

Nurse strives to improve wound care

By Laura Raines, *Pulse Editor*, Published on: 04/20/08

A home-health nurse for many years, Bianca Woodall-Jones grew frustrated when patients developed serious wounds.

"The physician would order a consult with a wound-care nurse, but we'd have to wait two weeks for care," she said. "I wanted to make a difference, so I went to school to become a wound-care specialist."

Woodall-Jones, RN, MS, CWOCN, took courses from Emory University's Wound, Ostomy and Continence Nursing Education Center and passed the national certification exam.

She was a private wound-care consultant and also worked at Atlanta Medical Center until Visiting Nurse Hospice Atlanta asked her to develop a wound-care training program for its staff in 2006.

"We're seeing more acute wounds in our home-health care patients than when I started as a home-health nurse more than 15 years ago," Woodall-Jones said. "Some of those wounds would have been treated in an acute-care facility previously."

Visiting Nurse Hospice Atlanta clinicians were treating 300 to 400 wounds at any given time, including pressure, surgical and atypical wounds.

"Wound-care nurses are trained to look at the whole patient and what may be the causal factors of the wound. There are multiple reasons why a wound occurs, so all treatments must be individualized," Woodall-Jones said.

With administrative support, she developed a wound-care training program that enhanced the competency of all clinicians, including certified nurse assistants, nurses, physical therapists, occupational therapists, speech therapists and managers, while not disrupting patient care. All new hires receive 12 hours of wound-care training as part of their employee orientation.

The clinical staff also attends eight-hour training sessions on how to prevent wounds and how to deal with complications. They look at case studies and practice their skills in a lab.

In the field, staff members can rely on mathematical procedures developed by Woodall-Jones, which give specific steps and products for treating different wounds.

"When a situation doesn't fit any algorithm, they can call our hot line," she said.

Visiting Nurse Hospice Atlanta has three certified wound, ostomy and continence nurses on staff.

"We focus on patients who aren't healing, and [we] do research to see what we can find that will help," she said. "Wound care is an ongoing science, with new research and products being developed continuously.

"I spend about 60 percent of my time in the field assessing patients, giving recommendations and teaching our nurses and therapists how to care for wounds. We've seen some really good outcomes."

The training makes a difference for patients.

"Wounds often have drainage and odor. Patients will be embarrassed, because their grandkids don't want to be around them," Woodall-Jones said. "We can get the drainage and odor under control and start the healing process so that our patients have a better quality of life."

About 5 million people in the United States have non-healing wounds, about 500,000 people have ostomies, and 11 million people have urinary or fecal incontinence, which can cause wounds. Training clinicians to use cost-effective, evidence-based treatment plans results in fewer rehospitalizations and better patient outcomes.

"We can help just about everyone we see here, and that's a good feeling," Woodall-Jones said.