

00

FAC

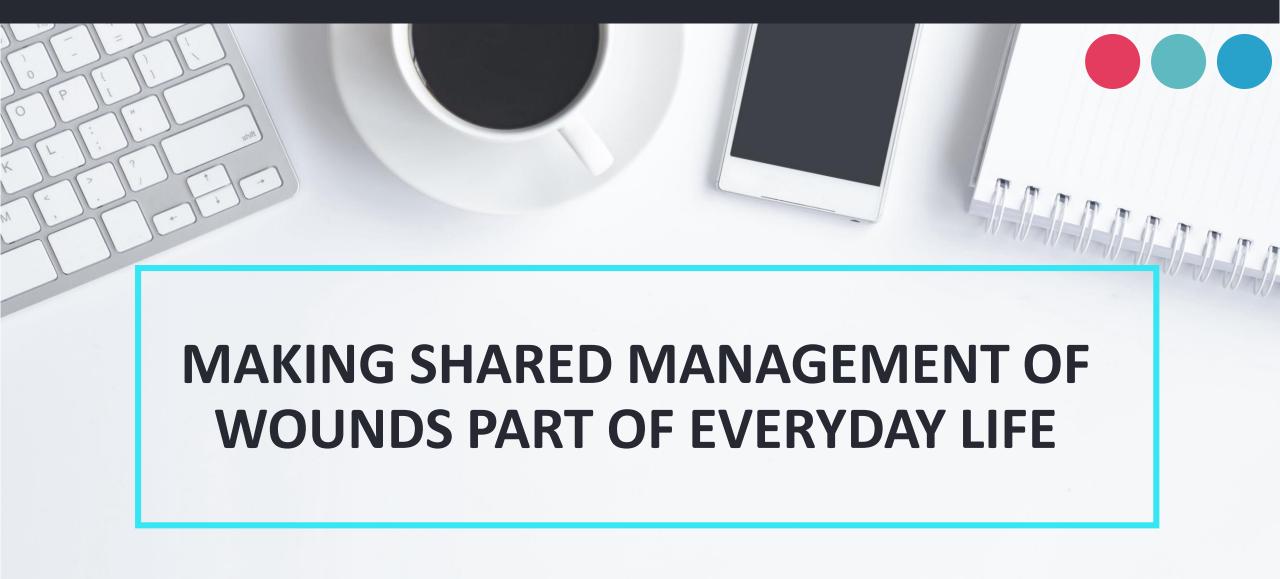
SUPPORTED BY:



OCTOBER 20

MAKING SHARED
MANAGEMENT OF
WOUNDS PART OF
EVERYDAY LIFE











- What is shared care in clinical practice and why is it so important for all involved?
- What are the benefits to both the patient and healthcare professional
- What challenges do we face in wound care post COVID-19 and why will a shared care approach be pivotal to a successful service moving forward







- Learn how the role of a general practice nurse (GPN) can support effective shared care in wound management
- What tools are available to help with an effective shared care solution for more patients in the future







- The ability for the healthcare professional and patient to embark on a journey in the management of a minor illness, healthcare need or chronic disease
- Approach can be taken in different forms a patient takes on 100% of their management, e.g. diet or regular exercise, to 100% care from healthcare professionals, e.g. nursed in intensive care
- Everything in-between is described as shared care or degrees of selfmanagement. Where possible, we should encourage our patients to take an active role





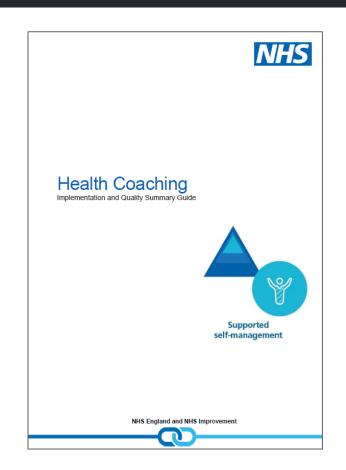








- Shared care is a key driver for the NHS. It is part of the NHS Long Term Plan, encouraging patients to take a more active role in their health and well-being
- NHS Long Term Plan (2018) aims to empower patients to take more ownership for their overall health and well-being, particularly in chronic disease management

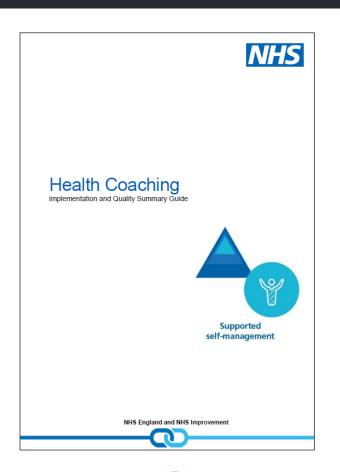








- Wound care is no exception and we can engage with our patients developing partnerships, sharing the care of their wounds and, most importantly, giving them the tools to optimise their ability to heal
- Supported self-management, i.e. shared care, is one of the six evidence-based components of personalised care to which the NHS has committed (NHS England, 2019)







Principles of self /shared care

The Self Care Forum (www.selfcareforum.org)

Principles of self-care/self management support:

- Involving patients in decision-making
- Developing care plans together
- Setting goals and arranging follow-up









Principles of self /shared care

The Self Care Forum (www.selfcareforum.org)

 Helping patients to understand what to look out for and how to get help

Helping to motivate patients with good structure and support

- Promoting a healthy lifestyle
- Educating about their condition









- Patients living life with a chronic disease or a wound will often experience several physical and psychological emotions that can lead to a sense of negative wellbeing
- As healthcare professionals, the aim is to support, manage and improve well-being in our patients

Benefits to patients	Benefits to healthcare professionals
Sense of purpose	Effective use of resources
Achieving a goal	Impact on the quality of treatment
Better understanding of their condition and requirements	Clinical outcomes
Financial benefits	Cost-effective care
Motivation to heal	





Identifying responsibilities — healthcare professionals

- To assess the patient's capability and willingness to perform dressing changes in-between planned clinic/home visits
- To plan the care required for the patient
- To choose the most appropriate dressing selection with clear objectives and desired outcomes





Identifying responsibilities — healthcare professionals

- To educate the patient on red flags to look out for
- To educate the patient about how to perform a dressing change safely









- To understand and feel confident to perform the task assigned to them or their carer
- To understand and know how and when to report a change in wound progression (positive or negative)









- To agree they will attend clinic appointment, or are available for home visits when the healthcare professional has scheduled them
- To ask questions if unsure or need reassurance









- NHS England reintroducing CQUIN targets, e.g. lower limb and prevention of pressure ulceration
- Management of patients that may have deteriorated
- Increase in patient referrals
- Reoccurrence of leg ulceration in those patients who may have healed pre COVID-19
- Increase in pressure ulceration post COVID-19 patients
- Managing the long-term effects COVID-19 may have on chronic disease management







- 73-year-old man with type 2 diabetes presented with a diabetic foot ulcer (DFU) on the outer side of the right foot
- The wound had been present for approximately nine months
- 80% of the wound bed was granulation tissue, remaining 20% of the wound area was slough



Day 0 (initial assessment).







- The wound was moderately exuding, and both the wound edge and periwound skin were assessed as being macerated
- The wound was treated with a superabsorbent polymer-containing (SAP) dressing
- Two days after the initial assessment, the patient could self-care for the remainder of the assessment period while returning to the clinic every five days



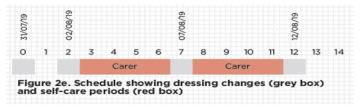




- On day 7, the wound had reduced in size by 20%, and the proportion of granulation tissue had increased to 90%
- The patient self-cared the wound for a further five days. He found it easy to apply the dressing



Day 12 (after 10 days of self-care).





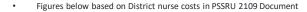




Example of how shared care can free up resources

District nurse – cost per hour	£112
Average cost per visit	£62
Cost of average 10 patients per day	£620
Cost of average 50 patients per working week	£3100
Cost of average 50 patients per working week	£3100

Cost of average visits per patient 2.5 per week	£155
Potential saving per visit	£62



Assumed Average Calls and Patient Visits (Travel time, fuel is all included)









Example of how shared care (SC) can free up resources if introduced

10% SC frees up	Five appointments per week	10% SC allows for	Two new patients to be seen
20% SC frees up	10 appointments per week	20% SC allows for	Four new patients to be seen
30% SC frees up	15 appointments per week		r dan mem paraeme de le decin
		30% SC allows for	Six new patients to be seen

10% SC = Five patients	Saving of £310
20% SC = 10 patients	Saving £620
30% SC = 15 patients	Saving £930





Case study — how shared care saved resources

Patient before shared care approach

- Young adult male patient with a sarcoma
- Required three appointments per week at OP clinic
- Average cost single professional £105
- Five months of appointments @ three visits per week for 22 weeks
- Total of 66 appointments costing £6930



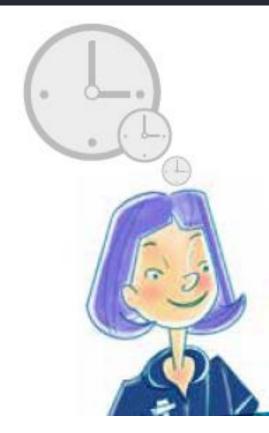




Case study — how shared care saved resources

Shared care approach adopted

- Reduced to one clinic visit per week
- Average cost single professional = £105
- Five months of appointments @ one visit per week for 22 weeks
- Total of 22 appointments costing £2310







Case study — how shared care saved resources

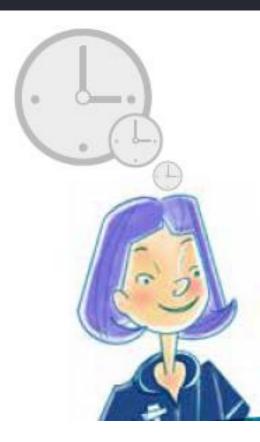
Total savings

- 44 appointment slots
- £4620 in resource costs

Patient outcomes

- Improved self-esteem
- Improved concordance
- Wound healed much more effectively due to patient engagement and concordance







Using our resources differently

• What would you do with that time?





Introduction to Shared Care at HOME









HOLISTIC

Patient centred shared care.

OUTLINE

Patient shared care action plans.

MANAGE

Patient friendly shared care pathways.

EVALUATE & **EDUCATE**

Patient shared care for the future.







- HARTMANN wants to be able to provide relevant tools to support both healthcare professionals and patients to develop a positive, shared care partnership in practice
- HOME is an acronym designed to help support the identification, assessment and implementation of such partnerships in shared wound management







Principle of HOME

- This complete guide takes a clear look at all areas of a patient's activities of daily living
- Based on a full holistic approach, we aim to maximise a patient's potential to be confident and have the ability to share some of the care required for their wounds







Tools available

- Holistic assessment/planning and implementation guide
- Patient postcards
- Patient friendly care plans
- Patient friendly journal
- Patient friendly pathways
- A new website where you can get information for you and your patient







Shared Care at HOME — educational package

- Structured shared care educational package aimed at providing you with all the necessary support and tools to actively:
 - Identify
 - Support
 - Implement
 - ... a shared care approach with your patients







Summary

- Shared care is a positive step for everyone. COVID-19 has made us realise that our patients can take a more active role in their wound management successfully
- This approach has so many benefits to both the NHS and patients, and, most importantly, giving everyone potentially more time!
- What would you do with that extra time and resource?







Call to action

- Book onto the shared care at HOME educational package to learn more about the tools and resources to support you and your organisation
- To obtain your HOME pack and start Sharing the Care, contact your Local HARTMANN representative

Contact us at HARTMANN: www.hartmann.info/en-gb/contact







TO ACCESS YOUR **CERTIFICATE**VISIT





www.gpn-live.co.uk/certificate