

Keeping Well

Evaluation of the HVDHB Primary Nurse Innovation Fund Project: Reducing the Burden of Skin Infections in the Hutt Valley

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EXECUTIVE SUMMARY

This report presents the results of an evaluation on the impact of a skin messages training session for clinicians, their use of these skin messages in their consultations with patients, and patients understanding and use of these skin messages in their prevention and self-management of skin conditions. The four key skin messages were the concepts of *moisturise*, *skin hygiene*, *clean cut & cover*, and *complete a course of antibiotics*. There were at least 10 other skin messages included in the training session.

The results presented here come from telephone interviews with 24 clinicians and 47 patients carried out between November 2011 and March 2012, from five health centres in the Hutt Valley.

The Clinicians

The training was well received by clinicians and further in-service training sessions could support their learning

- Most (88%) clinicians interviewed indicated that the training provided between one and three new pieces of information that they had used or intend to use in their practice
- The majority of additional comments made by clinicians about the training were positive, with some indicating it had been a mix of new information and a refresher of previously learned material.

The majority of clinicians were able to recall some key messages from the training

- Twenty one clinicians (88%) remembered one or two of the key skin messages. Of these, 75% remembered *moisturise*, 33% remembered *clean cut & cover*, and 25% remembered *skin hygiene*. No clinicians remembered the key skin message of *complete the course of antibiotics*.

The training could be improved by reducing the number of messages covered in the one hour session

- Only three clinicians were able to remember more than four key messages from the training, which contained more than fourteen key and other messages. The average number of key messages that clinicians remembered was three.
- If one of the intentions of the training was for clinicians to remember the key skin messages of *moisturise*, *skin hygiene*, *clean cut & cover* and *complete a course of antibiotics* then it could benefit from bringing the focus solely to these four to increase the number of clinicians who remembered these.

Most clinicians said they has used some of the skin messages in their consultations with patients

- The majority (88%) of clinicians said they had passed on one or more messages to their patients.
- 63% of clinicians said they had passed on information about the key message of *moisturise* and 33% of clinicians said they had passed on the key message of *clean cut & cover*. Less than a quarter (21%) said they had passed on the *skin hygiene* message although 29% said they had passed on the message about using bleach in the bath or laundry which is related to *skin hygiene*.

Some of the resources developed or packaged for the pilot were useful with some clear preferences

- Two thirds (63%) of the clinicians said that they had found the resources were either very useful or extremely useful.
- The resources clinicians said they used the most were *Managing Eczema, RPH Preventing Skin Infections*, and the *Healthy Skin Tool* developed by the Healthy Skin in Greater Wellington project.

The Patients

The majority of patients had a good recall of the information they had heard from the nurse or doctor at their appointments

- 98% of patients could remember some of what the nurse or doctor told them at their appointment. The most commonly remembered messages related to the key skin messages of *moisturise*, *skin hygiene* and parts of the *clean cut & cover* message. Several specifically recalled the message about the use of diluted bleach in the bath.

The majority of patients had implemented suggestions they heard at their appointments

- 96% of patients were able to say what they had done, with the most common actions relating to the key skin message of *moisturise* and *skin hygiene*. The most specific message implemented was the use of bleach in the bath, and various instructions relating to the use of emollients. The study was not able to distinguish whether patients had done any of the suggested actions in the past or for the first time.

Most patients were happy with the service they received at their appointment at the clinic

- 74% of patients said there was nothing that could have made their appointment better or more useful for them. Nine patients said there was something that could have made the appointment better and made comments for improvement.

INTRODUCTION

This report has been prepared for the Primary Nurse Innovation Fund project *Reducing The Burden Of Serious Skin Infections In The Hutt Valley*. It presents results of a study on the impact of a key skin messages training for clinicians in their practice, and whether the use of these key skin messages influenced patients behaviour towards the prevention and self-management of their skin conditions.

BACKGROUND

The Regional Public Health report *Serious Skin Infection Hospitalisations in Children: Wellington Region 2010 Update (2010)* analysed hospital admission data across the region and compared this with previous national and regional analyses. In this report the Hutt Valley District Health Board (HVDHB) hospitalisation data for the year ending October 2010 showed that cellulitis was the leading cause of avoidable admissions for adults aged 0-74 years, with the greatest burden for people aged 5-44 years. Between 2003 and 2008 HVDHB had skin infection hospitalisation rates for children aged 1-14 years above the national rates (61.4 per 10,000 compared to 51.3 nationwide).

Analysis of census area units between 2004 and 2009 showed that the highest hospitalisation rates in the Hutt Valley for children aged 1-14 years occurred in areas of higher deprivation, and were concentrated in parts of Upper Hutt, Taita, Naenae, Moera and Waiwhetu. Rates for Maori and Pacific Peoples have also increased over time while rates for other ethnicities have remained stable. One of the recommendations of this report was for “public health interventions...to reduce the incidence of serious skin infections and associated health inequalities” (ibid, 2010, page 2).

The Project

In response a collaborative project was conceived by five senior nurses who work in the Hutt Valley with patients enrolled from these areas of high deprivation, to address the serious burden of skin infections. Funding was granted for a pilot project to be run over the five month period of 1 October 2011 until 31st March 2012 during the summer months when skin infections are more prevalent.

The nurses developed a one hour training session on key skin messages for the prevention and self management of skin infections and presented this to clinicians at each of the five practices. The four key skin messages were the concepts of *moisturise, skin hygiene, clean cut & cover*, and *complete a course of antibiotics*. Several other related skin messages were also included in the training. It was then expected that these clinicians would use some of these messages with their patients who had consultations for skin conditions. It was hoped that this would result in patients improving their self-management of their skin conditions and presenting earlier to their GP, which would result in fewer hospitalisations from skin conditions.

The activities involved included:

- Development of a one hour training package that was delivered to staff in each practice.
- Development of a screening template, and training of staff in how to use it to improve data collection.
- Education sessions for patients.
- Resource development.

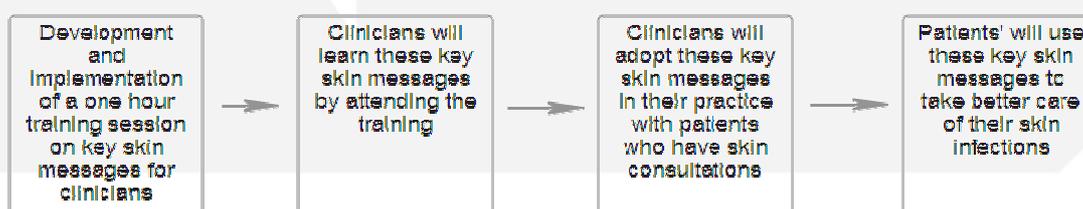
For the purposes of this evaluation, it was decided to focus on the effect of the training on clinicians and their patients.

Goals of the Evaluation

To find out:

- Whether the clinicians found the one hour training session useful.
- Whether the clinicians adopted the key skin messages and other skin messages as part of their practice with patients having skin consultations.
- Whether patients' behaviour towards managing their skin condition improved as a result of hearing the key skin messages about prevention and self-management.

The following is the logic that informed the project:



RESEARCH METHODS

The research involved gathering data from clinicians who had attended the training session, and patients who had had a consultation about a skin condition. A short questionnaire was developed for each group and the interviews were conducted by telephone by an independent evaluator. Interviews took place between two and six weeks after the training and the consultation, to test the respondents recall and to give them an opportunity to practice what they had learnt (Appendices C & D).

The Sample

All clinicians at the five practices were invited to take part in the training session, with approximately 50 attending the training. At the end of the training they were invited to consent to take part in the evaluation, and 29 clinicians completed a consent form (Appendix A). Out of these, five either declined to be interviewed, were unable to be contacted, had gone overseas or left the practice, so a total of 24 clinician interviews took place giving a response

rate of approximately 48%. The 24 clinicians consisted of 8 general practitioners and 16 practice nurses, with 5 from Whai Oranga O Te Iwi Health Centre, 9 from Upper Hutt Health Centre, 4 from Waiwhetu Medical Centre, 4 from Naenae Medical Centre, and 2 from Pomare Union & Community Health.

The short telephone interview asked clinicians about how useful the training was for their practice; whether they remembered any of the key skin messages, whether they had used the messages in their practice with patients, and how useful the resource pack was to their practice.

The number of patients who had skin consultations during the pilot period is unknown. When patients attended skin consultations, they were invited to take part in the evaluation and if they agreed to sign a consent form (Appendix B). A total of 55 patients were recruited in this way. Out of 55 patients who consented, eight declined to be interviewed or couldn't be reached so a total of 47 patient interviews took place with 25 from Whai Oranga O Te Iwi Health Centre, 15 from Upper Hutt Health Centre, and 7 from Waiwhetu Medical Centre.

The short telephone interview asked patients what they remembered being told about how to look after their skin condition, and which of the messages they heard they had implemented at home.

Ethics

Details of the proposed research were emailed to the Central Region Ethics Committee. They were satisfied that the data would be analysed in such a way as to maintain anonymity and that adequate consent was obtained for the respondents' participation. Therefore no detailed ethics application was required.

Analysis

Quantitative data was entered and analysed using the public health software packages EpiData and EpiInfo. Qualitative data was categorised into themes relating to the key skin messages that nurses hoped to get across to the clinicians during the training and be passed on to patients. Data was cleaned during the analysis process if anomalies arose, and the analysis methods were peer reviewed by two senior evaluation analysts throughout the process.

Some initial indicators of success were drafted with the project nurses to assist with the analysis and conclusions about the quality of the innovation.

Limitations

This evaluation relied on the memory of the clinicians to assess what they had learnt in the training and was not able to distinguish what they had learnt from other sources, such as reading material, other training, and discussion with their colleagues. A more robust study would have tested the clinicians' knowledge prior to the training and after the training, and used a control group, to give a more accurate measure of what they learned however this was not possible due to time constraints.

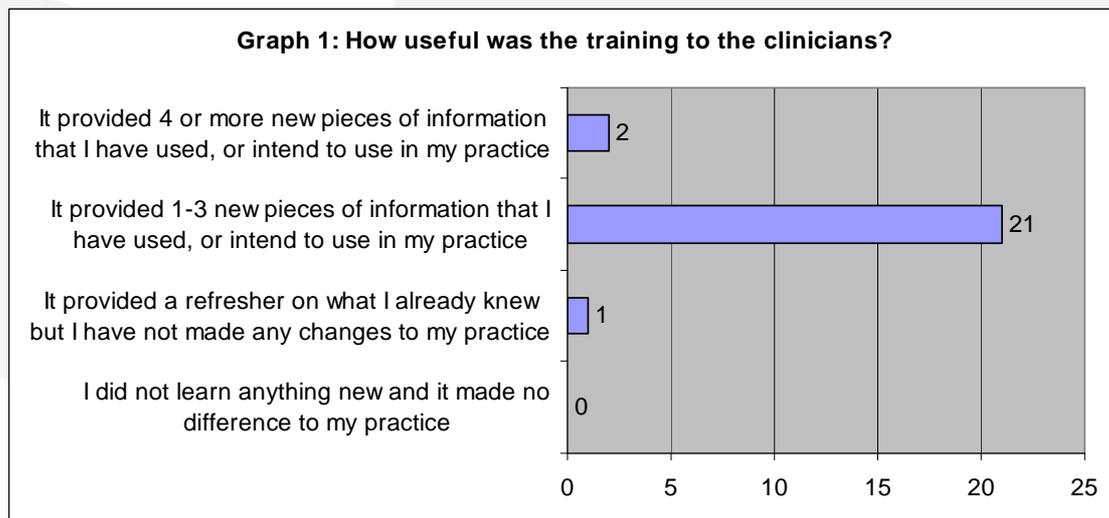
The evaluation was able to get a sense of how much and what types of information patients remembered from the discussions they had at their consultations. However it is not possible to distinguish what they heard at their appointments from other sources of information, such as health promotion campaigns, resources, and their friends and family. The patient interviews relied on patient recall and were not able to provide an accurate measure of new information that patients had learned and put into practice.

RESULTS

Clinicians

Did the training help clinicians in their practice?

All 24 clinicians answered this question with 21 (88%) indicating that the training provided between one and three new pieces of information that they have used or intend to use in their practice.



Remembering messages from the training

Twenty-two clinicians remembered messages from the training and were able to state what they remembered unprompted. Eighteen clinicians (75%) remembered the key skin message of *moisturise* and ten others remembered messages relating to the concept of *moisturise*. Some of these other messages related to the use of emollients which the nurses had placed with the moisturise message in the presentation. Some clinicians' comments were specific advice to do with technique, for example:

"Use spatula for emollients, use a separate spatula for each individual."

Some comments were of a general nature, for example:

"Good to see the samples of different products for eczema so I could see the texture."

Six clinicians (25%) remembered the key skin message of *skin hygiene*. Seven clinicians remembered a message relating to the concept of skin hygiene that the nurses had categorised as ‘basic skin hygiene’ in their presentation (the use of bleach) but not the key message itself. Of interest, 11 clinicians specifically commented about the use of bleach for bathing or the laundry,

“The use of Janola in a cold clothes wash, and the bath.”

Of the other two key skin messages, eight clinicians (33%) remembered *clean, cut & cover* while none recalled the message about completing the course of antibiotics.

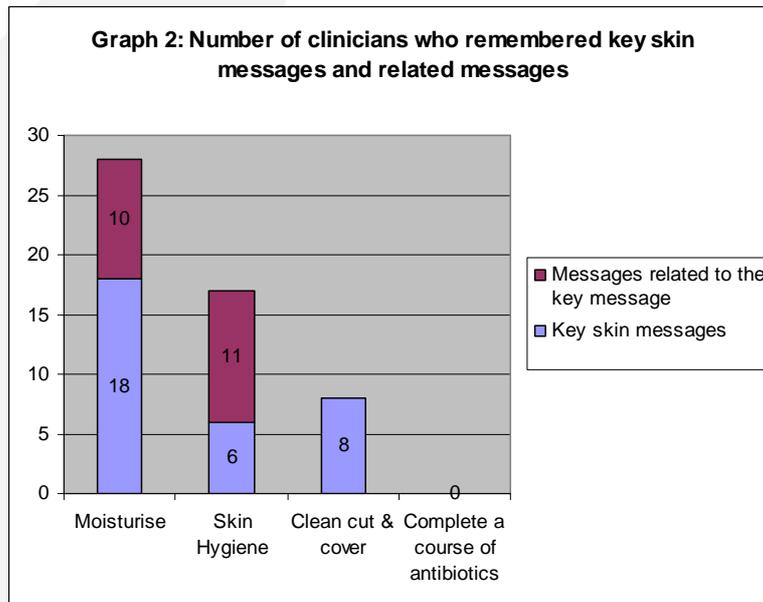


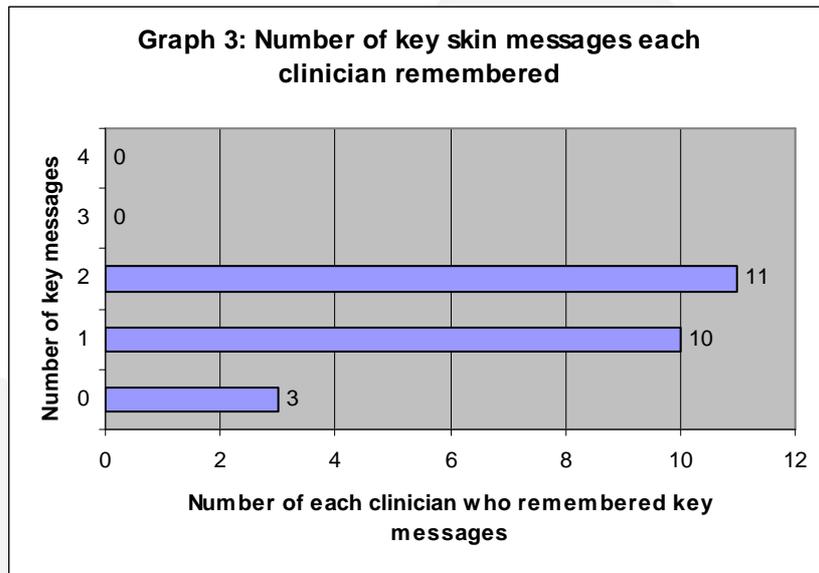
Table 1: Other skin messages clinicians remembered from the training

Other skin messages	No. clinicians remembered
Appropriate steroid use	6
Scabies treatment	4
Funding sources for scripts	3
Preventive measures for insect bites	2
Action plan	2
Screening template	1
Cycle of atopic eczema	1
Rast and skin prick testing	0
MRSA guidelines	0
Correct swabbing technique	0
Can't remember	2
Other messages remembered	10

Other messages clinicians remembered related to the resources available, the importance of patient education, and other one off pieces of information (for a full list see Appendix E).

How many messages could clinicians remember?

Twenty one clinicians (88%) remembered one or two of the key skin messages of *moisturise*, *skin hygiene*, and *clean cut & cover*. No clinician remembered the message *complete a course of antibiotics*. Three clinicians didn't remember any of the key skin messages.



Out of all the skin messages covered at the training (more than 14), only three clinicians said they remembered more than four messages, with the average number of messages remembered being three.

Table 2: The number of all skin messages each clinician remembered from the training

Number of skin messages remembered	No of clinicians
0	2
1	1
2	5
3	7
4	6
5	1
6	2
Average remembered	3

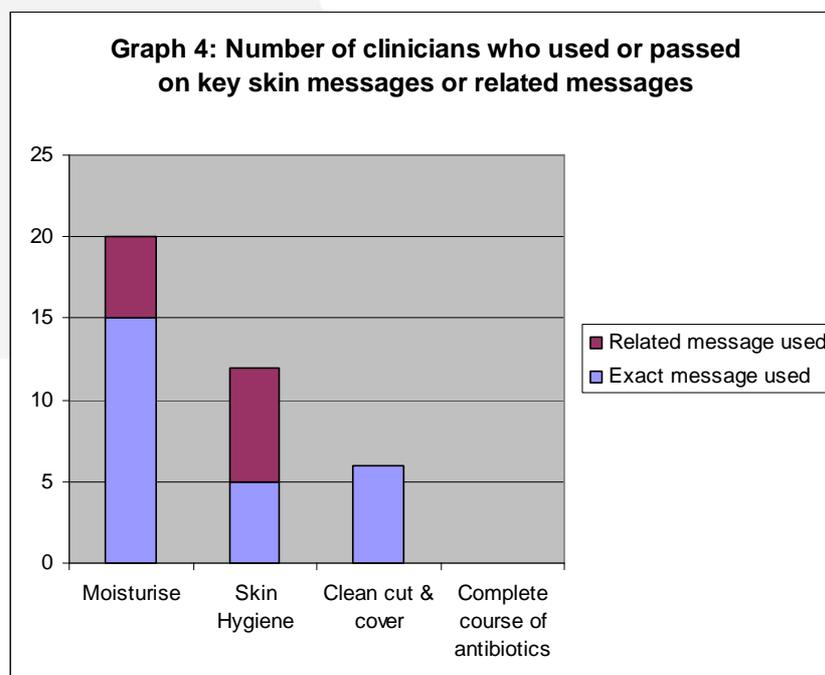
Use of these key skin messages in their practice

Of the 22 clinicians who remembered messages from the training 21 (88%) said they had passed on one or more message to their patients, while one had not had the opportunity to do so. Of the key messages clinicians remembered, 15 (63%) had passed on the key message *moisturise* and five of these also used specific messages relating to *moisturise*, such as:

“I stopped prescribing Aqueous Cream.”

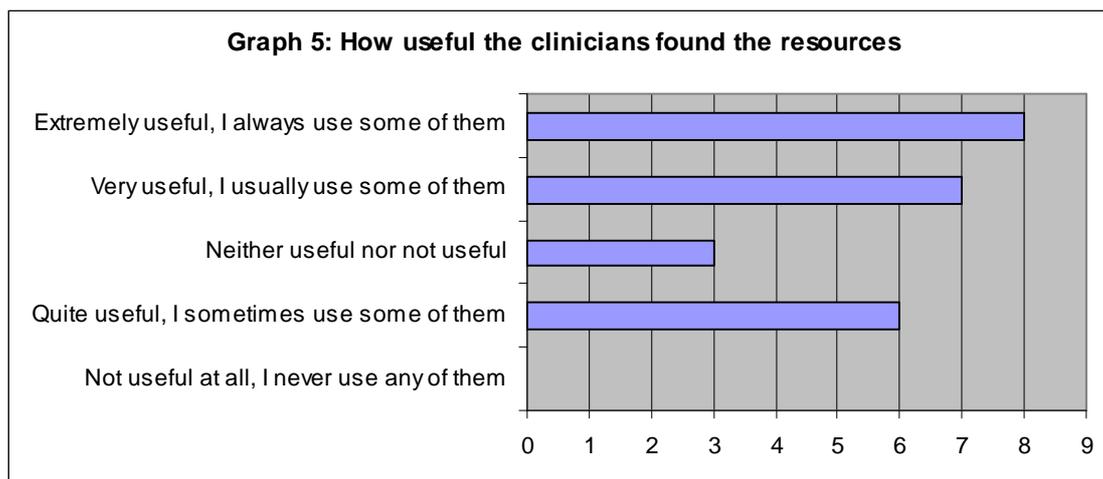
“Not to use Aqueous Cream as a moisturiser, use in the shower as a soap substitute. I passed this on to the rest homes I look after.”

Eight (33%) of the clinicians said they had used the clean cut & cover message in their practice. Five clinicians (21%) said they had passed on the message of skin hygiene, while seven said they had passed on the related message on the use of bleach in the bath or laundry. None of the clinicians said that they had passed in information about completing the course of antibiotics. A full list of other messages is in Appendix F.



Use of the skin resources in their practice

Of the 24 clinicians interviewed, 15 (63%) found the resources packaged for the pilot either extremely useful (8) or very useful (7) while 6 found them quite useful. No clinician indicated that the resources were not useful or that they didn't use any of them.



The resources clinicians identified as most useful were *Managing Eczema*, *RPH Preventing Skin Infections*, and the *Healthy Skin Tool* developed by the Healthy Skin in Greater Wellington project. Of the seven clinicians who stated another resource as being most useful, three chose a resource about the use of emollients. The full list of other resources is in Appendix G.

Table 3: Resources identified as being most useful (clinicians were able to state as many as they wanted)

Resource	Frequency
Managing Eczema	9
RPH Preventing Skin Infections	9
Healthy Skin Tool	9
Scabies	5
Clean Cut and Cover	5
Eczema Care Plan/Action Plan	3
Impetigo	2
'Go to the Doctor' Skin Sores	1
Head Lice	1
Cost saving tips on managing skin infections	1
Mercy Rose	1
Other	7
Promoting Health Skin WINZ referral	0
List of participating pharmacies	0
MRSA guidelines	0
Best practice management (Glen Innes)	0

Some clinicians were able to be specific about which resources they had used from the pack while others weren't. One GP asked for a pack of resources as she wasn't aware of it. It became apparent while trying to determine which resource had been used that a few clinicians

used a resource (use of emollients) that came from a different source other than the project yet had answered in question four that they found the resource 'very useful'.

Clinicians overall comments about the training sessions

All 24 clinicians provided additional comments in question five about the training sessions. The comments were generally very positive and indicated that the training had been a useful refresher or they had learnt some new information, for example:

"It was a very good training, it was a useful refresher for some information and I learnt some new information as well." (GP comment)

"I think it was really good, it was really well received and people are starting to use (the information) in their practice. For me I was a bit confused about what to use for what (for eczema) – it's put things into perspective and help me to know which cream to use. I've seen somebody (a patient) and they've come back and said 'look this has already cleared up!'" (Nurse comment)

A full list of comments is in Appendix H.

Patients

The skin messages patients remembered from their consultation

Of the 47 patients interviewed, 46 (98%) said that they remembered what the nurse or doctor told them at their consultation about how to look after their (or their child's) skin condition and could say what they remembered, while one said they couldn't remember. There was a large amount of information that patients remembered and this has been themed according to the key skin messages and other messages that clinicians received training on. The four key skin messages for the evaluation were identified as *skin hygiene*, *clean cut & cover*, *moisturise*, and *finish course of antibiotics* (A full list of categories with comments is listed in Appendix I).

The specific key message of *skin hygiene* was not recalled by any patients but there were several messages they remembered that fall under this category including those that the nurses categorised as 'basic skin hygiene' in their presentation such as the use of diluted bleach. Twenty four patients remembered a combined total of 33 messages that fell under the skin hygiene category, the most common being the use of bleach in the bath (18), for example:

"Use bleach in the bath and laundry."

"Not to share bath towel as it can cause cross infection."

Twenty two patients remembered a combined total of 31 messages relating to the *moisturise* message, for example:

"Use the emulsifying cream instead of soap, use fatty cream to moisturise if it flares up."

“How to use the creams - a white tub and a yellow tub.”

“Don’t put hands in the cream.”

Ten patients remembered parts of the *clean, cut & cover* message, for example:

“Keep nails cut to prevent infection.”

“Keep it clean.”

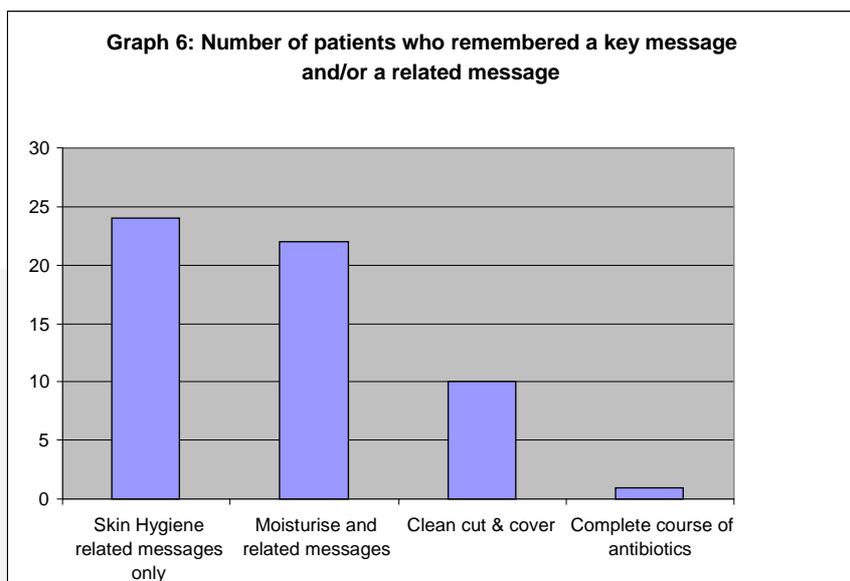
“Cover a sore with a band-aid.”

Only one patient said they remembered *complete a course of antibiotics* while two patients said they remembered being told a message about their antibiotics, for example:

“Use the antibiotic cream.”

Some comments were unable to be interpreted as to where they may fit, such as *“how to use the ointment from the prescription”* as it was unclear whether this was antibiotic cream, a steroid cream, or something else (such as an antifungal). The most commonly remembered message relating to medication related to the use of steroid cream (recalled 7 times).

The following graph shows the number of patients who remembered the key skin message and/or a related message. The number of key skin messages versus the number of related messages was not able to be extrapolated due to the large amount of qualitative data generated from patients and the difficulty in interpreting their comments without further contextual information.



The use of the skin messages by the patients' on prevention and self-management of their skin conditions

Of the 46 patients who remembered what they had been advised at their consultation, 45 (96%) were able to say what they had done as a result of what was discussed with the nurse or doctor. These have been themed according to the four key skin messages. A full list of comments is in Appendix J.

Twenty two patients said they had done a combined total of 28 actions relating to *moisturise* in particular related to the use of emollients:

"I moisturised regularly, used the cream instead of soap, his skin is much better."

"I used the creams – I put them in specimen pots given to me and carry them around in my bag everyday."

Nineteen patients said they had done a combined total of 24 actions that have been categorised under the concept of *skin hygiene*. The most commonly actioned suggestion was to use diluted bleach in the bath for themselves or their child,

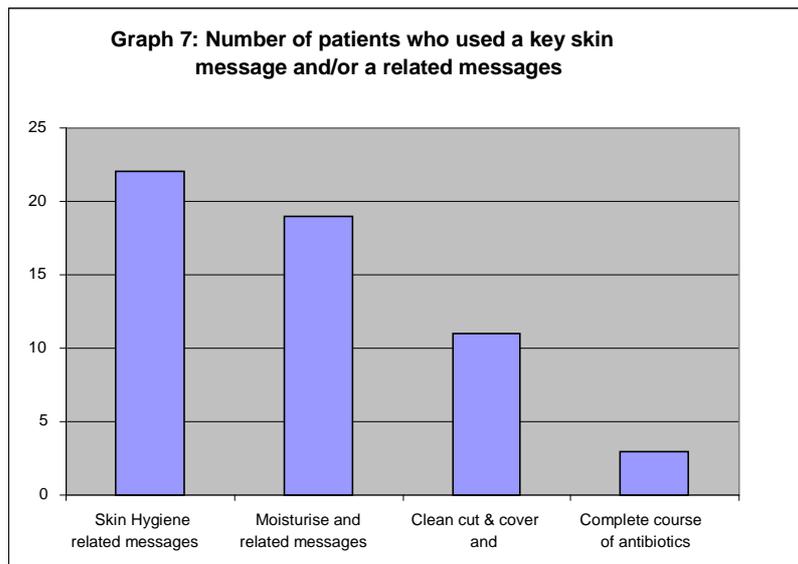
"We don't have a bath and I couldn't find a bottle, so I put the Janola in the sink with water, and used a flannel to put it on him while he was in the shower."

Eleven patients said they had done a combined total of 16 actions relating to the *clean, cut & cover* message which included covering bites or sores (7), and keeping short nails (4).

"I kept them (itchy bites) covered."

Three patients stated that they had *completed a course of antibiotics*. More patients commented about their use of steroid cream:

"I use hydrocortisone sparingly now, rather than a lot like I used to."



What did the patients think about the service they received?

Patients were asked if there was anything about the appointment that could have made it better or more useful for them. Thirty five patients answered no (74%), nine answered yes, and two couldn't remember.

Of those who said no, 20 made comments about their experience – either general comments about the appointment such as it was helpful, good, they were nice – or specific comments, such as (see Appendix K for a full list of comments):

“The appointment with her was better than most because she was more specific about what to do than others I’ve seen.”

“Everything she has told me I have done and it’s worked – one thing she told me that I didn’t know was to use our own towels.”

“We were really lucky, the doctor was full but a nurse was able to see us and even brought in a doctor for a look, it was good that he (her son) got in.”

The comments made by the nine patients who answered yes (that the appointment could have been better or more useful) were specific to their experience, and included the following: (See Appendix L for a full list of comments)

“An appointment at a different time of day would have meant that I could have visited without the four children, it was challenging with them all there.”

“It would have been good if the nurse had known which formula is appropriate for a child with eczema that was dairy free.”

Quality Table

The table below was developed with the project nurses prior to the interviews taking place to decide how to assess the quality of the pilot:

Rating	Explanation (how you will determine merit)
Excellent	<ul style="list-style-type: none"> • More than 90% of clinicians said that the training provided between 1-3, or 4 or more new pieces of information that they had used or intend to use in their practice. • 80% or more clinicians remember 1-3 of the four key skin messages • 80% or more clinicians have passed on one or more key messages to their patients • 75% or more patients said they had remembered messages from the training and had used these at home for prevention or self-management of their skin condition
Very good	<ul style="list-style-type: none"> • More than 75% of clinicians said that the training provided either between 1-3, or 4 or more new pieces of information that they had used or intend to use in their practice. • 70% or more clinicians remember 1-3 of the four key skin messages • 65% or more clinicians have passed on one or more key messages to their patients • 55% or more patients said they had remembered messages from the training and had used these at home for prevention or self-management of their skin condition
Good	<ul style="list-style-type: none"> • More than 60% of clinicians said that the training provided either between 1-3, or 4 or more new pieces of information that they had used or intend to use in their practice. • 40% or more clinicians remember 1-3 of the four key skin messages • 40% or more clinicians have passed on one or more key messages to their patients • 40% or more patients said they had remembered messages from the training and had used these at home for prevention or self-management of their skin condition
Poor	<ul style="list-style-type: none"> • More than 50% of clinicians said that they either did not learn anything new or it had only provided a refresher, but that they did nothing different as a result of the training • Less than 40% of clinicians cannot remember any of the three key skin messages • Less than 40% of clinicians have passed on any key skin messages to their patients • 80% of patients could not remember and hadn't used what they heard about their skin condition at home.

DISCUSSION

The value of developing the quality indicators table prior to undertaking the analysis is for the stakeholders – in this case the project nurses – to have an input into what a successful outcome of their innovation might look like. According to the draft quality indicators that were developed the innovation project has in the most part achieved a very good or excellent result. 96% of the clinicians indicated that they had learnt new information from the training and 88% remembered one or two of the key skin messages of *moisturise, skin hygiene, or clean cut & cover* and said that they had used these in their consultations with patients. This reinforces what the clinicians self reported in the immediate evaluation after the training session in which 100% of clinicians indicated that they would be confident to use what they had learned from the training in their practice.

One of the challenges with undertaking this evaluation was that there were 14 plus skin messages that were contained in the training presentation. There were four key skin messages (*moisturise, skin hygiene, clean cut & cover, and complete the course of antibiotics*) and at least ten other messages. The analysis showed that only three clinicians remembered more than four skin messages (see Table 1) with the average number of messages remembered being three. While both sets of respondents (the clinicians and patients) mostly recalled *moisturise, skin hygiene, and clean cut & cover* (or messages relating to these) no clinicians and only one patient recalled *complete course of antibiotics*. If further training sessions are developed as a result of this pilot better results may be obtained from reducing the amount of messages overall, and focusing specifically on the four key messages.

Clinicians had a very positive response to the resources with 63% indicating they were either very or extremely useful. There are a large variety of resources available on similar topics and as the interviews were by phone, it was challenging distinguishing which resource they were speaking about and whether the one they spoke of was the one in the skin innovation resource pack. One of the three most commonly used resources, *Managing Eczema*, was due to eczema being the predominant reason patients sought health care. Two preventative skin health resources (RPH Preventing Skin Infections, and the Healthy Skin Tool) were also each chosen by just over a third of clinicians and it is encouraging to assume that preventative as well as treatment discussions are taking place in consultations. The use of the Healthy Skin Tool developed by the Healthy Skin in Greater Wellington project was particularly encouraging as it's a new skin resource that has had a lot of time and input put into its development.

It was interesting to see how many patients (98%) were able to recall after intervals of two weeks at a minimum and in many cases four to six weeks after their appointments, specific messages or information about how to care for their skin conditions. This is an excellent result based on the quality indicators that were developed prior to the interviews.

Question two asked patients what they had done differently as a result of what the nurse or doctor had told them, but this became problematic as some people said they had heard it before, that it wasn't new information. However despite this limitation, it is encouraging news for the nurses who conceived this project to see just how much unprompted information was recalled and stated as being actioned. Of particular note is the number of patients (and

clinicians) who both remembered and said they had used the specific information about the use of bleach (or Janola) in the bath and/or laundry.

Finally, patients from Whai Oranga O Te Iwi Health Centre, Upper Hutt Health Centre, and Waiwhetu Medical Centre were predominantly happy with the service they received with 74% indicating that there was nothing better or more useful that could have been done to improve their appointment.

CONCLUSION

Overall the evaluation has shown that some of the expected outcomes of the innovation pilot have been met. Clinicians clearly stated that there have been improvements to their knowledge and skill base as evidenced in their comments, and the evaluation provides anecdotal evidence that they gave consistent advice. The resources had been used by many clinicians and they were able to identify which were of particular benefit.

Finally, patients indicated that they had a good awareness of prevention and self-management by being able to recall many messages they said they had heard during their consultation, with many of these using the information to take better care of their skin conditions. While the limitations of this evaluation have been articulated in this report, there is no doubt that the Hutt Nurses Skin Innovation pilot project has contributed to a greater awareness and an increase in practices by clinicians and patients that will help towards the goal of reduced serious skin infections in the Hutt Valley.

RECOMMENDATIONS

- Further training sessions could benefit from reducing the number of skin messages in the presentation and focusing on the priority messages and articulating these clearly in the PowerPoint. This may increase the clinicians' ability to retain and pass on the most important messages. In addition, future inservice training could focus on one or two conditions to help clinicians retain the detailed knowledge and best practice information.
- To strengthen the evidence as to the impact of this intervention if further training sessions take place, baseline data on clinicians' knowledge should be obtained prior to undertaking the training, to be compared with data collected on clinicians' knowledge after the training. Use of a control group (clinicians who did not undertake the training) would also provide comparative data. This will provide more robust evidence as to the effectiveness of the training for clinicians and its impact on patients.

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Strang, Mary (2010) *Wellbeing in the Workplace Programme Evaluation*. Wellington: Regional Public Health

APPENDIX A - CLINICIANS INFORMATION AND CONSENT

We will be evaluating how useful you have found the training on key skin messages, and how useful it was in your practice with patients with skin conditions. This will consist of a sample of clinicians being telephoned by an external evaluator for a short 5 – 7 minute survey in either December 2011 or March 2012.

The information will be used to assess the effectiveness of the training and to make recommendations on how to improve it. The information will be analysed in such a way that your name will not be used or shown to anyone, or reported in the results. If you circle yes on the consent form over the page, but change your mind later you will be able to say no when the interviewer telephones you.

If you are included in the sample you will have the opportunity to have feedback on the results provided to you when the evaluation is completed.

For further information contact

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Would you be willing to take part in a short 5-7 minute telephone survey?

Please circle one: Yes No

If you circled yes, please print and sign your name below

.....

Would you prefer to be rung during the day, or in the evening?

Please circle one: Daytime Evening

If the evening please state your preferred contact number.....

Thank you for your time

APPENDIX C - CLINICIAN QUESTIONNAIRE

Name..... Role.....

Health Centre.....

1. How did the training help you in your practice with patients with skin conditions? (I am going to read four possible answers. Could you indicate which one of the following is the best answer):

- I did not learn anything new and it made no difference to my practice
- It provided a refresher on what I already knew but I have not made any changes to my practice
- It provided 1-3 new pieces of information that I have used, or intend to use, in my practice
- It provided 4 or more new pieces of information that I have used or intend to use in my practice

If answered 1 above: How could the training be made more relevant to your practice?

.....

(If answered 2- 4 above)

2. Can you remember any messages from the training? (Don't prompt; tick all that apply)

- Skin hygiene
- Clean & cover cuts
- Complete course of Antibiotics
- Moisturiser for eczema
- Funding sources for scripts
- Preventive measures for insect bites
- Appropriate steroid use
- Correct swabbing technique
- MRSA guidelines
- Action plan
- Scabies treatment
- Screening template
- Rast and Skin prick testing
- Cycle of atopic eczema
- Other (what?)
- Can't remember any skin messages from the training

3. Of those you remember: Have you passed on any of these messages to patients in your practice?

- Yes

- No
- Can't remember

If yes, can you tell me which one/s you've passed on/used?

.....

If no to above, do you intend to use or pass on any of these messages in your practice with patients?

- Yes
- No

4. Resources were developed as part of the skin conditions project. How useful have you found the resources in your practice with patients?

- Not useful at all, I never use any of them
- Quite useful, I sometimes use some of them
- Neither useful nor not useful
- Very useful, I usually use some of them
- Extremely useful, I always use some of them

(If answered 2-4 above) What is the most useful resource you use?

.....

5. Do you have any other comments about the training session?

.....

Would you like a short summary of the results of the evaluation provided to you when it's completed?

- Yes
- No

Thank you for your time.

APPENDIX D - PATIENT QUESTIONNAIRE

Name..... Health Centre

You recently attended an appointment with a nurse/doctor at the *(name of health centre)* about a skin condition. I have 3 questions to ask you about your appointment.

1. Do you remember what you heard about how to look after your skin condition?

- Yes
- No

If yes, can you tell me what you remember about how to look after or treat your skin condition?

.....

2. Have you done anything differently to look after your skin condition because of what the nurse or doctor advised you?

- Yes
- No
- Can't remember

If yes, can you tell me what you have done differently?

.....

3. Is there anything about your appointment with the nurse/Dr that could have made it better or more useful for you?

- Yes
- No
- Can't remember

If yes, what?

.....

Would you like a short summary of the results of the evaluation provided to you when it's completed?

- Yes
- No

Thank you for your time.

APPENDIX E - MESSAGES CLINICIANS REMEMBERED THAT WERE NOT PRECODED

Pre-coded messages were those in question 2 on the clinicians questionnaire, and were skin hygiene, clean cut & cover, complete course of antibiotics, moisturise, funding sources, preventive measures for insect bites, appropriate steroid use, correct swabbing technique, MRSA guidelines, Action plan, scabies treatment, screening template, rash and skin prick testing, and cycle of atopic eczema.

Messages clinicians remembered from the training that were not precoded:

Analysed as relating to the key skin message of *moisturise*

- Use spatula for emollients, use a separate spatula for each individual x2
- Understanding of different types of creams x2
- One finger tip for emollient use x2, good to 'see' it
- Use aqueous cream in the shower and wash off, do not use as moisturiser x2
- Amount of emollient to use
- Good to see the samples of different products for eczema so I could see the texture
- Not to use aqueous cream as a moisturiser, use in the shower as a soap substitute. I passed this on to the rest homes I look after
- Don't put fingers in the cream

Analysed as relating to the key skin message of *skin hygiene*

- Use of bleach in the bath and/or laundry x11

About the resources available

- Update on/familiarise with, the resources available x7
- Use PowerPoint as a resource when can't remember the detail when seeing a patient

The importance of patient education

- How important education is to patients x4
- keep on with education for all skin conditions
- Educate patients consistently & repeatedly
- Education of mothers important

Other

- Changing linen, and it's available from the hospital
- Don't share towels
- The importance of addressing infection before using creams for eczema
- To do recalls and referrals

- Use of gladwrap for eczema
- Which treatments are funded
- Get children involved in the clinic - make it interactive
- An awareness of what the eczema clinic at the Hutt hospital does
- Use an antiseptic like Betadine
- Use cold water, don't need hot water

APPENDIX F - MESSAGES CLINICIANS PASSED ON THAT WERE NOT PRECODED

Pre-coded messages were those in question 2, and were skin hygiene, clean cut & cover, complete course of antibiotics, moisturise, funding sources, preventive measures for insect bites, appropriate steroid use, correct swabbing technique, MRSA guidelines, Action plan, scabies treatment, screening template, rash and skin prick testing, cycle of atopic eczema.

Other messages clinicians stated they had passed on that were not precoded:

Analysed under *moisturise*

- Use 1 fingertip of emollient
- Not to use aqueous cream as a moisturiser, use in the shower as a soap substitute
- Appropriate use of aqueous cream
- Stopped prescribing aqueous cream

Analysed under *skin hygiene*

- Bleach/Janola in the bath x6
- Household use of Janola

Other

- Used resources x4
- 1 finger tip of steroid x2
- Use of a spatula
- Don't share towels
- Methods for treating eczema
- Moist environment for wound care
- Use of antiseptics

APPENDIX G – OTHER RESOURCES CLINICIANS FOUND USEFUL

Other resources clinicians stated they found most useful

- A4 laminated picture of a person showing amounts of moisturiser to use
- Basic one for hand washing
- Didn't get resource pack, requested one
- Emollients
- Internal health centre referral to nurses for skin education
- Types of moisturiser
- Use of emollients (A HVDHB pamphlet)

APPENDIX H - CLINICIAN COMMENTS ABOUT THE TRAINING SESSION

- Very good training, useful refresher for some current information, and learnt some new information as well
- The PowerPoint didn't work so missed that but the speaker talked to the resources
- It was good
- A4 size wound care resource - text too small. Otherwise 'Keep it up' I thought she was fantastic, it was packaged well
- I think it was really good, it was really well received and staff are using in practice
- Helped me know which cream to use - client come back and said 'look it's cleared up'
- The training session was great, long overdue
- Very helpful & practical, hands on, good ideas about how to treat patients better
- Quite useful, good refresher
- Good for consistency of messages
- Really, really good & helpful for eczema
- It was a good refresher
- I thought it was really good, her knowledge was great
- It was really good "we learned a hell of a lot". I would like an extension if we're going to do more than just the pilot, more in depth
- Enjoyed it, it was good. I've recently finished GP training so reinforced what I've learnt, other staff got more out of it
- Really good
- Useful to have a refresher
- Absolutely great. We need constant reminders , ongoing in-service training would be fantastic
- Another refresher would be useful, maybe 6 monthly
- It was helpful, always good to refresh stuff, you always pick up something new or that you haven't thought of
- Found it really useful - I really wasn't too sure about the management of eczema
- Refreshment and some new information
- Well constructed, have made some practice and personal changes
- I thought it was great, I wish I could use it more but I work part time and do the phones so don't get as much opportunity

APPENDIX I - MESSAGES PATIENTS REMEMBERED FROM THEIR APPOINTMENT

Skin Hygiene

- Don't share bath towel/use own towel x6
- Bathe separately
- Shower/bathe every day 3
- Bathe in diluted Janola/spray on in the shower x18
- Wash clothes in diluted Janola x3
- Use antiseptic in the laundry (Dettol)
- Change clothes regularly
- Change linen regularly, more often x2

Moisturise

- Moisturise x8
- Use emulsifying cream x times per day x5
- Use neutraplus
- Use emulsifying cream instead of soap x6
- Gave me a bottle of lotion to use instead of soap
- How to use the creams x3
- Don't put hands in the cream
- Use fatty cream if flares up x2
- Use antibacterial soap
- Use the cream first/apply the cream x3

Clean, cut & cover

- Cut nails/keep nails short x4
- Keep covered x7
- Keep fingernails clean
- Keep it clean x4
- Handwash with Dettol
- Wash hands frequently 2

Complete course of antibiotics

- Take/finish antibiotics
- Use antibiotic cream
- How to take the antibiotics

Other messages

- Use steroid cream (various brands) sparingly x7

- Demol on flareups but apply sparingly
- How to use the ointment from the prescription
- Use cream on the sores
- Keep the house clean
- Improve diet
- Have action plan
- Clean grazes & keep moist x2
- Bathe in salt/warm water x2
- Keep it elevated
- Don't swim
- Keep wound dry until stitches removed
- Wear clothes made of cotton rather than wool which irritates
- Change shampoo & conditioner to a less irritating one – if this doesn't work use one that was prescribed
- Stay out of the sun, wear a high UV sunblock, and a hat
- Keep it dry
- Let it breathe – open to the air sometimes
- Visit clinic every 3 days for dressing
- Change dressings Use ½ strength laundry powder
- Change washing powder
- Bathe at the end of the day as it lessens the itchiness at night
- Wash bedding, wash clothes in hot water apply cream and wash off next day (for scabies)

APPENDIX J - WHAT PATIENTS DID AS A RESULT OF WHAT THE NURSE/DOCTOR ADVISED THEM AT THE APPOINTMENT

Skin hygiene

- Don't share/use own bath towel x4
- Bathe separately
- Shower/Bathe everyday x3
- Handwashed with Dettol
- Bathed in diluted janola/bleach x13
- Used bleach in the laundry
- Used antibacterial soap

Moisturise

- Moisturised x8
- Used emulsifying cream (x times per day) x9
- Know about the different types of moisturiser use x times per day
- Put on clothes straight away so emulsifying cream doesn't rub off
- Use cream/ointment/emulsifier in the bath instead of soap 5
- Use dampened cloth for the cream rather than hands
- "Already used the cream – told me what I already knew"
- Used creams from the white tub and the yellow tub
- Used the creams that were given in a specimen jar – carry them in my bag with me

Clean, cut & cover

- Short/cut nails x4
- Kept it/the area clean x4
- Kept fingernails clean
- Covered sores-bites/kept it covered x7

Complete antibiotics

- Finished course of antibiotics
- Used antibiotic cream

General

- Paying attention to diet
- Change bedding more often
- Bathed in salt water
- Kept it elevated

- Didn't swim
- Stay out of the sun, wear a high UV sunblock and a hat
- Don't use soap
- Kept it dry
- Kept the wound dry until the stitches were removed
- Visited clinic to have dressings changed
- Changed dressings
- Let it open to the air sometimes to breathe
- Bathed her in liquid that makes the water goes orange
- Soak in warm water
- Use ½ strength laundry powder
- Changed the washing powder
- Use antiseptic (Dettol) in the laundry
- Washed sheets and hung in the sun
- Washed bedding
- Wash clothes/sheets in hot water x2
- Take care with steroid use/use thinly x3
- "Use hydrocortisone sparingly, rather than a lot like I used to"
- Applied cream and washed off the next day
- Applied cream thinly every day
- Used pimafucort twice a day
- Tub of cream for sores
- Used steroid cream after the bath, and moisture 1 hour later
- Used locoid cream

APPENDIX K - PATIENT FEEDBACK

Question 3 (Patients) who answered 'no' that there was nothing about their appointment that could have made it better or more useful, with a comment

- I got everything I needed
- It was helpful
- Very helpful, wonderful
- Always helpful. Might go to clinic for immunisation, then if something else needs attention can follow up that at the same time
- Enough information
- Everything was good
- Found it helpful
- The appt with her was better than most because she was more specific about what to do than others I've seen
- Everything was ok
- Everything she has told me I have done and it's worked - one thing she told me that I didn't know was to use our own towels.
- It was good, straightforward
- We were really lucky, the Dr was full but a nurse was able to see us and even brought in a Dr for a look, it was good that he (son) got in
- They were very helpful
- It was good
- It was very good. They system through the hospital was very slow.
- I was actually quite happy with the service. She was able to answer all my questions
- She was really sweet
- They're real nice and very helpful
- It was fine
- The nurse was really helpful and the doctor was good too

Question 3 (Patients) who answered 'yes and said what would have made the appointment better or more useful

- Appointment at different time of day would have meant she could have visited without her four children which was challenging
- Nurse at UHHC only gave one suggestion (use moisturiser). The Plunket Nurse gave several suggestions to help stop the itching
- Would have been good if the nurse had known which formula is appropriate for a child with eczema that was dairy free.
- I'm used to seeing one doctor but we've seen 3 different doctors. I also have trouble understanding the accent of some of the doctors
- They gave cream for stopping the itch from bites but didn't solve the problem of where getting the bites from
- A referral to a skin specialist rather than the District Nurse coming. I'm not knocking it I really do appreciate it but I think I've got a skin condition now

- The nurse had already assumed it was eczema before seeing her, in fact it was a staph infection - this caused confusion
- At the first appointment the doctor didn't give antibiotics, so I had to come back the next day and pay again to see another (Dr/nurse) who said I should have had antibiotics at the first appointment, so I had to pay twice