

**LIVE ON
FACEBOOK**

TRANSFORMING WOUND CARE — SAVING YOU TIME

30
APR **7:00PM**



The image features a decorative border with diagonal stripes in teal and white, framing a central white area. The text is centered within this white area.

Transforming wound care – saving you time

Learning objectives

- Why do we need to transform wound care?
- How do we transform wound care?
- Simplifying exudate management for wounds less than 2cm in depth
- Shared care pathway considerations
- Partnership working

Current challenges in wound care



- Demographics
- Wound prevalence
- Funding & staffing
 - Covid-19

Community nurses: 14% since 2009¹

District nurses: 45% since 2009¹

Funding to NHS trusts for community services fell by 4%²

The impact of chronic wounds

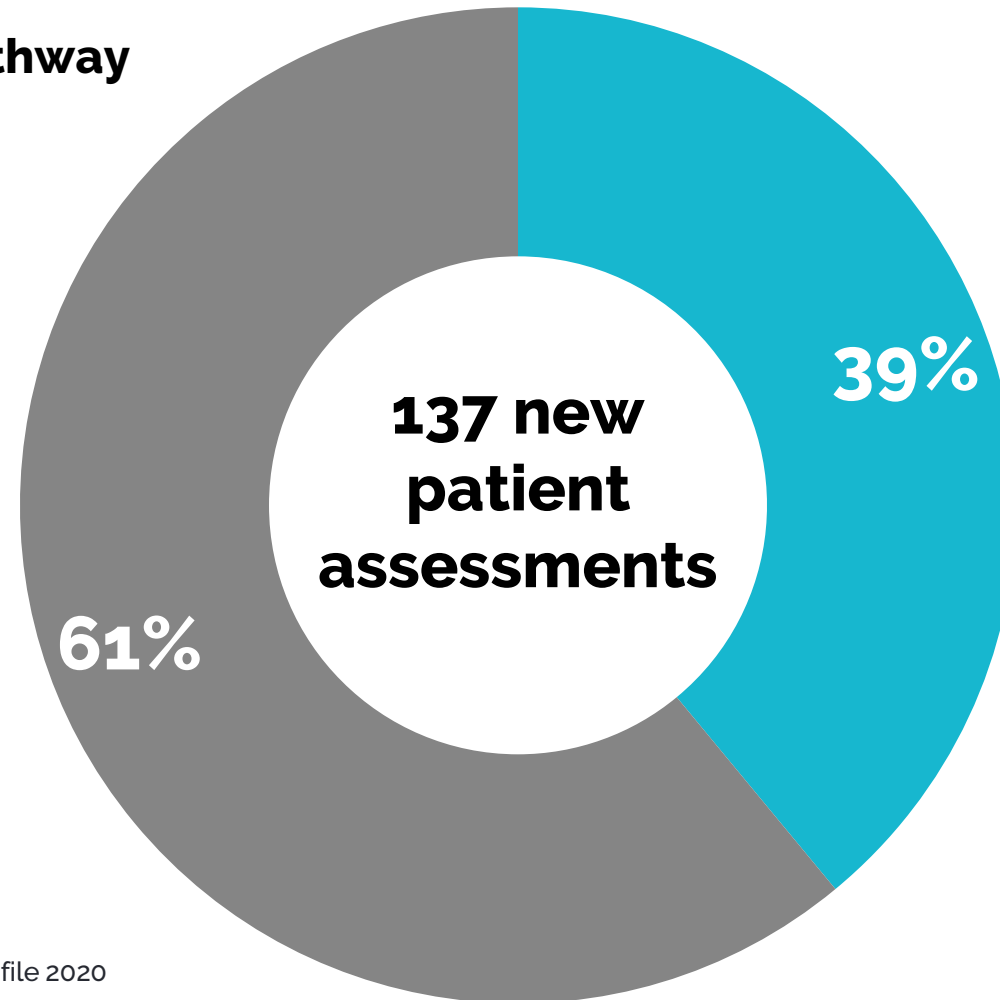
Projected annual NHS cost
of wound management at
11% growth³



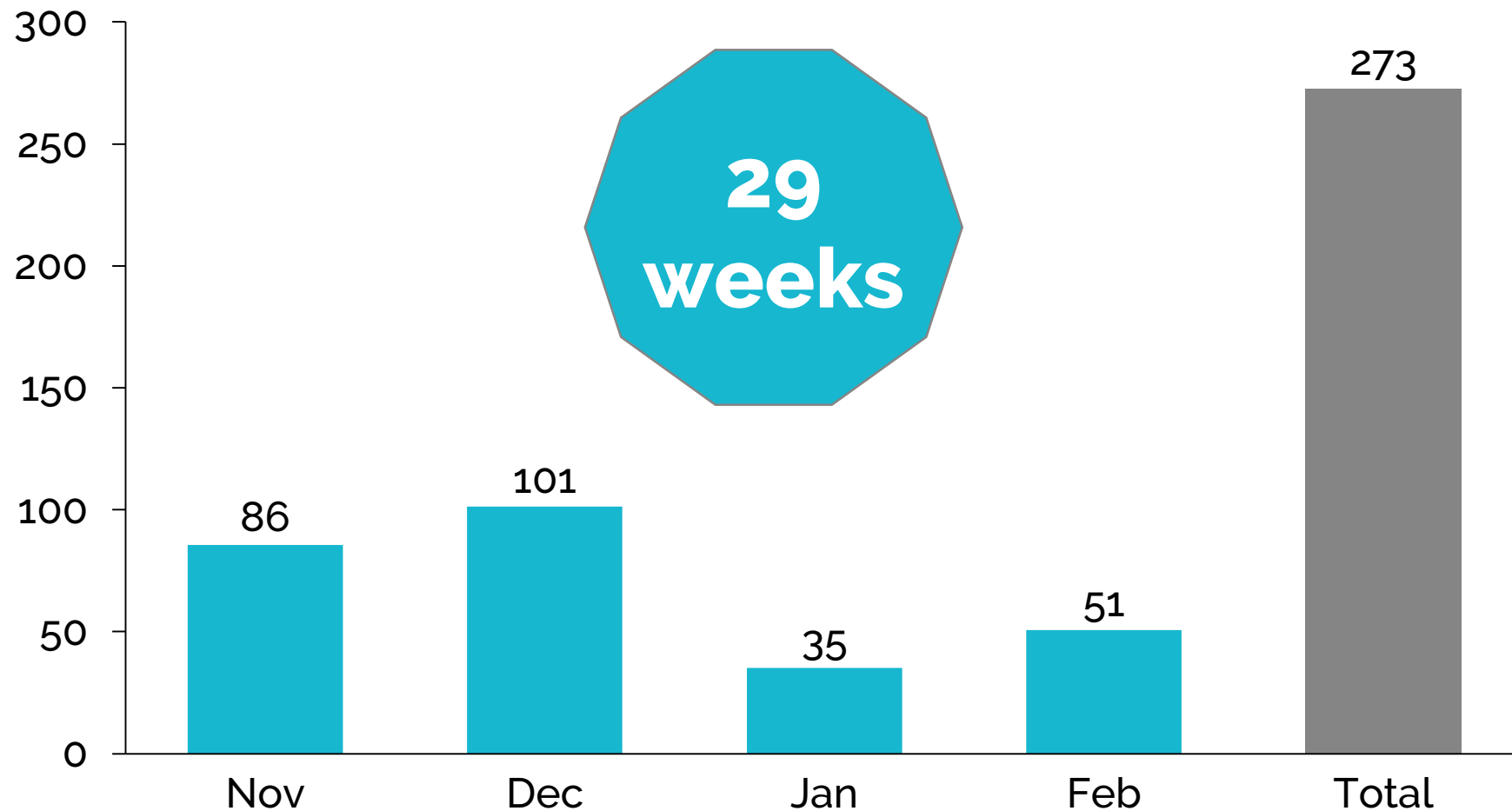
**Are your
resources
increasing at
11% annually?**

Preliminary data from MPFT4

- Self/shared care pathway
- Other



District nurse time savings achieved (hours) ⁴



Patient feedback⁴

“Enjoying the flexibility of self-care and appreciate the fact that my wound can be reviewed on the same or next day if I have any concerns”

“It's allowed me to return to work”

Healthcare professional feedback⁴

“The recent set up of an assessment clinic in MPFT and the promotion of self/shared care for patients coming through the clinic has resulted in timely diagnosis and reduced visits required by the community nurse. It has also given the patient flexibility and confidence to manage their wounds”



All wounds have cavities and gaps



Wound with open tendon



Sacral pressure ulcer



Postoperative wound



Deep wound with slough



Superficial wound with sloughy tissue



Wound with granulation tissue



Venous leg ulcer with rolled edges



Pilonidal sinus wound



The challenge of the Wound Gap

Challenges of The Gap for patients




Flemming, wound patient, Denmark

“The skin can within a short period of time be significantly damaged due to unwanted wound exudate. And exudate is highly painful.”

This means that absorption of exudate is the most essential for me as a patient.”

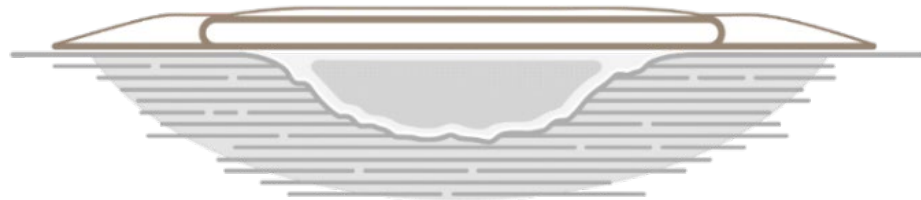
Managing The Gap is also key for healthcare professionals

96% 

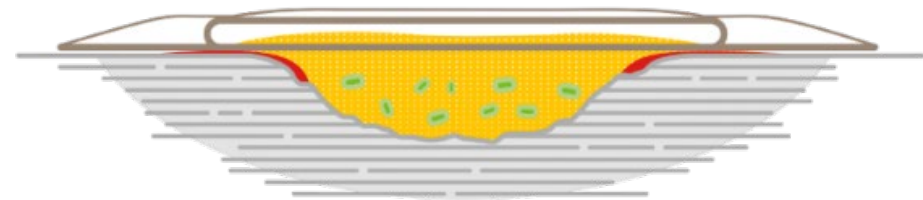
of HCPs agree that effective management of wound exudate is one of the best ways to promote an optimal healing environment⁵



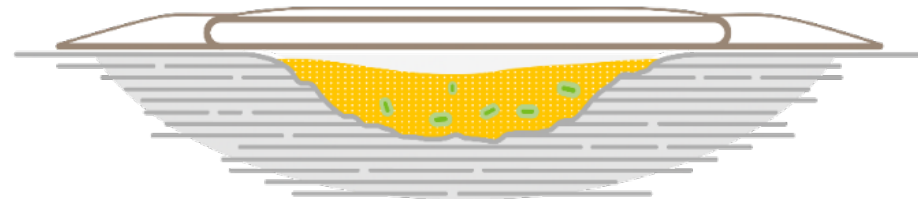
When a dressing doesn't fit perfectly, a Gap can form underneath it



Gaps create space for exudate pooling



If exudate leaks onto the wound edges and periwound skin, they will become macerated, which will delay wound healing



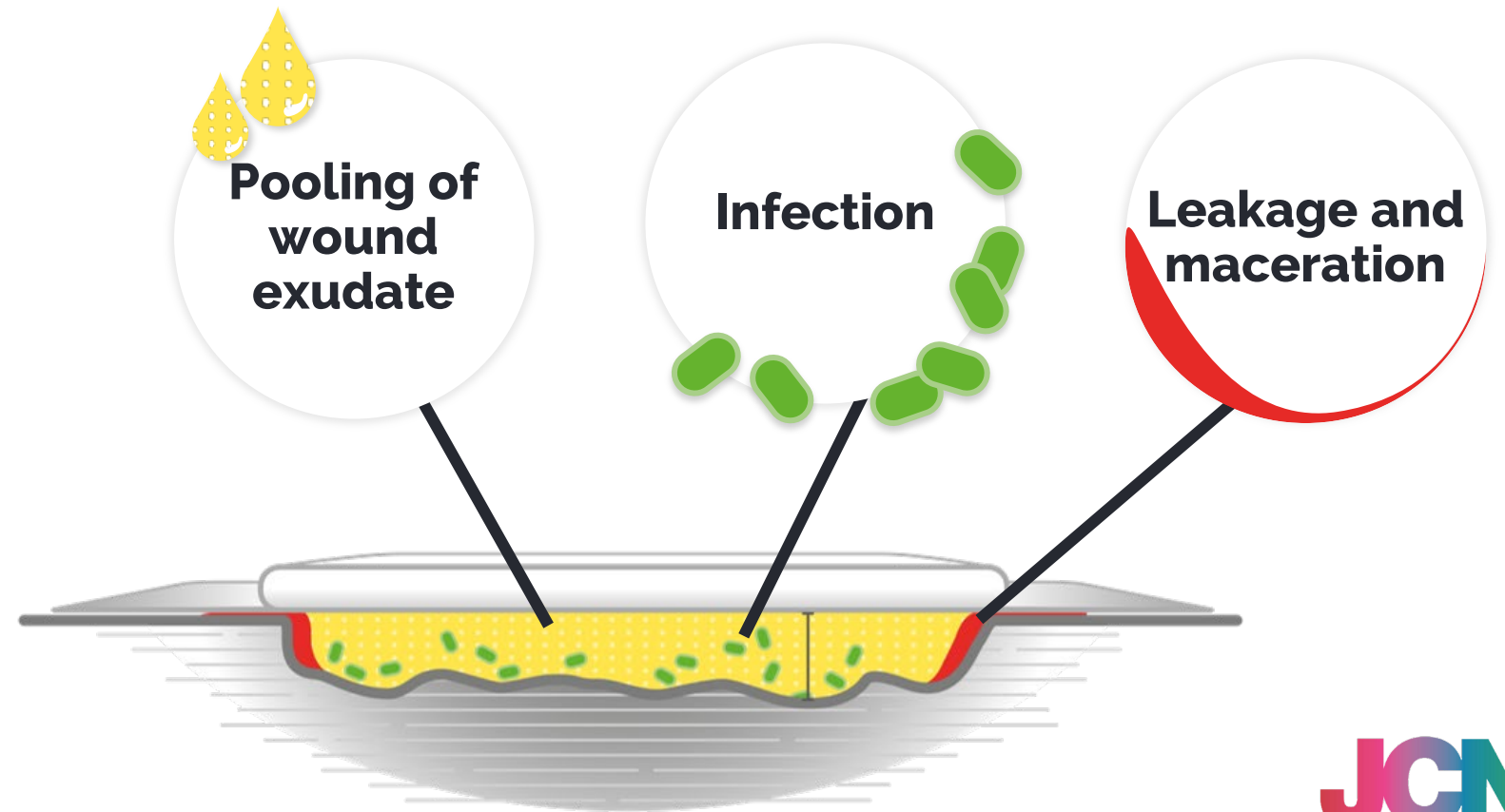
Pools of exudate may lead to bacterial growth and the risk of infection

If The Gap is not managed optimally...

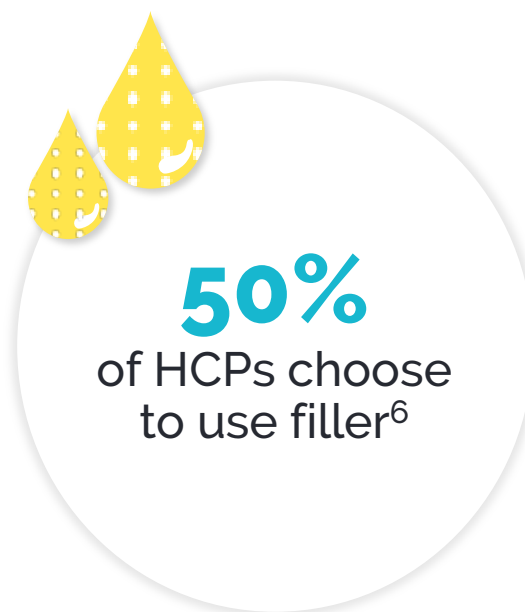
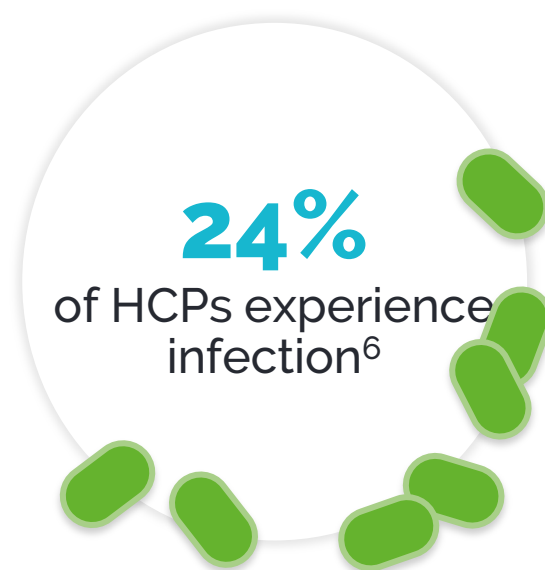
... Pools of exudate may occur and start a cascade of challenges

91%

of HCPs face challenges with exudate pooling, infection, leakage and/or maceration⁶



Challenges of The Gap and current practice⁶





Simplifying practice and supporting cost efficiencies

“Not all foams are the same. Some are better than others. The right dressing reduces the pain, which is making it easier and more appealing to live an active life.”



Flemming, wound patient, Denmark

Poll question

Q1. What is the average depth of a pressure ulcer?

Q2. Would you use a filler and secondary dressing on this wound?

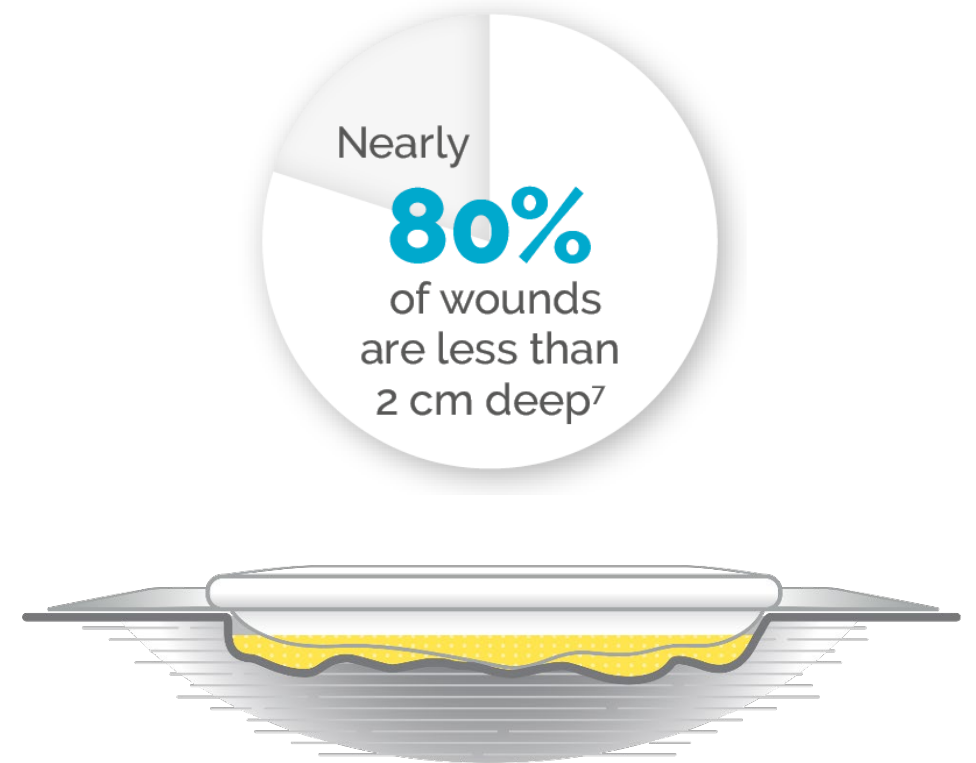
Send us your answers in the poll on screen now



Do you always need a filler to manage The Gap?

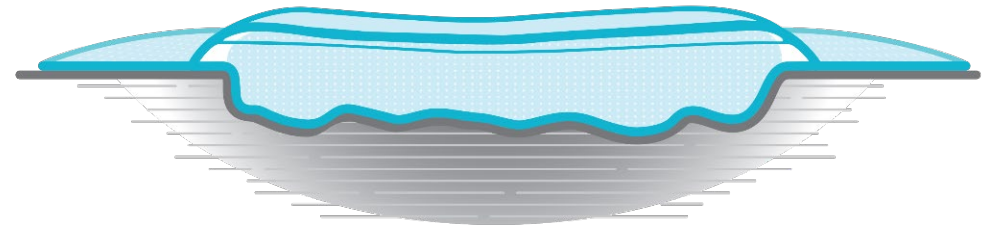
Unnecessary use of fillers drives up treatment costs

Fillers are sometimes used to fill the gap, even in cases where it is less than 2cm. This may drive up the total cost of treatment⁷



Managing The Gap with a conforming dressing

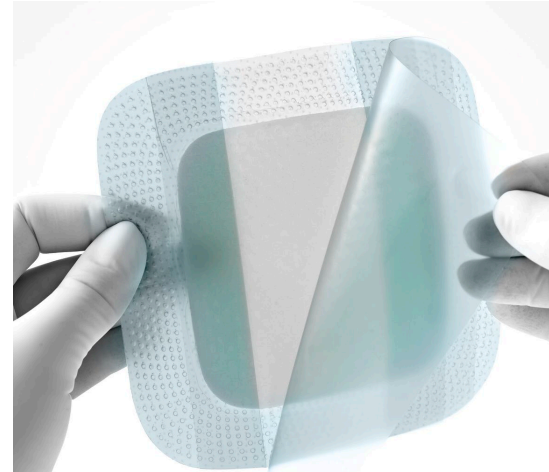
“In the context of a wound dressing, conformability means that it should follow the contours of the surface of the wound, or the surrounding skin in such a way that there is close apposition of the interface of the dressing to the tissues.”⁸



Norma – living with a leg ulcer



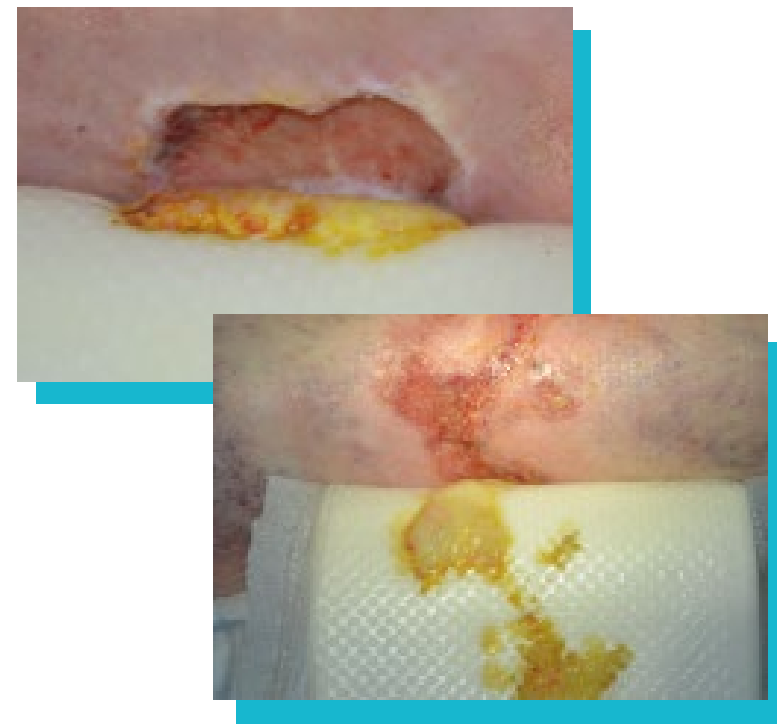
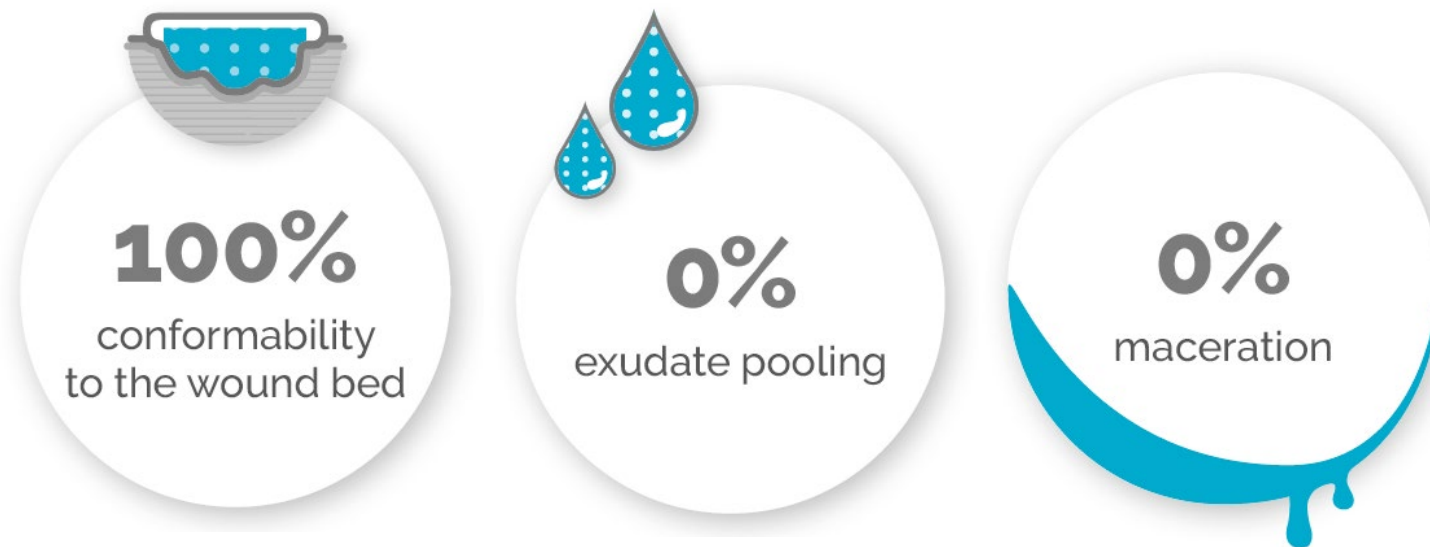
Norma, venous leg ulcer patient



"It's an excellent dressing, it's so easy you can do it yourself. It gives you the independence to look after yourself"

3DFit Technology[®] transforming clinical practice

Results from a 104-patient case study⁹



Biatain Silicone with 3DFit Technology®

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



Absorbs vertically
to create optimal healing
conditions



Conforms to the wound bed
up to 2cm in depth¹⁰ and
stops exudate pooling
before it starts



Retains exudate & 99.98%
of bacteria¹¹
to reduce the risk of
leakage and infection

In-vivo demonstration

PLAY IN-VIVO VIDEO HERE



Supporting the need for shared-care

Shared Care Testimonial

“The outcomes that have been achieved are phenomenal and demonstrate shared benefits in many ways from patient empowerment to ownership of their condition, to cost savings for providers”

Kelly Buxey, integrated specialist nurse lead, ACE

Simplifying wound care for your patients

Empower your patients to...

Share their care



Shared care considerations



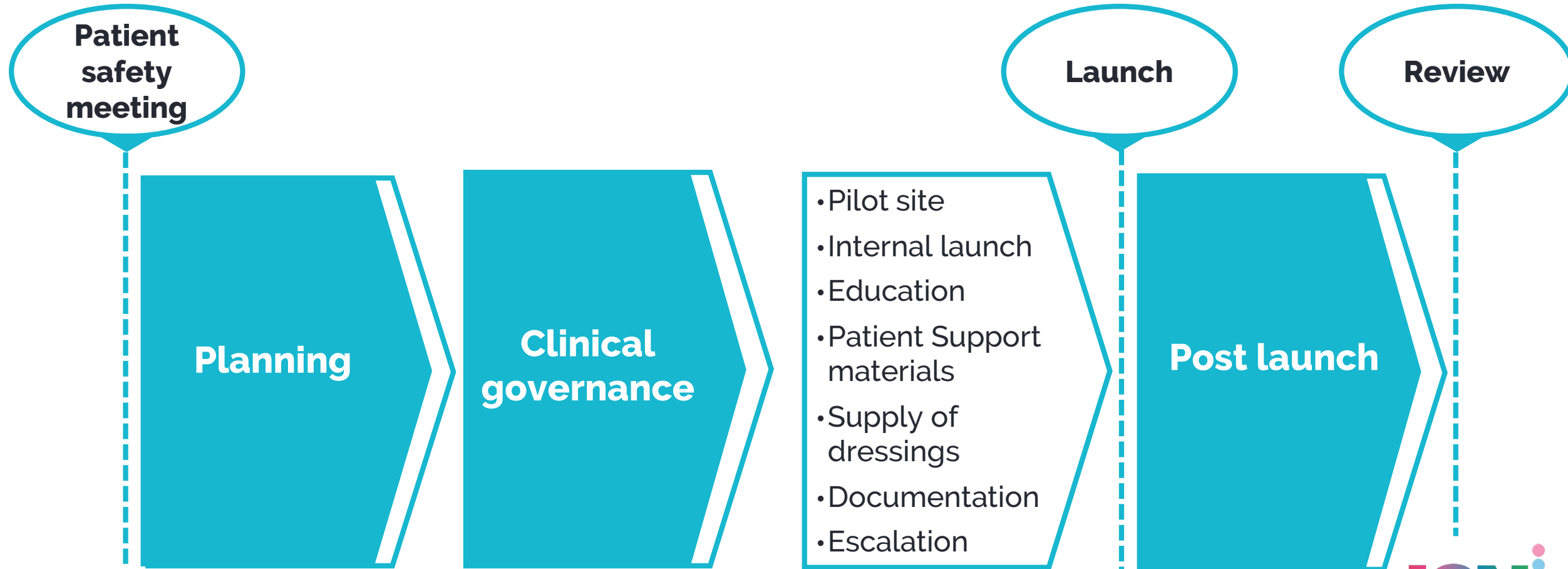
Shared care considerations



Shared care considerations



Shared care considerations




Shared care considerations



Patient support materials

Shared Care Inclusion Criteria



Mental Capacity

- Has mental capacity and is able to give informed consent and act in their best interests to facilitate care
- Is concordant with treatment

Physical Health

- The patient is physically able to undertake the procedure on their behalf
- Clinician has observed patient self-care with appropriate assistance

Wound

- Wound is not infected
- Wound is not deteriorating

Product

- Wound is superficial or 0-2cm in depth and width
- Clinician assessing has deemed in clinical need
- Patient has agreed based on the above criteria and date

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Patient/Carer wound care competencies

Criteria	Competence Demonstrated?	Assessor Initials
Hand hygiene and clean technique?	<input type="checkbox"/>	_____
Understand how to change dressing?	<input type="checkbox"/>	_____
Understands the signs and symptoms of wound deterioration? (increased pain, redness, size, wetness, heat, swelling and smell, or deterioration of colour of the surrounding skin)	<input type="checkbox"/>	_____
Understand when and where to report any problem?	<input type="checkbox"/>	_____

About the patient's wound care

Wound type: _____

Dressing: Elastin Silicone Other (Please Specify): _____

Dressing size: _____

Quantity of dressings: _____

Frequency of dressing change: Daily Every other day Twice weekly Weekly

Recommended day for dressing change(s):
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Wound care plan: _____

Agreed reassessment date & time: _____

Clinician Signature: _____ Date: ____/____/____
Patient Signature: _____ Date: ____/____/____

Coloplast

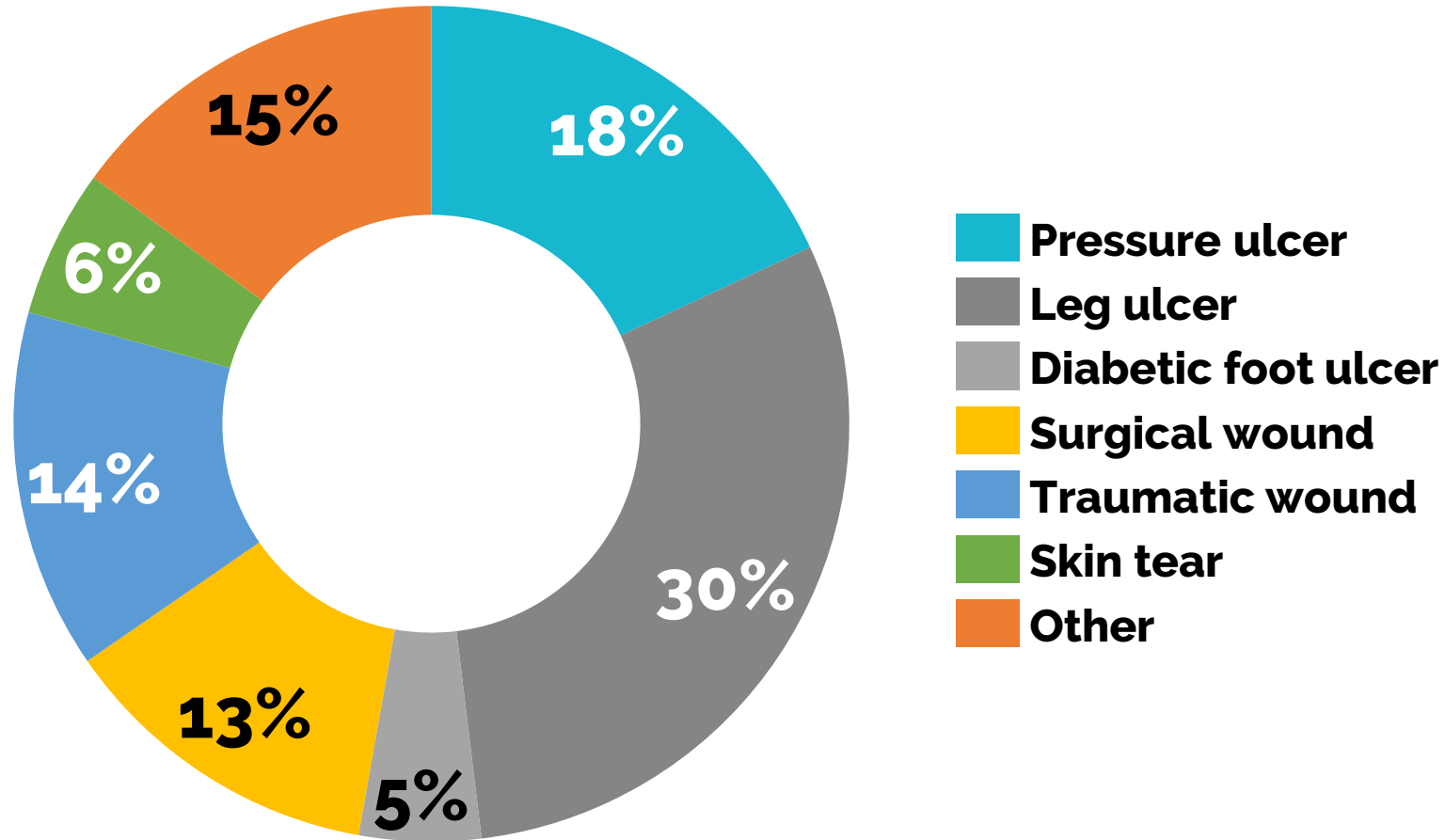
- Mental capacity
- Physical health
- Wound eligibility criteria
- Patient consent
- Demonstrated competencies
- Wound care plan

Other resource materials



- Self care for wounds – patient Diary
- Compression therapy for leg ulcers
- Looking after your wound
- Looking after a skin-tear
- Podcasts
- Wound care essentials during Covid-19

What's your caseload like?¹²



Average wound depth¹³
Venous leg ulcer: 0.46 cm
Pressure ulcer: 1.06 cm
Post operative: 1.4 cm

In summary

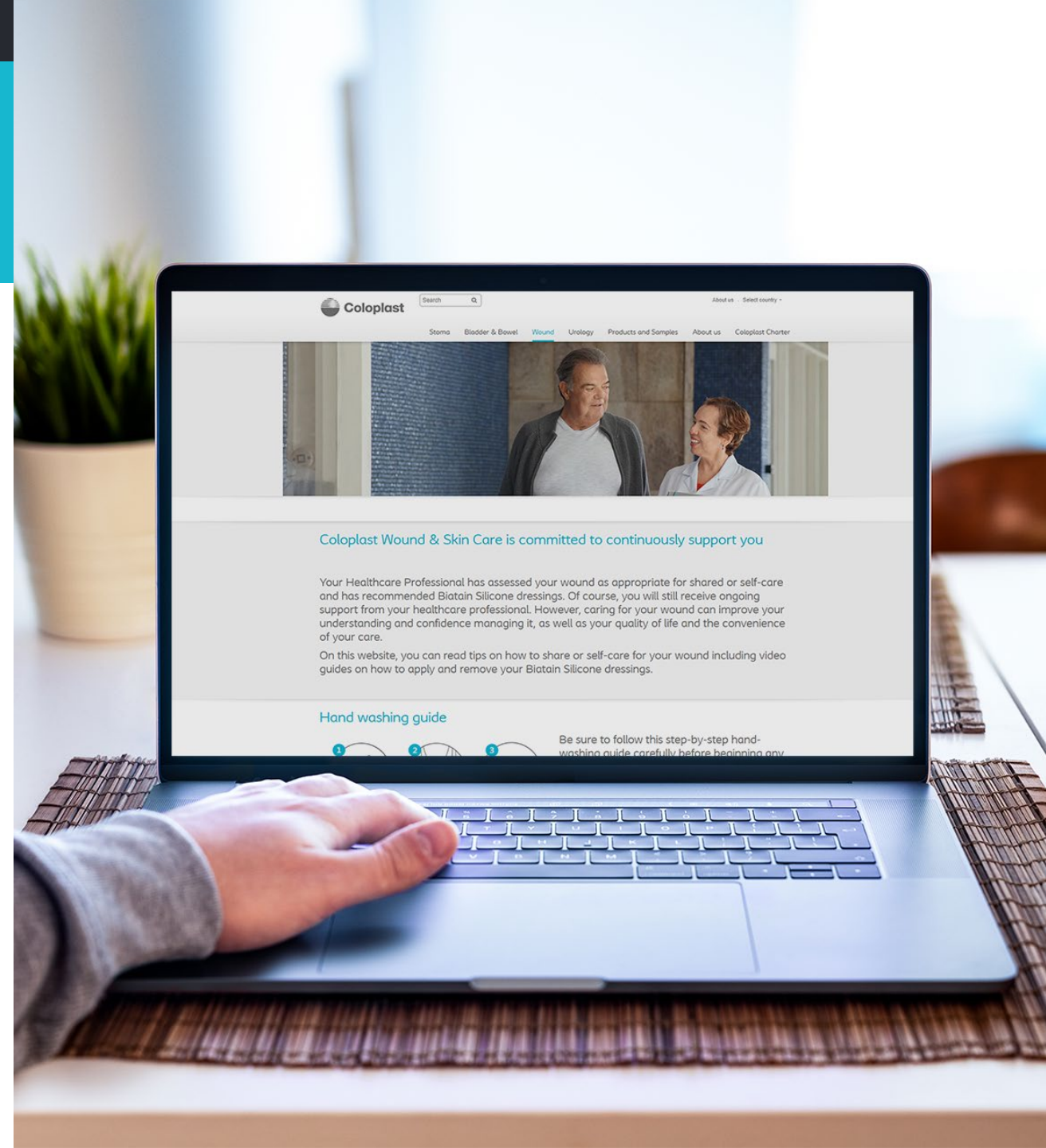
To overcome significant variations in wound care, there needs to be transformation towards¹³:

- Open collaboration – share best practice to improve patient outcomes
- Resource optimisation
- Partnership working with industry who can support high quality education in wound management
- Use of evidence-based clinical practice and technology

Resources

For further self-care resources visit:

[www.coloplast.co.uk/
shared-care-support](http://www.coloplast.co.uk/shared-care-support)



TO ACCESS YOUR CERTIFICATE VISIT:



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