

Shapes[®] by PolyMem[®]

Evidence-Based Skin Tear Protocol Yields Phenomenal Results



Evidence-Based PolyMem® Skin Tear Protocol Yields Phenomenal Results

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PROBLEM

Skin tears are an often overlooked wound type in skilled nursing facilities. Long term care documentation requirements classify skin tears as accidents and may have contributed to the perception that skin tears are not "real" wounds. Facilities' wound care protocols often lack treatment guidelines for skin tears. Facilities need an effective and practical, evidence-based protocol for the prevention of skin tears which can be used in the education of all clinical care team members.

RATIONALE

An ideal skin tear protocol: addresses regulatory and in servicing needs; can be used by everyone in the facility regardless of their level of clinical training; facilitates patient and family education by licensed staff; is evidence-based; and ensures outcomes consistent with the facility's quality of care standards related to infection and wound resolution. Both PolyMem and Shapes by PolyMem meet all evidence-based criteria regarding dressing choices for skin tears, so the new protocol includes using these unique dressings.

METHODOLOGY

A new evidence-based PolyMem skin tear protocol was beta-tested in nine facilities. After a thorough review of the literature, it was refined and detailed information on the causes and prevention of skin tears was added. An evaluation tool was tested at four facilities in four states. The protocol has been provided to staff at over 662 skilled nursing and other health care facilities across the USA. These independent clinicians were instructed to divide future skin tear cases into two groups. They were to evaluate the new protocol and their previous method of treating skin tears on 4-12 new skin tears each, using the same evaluation tool for both groups. PolyMem and Shapes by PolyMem dressings were provided to facilities that did not stock the products, but clinicians were not compensated for participating in the study. Comparison data from 152 patients in 54 facilities is shown here. Injuries in the new protocol group averaged higher Skin Tear classification scores overall.

RESULTS

The new PolyMem protocol met all the identified needs and some that were unanticipated. Based upon Kurt Lewin's change theory, we expected clinicians to be reluctant to try the new PolyMem protocol. Instead, many of the clinicians saw such dramatic healing compared to their previous methods that they insisted on converting all their skin tears to the new PolyMem protocol before the side-by-side comparisons were complete. These facilities often continued to provide data on skin tears managed with the PolyMem protocol.

More than 180 facilities have completed their evaluations as of April 2008, and of these, 71% have placed at least two orders for PolyMem dressings, confirming the facility's conversion to the new comprehensive skin tear protocol based on treatment with PolyMem dressings.

Use of the new skin tear protocol with PolyMem and Shapes by PolyMem dressings resulted in a 73% reduction of initial bruising at the skin tear site. Bruising was reduced by less than half that much in the previous methods group. Also, there was no reported instance of bruising becoming evident later, during the healing process, when PolyMem dressings were used. There were multiple instances of bruising throughout the healing process when previous methods were used.

OBJECTIVES

1. Review evidence for the use of PolyMem and Shapes by PolyMem on skin tears.
2. Consider the advantages of using PolyMem and Shapes by PolyMem in terms of passive continuous cleansing of the wound bed, which often eliminates time-consuming and potentially traumatic wound cleansing during dressing changes.
3. Note that this new PolyMem skin tear protocol is inclusive, teaching classification of skin tears (the Payne-Martin system with diagrams), risk factors, prevention, management (using a written procedure) and teaching as well as documentation and follow-up requirements.

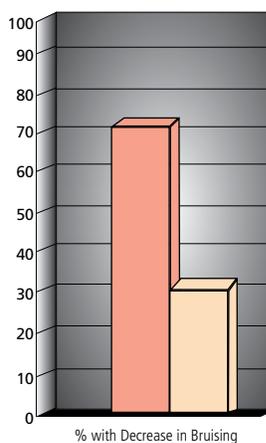
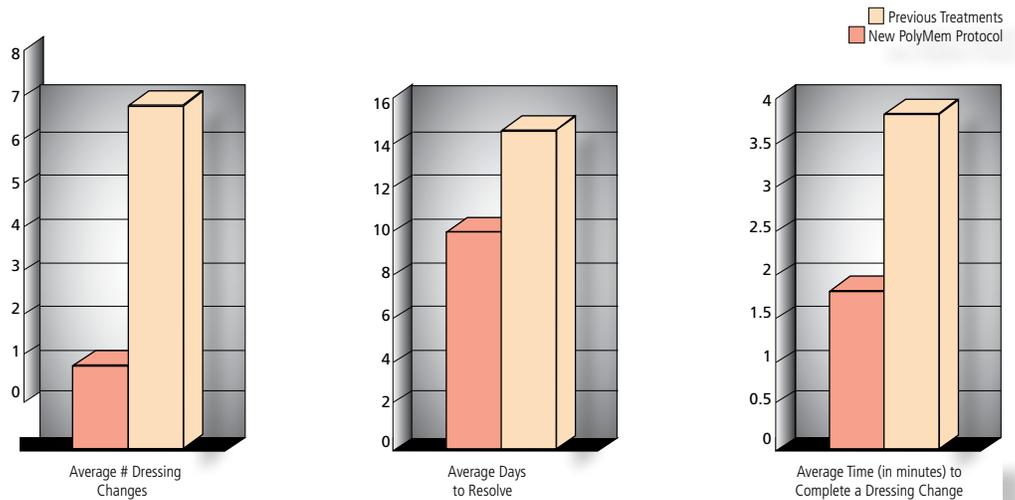
THE USE OF THE EVIDENCE-BASED POLYMEM SKIN TEAR PROTOCOL PROVIDES A FACILITY WITH:

- * A consistent educational tool for current and future staff related to protocol rationale; pathophysiology and classification of skin tears; risk factors; prevention, management and treatment of the skin tear; as well as documentation and follow-up requirements.
- * A structured format for the evaluation of the skin tear according to the F323 regulatory requirement of assessing risk, addressing prevention and providing education to the patient, family and staff.
- * Not only the PolyMem protocol, but also the procedure for treatment of skin tears, which can be placed in the Treatment Administration Book for easy reference.
- * A detailed review of the Skin Tear Classification System so all staff are communicating the assessment of the skin tear from the same frame of reference.

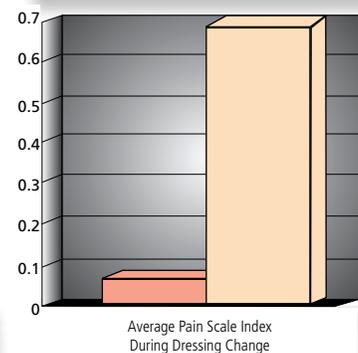
CONCLUSION

Tabulated results show the new PolyMem protocol results in superior healing times and fewer dressings needed per skin tear (on average, 76% fewer dressings), with a reduction in both episodes of bruising with injury and swelling in the area of injury. Patients using the PolyMem protocol also reported decreased pain during dressing changes and decreased pain overall. Clinicians report ease of use with PolyMem dressings, fewer dressing changes and outcomes that exceeded previous methods used by the facilities.

The superiority of the new PolyMem protocol was evidenced by the number of clinicians who felt the improved outcomes for patients with skin tears treated with PolyMem or Shapes by PolyMem dressings were more important than continuing the evaluation and thus began using the new PolyMem protocol on all skin tears in the facility before the evaluations were complete.



Data on the patients with reported skin-tear related pain:
(PAIN SCALE: 0-10)





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BIBLIOGRAPHY:

1. Fluhr JW, Gloor M, Lehmann L, Lazzerini S, Distanti F, Berardesca E. Glycerol accelerates recovery of barrier function in vivo. *Acta Derm Venereol.* 1999;79:418-421.
2. Togo T, Alderton JM, GQ Bi and Steinhardt RA. The mechanism of facilitated cell membrane resealing. *Journal of Cell Science* 1999;112(5)719-731.
3. Wilson D. Skin tear healing improved through the use of polymeric membrane dressings. *Clinical Symposium on Advances in Skin & Wound Care.* 2006;373, poster 341.
4. Murray E. Guidelines for the management of skin tears. *Journal of Stomal Therapy Australia.* 2005;25(3)2-7.
5. Department of Health and Human Services Centers for Medicare & Medicaid Services CMS Manual System Pub. 100-07 State Operations Provider Certification § 483.25(h) (1).
6. Tiffany CR, and Lutjens LRJ. *Planned Change Theories for Nursing: Review, Analysis and Implications*, Sage Publications Thousand Oaks, CA 1998.

ORIGINAL POSTER PRESENTED AT*:

- 22nd Annual Clinical Symposium on Advances in Skin & Wound Care. Poster #156. October 11-14, 2007. Nashville, TN USA.
- 21st Annual Symposium on Advanced Wound Care (SAWC). Poster #CL008. April 24-27, 2008. San Diego, CA USA.
- Australian Wound Management Association. Poster #10. May 7-10, 2008. Darwin, Australia.
- 3rd Congress of the World Union of Wound Healing Societies. Poster #PF256. June 4-8, 2008. Toronto, Ontario Canada.
- WOCN 40th Annual Conference. Poster #2403. June 21-25, 2008. Orlando, FL USA.

* This version has been modified from the original; it reflects PolyMem branding.

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