

**LIVE**

**MONDAY 28TH MARCH 7.30PM**

# NICE guidance for wound healing translated into real life



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# LEARNING OBJECTIVES

- What is evidence-based treatment?
- What is the need for it?
- How evidence-based treatment can be implemented in different organisations and care settings
- Can you also do this? \*Spoiler\* YES

# WHAT IS EVIDENCE-BASED TREATMENT?



‘Evidence-based recommendations developed by independent committees’



‘Reduce unnecessary variation’ and  
‘Improve healing rates and reduce recurrence’

# WHY DO WE NEED TO MAKE A CHANGE?



Inconsistencies and variations in assessment, diagnosis and treatment



High prevalence of chronic wounds (leg ulcers/diabetic foot ulcers/pressure ulcers)



Clinical outcomes unknown



Underuse of clinical evidence

# COVID-19 HAS ADDED TO THE CHALLENGE



Support required for all clinicians during Covid-19



Changes in service delivery and training



Perceived lack of time in practice



High cost to the NHS



High cost to patient quality of life

# WHAT DO WE WANT TO ACHIEVE?

- Ensure timely holistic assessment, accurate diagnosis and implementation of evidence-based and appropriate treatment
- Reduce unwarranted variations in care
- Improve and capture clinical outcomes and patient quality of life
- Improve adherence to simple clinical pathways and trust the formulary
- Facilitate supported self/shared care
- Return the patient to healing

# FROM PREVIOUS EXPERIENCE TO LOCAL IMPLEMENTATION – MY JOURNEY

1. Process of implementing evidence-based pathway
2. Data obtained and published at a previous organisation
3. Patient outcomes achieved at my current organisation
4. How this demonstrates that we can standardise practice to achieve good clinical outcomes and reduce unwarranted variation, regardless of the care setting or organisation

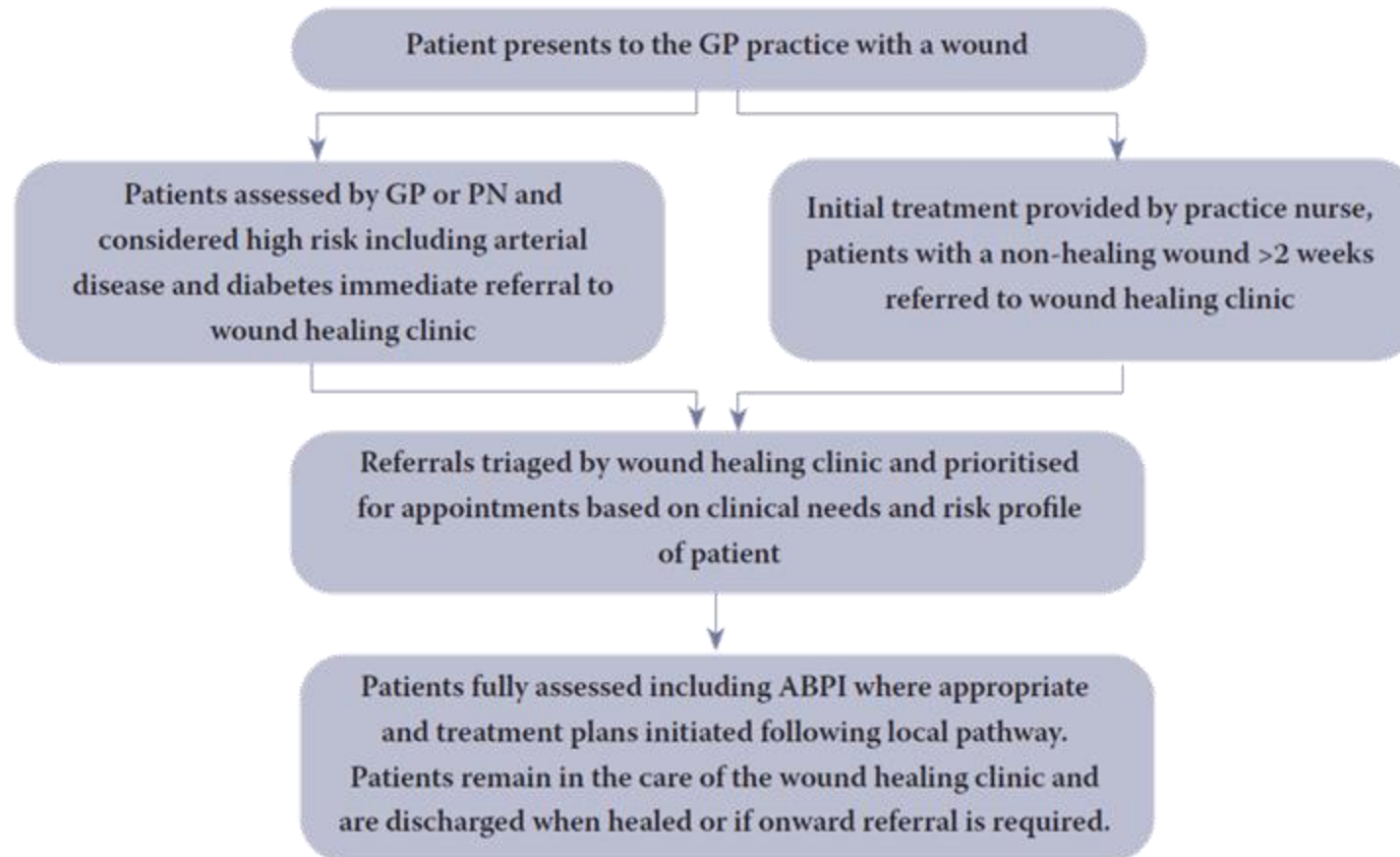
**PREVIOUS  
EXPERIENCE:  
NICE TO HAVE**



# WHAT DID WE PUT IN PLACE?

- We implemented a clear and simple referral pathway
- We implemented an evidence-based treatment plan that included the UrgoStart treatment range
- We introduced a wound care specific database or clinical 'wound tracker'
- We provided appropriate staff training and mentorship
- We provided patient, carer and family education and support, including use of telemedicine

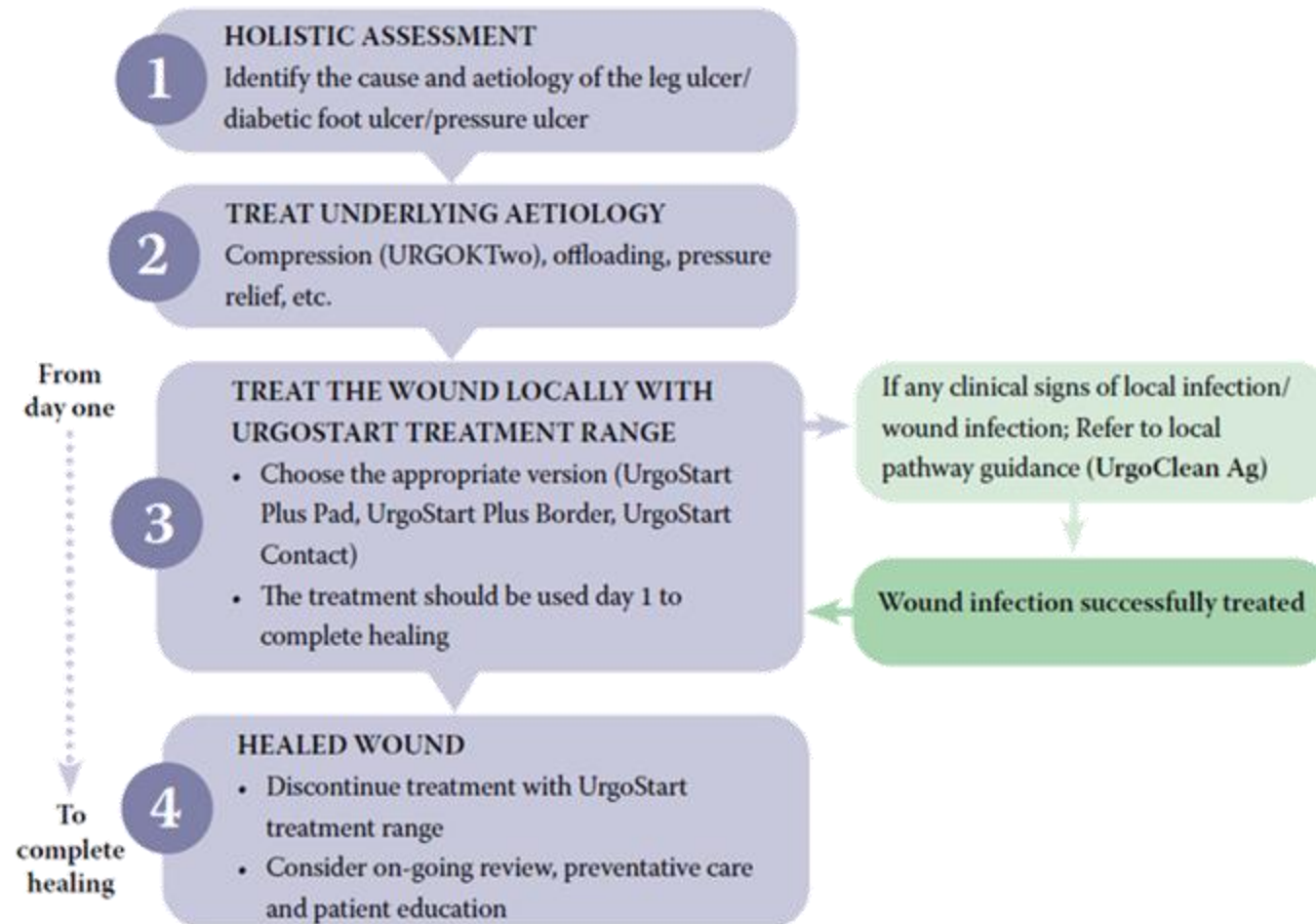
# REFERRAL PATHWAY



GP: general practitioner; PN: practice nurse; ABPI: Ankle–Brachial Pressure Index

(Tickle, 2021)

# URGOSTART TREATMENT PATHWAY



# CLINICAL 'WOUND TRACKER' CAPTURED THE FOLLOWING DATA FROM EACH PATIENT

- Age/gender
- Existing comorbidities
- Wound aetiology
- Duration of the wound
- Wound treatments
- Wound size and depth
- QoL score (using the Tickle QoL tool)

# WHAT RESULTS DID WE SEE?

# ALL OF OUR PATIENTS HEALED WITHIN 16 WEEKS



healed within six weeks

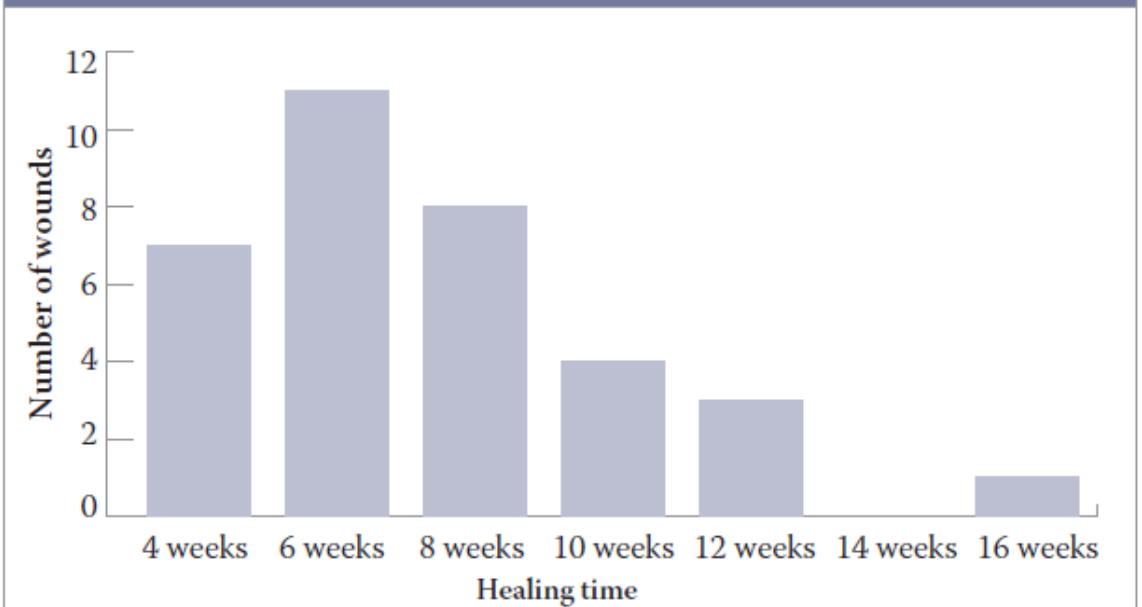


healed within 12 weeks



healed within 16 weeks

Figure 5. Wound healing time (34 wounds)



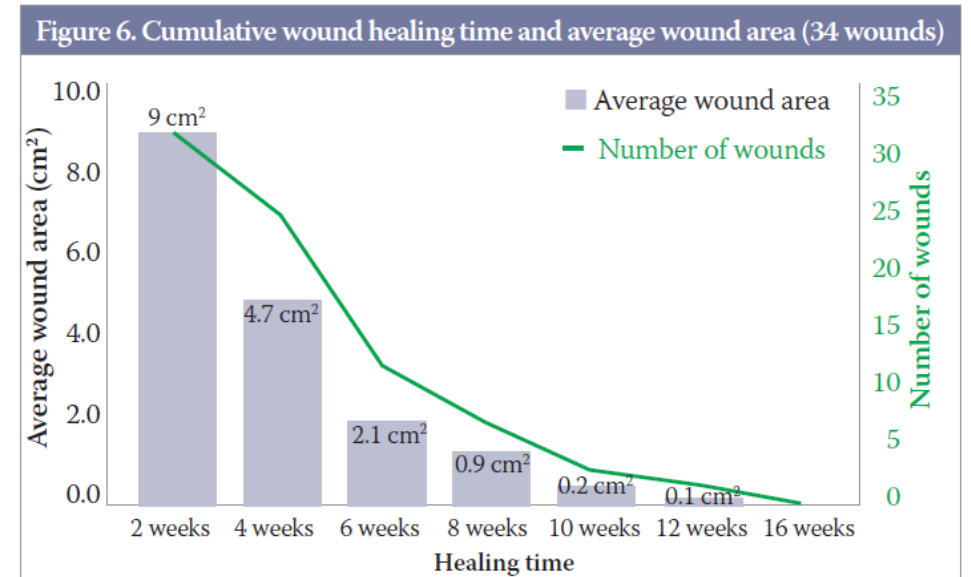
# WOUNDS RAPIDLY REDUCED IN SIZE

45%

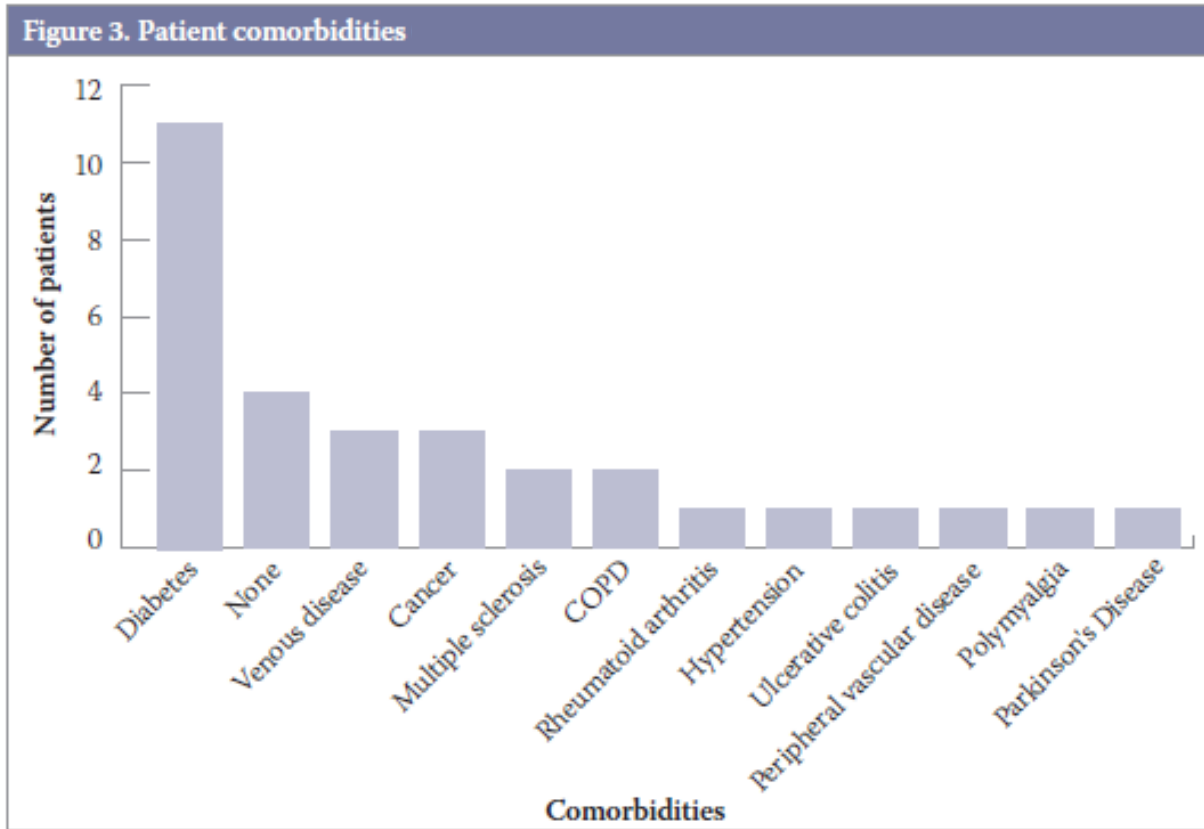
reduction in average wound surface area  
between week two and week four

57%

reduction in average wound surface area  
between week four and week six



# TRACKER GAVE US GREATER VISIBILITY OF COMORBIDITIES AFFECTING WOUND HEALING



We recorded a wide range of comorbidities



# WE ALSO SAW POSITIVE RESULTS ACROSS A RANGE OF OTHER CRITERIA

Pain  
scores

Average pain  
score reduced  
from 3.6 at week  
two to 0.9 by  
week six

Exudate  
volume

Significant  
improvement  
in exudate  
volume from  
week six

Surrounding  
skin

100% reduction  
in macerated  
periwound skin  
by week six

Quality of  
life

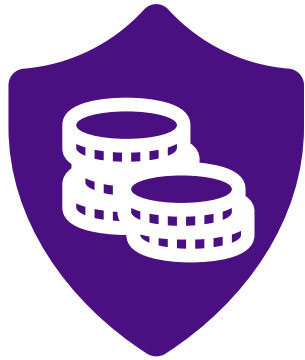
85%  
improvement  
in QoL score

# WHAT DID THIS MEAN FOR CLINICAL PRACTICE?



- Treatment pathways **standardised care and reduced variations in practice**
- **Increased staff confidence** in managing their patients' wounds with **evidence-based practice**
- Easy to use for staff and patients/family **supporting shared care**
- Increased patient/family **engagement and confidence** in their treatment

# AND TO THE ORGANISATIONS?



13 leg ulcers and three  
diabetic foot ulcers  
healed

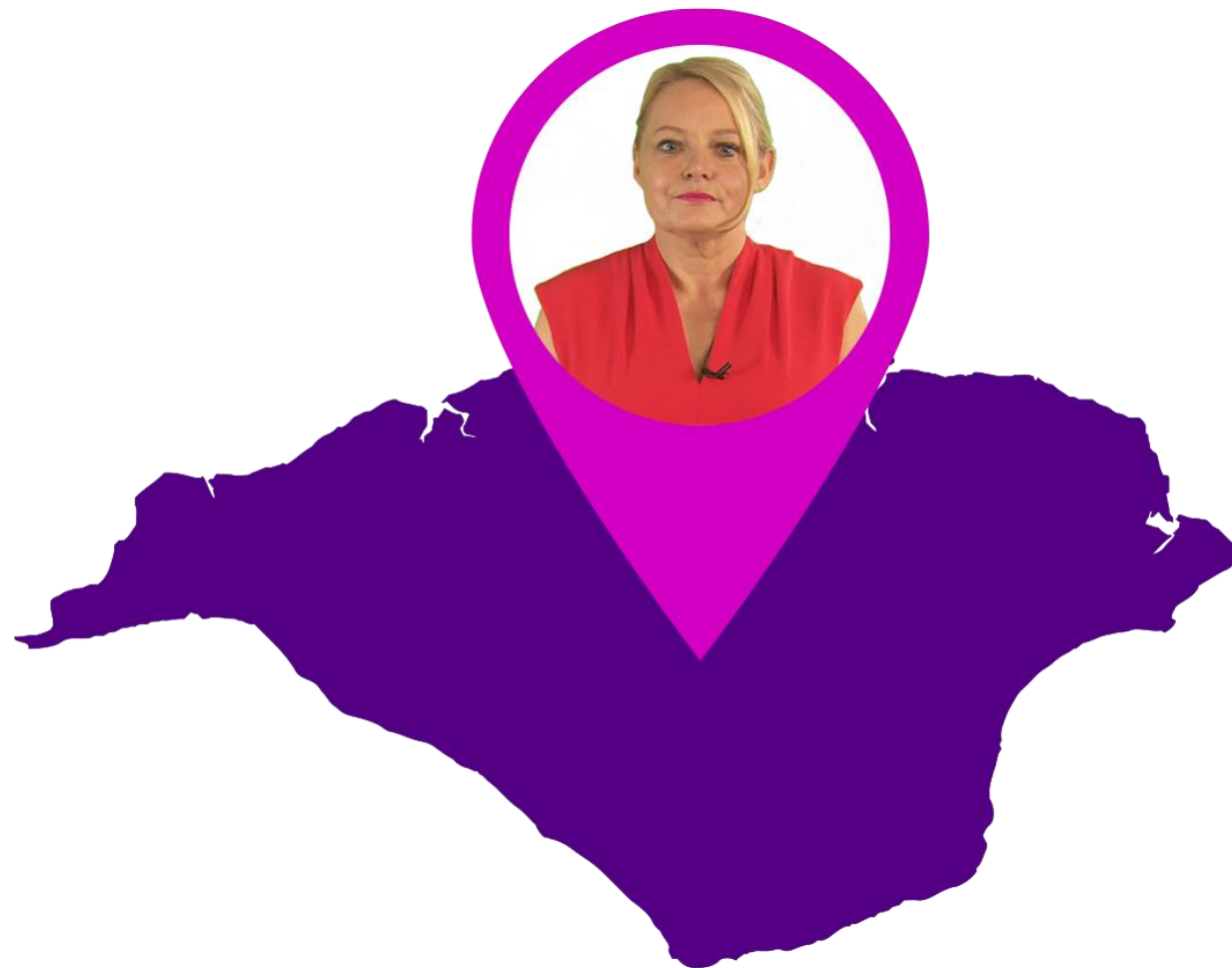
According to NICE  
(2019), the following  
savings were made:

$13 \times £541 = £7,033$

$3 \times £342 = £1,026$

- Cost-effective treatment for the patient
- Significant savings to the organisation
- Reduced dressing changes/shared care
- Improved healing outcomes

**HAVE CONFIDENCE  
IN LESSONS LEARNT**



**FROM SHROPSHIRE TO THE ISLE OF WIGHT**

# RETURNING PATIENTS TO HEALING: CASE STUDY 1

- Patient: 71-year-old female patient with a wound of four years' duration, which was causing her severe pain
- Past medical history: rheumatoid arthritis, hyperlipidaemia
- Social: retired, wife and grandmother

- QoL score: 45
- Pain score: 8
- Meds: non-steroidal anti-inflammatory drugs (NSAIDs), atorvastatin
- Previous treatments: multiple variations in wound treatment and courses of oral antibiotic therapy



# TREATING SIMPLE WOUNDS FROM DAY ONE

UrgoStart Plus for local treatment,  
UrgoKTwo reduced compression bandaging

**UrgoStart *plus***  
— Treatment Range

**UrgoKTwo**

Treatment  
implemented

- Cleansing and debridement
- UrgoStart Plus primary dressing
- Continued UrgoKTwo reduced compression bandage therapy for 16 weeks
- Followed by supported self-care: compression hosiery class 1. Healed at week 20

# EVIDENCE-BASED TREATMENT FROM DAY ONE

Evidence-based treatment from day one with the UrgoStart treatment range...



Healed by  
week 20

QoL score  
improved  
45 → 0

Pain score  
improved  
8 → 0



... leads to positive patient outcomes



# RETURNING PATIENTS TO HEALING: CASE STUDY 2

- Patient: 93-year-old male patient, with diabetic foot ulcer located on the toe of four weeks' duration
- Past medical history: diabetes, rectal cancer, B12 anaemia, diverticulitis
- Social: retired, lives in a residential care home

- QoL score: 20
- Pain score: 4
- Meds: bisoprolol, spironolactone, digoxin, B12
- Previous treatments: variations in wound treatment



# TREATING SIMPLE WOUNDS FROM DAY ONE

UrgoStart Plus for local treatment



Treatment  
implemented

- Cleansing and debridement
- UrgoStart Plus primary dressing
- Tubular retention toe dressing

# EVIDENCE-BASED TREATMENT FROM DAY ONE

Evidence-based treatment from day one with the UrgoStart treatment range...



Healed by  
week 4

QoL score  
improved  
20 → 0

Pain score  
improved  
4 → 0

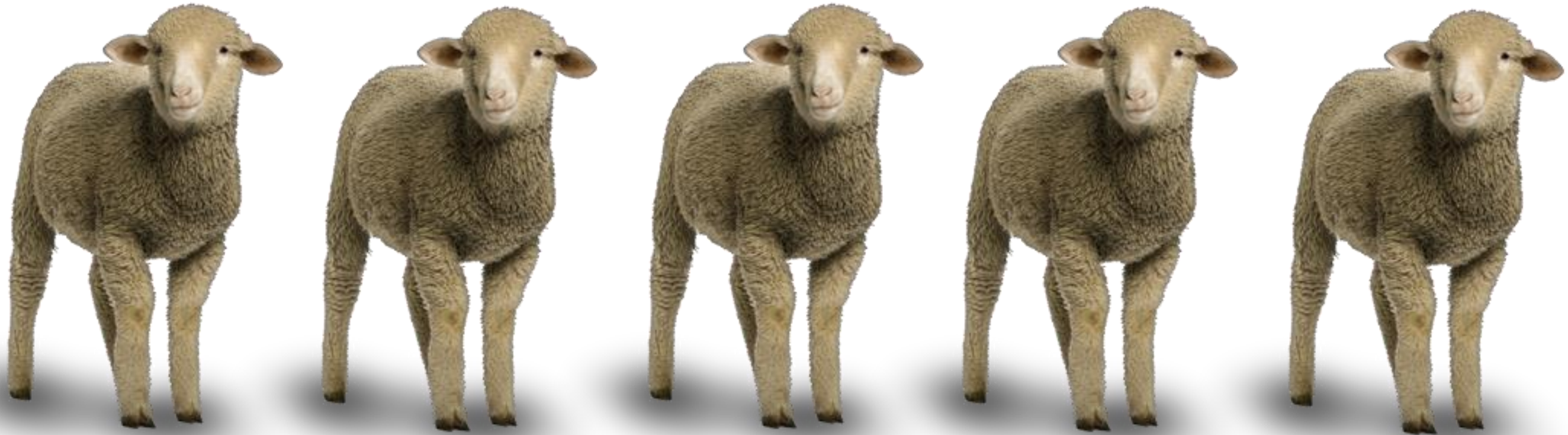


... leads to positive patient outcomes

# RECIPE FOR SUCCESS

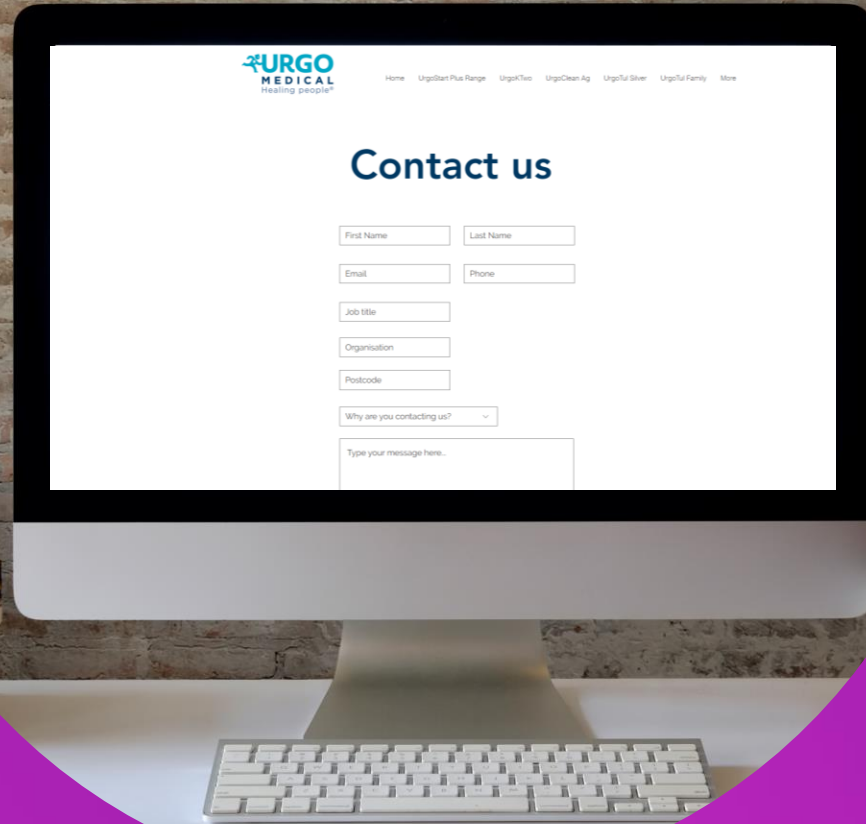
- We continue to implement a simple clinical assessment and treatment pathway
- We consistently implement evidence-based treatment: UrgoStart Plus treatment range in combination with multi-component compression systems (UrgoKTwo) and hosiery
- The pathway is aligned with the aims of NICE, the NWCSP and other national campaigns
- We robustly record clinical outcomes demonstrating consistency in care and return our patients to healing
- Creating local, real life, meaningful clinical evidence to support future service development

# YOU CAN DO IT TOO!



# FOR MORE INFORMATION

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The image shows a computer monitor displaying the URGO MEDICAL contact form. The form is titled "Contact us" and includes the following fields: First Name, Last Name, Email, Phone, Job title, Organisation, Postcode, a dropdown menu for "Why are you contacting us?", and a text area for "Type your message here..". The URGO MEDICAL logo is visible in the top left corner of the form.

# THANK YOU





# LIVE Q&A

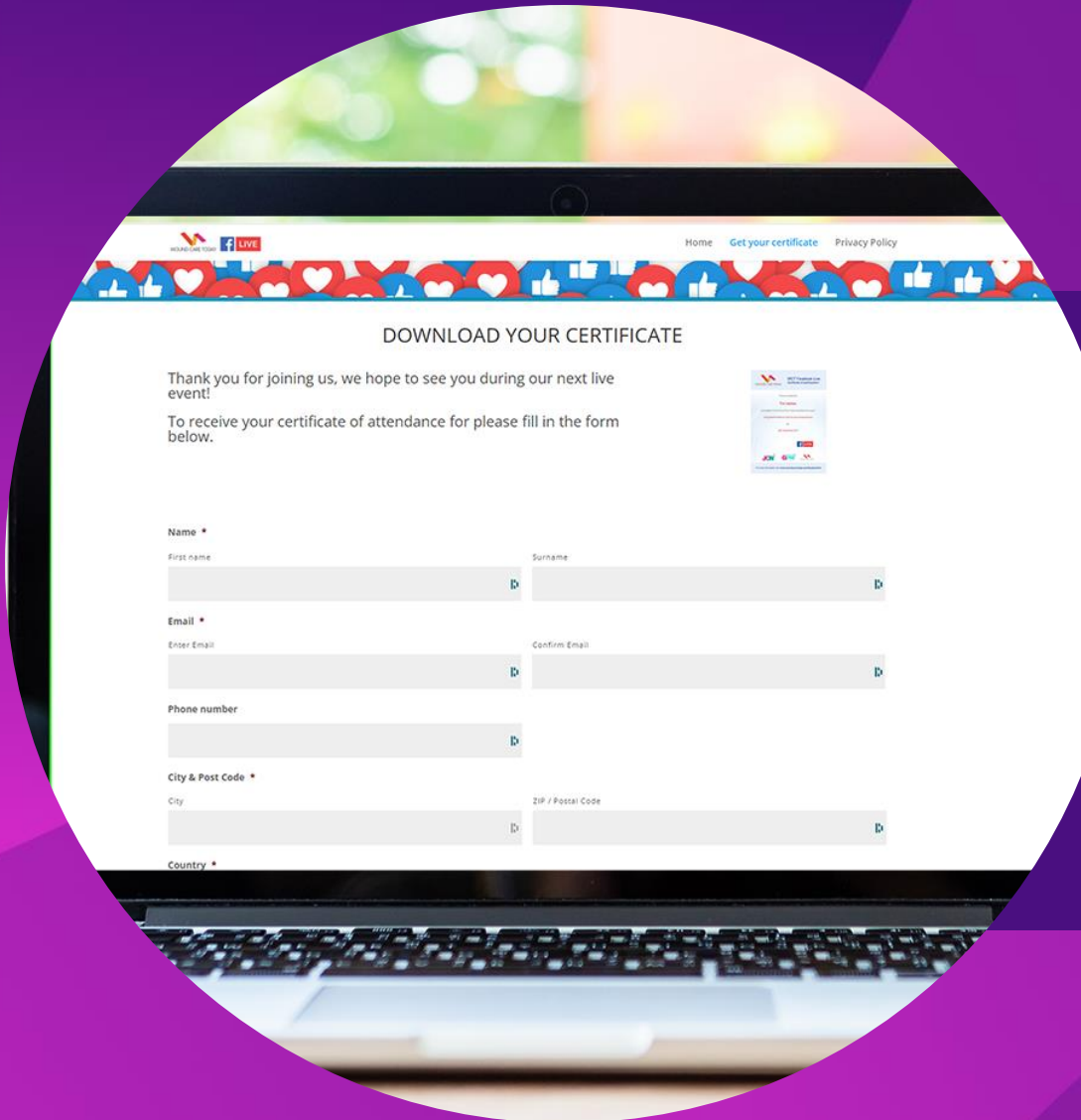
SEND IN YOUR QUESTIONS BY COMMENTING  
ON THE VIDEO



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