

**[EP396] DERMAL REGENERATION MATRIX IN SCALP RECONSTRUCTION AFTER RADIOTHERAPY DAMAGE.**

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E-poster session: Professional Communication

**Aim:** To report about the application of dermal regeneration matrix in a male patient with skin necrosis and radiodermatitis after scalp radiotherapy for extensive skin cancer. To describe the validity of a dermal regeneration biological substitute in the treatment of complex scalp defect.

**Method:** An elderly patient presented to our attention, with a broad area of scalp radiodermatitis, extending to the whole parietal region. The lesion was so deep to reach the parietal bone. The patient had left the area exposed to the outer environment for one year after radiotherapy. Multiple surgical steps were performed on this lesion: debridement, wound coverage through a dermal regeneration matrix and split-thickness skin graft 24 days post-initial debridement.

**Results / Discussion:** The take percentage of the dermal graft was 90% and the take rate of the skin graft was 95% with an overall good cosmetic and functional result.

**Conclusion:** Radiotherapy-related complications such as radiodermatitis and skin necrosis may sometimes expose the skull bone, which is a challenging condition to treat for the surgeon. In addition, the frequently encountered medical comorbidities in already frail patients limit the indications for complex flap reconstructions. The use of a dermal regeneration template followed by a split-thickness autograft is a useful alternative to traditional methods of surgical repair.

**[EP397] A STANDARD PROPOSAL OF WOUND INFORMATION COLLECTION AND TRANSMISSION FOR GENERAL PHYSICIAN IN COMMUNITY HEALTH CARE CENTER – SHANGHAI EXPERIENCE**

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An increased population of chronic wounds has been a challenge in China during past decades. Community health care centers are rolling basically on the management of wound patients. With the supervision from specialists in general hospital, general physicians and nurses could carry out community-based wound care – this was impossible only a few years ago in Shanghai.

To improve community-based wound care, description of wound in standardized way is critically important. Conventionally, the description of wounds by written record tends to translational error, loss of data and non-standardization. To reach a wound information management proposal with objectivity, standardization and convenience, we developed a wound information management system. The system is composed of acquisition terminal with 3G mobile and the software, transmission of words and pictures, and a data bank as well. By use of mobile, it is also feasible to access to information from data bank. This system could provide standardized wound information management proposal by standardized techniques of acquisition, transmission and data storage. It could be used widely in primary medical institutions. It also provides possibility for epidemiological study in the future.

## [EP398] WOUND ASSESSMENT AND DOCUMENTATION: A CROSS BOUNDARY APPROACH

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**Aim:** It is recognised that documentation is one of the linchpins in achieving excellence in wound care by promoting appropriate wound bed assessment and management, leading to continuity of care and improved patient outcomes.

This abstract evidences the development of wound care documentation that has proven successful across Acute Trusts, Community Hospitals, Community Nursing, Practice nursing and care home settings.

### **Method:**

- To develop documentation which will promote the use of evidence based practice across all healthcare settings
- To trial the documentation in each area and adapt as deemed necessary to promote compliance in use
- To develop a tool which will evidence best practice, enabling simplistic audit of patient records

**Results / Discussion:** The wound care documentation was initially developed for use across an acute trust to allow evidencing of appropriate wound care for all. This was then adapted for use and adopted across all Community healthcare settings with educational input provided by the Tissue Viability Team to promote and embed into practice.

The documentation promotes evidencing of appropriate dressing selection utilising a multifaceted approach including; consideration of wound bed preparation, factors which may affect wound healing and appropriate equipment provision.

**Conclusion:** The development of the shared documentation has been able to provide evidence of excellence in wound assessment and management whilst providing the patient and staff an appropriate audit trail.

Continuity of care has been impacted as sound rationales for dressing choices have to be made thereby promoting evidence based practice.

**[EP399] FOUNDING THE WOUND CARE MANAGEMENT HOUSE IN THE SOUTHERN PART OF SWITZERLAND: HOW TO INTEGRATE A WOUND CARE CENTER IN DAILY HOSPITAL PRACTICE?**

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**Aim:** The aim of this presentation/poster is to present the implementation of our patient centered wound care management house.

**Method:** We applied partially of the already known Medical House Modell, modifying some of the important fundamentals. Firstly we did stimulate our internal resources secondly we encouraged interdisciplinary collaboration in the existing regional hospital network and thirdly we were creating more efficient communication pathways with locally engaged wound specialist nurses and family practitioners as well as nationwide centers and institutions.

**Results / Discussion:** The patient centered Wound House needs enhanced access like implementing internet tools and direct web contact between all involved nursing and medical staff.

The ground floor of our model forms the wound team. The team consists of two leaders: a general surgeon and wound care nurse as well as of a secretary.

The first floor of this house disciplines of the interdisciplinary team like angiologist or diabetologist are situated. They are responsible for resolving the basic condition/problem causing the ulcer. On the second floor prophylactic active professionals such as the diabetes nurse or orthopedic shoemaker are involved to achieve and maintain the healed ulcer.

Quality management and control are located virtually in the attic.

The wound house is built on essential foundations like cost control, patient involvement and commitment.

**Conclusion:** Implementing this concept we could obtain better results, following patients, investigating causes and adapting wound treatments. Unnecessary waiting times can be avoided. There is a simplification and acceleration of the flow of both, cure and investigation. After implementing this concept we noted an increase of the patient number.

## [EP400] HEALTH AUTHORITY A.S.L. 3 GENOVESE–CHRONIC SKIN LESIONS OBSERVATORY

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**Aim:** To monitor incidence and prevalence of chronic skin lesions following patients through the network of health care services. The computerized system was designed and developed by the team of nurses specialized in wound care in partnership with health direction, risk management.

**Method:** Health Authority includes 4 hospitals and primary care services in an area of about 1150 km<sup>2</sup>. The Chronic skin lesions Observatory has been implemented since 2012. The data collected through the observatory are the following: patient demographics; referral system; type of lesion on admission; type of lesion occurred during hospitalization, home or ambulatory care period; risk score according to Braden scale for pressure ulcers; monitor of status of ulcers and progress towards healing ; aids for sore prevention. The team of nurses specialized in wound care is responsible for data processing. Nurses in all setting follow prevention and treatment procedures and enter data in the chronic skin lesions observatory.

**Results / Discussion:** Through the lesions observatory we can monitor in real time incidence and prevalence of skin lesions, new occurrence of skin lesions, progress or worsening and time of healing. This allows the nurses specialized in wound care to detect settings which show critical issues and take action for quality improvement assisting and supporting the staff. The main aim of the project is to reduce incidence of pressure ulcers which are preventable in many cases.

**Conclusion:** The prevention of The Italian Agency for health quality has accepted the observatory as Good practice. Pressure ulcers are a key intervention that is not new, not expensive, and has the potential to save thousands of patients from unnecessary harm.