






## INTRODUCTION

Wet-to-dry dressings have been described as a form of wound treatment that is economical, absorptive, and permeable to gasses while providing mechanical debridement to infected wounds, as well as those that require frequent changes. Saline-moistened woven gauze dressings are frequently used in vascular surgery, oftentimes being changed by the surgical team on morning rounds with the remainder of dressing changes completed by the nursing staff. Due to the wide range of nursing experience, post-surgical care education, and complexity of wound care orders placed by the vascular surgery department, a quality improvement initiative was developed to improve the communication of wound care orders, demonstrate the preferred techniques for wound care, and improve overall patient care.

## AIMS

- 01 —  Identify the issue(s) preventing proper wound care dressing changes among vascular surgery patients
- 02 —  Improve communication efforts between providers regarding wound care orders and dressing changes to improve the quality of care provided to patients
- 03 —  Increase medical education by promoting in-service training directly to hospital providers
- 04 —  Enhance wound healing by improving wound care techniques
- 05 —  Analyze the improvement in provider knowledge, communication, and wound care technique to create a relatable model for other disciplines

## METHODS



### Multiple Choice

Which of the following statements regarding Wet-to-Dry dressing changes are correct?  
(Mark all that apply)

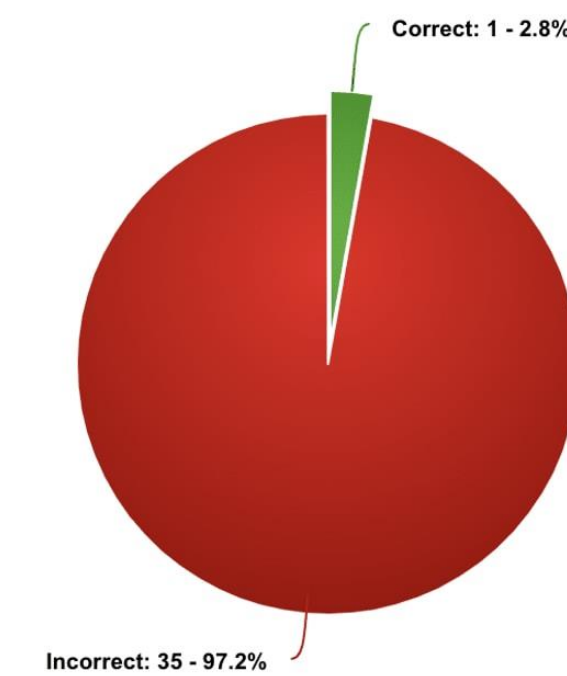
- a. Damp/moist dressings should be placed directly on the wound, covered with a dry dressing, and changed before they are allowed to dry out.
- b. A wet-to-dry dressing is defined by placing a wet dressing down first, followed by a dry dressing on top of it.
- c. Wet-to-dry dressings should be applied while damp/moist directly onto the open wound, and should be pulled off when dry allowing for micro back-bleeding.
- d. If a Wet-to-Dry dressing gets dried out and is too painful or too difficult to pull off the wound, you should soak the dressing with saline/water to allow for easier removal.
- e. Woven and Non-Woven gauze can be used interchangeably for Wet-to-Dry dressings, as long as they are moistened first.
- f. The purpose of a Wet-to-Dry dressing is to keep a wound moist, while also providing mechanical debridement.

The nursing staff from the vascular surgery ward were anonymously surveyed during the change of shift three times over the course of one week utilizing a multiple-choice quiz to assess their understanding of wet-to-dry dressings, as well as proper dressing change techniques. After the results were recorded, a 10-minute in-service educational meeting was performed at the nurse's station during the change of shift to provide accurate information regarding wound care, with demonstrations on properly performing dressing changes. After the demonstration, the same initial survey was administered to assess their new level of understanding, which was recorded and compared to the pre-survey results.

## RESULTS

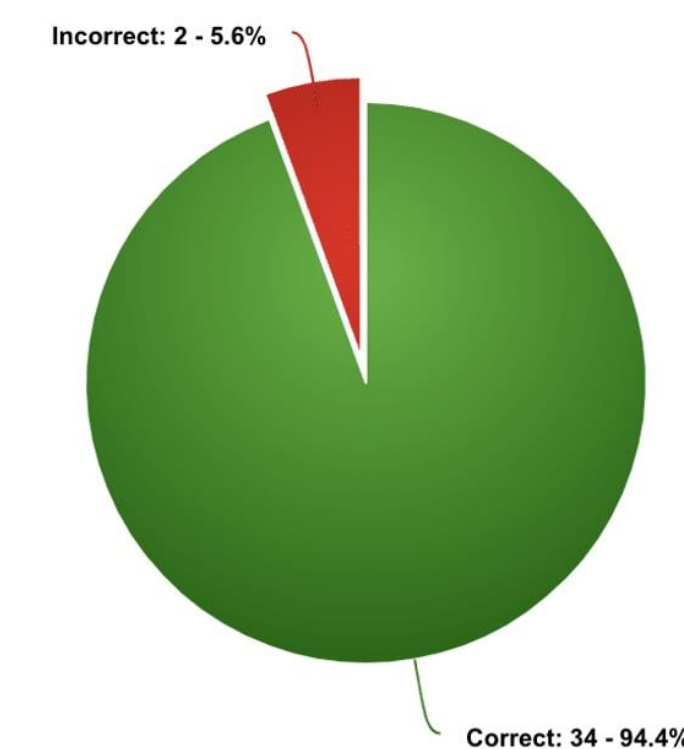
Thirty-six nurses (representing 70.5% of total nurses on the vascular surgery ward) completed the anonymous wound care survey. All 36 (100%) nurses stated they knew how to perform wound care dressing changes and had previously performed wet-to-dry dressings on the vascular surgery ward. Additionally, all 36 (100%) participants stated there was no formal education on dressing changes in nursing school, or as part of their employment training.

### Pre-Test Results



Only one (2.8%) survey responder correctly identified both the proper reasoning and technique for wet-to-dry dressing changes, while the remaining 35 (97.2%) were incorrect in understanding either the purpose, proper technique, or both.

### Post-Test Results



## CONCLUSIONS

Wound management is a challenging element of patient care that requires a multidisciplinary approach for the optimization of the final outcome. As the level of understanding and training (specifically in wound care) among health care providers varies greatly, it is critical to formulate a standard in hands-on training and communication. Our quality improvement initiative identified deficiencies in procedural performance, ordering provider communication, as well as wound care order details from the electronic medical record. Providing an educational demonstration, in addition to detailing wound care instructions in electronic orders allowed for a significant improvement (91.6%) in post-survey results. This training can be further enhanced by providing wound care details and proper dressing change techniques to the nurse educator, who is located on each hospital floor and can educate/train all nurses within their respective units. Further data is being collected to compare wound healing and infection rates pre and post-in-service

## TAKE-AWAY

