

An Independent Evaluation of the use of MedMat® in Heel Ulceration

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Healthcare acquired infections (HAIs) are a serious concern costing the NHS 1 billion a year and causing between 5000 – 15000 deaths annually (NAO) despite increased funding. It has been shown that wound infections account for up to 38% of all HAIs. (Ford and Koehler 2001). A contributing factor is the variety of aseptic techniques in use in different hospitals and even within a single hospital. (Aziz)

We undertook a review of our current procedures when providing wound care for patients with heel ulcerations. This review centered on an evaluation of the use of MedMat®, and a comparison with our existing practice.

Maintaining a sterile field and ensuring an aseptic technique is one of the most important and fundamental factors of infection control, not just in podiatric wound care, as Aseptic Non Touch Technique (ANTT) has now been advocated for adoption throughout the UK as a Department of Health initiative to standardise processes for healthcare professionals.

An aseptic technique refers to a procedure undertaken with the aim of keeping the patient as free from hospital microorganisms as possible. (Mallett & Dougherty 2000)

Due to the versatile nature of the high-risk podiatry team, complex wound care needs to be provided in a variety of practice settings whilst continuing to maintain high standards in infection control measures.

Our existing practice when providing wound care for patients with heel ulcerations involved the use of sterile dressing towels or drapes, which although provide a sterile field, are not absorbent and can result in breaks to the field when exudate makes contact with the sheet (see pic 1)



Picture 1
Sterile Dressing Towel
Non-absorbent

MedMat® is a two layer sterile mat with an integrated waste bag, which facilitates the safe removal of non-sharp hazardous or clinical waste. In 2009 the product received recognition from the Department of Health when it was awarded first prize at the HCAI Technology Innovation awards.

We evaluated the use of MedMat® in a variety of practice settings and surfaces, including the floor, foot-rests, ward beds, and podiatry plinths. We found it to be both versatile and easy to use, whilst the two sizes available ensure MedMat® can be used in a diverse range of treatment areas. MedMat® provides a sterile clinical surface from which the clinician can provide treatment, including ulcer debridement and wound dressings. The adhesive strip secures the MedMat® to the work surface to prevent movement.

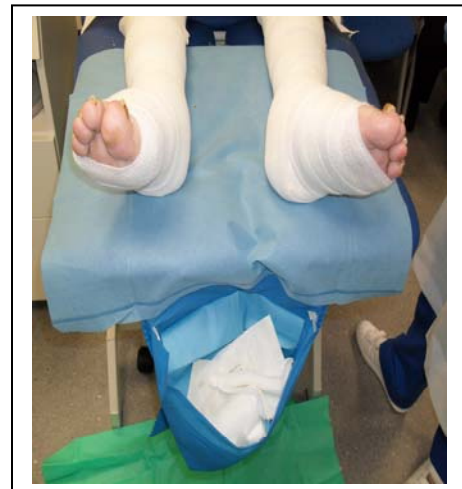
The top layer of the MedMat® effectively absorbs exudate and collects debrided tissue (see picture 2), before neatly folding away into the integrated waste bag. (See picture 3), leaving the clinician with a sterile dressing surface from which redressing of the wounds can then take place (see picture 4).



Picture 2
**MedMat® Absorbent
Top Layer**



Picture 3
**MedMat® Integrated
Waste Bag**



Picture 4
**MedMat® Absorbent
Bottom Layer**

Conclusion

In conclusion, we found MedMat® to be an innovative sterile mat, which met all our clinical needs for providing a sterile dressing surface and absorbent field for heel ulceration wound procedures.

In comparison with our existing practice of the use of sterile dressing towels, we found that MedMat® was an easy to use product that absorbed exudate more

effectively, thereby reducing the risk of cross contamination from HAIs for these procedures.

Research has shown that healthcare workers should be discouraged from practicing a variety of techniques and encouraged to adopt a single unified practice. This would help to embed practice into infection control policy and facilitate the auditing process. (Aziz)

References

Aziz AM. Variations in Aseptic Technique and Implications for Infection Control. *British Journal of Nursing* 2009; **Vol.18**, No. 1: 26-31.

Ford D & Koehler S. A Creative Process for Reinforcing Aseptic Technique Practices. *AORNJ* 2001; **73**: 446-450.

Mallett J & Dougherty L. Royal Marsden Hospital Manual of Clinical Nursing Procedures. 5th edition. 2000. Blackwell Science, Oxford: 44-48.

National Audit Office. Improving Patient Care by Reducing the Risk of Hospital Acquired Infection: A Progress Report. The Stationary Office, London. 2004.