

# Summer 20 SCHOOL 25

*A residential learning experience*

14-15 February 2025

Novotel Geelong, VIC

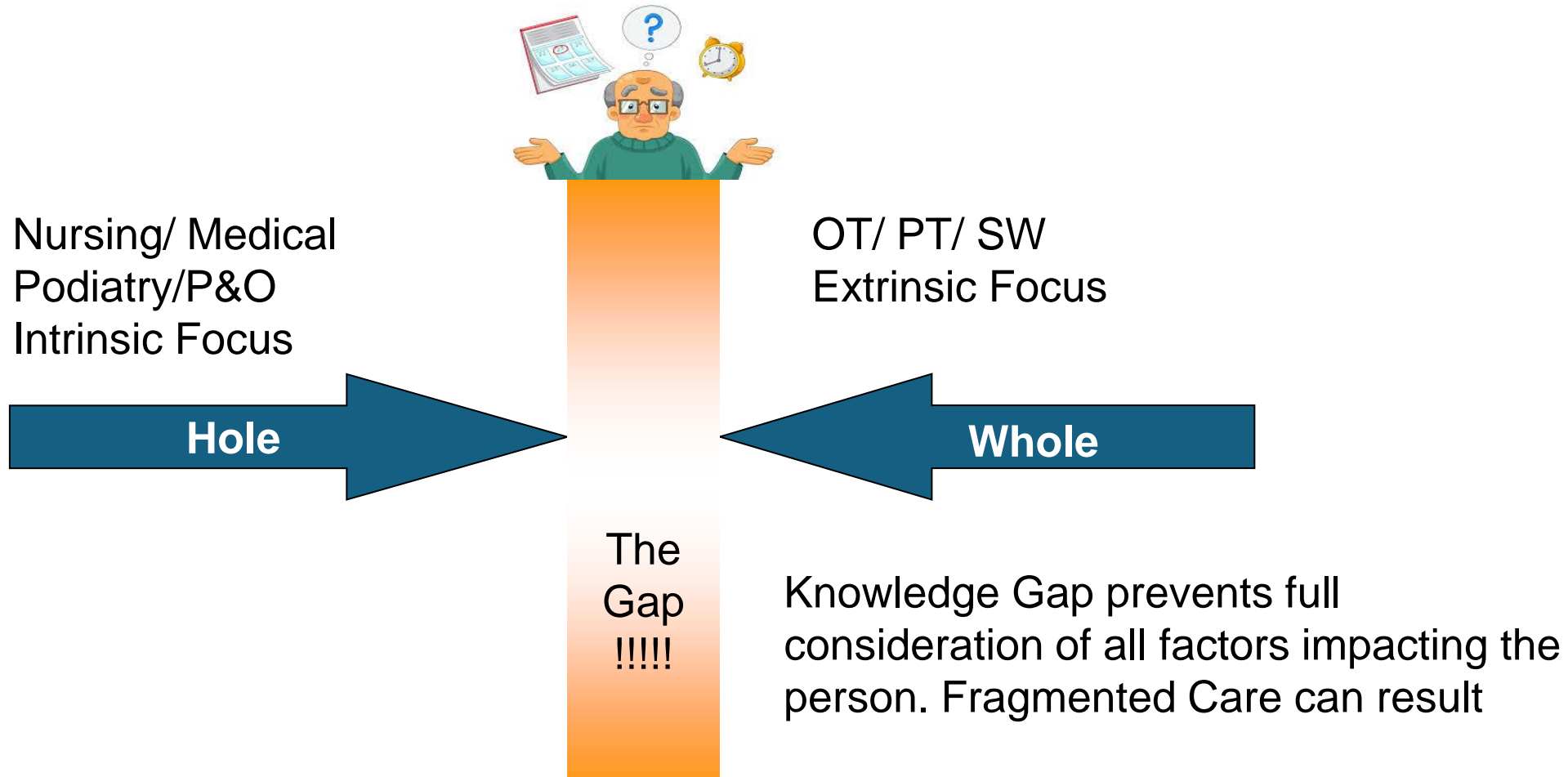
## Palliative Wounds and Care

Are you working in a Multidisciplinary or Interdisciplinary Team?

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**Catherine Young**  
**Occupational Therapist**  
**Odyssey Consulting**

# The problem : MDT is often Working in Silos

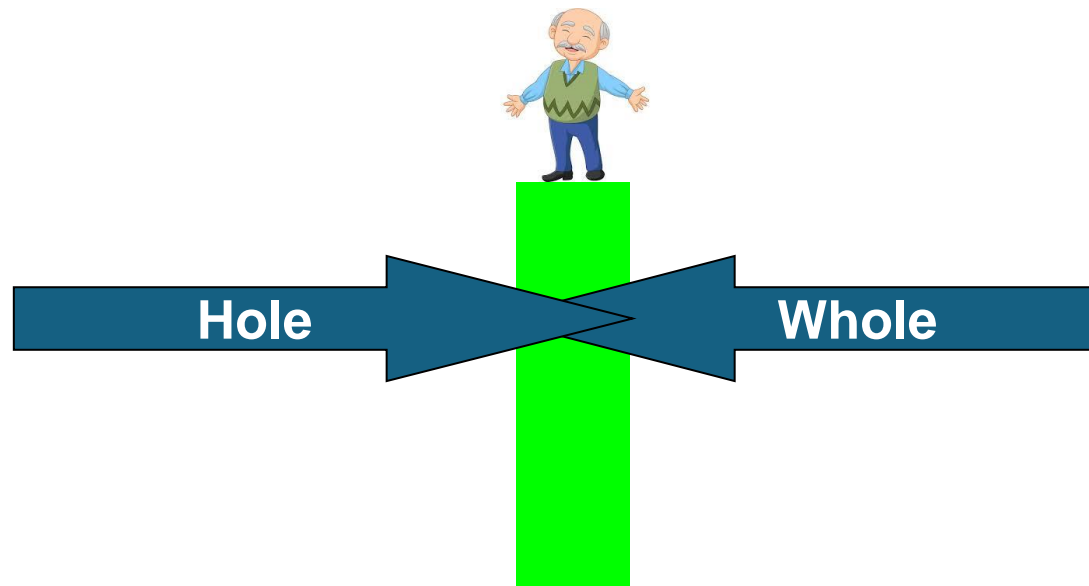


# Let's work together ! Interdisciplinary approach

## Critical for Palliative and End of Life Care

Person Centered goal setting : Shared Interdisciplinary case assessment →

Results in shared management plans that improve outcomes for the person , family and supports



Overlap of focus would better support holistic PI management & prevention

# Domains of Wellbeing: CHOICE and CONTROL

What people want is control over their own situation. Self-management and shared decision making are key outcomes of empowerment.

## Physical

- Reduced mobility
- Avoidance of social contact
- Poor Nutrition
- Sleep disturbances & Fatigue

## Psychological

- Anxiety & depression ( delayed healing )
- Self neglect, disturbed sleep , poor appetite

## Social

- Loss of control , role in the family
- Burden on families / carers

## Spiritual and Religious

- Treatment in conflict with beliefs



ref : International consensus. Optimising wellbeing in people living with a wound 2012  
[http://www.woundsinternational.com/pdf/content\\_10309.pdf](http://www.woundsinternational.com/pdf/content_10309.pdf)

# Clinical Goal setting: Start with patients concerns

- Use clinical reasoning pathway (eg: ACI, SWEP, PMAT)
- Use assessment tools and measure the outcome eg: COPM , WHOM

Problem/ Assessment Finding	Goal	Product Attributes	Product Options	How do we measure this?
<p><b>Personal (Tony / Wife)</b>  <b>Tony – sliding out of chair feels unsafe – unsafe travel</b>            High risk of falls            Feet not supported on footplate .  <b>Access to bedroom</b>            Pain when sliding out of seat</p> <p>Wounds site breaking down after shower - excessive bleeding</p> <p><b>Postural</b>            Trunk – left lateral flexion            Large frame – legs abduct/ slides down seat / feet not on footplates / unsupported</p>	<p>To feel stable when seated and transporting into recess</p> <p>Both to feel confident : allow SW;'s to undertake the showering routine unsupervised</p> <p>Maintain skin integrity – allow healing / prevent re- injuring.</p> <p>To feel stable when seated and transporting into recess</p> <p>No impingement on leg hangers            Maximize foot loading on footrest</p>	<p>Larger size seat / backrest / TIS            Seat design –shape to load GT's / increase thigh loading / no load on sacrum . 20" x 20" seat size</p> <p>Left thoracic trunk support</p> <p>Materials gel / less slippery , but allow some immersion</p> <p>TIS            Positioning belt – consider colostomy stoma position – upper thigh placement of belt            Raise STFH</p> <p>thigh / pelvic supports</p>	<p>Previously tried std TIS – Juvo to large for recess / looked too big !</p> <p>Weight shifting tilt – smaller footprint            thoracic lateral</p> <p>Custom seat – cut out for sacrum, closed front , small aperture / pelvic shaping .            Gel covering            Visco elastic foam cover.</p> <p>Wide waterproof Flexible / adjustable pelvic positioning belt</p> <p>Thigh laterals</p>	<p>Positioning – picture at beginning and end of shower/ self report from Tony/ wife / SW's</p> <p>Pain scale report</p> <p>Skin review- wife and wound consultant/ pictures</p>

# Equipment Considerations for Palliative Care

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- Awareness of increasing PI risk – Intrinsic and extrinsic
- Adjustable / customisable – weight and shape changes
  - FWD planning as condition changes
- Cognition changes (simplicity / familiar controls)
- Microclimate control
- Contenance management – leaking stomas !
- Repositioning options for Pain / abdominal distention / LL oedem
- Low Noise ( Use free APP : NOISH SLM )
- Shear Management
- Fatigue – Early power options
- Carer considerations
- Transportability – car access / light weight for manual handling



# Weight loss and skin entrapment risk



# Goal – to go away on a holiday !

Specialized folding equipment for purchase and rental .



Folding MSC



Karma folding TIS



Folding Hoist



Portable Gantry



Repose static overlay / cushion





# Equipment – Seating Options



Cura seating



Vicair backrest



Spex adjustable seating systems



ROHO Mosaic



# Correct seating reduces PI risk & improves function

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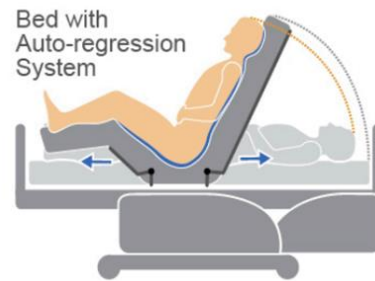
What did we change?

# Product Evaluation – Profiling Bed Frame

Managing shear - always consider both mattress and base together

## Functions:

- Hi – low- transfer (↓sacral/ IT F&S)
- Head elevation (↑F & S)
- Knee bend (↓Heels)
- Autoregression in combination with mattress design -castellations / anti shear loose layers optimizes shear management
- Trendelenberg (↓ F & S)
- Interface with other equipment
- Are all these functions available?
- Do all staff carers know how to use them, when to use and why?
- **Have you done an entrapment risk assessment?**



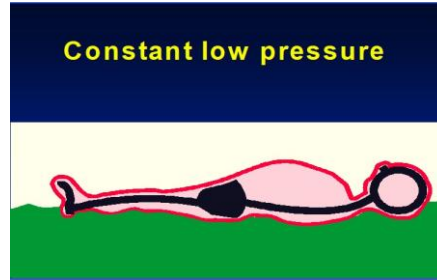
Supplied by Finch Healthcare





# Mattress replacements and overlays – Reactive (CLP)

## Immersion and Envelopment



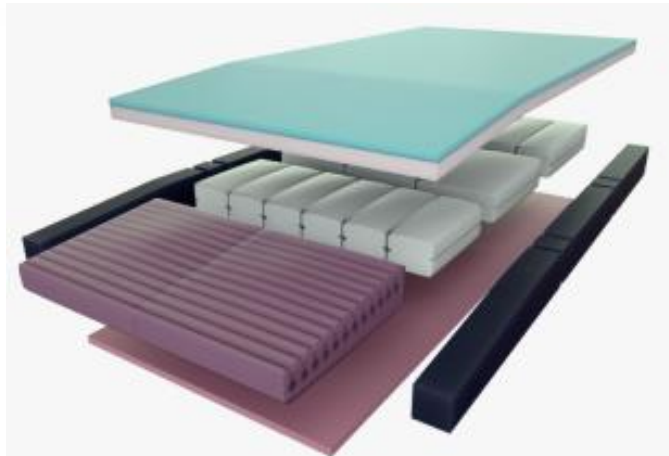
Provided by Pegasus Healthcare



ROHO mattress inserts

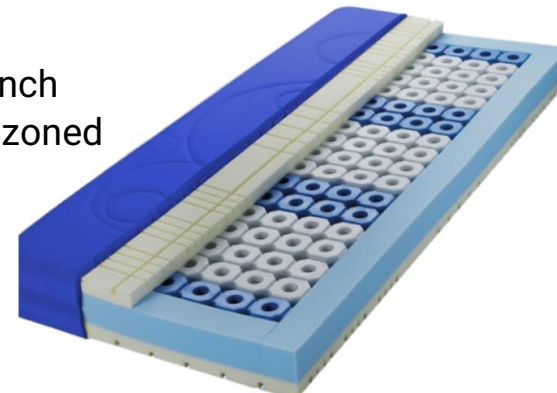


Vicair 415



FORTÉ ALAISE HYBRIDE

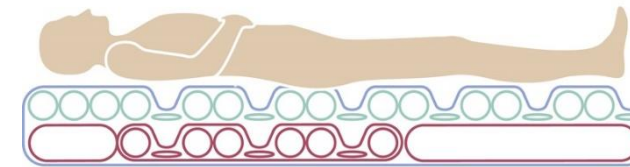
Metzeler Finch Healthcare zoned foam



# Active Support Surfaces – potential to reduce and offload pressure .



Alternating Air / Pulsation / Low air loss / Mattress replacements .



Active– A /A mattress replacement  
Dual layer ( both active )



# Equipment to support Palliative Care

## Resources - Where do we get this gear ?

- Who Prescribes it ?
  - Nursing / OT / PT / Podiatrist / Orthotist ( acute / community / palliative care )
- Funding bodies / Resources
  - Disability Liaison Officers( Public health ) refer to them before hospital admissions.
  - SWEP- Reissue program State ( interstate MASS / Enable )
  - NDIS : Change of circumstance, advocating for support coordination - interdisciplinary working model
  - Age care packages
  - Access specialist providers – MS / MND / Polio / CP alliance / SCI / SB Transition clinics/ AT specialist
  - Carer Gateway
  - Med-Tech Vic ( Swinburn – AT product research Hub )
- What & Where :
  - Pall Care team meetings - ½ hr ( monthly ?) Equipment huddles !
  - Seek out Suppliers who do customised options / 2-way relationship / connections
  - Rental options- many now doing more customised chairs / seating/ mattresses



# Documentation

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What is recorded? How is this stored/retrieved? Who needs it?

- Disability Identifier
- Health passports
- My Health Record
- Alerts
- Patient Portals
- Equipment suppliers – Check systems eg: Hub Spot ? Rely on them for servicing reminders / maintenance records / record of what has been trialed
- Care plans / Pressure Injury information/ care recommendations
- Phone / Photos / USB / texts / reminders

**ALERT!** If person is moving home, new health service / interstate / international

# Continuum of Care : Handover

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What happens when a Palliative / EOL patient moves camp ?

## Identify :

- Communication pathways needed
- Where the communication is breaking down
  
- Home
- Community housing
- Residential Care
- Hospital ED
- Acute
- Rehab
- Transition Care
- Hospice

## Useful handover information to go with the person

- Patient/ family/ clinicians - identified goals
- Pressure injury Location ? Staging ? PI Risks
  - Ability to move /reposition (move air at skin surface ).
- Specific bed positioning /mobilization program : e.g: Mr B : max loading time 1hr x 3 daily. MSC - 20 mins / sitting at 60 degrees for meals x 20 mins.
- Skin/ tissue tolerance –
  - skin testing outcomes – feedback on different equipment
  - turning regime ( time frames) used to tissue integrity
- Equipment : specify type mattress, cushion, wchair, other seating, recliner
  - Is this going with the patient ? Discharge Plan ?
- Transfer Technique
  - Sling style / slide board /level of assistance needed
- Local environment – temperature, humidity, variations
- Outcome measured – e.g COPM , WhOM , PUSH tool – all disciplines to provide baseline measure in their area of practice.

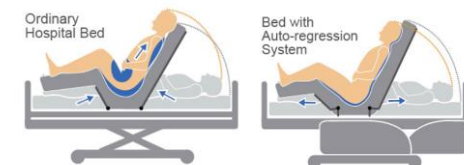
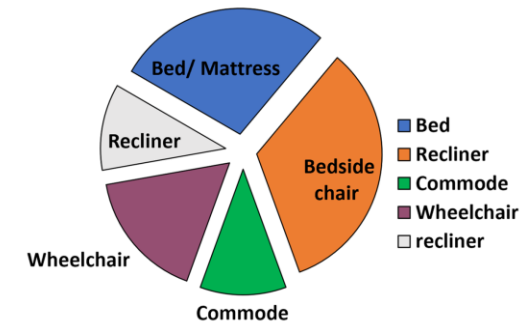
# The Support Surface: What to ask suppliers?

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- How has the product been classified?
  - No standardised equipment classifications?
  - What is it based on? Who decides ?
- Australian Therapeutic Goods Register
  - Product specifications
  - TGA registration- class 1 Medical Device / Class 2 Medical Device ( all powered units 2027 ? )
  - Global Medical Device Nomenclature (GMDN ) code – defines how the product has been registered eg “ therapeutic claims” ?
  - Declaration of conformity certificate (will include standards tested to / GMDN code).
  - Technical files addressing therapeutic claims
- Strength of Evidence - ask for Supporting studies / evidence of what you are expecting the product will do .
  - Clinical Evidence (3rd party published studies)
  - Clinical Documentation originating from the manufacturer. ( in house )
- Support Surface Standards ISO/ RESNA / ANSI- what has product has been tested against ?

# Some take home messages

- Goal setting
  - Whose goals are you working with ?
- Documentation / Continuum of Care
  - Are you sharing it with the patient ?
  - Patient portals
  - Do you have a reliable pathway ?
- Equipment
  - 24 hr activity review – be the detective ( target the problem )
  - Does it really do what you think it does/ check out claims ?
  - Use the adjustable functions – make it Fit !
  - Documentation : Did you leave instructions written / video
- Shear force deformation management
  - Tilt and recline function on chairs – use tilt before recline.
  - Check out **Autoregression** feature on beds.







**This is NOT OK !!!!**



But this is OK! It is why we do what we do!

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# Dot's Case study – Equipment

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Dolphin FIS® Mattress Fluid Immersion Simulation System



Molnlycke Tortoise Turning & Positioning System Standard



# Reduced Range Of Movement - where is the load?

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- Assessment of hip, knee, ankle ROM
  - Helps to determine positioning aids and support surface
- **Don't expect equipment to do the impossible !** Yes, this person has bottomed out to the bed base !



# Support Surface: Standards

## **ANSI/RESNA SS-1-2019 RESNA for Support Surfaces (revision of ANSI/RESNA SS-1-2014)**

Thursday, March 7, 2019 (0 Comments)

Posted by: Ana Mattson

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**FOR IMMEDIATE RELEASE**

**March 7, 2019**

**ANSI/RESNA SS-1-2019 RESNA for Support Surfaces (revision of  
ANSI/RESNA SS-1-2014)**

These standards are intended to provide means of identifying and measuring clinical metrics for comparison.

ANSI/RESNA SS-1-2019 now consists of the following sections under the general title of Support Surfaces:

Volume 1: Requirements and Test Methods for Full Body Support Surfaces

- Section 1: Vocabulary
- Section 2: Standard Protocol for Measuring Immersion In: Full Body Support Surfaces
- Section 3: Standard Protocol for Measuring Heat and Water Vapor Dissipation Characteristics of Full Body Support Surfaces – Body Analog Method
- Section 4: Standard Protocol for Measuring Heat and Water Vapor Dissipation Characteristics of Full Body Support Surfaces – Sweating Guarded Hot Plate (SGHP) Method
- Section 5: Support Surface Horizontal Stiffness Test
- Section 6: Envelopment and Immersion – Hemispherical Indenter Test
- Section 7: Envelopment with Dual Semispherical Indenter Test
- Section 8: Standard Protocol for Measuring Water Vapor Dissipation Characteristics of Support Surfaces – Heated Water Bladder Method