

WOUND CARE SHARED — A WIN-WIN?

**THURSDAY
3 JUNE
7.30-8.30**

FACEBOOK LIVE



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BY:



CLINICIAN ATTITUDES TO SHARED CARE AND PERCEPTIONS ON THE CURRENT EXTENT OF PATIENT ENGAGEMENT IN WOUND CARE

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OUTLINE

- Background
- Methods
- Results
- Discussion
- Conclusion
- Acknowledgements



The presenter is a paid consultant of Smith+Nephew.

Moore Z, Coggins T. (2021) Clinician attitudes to shared-care and perceptions on the current extent of patient engagement in wound care: Results of a clinician survey. *Wounds Int* 12(1): 48–53

WHAT DOES INVOLVING PEOPLE IN THEIR OWN CARE MEAN?

Involving people in their care and treatment means:

- Supporting people to manage their own health and wellbeing on a daily basis
- Supporting them to become involved, as much as they want or are able to, in decisions about their care
- Giving people choice and control over the healthcare services they receive
- Focusing on what matters to the individual within the context of their lives, not simply addressing a list of conditions or symptoms to be treated

WHAT HAPPENS WHEN WE DON'T INVOLVE PEOPLE?

Results in:

- Distress
- Loss of trust/ confidence
- Lack of compliance
- Inappropriate accessing of services
- Poorer health/ quality of life



HOW AND WHY PATIENTS SELF-TREAT CHRONIC WOUNDS

Average 64.6 years of age; 50% female (n=50), with a lower leg wound (80%)

Two most common reasons for self-treating:

- 'to be independent' (n=58, 58%)
- 'to do the treatment at a time that suited' (n=55, 56%)
- Only 22%* supervised regularly for wound care
- Only 6%** received education and training to support self-treatment

*n=22

**n=6

Total participation (n=100) i.e., 50% were female

The presenter is a paid consultant of Smith+Nephew.

Kapp S, Santamaria N (2017) How and why patients self-treat chronic wounds. *Int Wound J* 14: 1269–75.

BUT, SELF-TREATMENT...

Improved:

- **Physical wellbeing** because of better pain management and wound healing
- **Emotional wellbeing** because it helped to manage worry about infection and dissatisfaction with professional care

BUT, SELF-TREATMENT CONTINUED...

- Lessened the social consequences of the wound:
 - ✓ create an acceptable appearance
 - ✓ maintain their lifestyle and
 - ✓ minimise time receiving professional care
- Reduced financial cost of dressings and expense associated with professional care

METHODS

CLINICIAN ATTITUDES TO SHARED CARE

Aim was to explore:

- Current levels of patient engagement
- Attitudes to patient engagement

CLINICIAN ATTITUDES TO SHARED CARE

Qualitative research methodology:

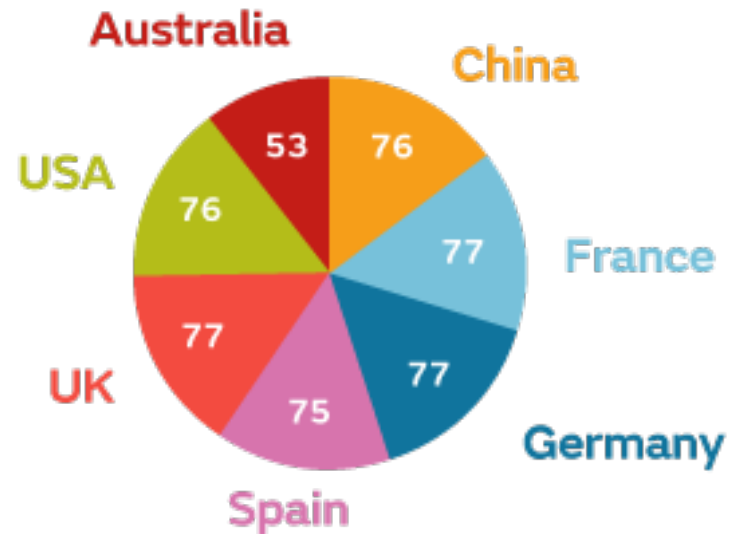
- Respondents recruited from a specialist healthcare panel: nurses, wound care nurses or GPs who regularly treat chronic wounds in a community setting
- One-hour interview
- Fieldwork conducted November / December 2020

RESULTS

CLINICIAN ATTITUDES TO SHARED CARE

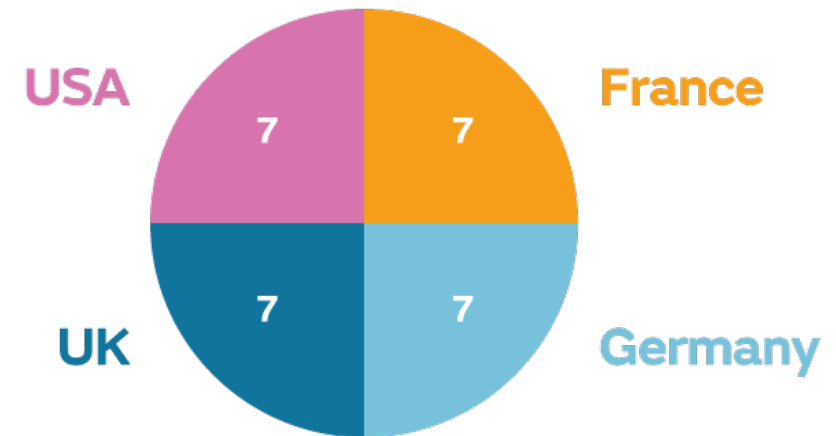
Quantitative results:

- 511 interviews



Qualitative results:

- 28 interviews



CLINICIAN ATTITUDES TO SHARED CARE

- 42% (n=213/511) were either very positive, or extremely positive about the concept of patient engagement
- 60% (n=306/511) agreed or strongly agreed that patient involvement is beneficial for patients who can participate in shared care
- Estimated that 45% of their patients with chronic wounds could benefit from greater involvement in their own care

CLINICIAN ATTITUDES TO SHARED CARE

Benefits to the patients (n=28 respondents):

Independence: patients are more in control of their own time

Increased compliance: patients are more likely to comply when part of decision making

Privacy: reduction of healthcare professional entering the home

Attitude: may feel more positive, empowered and enthusiastic about their care

CLINICIAN ATTITUDES TO SHARED CARE

Benefits to the patients (n=28 respondents):

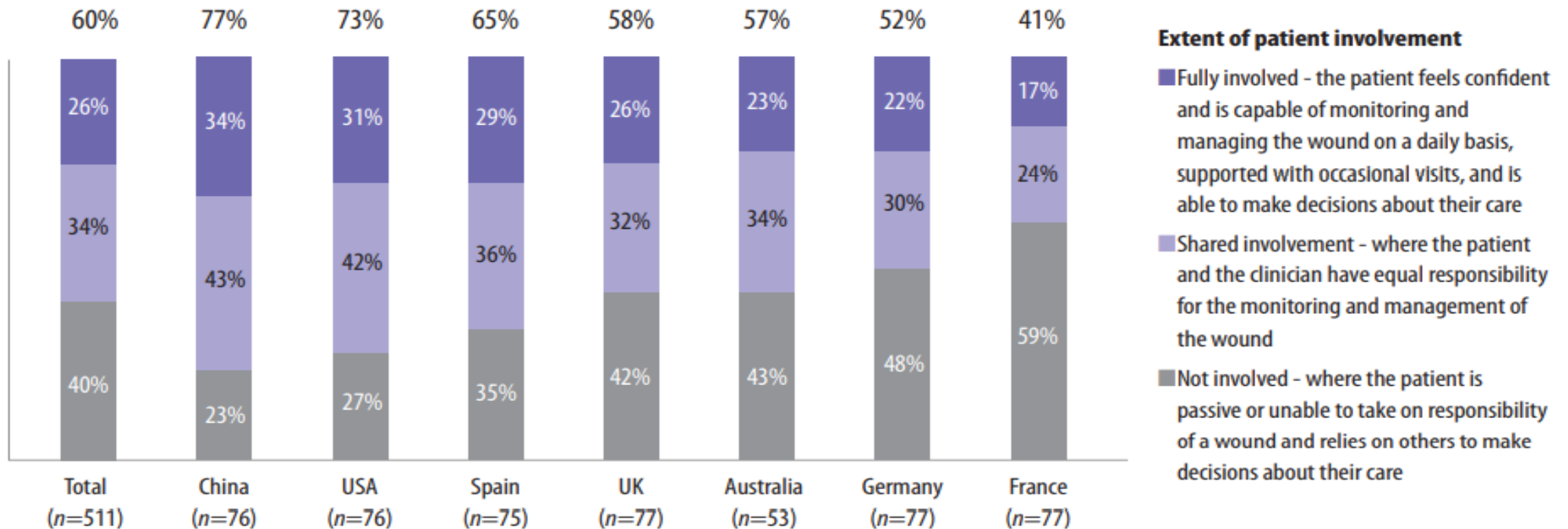
Timing: more time available for those who can't self-care/
share care

Cost: reduction if fewer visits and better outcomes

Relationship: stronger with the patient if more involved

Better reporting: patient more knowledgeable and aware of
symptoms to report

CLINICIAN ATTITUDES TO SHARED CARE



CLINICIAN ATTITUDES TO SHARED CARE

Drawbacks for patients (n=28 respondents):

- Lack of reassurance
- Increased likelihood of wound deterioration
- Lack of expertise
- Isolation

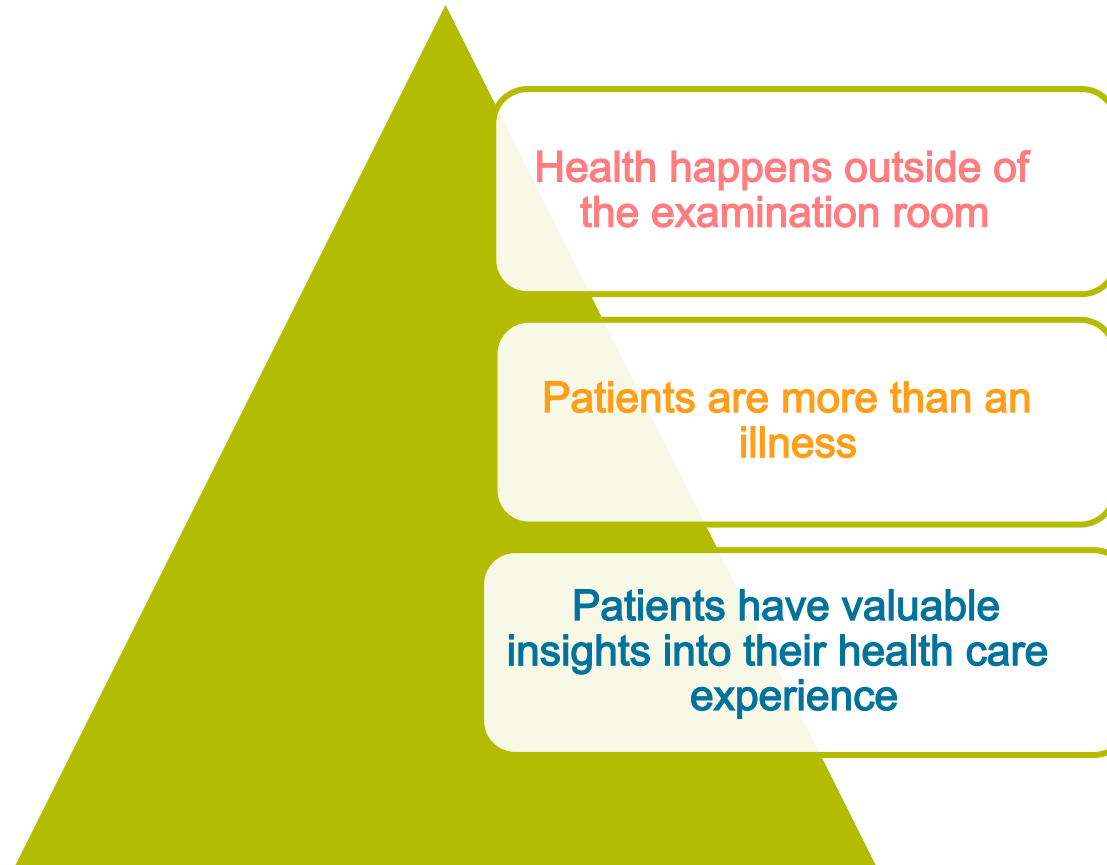
CLINICIAN ATTITUDES TO SHARED CARE

Drawbacks for clinicians (n=28 respondents):

- Timing and patient suitability
- Miss holistic issues
- Responsibility
- Negative emotional impact
- Loss of income

DISCUSSION

WHY DO IT?



HOW TO SUPPORT GREATER PATIENT ENGAGEMENT

1. Optimisation of communication with the patient

- Time is always the issue

2. Identification of the right patients

- Consider where patients sit on a 'self -care continuum'

3. Tools to encourage and support patient engagement

- Tools and checklists

CONCLUSION

HOW TO SUPPORT GREATER PATIENT ENGAGEMENT

- Patient engagement is an important concept
- Shared care does not mean less care for the patient
- Understanding the individual needs and extent to which patients are able to participate in shared-care is critical
- The future needs to focus on developing internationally agreed tools that can facilitate this process
- Education and training for all involved is essential

ACKNOWLEDGEMENTS

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Smith+Nephew , and conducted by The Nursery
Research and Planning.

OUR EXPERIENCE OF SHARED CARE

HEIDI SANDOZ

WHAT DID COVID-19 DO FOR US?



Image with permission from freepik.com

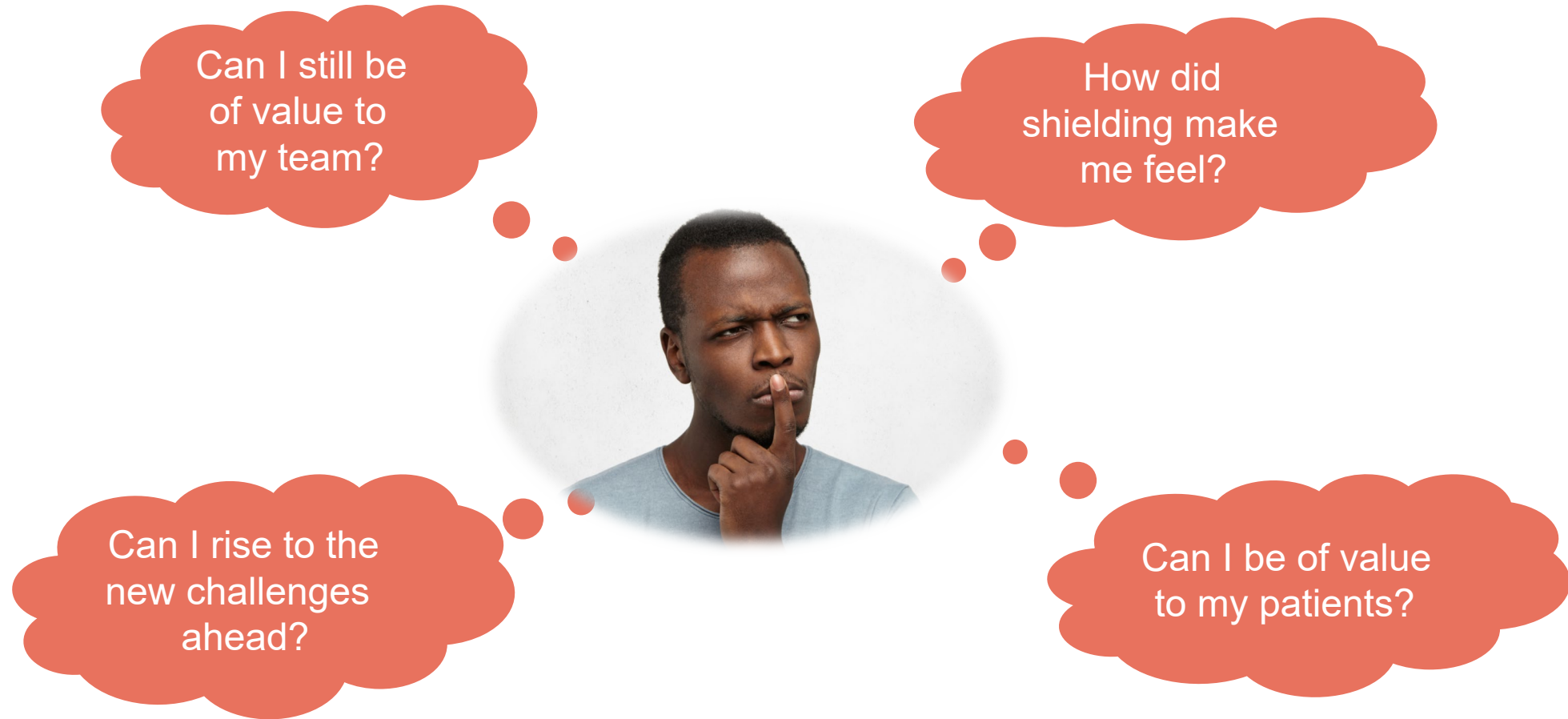


ADVOCATE





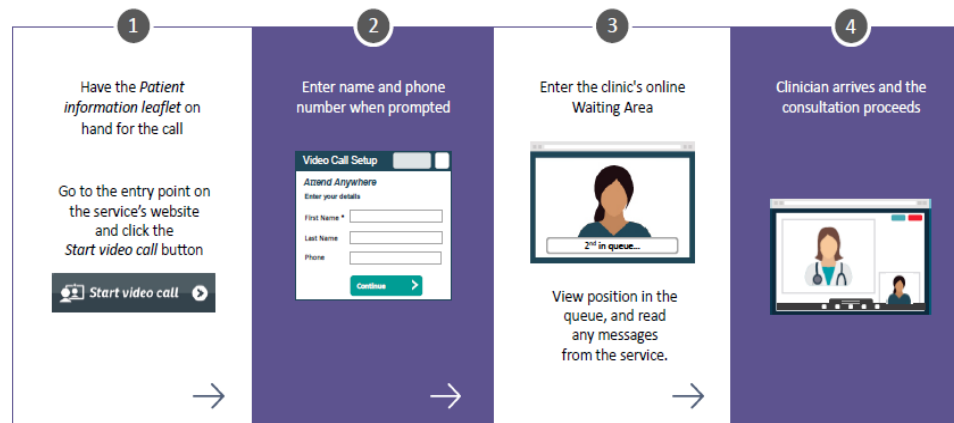
SHIELDING AND IMPACT ON STAFF



NEW CHALLENGES

Attend Anywhere: Attend a consultation

Quickstart



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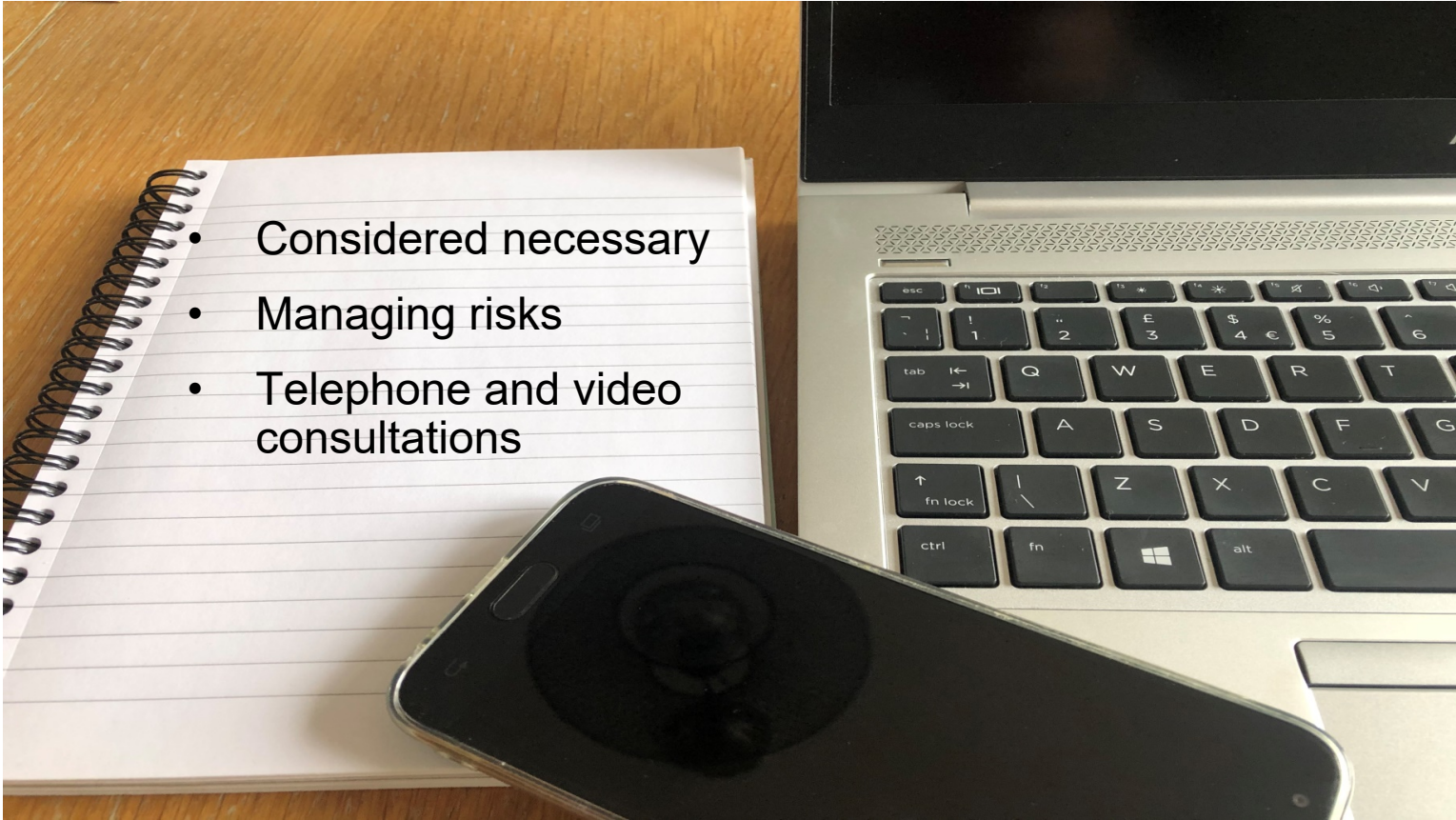
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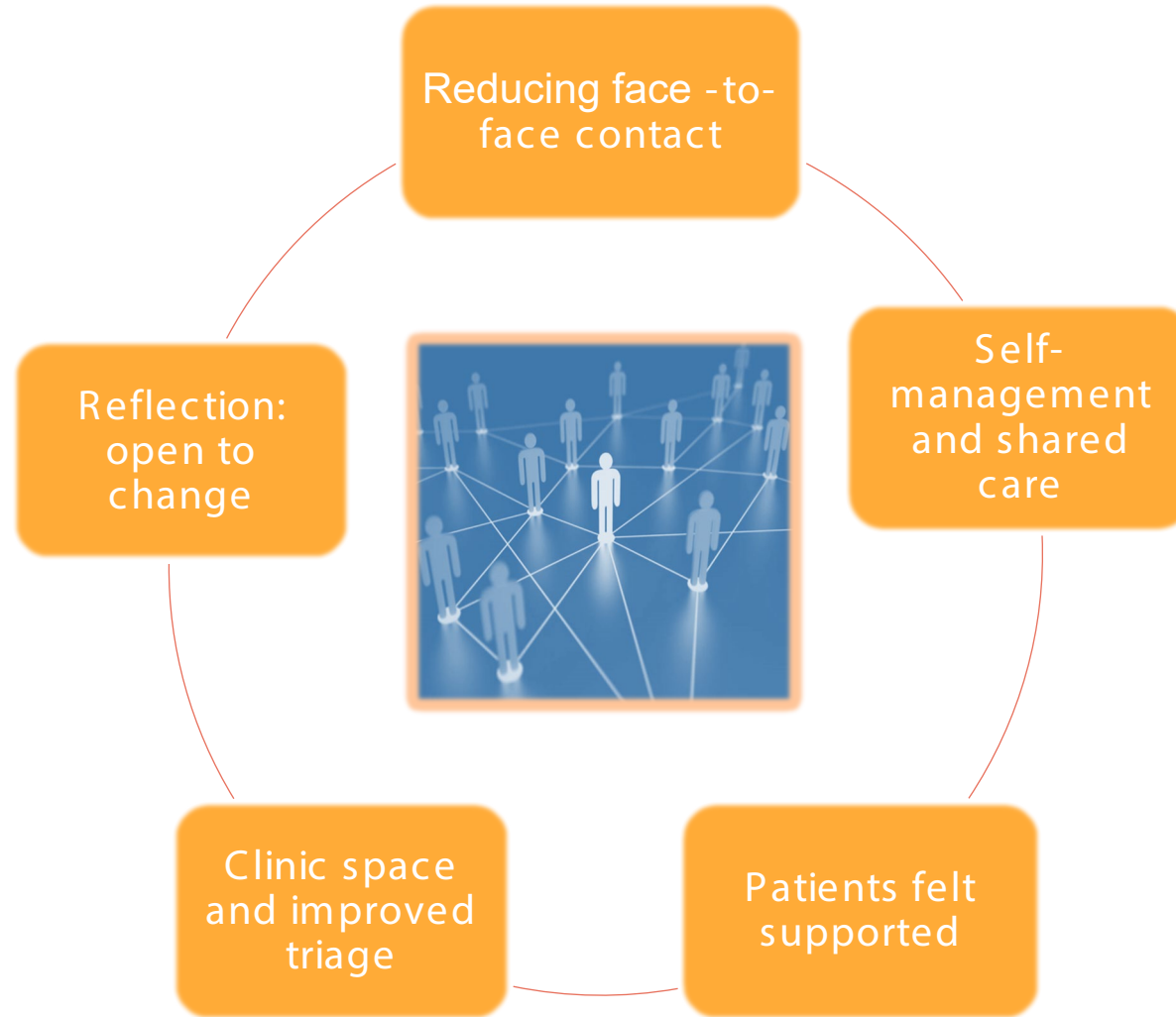
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IMPLEMENTING REMOTE CONSULTATIONS

- 
- Considered necessary
 - Managing risks
 - Telephone and video consultations

POSITIVES



NEGATIVES



WHAT HAS WORKED WELL?

Earlier appointments than would have normally been possible in clinics and nursing homes via tablet/ laptop

Earlier appointments than would have normally been possible in GP practices via patients' own phone

What has worked well?



Ability to follow up on community patients in their own home

Reduced travel time by reducing unnecessary travel

Reduced unnecessary physical contact during Covid-19

CASE STUDY



- 39-year-old gentleman
- History of diabetes
- Cirrhosis of the liver due to alcoholic liver disease. Abdominal ascites
- Renal failure — dialysing twice a week
- Depression
- Obesity

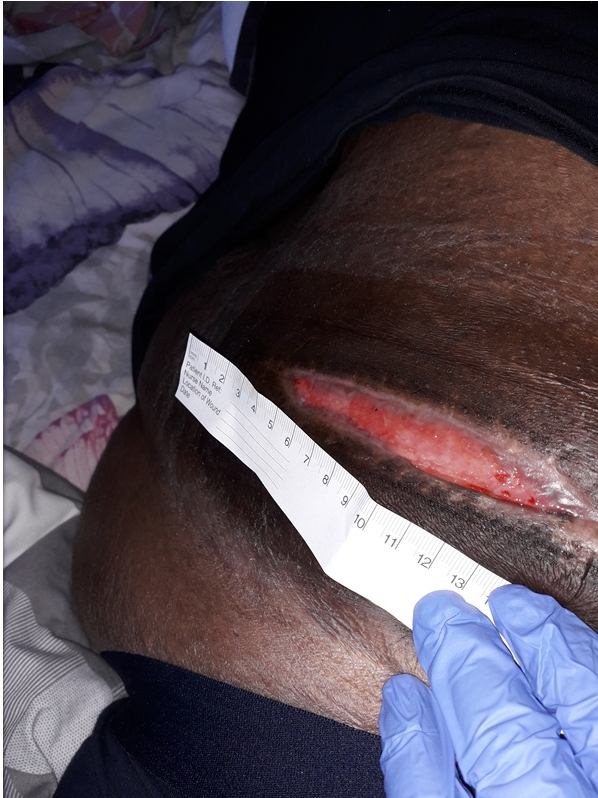
CASE STUDY

- Pelvis haematoma following a fall in February 2020
- Incision and drainage — started negative pressure wound therapy (NPWT) March 2020
- Discharged home April and was supported by the tissue viability nurse (TVN) team at home twice a week during Covid and two weeks changed from RENASYS™ GO NPWT to PICO™ 7 Single Use Negative Pressure Wound Therapy (sNPWT)

CASE STUDY

- Patient then carried out one dressing change per week following minimal training and with telephone support
- NPWT discontinued in May and moved to silicone foam dressings and supported care
- Healed June

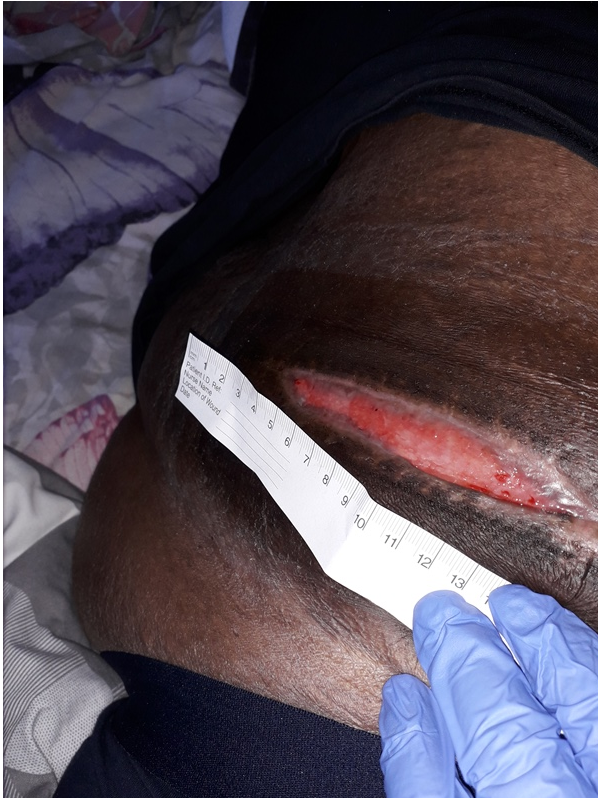
SUPPORTED CARE FOR A MONTH WITH VIRTUAL VIDEO/TELEPHONE CALLS UNTIL HEALING OCCURRED



Positives:

- Reduced nursing visits, limiting unnecessary physical contact
- Independence — was able to shower and change the dressing when suited
- The patient felt supported throughout the time until the wound healed. It was felt to be a positive experience

SUPPORTED CARE FOR A MONTH WITH VIRTUAL VIDEO/TELEPHONE CALLS UNTIL HEALING OCCURRED



Difficulties:

- Problems with getting a good connection at times
- Patient not connecting via the link as agreed so needing a follow -up phone call
- Video quality variable at times so could be difficult to view the wound

PICTURES



0–1000 video consultations across
the trust in first month

20,144 by end of September

PALMS service number 1 with 4,893

Leg ulcer number #20

ADOPT, ADAPT, ABANDON

- Extend video consultations to other care homes and community teams
- Develop plans to include in future supported care with patients/carers self managing in their own home or residential home setting
- Teams to maintain virtual consultations at some level
- Telephone support seems to be more popular at the moment

thank you

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ALLEVYN[®] LIFE Dressings with a **change indicator**, extended wear time ^{1,2*} and excellent exudate management ^{2-6**} **can help encourage patients to become more involved in their care.**



+ Your ALLEVYN[®] LIFE dressing reminder
A guide to managing your care
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With ALLEVYN[®] LIFE excess fluid from your wound is masked³, whilst also helping to keep potential leaks or odours locked away^{3,5,6}.

Here's a helpful diagram to show you when to get your dressing changed:

INDICATOR AT 0%	INDICATOR 50% FULL	INDICATOR 75% FULL
Everything's good, don't worry about changing your dressing at this point. The dressing can remain in place, with the exudate masked from view.	There's still no need to change your dressing but consider arranging an appointment with your medical professional, as appointment times and availability may vary.	When the change indicator is this full, it is time to change your dressing. Contact your medical professional to arrange a dressing change.

**Sign up for
your free
sample!**

*in comparison to standard dressings
**n=40

1. Joy H, Bielby A, Searle R. A collaborative project to enhance efficiency through dressing change practice. J Wound Care. 2015;24(7):314-317.
2. Simon D, Bielby A. A structured collaborative approach to appraise the clinical performance of a new product. Wounds UK. 2014;10(3):80-87.
3. Stephen-Haynes J, Bielby A, Searle R. The clinical performance of a silicone foam in an NHS community trust. JCN. 2013;27(5):50-59.
4. Rossington A, Drysdale K, Winter R. Clinical performance and positive impact on patient wellbeing of ALLEVYN LIFE. Wounds UK. 2013;9(4):94-95.
5. Smith+Nephew May 2016. New ALLEVYN Life Gen2 wcl - Physical Testing. Internal Report. DS/15/025/R.
6. Smith+Nephew 2012. Simulated Wound Model Testing of ALLEVYN Life and Mepilex Border. Internal Report. DS/12/130/DOF.

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