



Innovation,
Applicability and
Transferability

Aged Care Clinical Mentor Model of Change

In 2018, Resthaven implemented a second trial of the Aged Care Clinical Mentor Model of Change to improve Wound Management.

Background

The Aged Care Clinical Mentor Model of Change (ACCMoC) was developed as an 'Encouraging Better Practice in Aged Care (EBPAC)' project. It aimed to implement best clinical practice related to an identified clinical priority area via a workforce mentoring model, which includes the role of an Aged Care Clinical mentor (ACCM).

The model increases the effectiveness of clinical mentoring in residential and community aged care services to bring about workplace and practice change; delivering positive clinical outcomes for older people.

Wound Management Trial

Following the success of the first 2016 trial at one Resthaven residential site, a variation of the approach was trialled across Resthaven's eleven residential aged care homes, choosing the clinical priority area of 'Wound Management'.

Aligning to strategies identified in the Resthaven 2015–2020 Strategic Plan, the trial aimed to improve:

- Skin and wound knowledge, including use of wound care products
- Completion of the Wound Management Tool (WMT)
- Documentation of wound reviews and management plans
- Completion of wound progress documentation, including the quality of wound photography for clinical records.

Methodology

Best practice guidelines were developed, and resources identified to support the Aged Care Clinical Mentor.

A stakeholder analysis was performed to identify the key people who needed to support and drive the change.

An Action Plan was created to plan activities to implement best wound care clinical practices.

These included:

- Each site appointing a Site Champion (SC) registered nurse and Clinical Nurses (CNs) to attend a Wound Management Education Day, presented by a Subject Matter Expert. They received two follow up mentoring visits at their site by the Aged Care Clinical Mentor.
- A 'Wound Progress Documentation' example of a completed document was posted at all sites.
- 'Skin Tear Category' and 'Pressure Injury Classification' sheets to be placed with wound care trolleys.
- CNs and SC to present about wound care at the site RN/EN meetings.
- The Aged Care Clinical Mentor mentoring nurses at the residential site whilst they were undertaking wound care rounds, completing the Wound Management Tool, and taking wound photography and measurement.



Evaluation

The Aged Care Clinical Mentor's activities in implementing the Aged Care Clinical Mentor Model of Change delivered positive results and improved outcomes for residents.

Of the attendees at the Aged Care Clinical Mentor Wound Management Education Day, 57% responded to the post education day evaluation survey. All respondents (100%) indicated that their knowledge of wound assessment and management had increased, and confirmed information gained is used to improve the management of wound care at their site.

During the Aged Care Clinical Mentor site visits, some nurses said they were *'unsure about which product to select to dress a wound, as there are too many choices'*. In response to this feedback, wound dressing products were reviewed and reduced to prevent confusion in product selection.

Contemporary wound care products are generally designed to remain in place for up to seven days, to maintain an optimal healing environment. A pre-trial survey identified wounds managed with contemporary products having more frequent dressing regime without clinical indications of requiring this. Post-trial results demonstrated a significant increase in weekly wound dressing schedules using contemporary wound dressing products. Case studies demonstrated positive healing outcomes for residents.

Staff feedback included:

- *RNs report they have much more time to devote to other clinical matters, as wound care was scheduled according to best practice and wound care product recommendations.*
- *CN reported that Wound Management Tools were being resolved quicker as wounds were healing and this was a positive outcome for residents.*

Outcomes

The expectation is that the positive trial results will be sustained by the Clinical Nurse and Site Champion at each site. They will continue to pursue best wound care practices, mentoring staff at each site during their shifts.

The 'Skin and Wound Management' chapter of Resthaven's Clinical Practice Manual was reviewed to reflect best practice and to support staff in implementing practice change.

Conclusion

The results of this trial reflect the results of two previous trials, demonstrating clear benefits of implementing the Aged Care Clinical Mentor Model of Change within aged care services—both for staff and consumers.

The model was used effectively in this trial across multiple residential sites to address one clinical issue. A quick change towards best clinical practice occurred across all residential sites. The engagement of two to three Site Champions (a CN and RN) at each site was effective in driving clinical practice change, which benefits consumers.