

Dressing remedies project: The impact of skin tear management in care homes for timely and effective patient care

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Presentation

Skin tears are described as traumatic injuries caused by mechanical forces, including the removal of adhesives.¹ They vary in depth but do not penetrate the subcutaneous layer, and their classification depends on the extent of skin flap loss. A "skin flap" refers to a piece of the skin (epidermis or dermis) unintentionally separated from its original position due to forces like shear or friction.¹ Individuals with fragile or frail skin are particularly prone to skin tears, as even minor trauma can cause significant injury and can increase the likelihood and duration of hospital stays.¹ Patients in care homes are particularly susceptible to skin tears.²

The lead tissue viability nurse consultant initiated the dressing remedies project across Sunderland and South Tyneside, recognising its potential to benefit patients and caregivers in care homes. This initiative builds on previously published work by the nurse, which emphasised the need for ongoing review.³ Additionally, a 2011 audit conducted across 52 care homes, involving 2,200 patients over a 12-week period, revealed that 49 residents had developed skin tears.⁴ The audit highlighted that providing direct education to care home staff could reduce inappropriate referrals. With the decline in the number of district nurses, who play a critical role in community wound care, delays in treatment have become more common, often resulting in poorer outcomes.⁵ Empowering caregivers to manage skin tears quickly and effectively can improve patient care until a nurse is available for further assessment.

In support of such initiatives, Skills for Care, the Department of Health and Social Care (DHSC), and sector partners have co-developed voluntary guiding principles. These principles promote person-centered, safe, and effective delegation of healthcare tasks to care workers, ensuring faster access to high-quality care for individuals receiving support.⁶

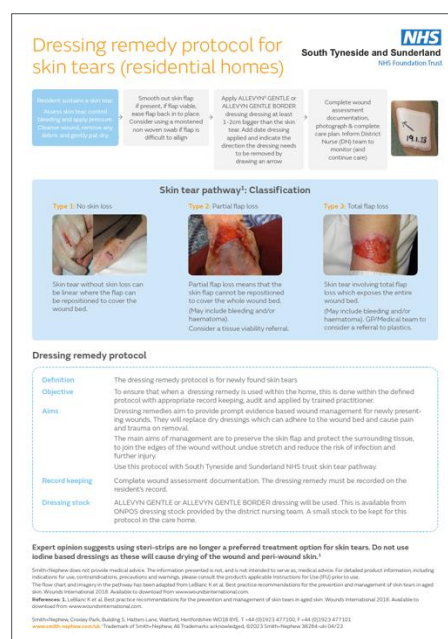
Delegation to social care workers, which has been practiced for several years, involves regulated professionals, such as nurses and nursing associates, assigning clinical tasks to paid care workers. These tasks include simple wound care designed to enhance care and support independence. Safe and effective delegation empowers individuals, giving them greater choice and control while improving care experiences and overall health outcomes.⁶

Additionally, delegating healthcare tasks like simple wound care to trained caregivers aligns with the NHS Greener initiative.⁷ This approach reduces the need for district nurses to travel frequently, thereby helping lower vehicle emissions and contributing to a reduced carbon footprint while ensuring timely, sustainable care delivery, while supporting the roader goal of creating a more environmentally friendly healthcare system.⁷

Method

The project focused on increasing awareness of skin health among age groups particularly vulnerable to skin damage within care homes, emphasizing the importance of early intervention in managing skin tears.

The dressing remedies project began by collecting baseline data from care homes to assess their ability and confidence to manage skin tears effectively. Skin tear training was then delivered to carers designated as skin tear champions of each care home; this covered the skin anatomy, skin tear prevention, risk factors, the local International Skin Tear Advisory (ISTAP) classification pathway and first aid management (Image 1), which included product training. If any red flags, such as bleeding or changes in the wound, were identified, carers, were instructed to refer the case back for further assessment. Once trained, they were given the skin tear box, which consisted of ALLEVYN[®] GENTLE BORDER Foam Dressing as the primary dressing, ALLEVYN application guide, dressing pack, saline and the Sunderland and South Tyneside skin tear pathway.



Method (continued)

Best practice for skin tears involves using soft silicone dressings help maintain a trauma-free wound environment, protecting fragile skin while minimising friction and shear⁸ and the risk of medical adhesive-related skin injuries (MARSI)⁹. These dressings adhere to dry skin without damaging the wound bed, making them ideal for managing delicate skin conditions and reducing maceration and trauma during dressing changes.⁸ The ALLEVYN[®] GENTLE BORDER Foam Dressing is currently available on the Sunderland and South Tyneside formulary and was identified as an appropriate dressing for the first line treatment in patients with skin tears.

To understand the competency of care home staff in managing skin tears, baseline data were collected from 135 carers. Of these, only 12% reported that they never had to manage them, whilst 88% reported managing skin tears frequently (44%) or occasionally (44%). However, only 24% felt very confident, while 76% were either not confident (18%) or "quite confident" (58%).

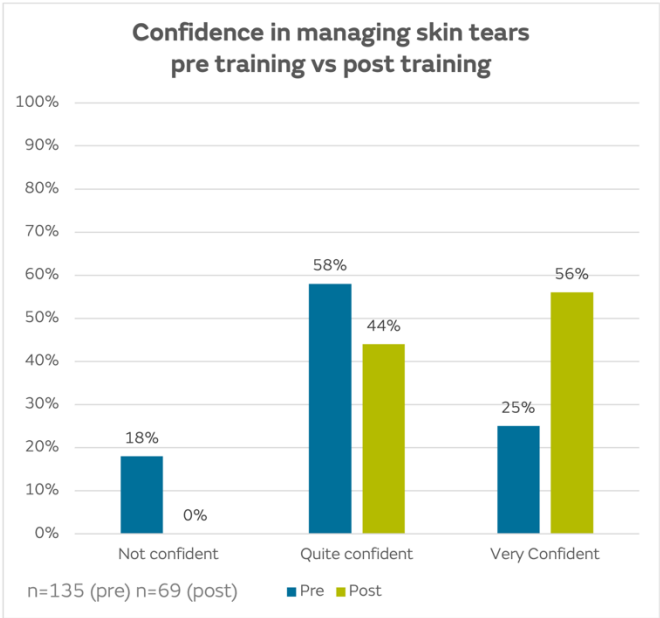
Prior to the project, the policy required all skin tears occurring in care homes to be referred to community nursing teams. As a result, some patients faced delays whilst waiting for a nurse to assess and treat the wound. This delay could increase the risk of infection and hospital admission, prolonged healing, potentially leading to non-healing wounds. The survey revealed that the average waiting time for a nurse was 1.56 days. Importantly, 95% of respondents believed that nurse referrals could have been avoided if they had received proper training and access to dressings.

Results

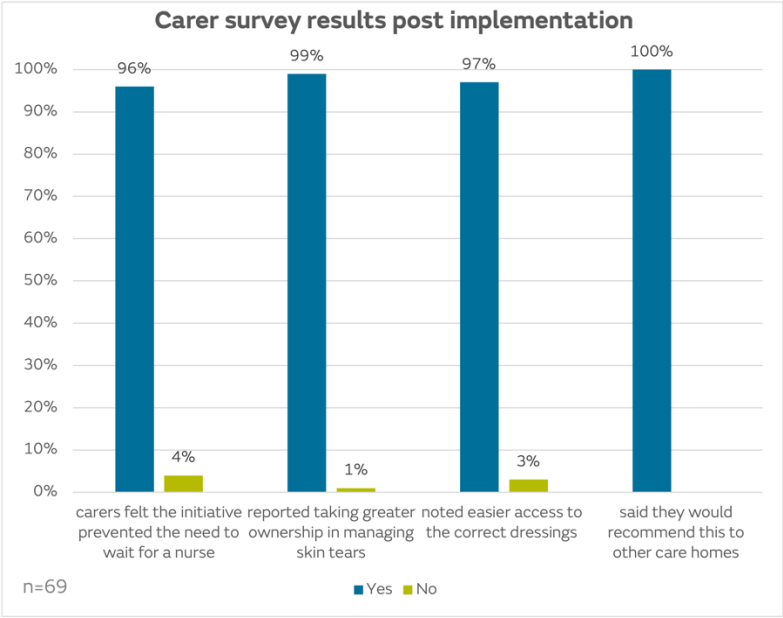
After completing training on skin tear prevention and management, participation in the post-survey decreased by 49%, with 69 carers responding. Despite the reduced response rate, the results showed a notable improvement in carer confidence: as the very confident increased and none indicated a lack of confidence (Graph 1).

Post-project data showed that 96% of carers felt the initiative prevented the need to wait for a nurse, 99% reported taking greater ownership in managing skin tears, 97% noted easier access to the correct dressings for timely care and 100% said they would recommend this to other care homes (graph 2)

In addition, three community nursing teams were asked post implementation whether the introduction of the skin tear box had reduced the number of face-to-face visits within the first 24 hours of a skin tear being reported. All three confirmed that it had.



Graph 1



Graph 2

Case study: Author Nicola Saygili – Senior Carer, St Thomas complex, Sunderland and South Tyneside

A patient with a medical history of vascular dementia and diabetes and who was bedbound sustained a skin tear on their left elbow from an unknown cause. The tear measured 1cm x 0.5cm (Image 1), and upon initial assessment by carers, a skin flap (Type 1) was present, which they repositioned to cover the wound bed.

Following the new trust home remedy protocol, an ALLEVYN[®] GENTLE BORDER Dressing was applied (Image 2). The plan was to leave the dressing in place for 7 days and refer to the community team.

After 7 days, the dressing was removed, and the wound had fully healed, eliminating the need for a community nurse referral. The senior carer reported that the dressing was easy to apply and stayed in place for the full 7 days. Access to the dressing enabled them to manage the wound promptly and efficiently without waiting for a community nurse. All staff were fully supportive of the project and actively engaged. While only one staff member was directly involved at the time of this event, all carers were able to recognise and provide support, ensuring a collaborative approach to wound management.

Day 0 Initial injury Image 1	Day 0 Dressing application Image 2	Day 7 healed 7 days later Image 3 Results may vary
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Quality of life

The dressing remedies project helps improve patients' quality of life by enabling faster access to the treatment of skin tears. Caregivers were empowered to manage wounds immediately, leading to quicker healing times and avoiding the delays associated with waiting for a community nurse which positively impact patient care.

Summary

The dressing remedies project successfully helped empower caregivers with the skills and resources needed to provide timely and effective wound care in care homes. Prior to the project, all skin tears had to be referred to community nursing teams, leading to delays and potentially increased risks of infection and hospitalisation. Following targeted training and the introduction of the dressing remedies project, post-project results showed greater confidence in managing skin tears.

The project also enhanced caregiver ownership of wound management and ensured easier access to appropriate dressings. The positive impact of this initiative on efficient wound healing was demonstrated by a case where a patient's wound fully healed within 7 days without the need for a nurse referral. Additionally, delegating simple healthcare tasks like wound care helped allow for quicker treatment for patients with skin tears, reduce nurse visits, and support sustainability through decreased travel. Overall, the project proved that by equipping caregivers with the right tools and knowledge, the care and outcomes for patients with skin tears in care homes maybe improved.

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