it is standardised so all staff are delivering consistent, evidenced based skin care. This will ensure the skin is protected and not compromised putting it at risk ie changing the pH or drying and eroding the skin precipitating a moisture lesion or PI.

All patients are individuals and need to be assessed as such. Depending on their level of risk, then directs in assembling a management plan into action. If staff understand causes, risk, diagnoses, and treatment, they can apply the principles discussed in this presentation and prevent harm. Ultimately this is the best outcome for both the patient and the organisation.

So in summary:
Keep it Simple!
Understanding the problem means you can prevent it
Standardise how you: Assess, Do, Document and Evaluate
The skin is the window into the health of the body, if read correctly it can provide a great deal of insight into what is happening inside the body.

Thank-you 3M for the vision in hosting such an important event. Thank-you to all the delegates who tuned it to make it such a success.
We are all learning together, sharing experiences and evidence: but most importantly putting the patient in the centre of care.
I look forward to our many adventures on the road to pressure injury prevention and management.

Tracy Nowicki
Clinical Nurse Consultant
The Prince Charles Hospital
Conference Insight from Tracy Nowicki

Well over 800 delegates attended, the biggest AWMA event yet. Fantastic venue and engaging speakers from start to finish.

There was something for everyone. I loved the pressure injury streaming, of course. When the concurrent sessions were running there was 5 topics at once to choose from. All amazing...so hard to choose where to be and when. I had the privilege of speaking at 2 of the concurrent sessions. I wondered whether anyone would turn up to my sessions. As it turns out, there was standing room only. Just goes to show how many healthcare workers are keen to learn about comprehensive skin inspection. It is amazing and challenging what the National Standards have bought to us. I thought to myself, “skin inspection would not have even made it on the program a few years ago”. It is so fantastic to see the fundamentals of patient care being bought to the forefront.

All the speakers were engaging and the variety of speakers and topics was a gluttonous feast of knowledge. I feel very privileged to have attended and loved the opportunity to network with amazing people from all around Australia and Internationally. The Trade display was incredible. There was always something to learn as you popped from stand to stand. Things to try, facts to digest, a visual feast to behold.

I’m always amazed with where nursing can take you. To be able to attend such a world class event, be surrounded by amazing people all day and night is something not be thought of lightly.

If you haven’t been to an AWMA event, don’t keep missing out. Come along, you will love it.

Did you know?

Moisture lesions, frequently caused by incontinence, are often wrongly classified as pressure injuries.

Moisture Lesions vs Pressure Injuries
Differentiation Between Pressure Injuries and Moisture Lesions

The assessment of IAD, including risk assessment and differentiation from other forms of skin damage such as pressure injuries or skin tears, remains a challenge for both expert and non-specialty nurses. The most clinically relevant argument for differentiating IAD versus pressure injury is the impact of accurate prevention and treatment.

Moisture Lesions

- Location: A combination of moisture and friction may cause moisture lesions in skin folds, but most commonly they are present in the anal cleft.
- Shape: Diffuse, different superficial spots are more likely to be moisture lesions. In a kissing ulcer (copy lesion) at least one of the wounds is most likely caused by moisture.
- Depth: Moisture lesions are superficial (partial thickness skin loss). In cases where the moisture lesion gets infected, the depth and extent of the lesion can be enlarged.
- Colour: Moisture lesions often have diffuse or irregular edges.

Pressure Injuries

- Location: A pressure injury is most likely to occur over a bony prominence.
- Shape: Circular wounds or wounds with a regular shape are most likely Pressure Injuries, however, the possibility of friction injury has to be excluded.
- Depth: Pressure Injuries vary in depth depending on classification.
- Colour: If redness is non-blanchable, this is most likely a pressure injury. For people with darkly pigmented skin, persistent redness may manifest as blue or purple.

Necrosis

- Location: There is no necrosis in a moisture lesion.
- Shape: Change wording back to: A black necrotic scab on a bony prominence is a pressure injuries classification 3 or 4.
- Depth: There is no necrosis in a moisture lesion.
- Colour: If redness is not uniformly distributed, the lesion is likely to be a moisture lesion.

Defloor T., et al, Differentiation between Pressure Injuries and moisture lesions, European Pressure Injuries Advisory Panel Reviews, Volume 6, Issue 3, 2005

3M acknowledges the classification in Necrosis-Pressure Injuries has changed with recent publication of International Pressure Injury Guidelines. This brochure is purely demonstrating the difference between moisture lesion vs pressure injury.

Did you know?

www.epuap.org
Defloor T., et al, Differentiation between Pressure Injuries and moisture lesions, European Pressure injuries Advisory Panel Reviews, Volume 6, Issue 3, 2005

Pressure Injuries have distinct and defined edges in comparison to moisture lesions that often have diffuse or irregular edges.

New Zealand Events
NZNZWCS National Conference 2015
New Zealand Wound Care Society 7th Annual Conference
"Wound Care – A Matter of Balance"
21 to 23 May 2015
Marlborough Convention Centre
Blenheim
New Zealand

Keynote speakers:
Associate Professor Bill McGuinness (Aus)
Jan Rice (Aus)

Invited Local Speakers:
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Dr Mark Folley
Dr David Young
Dr Glen Colquhoun

Diary Dates

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40th National Meeting of the Australasian Association of Stomal Therapy Nurses (AASTN).
Melbourne, Australia at the Melbourne Convention and Exhibition Centre from October 5th to 7th, 2015.

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