

Wound Registries: An Innovative Resource To Promote Research Among WOC Nurses

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Background

Clinical research provides evidence to underpin advancements in the quality of care, services, and treatments. WOC Nurse practice standards set expectations of participation in research and scholarly inquiry.^{1,2} Despite the known benefits of research, staffing shortages and an increased prevalence of complex patients, present barriers to WOC nurses participating in research.^{3,4} The resulting paucity of WOC Nurse generated research stalls innovation in practice and hinders evolution in the care of patients with wound, ostomy, and continence needs. However, agile research methodologies, such as a data registry may be the solution.^{4,5}

Aim

The aim of this practice innovation is to demonstrate how data registries can increase the feasibility of clinical research for WOC Nurses, even in resource-strained healthcare environments.

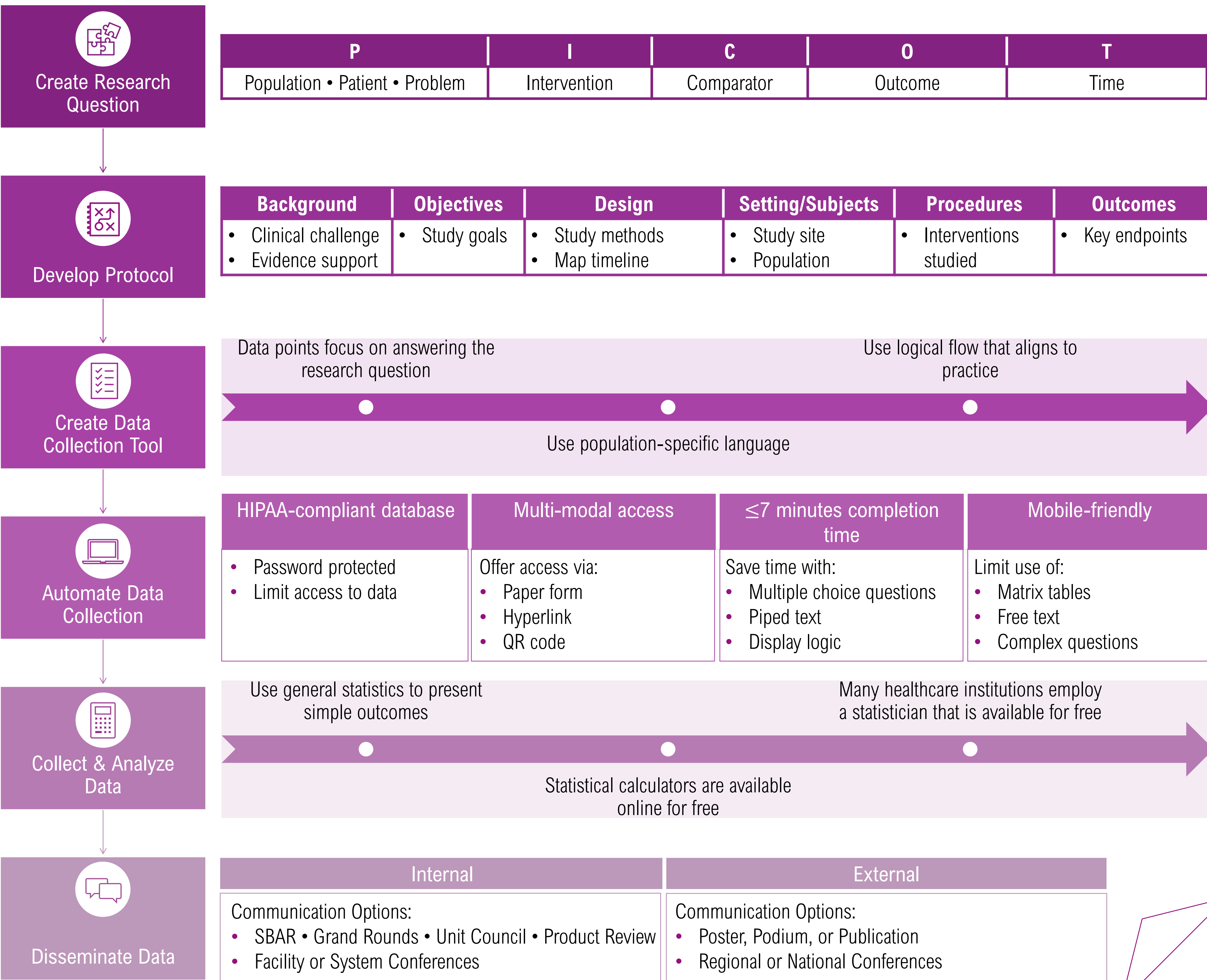
Data Registry Defined

A data registry uses observational study methods to collect and synchronize information about a defined population over time.⁴ A registry can focus on a specific patient population, disease or condition, procedure, medical device, or any other aspect of healthcare. Registry data is used to evaluate and improve outcomes.

Methods

For each registry, a study protocol was designed to answer the research question. A data collection instrument was developed and digitalized for easy multi-modal access. Each registry design intentionally considered the number, type, and complexity of questions, as well as total completion time. Expert review was used to check the overall quality of the data collection instrument before distribution. Registry performance was compared across all registries, using Expert Review best practices as the benchmark. Trends were logged to guide the design of future registries, ensuring feasibility and success.

How To Create A Data Registry



Results

A total of seven wound and skin related registries have been designed and implemented, across 656 subjects. Study designs focused on both patient outcomes (n=430) and healthcare providers behaviors (n=226). Research topics were pressure injury prevention (n=1), wound treatment (n=4), and safe patient handling (n=2). The mean time for data submission was 7.6 minutes (range 7 to 10.4). The average completion rate was 90.9% (range 20% to 114%). The highest response rate was associated with care-directed analyses (n=215). The preferred access method was anonymous link (n=299), followed by QR code (n=89), and direct email (n=45).

The registry with the lowest completion rate of 20% included several characteristics associated with poor performance during Expert Review, including, >7 minutes completion time, forced questions, direct email dissemination, and complex questions, including matrix tables. Conversely, the highest performing registries incorporated proven best practices, suggesting the validity of Expert Review to predict registry success.

Discussion

Data registries are not new. They have been used by governmental and regulatory agencies for decades.^{4,5} Unfortunately, these big data sources are often not readily accessible to front line clinicians and/or access is cost prohibited. A novel alternative is for WOC nurses to design and implement practice level registries to generate real time, actionable research, to guide clinical and administrative decisions, including those affecting care management, quality improvement, regulatory compliance, and financial health.

Conclusion

A data registry is an easy and reliable clinical research tool for WOC Nurses. Registries can make patient data accessible and actionable, leading to better outcomes and easier quality reporting. Time investments must be made into effectively planning the study and intentionally designing the registry to answer the research question(s), without creating unnecessary burdens on the clinicians submitting the data. However, well designed registries can be useful as a continuous quality-improvement and research tool, or for standardization of wound surveillance and treatment data, to facilitate future prospective studies in wound, ostomy, and continence care.

References

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