

CASE STUDY

Evidence-Based Skin Tear Protocol Yields Phenomenal Results

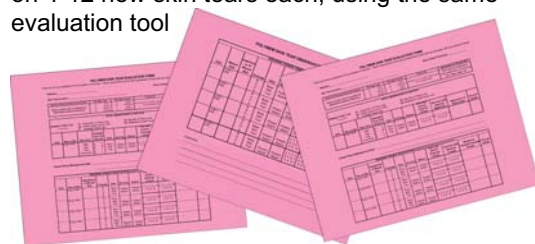
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PROBLEM

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 evidence-based protocol for the prevention and treatment of skin tears that is scientifically rigorous and practical enough to be of value for education of all members of the clinical care team.

METHODOLOGY

A new evidence-based 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. 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. Skin tears in the new protocol group averaged higher overall Payne-Martin scores.

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. Polymeric membrane dressings* meet all evidence-based criteria regarding dressing choices for skin tears, so the new protocol includes using these unique dressings.

RESULTS

The new 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 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 protocol before the side-by-side comparisons were complete. These facilities often continued to provide data on skin tears managed with the new polymeric membrane dressing protocol.

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

Use of the new skin tear protocol with polymeric membrane 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 polymeric membrane dressings were used. There were multiple instances of bruising throughout the healing process when previous methods were used.



CONCLUSION

Tabulated results show the new skin tear 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 polymeric membrane dressings skin tear protocol also reported decreased pain during dressing changes and decreased pain overall. Clinicians report ease of use with the dressing, fewer dressing changes and outcomes that exceeded previous methods used by the facilities.

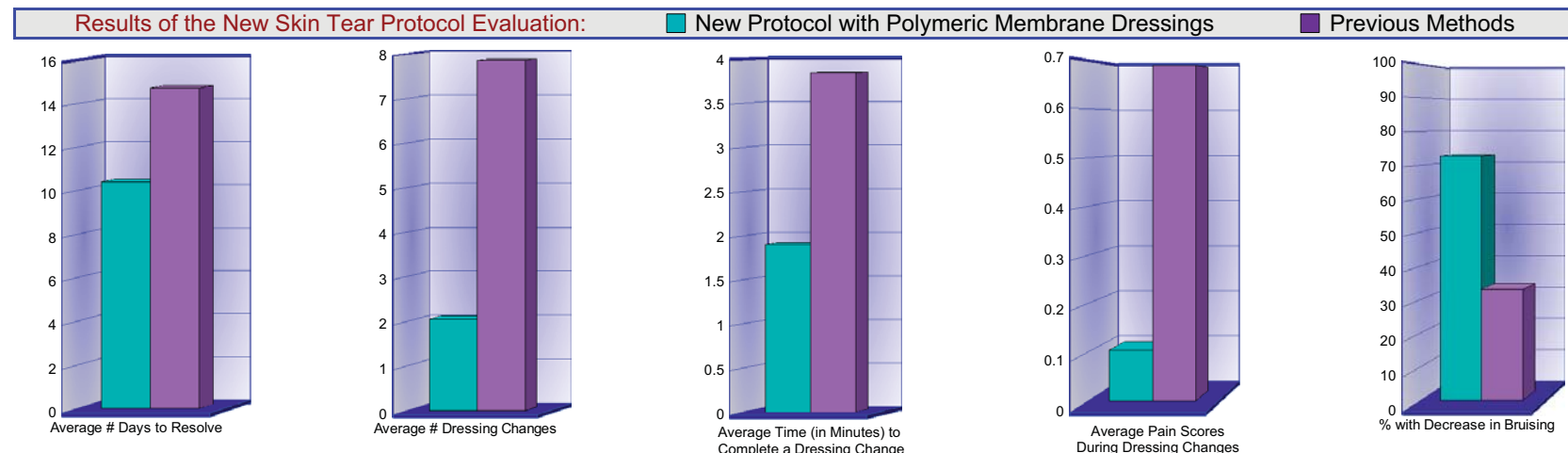
The superiority of the new protocol was evidenced by the number of clinicians who felt the improved outcomes for patients with skin tears treated with polymeric membrane dressings were more important than continuing the evaluation and thus began using the new skin tear protocol on all skin tears in the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

OBJECTIVES

1. Review evidence for the use of polymeric membrane dressings on skin tears.
2. Consider the advantages of using polymeric membrane dressings 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 skin tear protocol is comprehensive, 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 this evidence-based 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 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 Payne-Martin Classification System so all staff are communicating the assessment of the skin tear from the same frame of reference.



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The independent clinicians discussed in this presentation did not receive compensation for evaluating the new Skin Tear Protocol using PolyMem Wound Dressings. Ferris Mfg. Corp., who produced the new Skin Tear Protocol, funded this evaluation.

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