VAC Patient Education

The Problem

An increasing number of patients are being discharged to home with VAC (Vacuum Assisted Closure) therapy. Patient education for this population has been inconsistent throughout the medical center, creating anxiety for patients while transitioning to home. VAC therapy is a high acuity/low frequency treatment modality, creating vulnerability for the medical center. Patient education is a critical element of successful VAC therapy.

Aim/Goal

To ensure that all patients being discharged to home with VAC therapy receive standardized education in order to enhance patient involvement and patient safety during the discharge planning process.

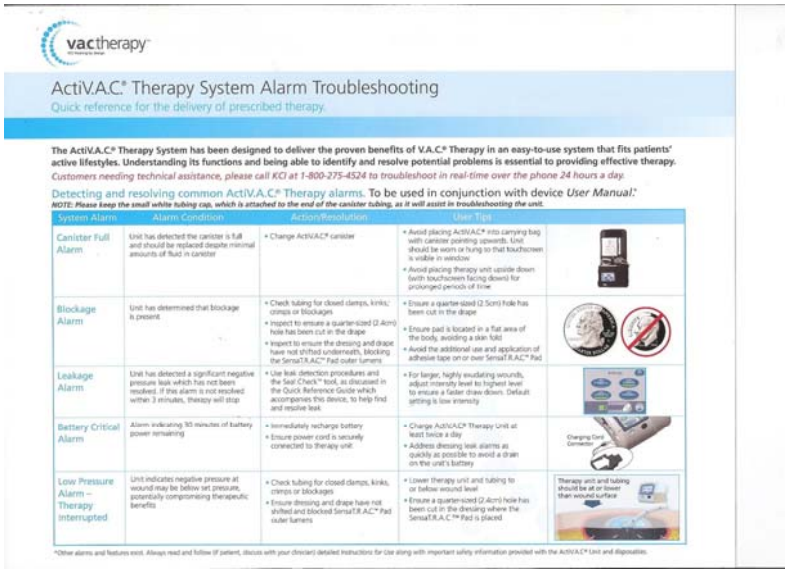
The Team

- Janice Cunnane, BSN, RN, CWOCN, Certified Wound Ostomy Continence Nurse
- Ann Marie Grillo, RN, BSN, 12 Reisman Unit-Based Educator
- Christine Saba, RN, ACNS-BC, MSN, Health Care Quality

The Interventions

- Identified service lines most likely to utilize VAC therapy
- Assessed critical topics for patient education
- Met with BIDMC's KCI VAC representative to review available teaching and reference materials
- Created VAC education binders, which include written materials and a DVD for patients to review
- Presented education plan to nursing leadership for resource development
- Distributed binders to all inpatient units involved
- Updated BIDMC patient discharge planning instructions to include an option for completion and distribution of "VAC Therapy Instructions" to the patient

The Results/Progress to Date



vactherapy

ActiV.A.C.® Therapy System Alarm Troubleshooting

Quick reference for the delivery of prescribed therapy.

The ActiV.A.C.® Therapy System has been designed to deliver the proven benefits of V.A.C.® Therapy in an easy-to-use system that fits patients' active lifestyles. Understanding its functions and being able to identify and resolve potential problems is essential to providing effective therapy.

Customers needing technical assistance, please call KCI at 1-800-275-4524 to troubleshoot in real-time over the phone 24 hours a day.

Detecting and resolving common ActiV.A.C.® Therapy alarms. To be used in conjunction with device *User Manual*.*

NOTE: Please keep the small white tubing cap, which is attached to the end of the canister tubing, as it will assist in troubleshooting the unit.

System Alarm	Alarm Condition	Action/Resolution	User Tips	
Canister Full Alarm	Unit has detected the canister is full and should be replaced despite minimal amounts of fluid in canister	• Change ActiV.A.C.® canister	• Avoid placing ActiV.A.C.® into carrying bag with canister pointing upwards. Unit should be worn or hung so that touchscreen is visible in window • Avoid placing therapy unit upside down (with touchscreen facing down) for prolonged periods of time.	
Blockage Alarm	Unit has determined that blockage is present	• Check tubing for closed clamps, kinks, crimps or blockages • Inspect to ensure a quarter-sized (2.4cm) hole has been cut in the drape • Inspect to ensure the dressing and drape have not shifted underneath, blocking the SensaT.R.A.C.™ Pad outer lumens	• Ensure a quarter-sized (2.5cm) hole has been cut in the drape • Ensure pad is located in a flat area of the body, avoiding a skin fold • Avoid the additional use and application of adhesive tape on or over SensaT.R.A.C.™ Pad	
Leakage Alarm	Unit has detected a significant negative pressure leak which has not been resolved. If this alarm is not resolved within 3 minutes, therapy will stop	• Use leak detection procedures and the Seal Check™ tool, as discussed in the Quick Reference Guide which accompanies this device, to help find and resolve leak	• For larger, highly exudating wounds, adjust intensity level to highest level to ensure a faster draw down. Default setting is low intensity	
Battery Critical Alarm	Alarm indicating 90 minutes of battery power remaining	• Immediately recharge battery • Ensure power cord is securely connected to therapy unit	• Charge ActiV.A.C.® Therapy Unit at least twice a day • Address dressing leak alarms as quickly as possible to avoid a drain on the unit's battery	Charging Cord Connection
Low Pressure Alarm – Therapy Interrupted	Unit indicates negative pressure at wound may be below set pressure, potentially compromising therapeutic benefits	• Check tubing for closed clamps, kinks, crimps or blockages • Ensure dressing and drape have not shifted and blocked SensaT.R.A.C.™ Pad outer lumens	• Lower therapy unit and tubing to or below wound level • Ensure a quarter-sized (2.4cm) hole has been cut in the dressing where the SensaT.R.A.C.™ Pad is placed	Therapy unit and tubing should be at or lower than wound surface

*Other alarms and features exist. Always read and follow (if patient, discuss with your clinician) detailed instructions for Use along with important safety information provided with the ActiV.A.C.® Unit and disposables.

Alarm Trouble Shooting Quick Reference Guide included in patient packets
ActiV.A.C Therapy System, Courtesy of KCI Licensing, Inc.

Lessons Learned

- Patient involvement in discharge planning and teaching is crucial for a better understanding of and compliance with care
- Global education of a high acuity/low frequency component of discharge, such as VAC therapy, will require ongoing reinforcement with staff

Next Steps/What Should Happen Next

- Consideration of incorporating this patient teaching approach for other areas
- Incorporate VAC education into centrally-based annual Med-Surg Competency education
- Continue to work with KCI and update our materials as appropriate
- Consider adding DVD to the patient care channel in order to make the content more readily available
- Periodic re-education of staff regarding discharge VAC education

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

For More Information Contact
Ann Marie Grillo, RN, BSN, Unit-Based Educator

agrillo@bidmc.harvard.edu