Iournal of General Practice Nursing



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#### TRANSFORMING WOUND CARE: A SIMPLIFIED APPROACH TO PATIENT PATHWAYS

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# **TRANSFORMING WOUND CARE: A SIMPLIFIED APPROACH TO PATIENT PATHWAYS**



Coloplast



#### Learning objectives

- What do we mean by patient pathways?
- How can pathways simplify wound care?
- Examples of new models of care
- Collaborative working with industry
- Your questions answered







## What do we mean by patient pathways?

**Who remembers Betty?** 

Betty's story from NHS RightCare<sup>1</sup> examined the impact of a suboptimal wound care pathway to an ideal wound care pathway



© NHS RightCare







## What do we mean by patient pathways?

Patient pathways provide:

- Roadmap of patient care
- Consistent direction of how to treat patients
- Evidence-based care

And, minimise unwarranted variations in practice







#### Poll

## Do you feel that wound care pathways improve patient outcomes?

#### Yes No No experience of pathways







#### **Current challenges in wound care**





Community nurses: 14% since 2009<sup>2</sup>

District nurses: 45% since 2009<sup>2</sup>

## Funding to NHS trusts for community services fell by 4%<sup>3</sup>





#### Transforming wound care

#### Time to think about things differently?

How can patient pathways reduce your caseload and help manage resources effectively?

How can patient pathways simplify your practice?





## PATIENT SHARED CARE INITIATIVES



#### How can shared care increase HCP capacity<sup>4</sup>?





#### Patient information pack and support materials

Detient Chanad C	Information Deals			About you	ur wound c	are					I		
Patient Sharea C	are - mormation Pack			Dressing:	Biatain	Silicone 🗌	Other (Ple	ase Specify):			1		
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for NHS Sticken				Frequency of	f dressing cha	nge:	_						
Space for				Recommend	led day for dre	ssing change(s	Ever s):	ry other day	Twice weekly	Weekty			
i				Monday	Tuesday	Wednesday	Durrday	Eriday	Saturday	Sunday			
About you:		What you can do to help your wound?		Wound core	nine	riccitesouty	maraday	( hody	Saturday	Januay			
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Carer's name:		<ul> <li>West your Hunds - the most important of my you an infection is to follow the correct hand washing proce Keena a dressing on your wound - dressings keen on</li> </ul>	dure										
Clinician's name:		injury. They also help absorb fluid that drains from th around it.	e wound and could damage the :										
GP contact:		<ul> <li>Eat Healthily - Eating a well-balanced diet can make encourage it to heal.</li> </ul>	e a huge difference to your woun										
		Let the nursing staff know if you notice any of the     -Your wound is oazing more than usual	following:										
Introduction		The dressing leaks at any time     An increased amount of pain from your wound     An unusual small from your wound											
Research shows that helping patients to and enhances the understanding of you	to share the care of their wounds improves self confidence our condition. It also improves Quality of Life and provides	An increase in redness around your wound     Feeling generally unwell											
more convenient care.	, , , , , , , , , , , , , ,	<ul> <li>If you notice anything else that concerns you, plea</li> </ul>	ise contact your healthcare prof					Changin	g your Biat	ain Silicone	dressing		
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healthcare professional until your wou	When to change your Blatain Sillcone dres	sing	aly important. The correct me					Wash you     Open the	ur hands with we	arm soapy water and dry them well fully onto an area you can clean first. Take out the dis		t. Take out the dispor	posoble boo
	Biatain Silicone can be left in place for up to 7 days of should be changed when there is 1 cm can between	lependent on exudate level. Biataln Silicone	3					• Remove	t to touch the dr	ressing . ssing and place in	in the bog ready to th	row away.	
	foam pad;	and a constant of the coupe of the of country	NISCO N					<ul> <li>Wash you</li> <li>Open all</li> </ul>	ur hands again a the dressings yo	and put on the app ou need and drop	or if you are not the	a patient. sing towel. Try not to "	touch this
Contact Details for you to ge	Silicope border		62()					area. Put	t on the gloves -	Try not to touch	the outside of the glo	oves.	
Team's name:				Acreed rects	sessment date	& time:							
Telephone number:	Foam pac		6					Step 2: Cl	leaning your	wound	a pods vou brue. Ger	othy clean the wound	
			TEN					Start at	the centre of th	e wound. Dab in	a circles out to 1 inch	h (2.5cm) past the ed	ige of the
			LEN					wound b	ackwards to the	centre. This may	y spread germs over t	the wound area.	yes or une
Calopiast Ltd, Nene Hill, Peterborough Business Park, Lynchwood, J			9	_			-	Step 3: He	ow to apply y	our Blatain Sil	llcone Dressing		
				- 1				Bidtain S     dressing.	Once you have	piece non-touch a removed the dr	ressing from the pou	) for aseptic applicate uch, peel away the n	niddle tab
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	chunge	chunge		- 1				<ul> <li>Once the</li> </ul>	and. e middle part of y	your dressing is se	ecure, remove the sid	de wings one at a time	e and sea
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## FIRST DRESSING INITIATIVE



## Five in a bag<sup>5</sup> – First Dressing Initiative

#### **Objective: training in minor injury management for residential care home staff to**

- Reduce urgent care demand
- Reduce urgent call to community nurses and GPs
- Manage wounds in a timely manner

## 78

skin tears managed using the initiative in the first 3 months

## £56,000

Potential annual saving







#### Why are skin tears a challenge?









Prevalence rates of up to 11.4%<sup>6</sup>





#### **ISTAP** Classification<sup>7</sup>

#### No skin loss

A type 1 skin tear is where a linear flap can be repositioned to cover the wound bed.



#### **Partial flap loss**

A type 2 skin tear has partial flap skin loss the flap does not cover the entire wound when repositioned.



#### **Total flap loss**

A type 3 skin tear has total flap skin loss leaving the wound bed exposed.









#### Five in a bag<sup>5</sup> – First Dressing Initiative







### EAST OF ENGLAND AMBULANCE SERVICE – SKIN TEAR PATHWAY



#### **East of England Ambulance Service**

94-year-old female sustained a type 2 skin tear due to a fall. The patient had sustained no severe injury and was adamant she did not wish to attend hospital.

Using the skin tear pathway I was able to appropriately clean, assess and replace the salvageable skin before dressing the wound with Biatain Silicone Lite and arranging a DN follow up later that week.

This pathway enabled appropriate treatment and avoided a hospital visit.

Nathan Hone. EEAST









#### East of England Ambulance Service











Photos © of EEAST



#### Management plan for skin tears

		Ambulance service
Management Plan for Skin Tea	ırs	
	Stop bleeding	
Cleanse wound w	vith tenid drinking wa	ter or saline.
Gent	ly pat dry with gauze	I
	•	
Approximate wound e	edges if possible, mea	sure and classify
Apply an appropriate	ly sized Biatain <sup>®</sup> dress	sing ensuring the
wound l	ped is completely cov	ered
Document findir		coment plan
Document finair	ig <del>s an</del> a cunicarmana(	
Complete community	ollow up referral or c	onvey if necessary
lassification System <sup>1</sup>		
A Type 1 Microsoft onbias elinear Res can be repositioned to cover the wound bed A Type A Ty	Partial Flap Loss e 2 kin ten has partial flap sas - the flap dees not cover the voland Weiner repositioned - Manage Exude - Avoid Infection - Pain control	Total Flag Less A type 3 data then has total flag loss leaving the wound bed exposed
Adhesive strips are no longer a prefer	red treatment option of	choice for skin tears (ISTAP, 201
	RED FLAGS	
EXCESS DEPTH BONE OR T	I / UNCONTROLLED B ENDON INJURY SUSPE	LEEDING
<ol> <li>Choose Blatain' Silk by approximately 24 place</li> <li>Date and arrow the from intact skin and</li> <li>Remove dressing in</li> </ol>	cone Lite dressing size to overl cm and apply, trying to keep th dressing with arrow head poir l leave for up to 7 days the direction of the arrow	ap intact skin he flap well in hting away





EEAST Primary & Urgent Care @EEAST\_UrgCare

Pleased to be working with @JohnnyColoplast and @Coloplast\_UK colleagues to deliver #Biatain training to @EastEnglandAmb frontline clinicians. Due to #Covid\_19 we're making full and innovative use of @MicrosoftTeams to do this #rightcare





#### WORKING TOGETHER TO MINIMISE WOUND INFECTION

## Simplifying wound infection pathways

#### In the event of an infection:

- Wound healing is delayed<sup>8</sup>
- Patient quality of life can be adversely impacted<sup>9-11</sup>
- Treatment costs rise<sup>9,11</sup>
- Wound management practices become more resource demanding<sup>8</sup>



## With a holistic approach, proper assessment and early intervention, many problems can be avoided and clinical outcomes improved.<sup>8,9</sup>







#### Simplifying wound care for you



### INTRODUCING A SUCCESSFUL EXAMPLE OF A SIMPLIFIED PATHWAY



#### PDSA Cycle









#### Stages of wound infection<sup>8</sup>







Reproduced from the International Wound Infection Institute (IWII) Wound infection in clinical practice document 2016.



#### Local infection<sup>8</sup>







#### **Classic symptoms**

- Erythema/redness
   Purulent discharge
- Localised heat
- Delayed healing

• Swelling

• New or increasing pain and malodour

#### Subtle symptoms

- Hyper-granulation
- Friable tissue
- Epithelial bridging/pocketing
- Darkened granulation

- Wound breakdown
- Delayed healing
- New or increasing malodour and pain





## Spreading infection<sup>8</sup>





Copyright of Graham Bowen





- The patient will show subtle as well as classic symptoms
- May also demonstrate early systemic infection indicators





#### Poll

#### How confident are you in starting a topical antimicrobial treatment plan on a wound

Very confident Confident Not confident









#### Wound infection management pathway



Notes

• Necrotising fasciitis requires urgent surgical intervention - urgent admission or internal referral (It is rare, but life threatening)

Sensitivity to silver - Refer to Non-Healing Wound Pathway

For periwound protection follow moisture associated skin damage pathway

Patients living with lymphoedema - 2 or more episodes of cellulitis in 12 months, prescirbe prophylactic anitbiotic post acute treatment - reduce if no episodes in 1 year









#### Pathway in greater detail











### The 2-week challenge<sup>8,12</sup>





If biofilm suspected, continue antimicrobial treatment for a longer period of time with regular review



## The need for a conforming foam dressing with silver

Infected wounds are often characterised by the presence of increased exudate, slough and non-viable tissue due to high bacterial load.



Unnecessary use of fillers drives up treatment costs







## Reducing variation through education<sup>15</sup>









#### Reduction in wound care community spend<sup>15</sup>









#### Reduced spend on silver fillers<sup>15</sup>



Reduced spend on silver fillers for 19/20 (based on first five months of 2019) compared to pre-ONPOS spend.







#### **Biatain Silicone Ag on a DFU**



Biatain Silicone Ag dealt effectively with the bacterial burden in the wound. Not only were there no longer any signs of infection, but there was improvement seen in the wound edge and periwound skin demonstrating that the exudate was being managed effectively.







#### PDSA - Act

#### UND CARE

Using an online non-prescription ordering service to drive efficiency and reduce unwarranted variation in wound care product use and spend

Lorraine Jones		
Currently, within the V480 there is maximize quality of case, patient with the constraints of a limited budget. N480 Trust, the cost of wound case in order to drive afficiency procu- or of NNPO has resulted in 100% for community services. The number the service has almost bein halves during up are predicted or the shall after a drive-year growth in costs y	a need to improve efficiency to peptience and outcomes, within At the Royal Wolveehampton was increasing year on year. and was increasing year on year and outcome the second second second enclassing compliance for adult of branchs of products used by a of the number of individual seed by Solo. Finality cost community service in 10°20, as on year.	Leading Change, Adding Wilne (HSES England, 2018), is a framework that was developed to put an emphasis on the quantifying and massaring of out comes in numbing practice in the UK, and the transmission of the transmission of the transmission of the transmission of the temporating where high standards of care are achieved, or highlighting where improvements can be made in order to eliminate unwarranted variation in parentic (NHS England.
KEYWORDS: © Online non-prescription ordering © Unwarranted variation © Woun © Real-time data © Improved effici	g service [ONPOS] d care products ency	2018). Unwarranted variation can occur in different ways: between geographical areas, specialities and population groups (NHS England, 2019). In order to address
The needs for improved these memory and rescue to all the second second second second the second second second second second the forward Were (NSS England 2016) sears and the the delayer of care into the community, putting at the centre of anging ag groups and products of a second	Hathi (1941, 2012, This equates no mer people requiring complex case.) Monthly an increase of the demand, and the demand of the	universative visuality, it reads to be therefore and encounter to average therefore and encounter to average therefore and the encounter of the encounter of the encounter of the encounter of the second encounter of the encounter of the second encounter of the e
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- Sharing best practice
- Publication
- Next steps
- Future plans







### BIATAIN AG WITH 3DFIT TECHNOLOGY®



## Biatain Ag with 3DFit Technology®

Designed to combat infection and biofilm, reduce exudate pooling and thereby reduce the risk of maceration of the wound edge and periwound skin

**Absorbs vertically** 



-99.3%

Conforms to the wound bed



**Retains exudate** 

Kills 99.99% of mature biofilms\* and prevents biofilm formation<sup>16</sup>





P. aeruginosa, S. aureus, MRSA, VRE, C. albicans, A. brasiliensis





P.aeruginosa

-99.99%



## Simplifying wound care for you

#### Promoting optimal healing conditions for infected wounds with the 2-week treatment plan.

Wound bed preparation

A conforming dressing with 3DFit Technology®

Infection management



#### **Superficial depth**

Biatain Silicone Ag
 / Biatain Ag



#### 0-2cm in depth

Biatain Silicone Ag/ Biatain Ag







For further information and access to resources discussed in tonight's session, please visit:

#### www.coloplast.co.uk/wound

![](_page_41_Picture_3.jpeg)

Ellen Buckley gbebu@coloplast.com

![](_page_41_Picture_5.jpeg)

Lorraine Jones lorraine.jones12@nhs.net

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# TO ACCESS YOUR CERTIFICATE

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## www.gpn-live.co.uk/certificate