LIVE ON FACEBOOK

TRANSFORMING WOUND CARE — SAVING YOU TIME











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



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

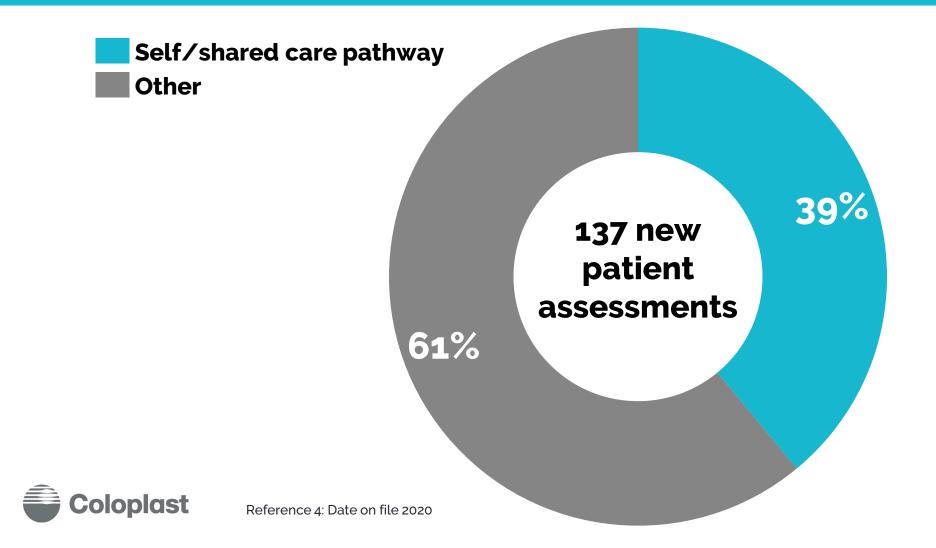


Are your resources increasing at 11% annually?





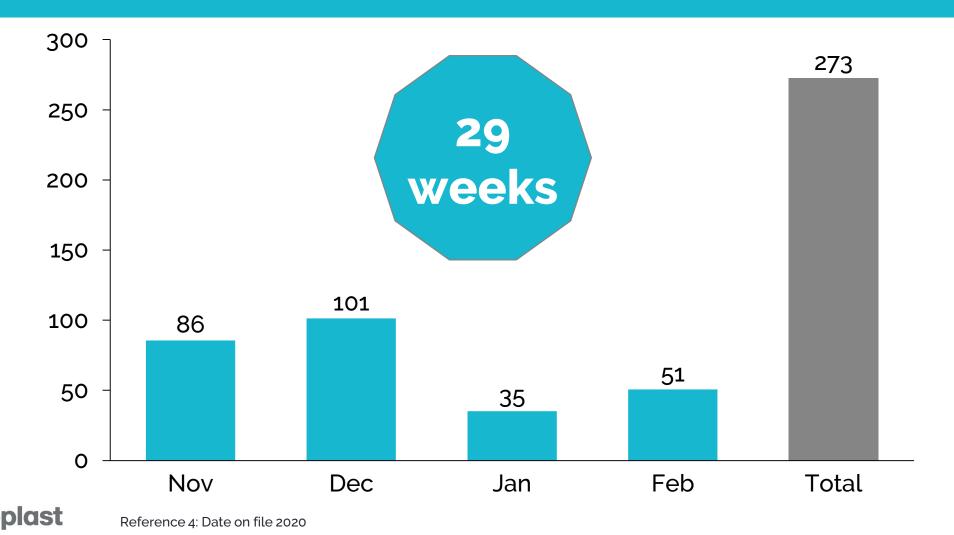
Preliminary data from MPFT4







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"

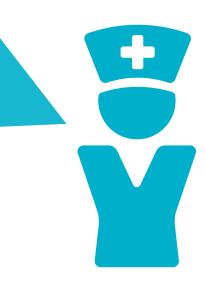
"It's allowed me to return to work"





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



Superficial wound with sloughy tissue



Sacral pressure ulcer



Wound with granulation tissue



Postoperative wound



Venous leg ulcer with rolled edges



Deep wound with slough



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



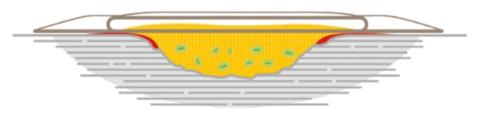




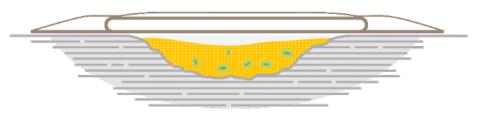
When a dressing doesn't fit perfectly, a Gap can form underneath it



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



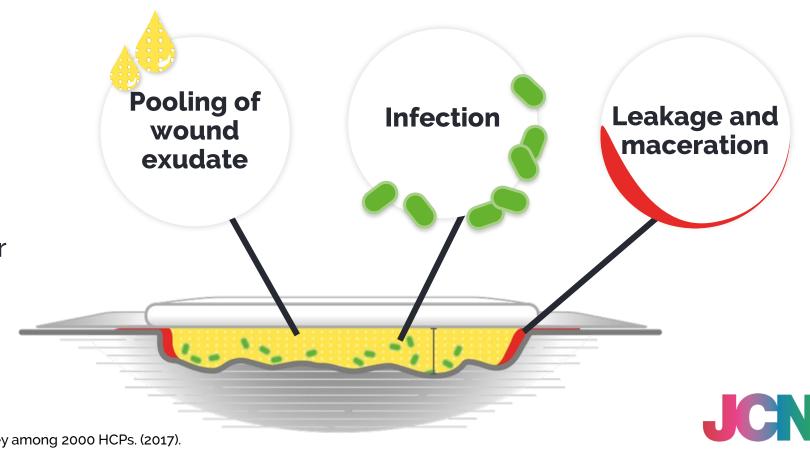


If The Gap is not managed optimally...

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

91%

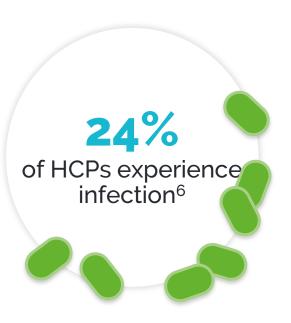
of HCPs face challenges with exudate pooling, infection, leakage and/or maceration⁶





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



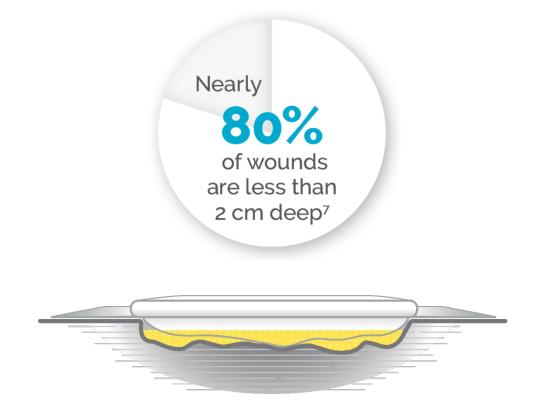




Do you always need a filler to manage The Gap?

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

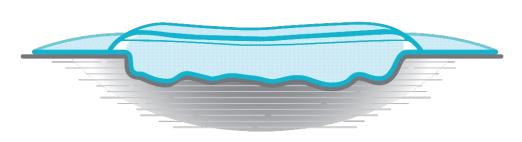






Managing The Gap with a conforming dressing

"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



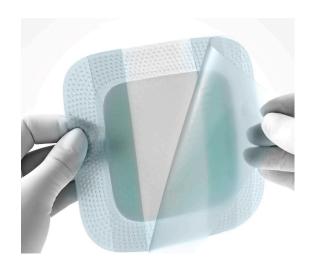




Norma - living with a leg ulcer



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"





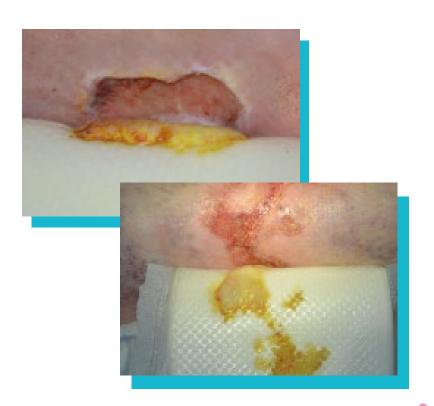
3DFit Technology® transforming clinical practice

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

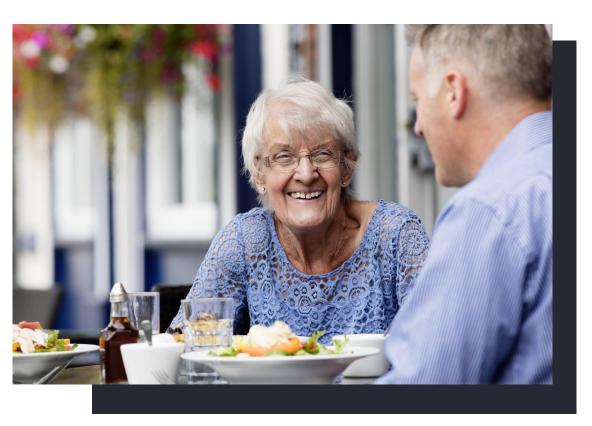




Simplifying wound care for your patients

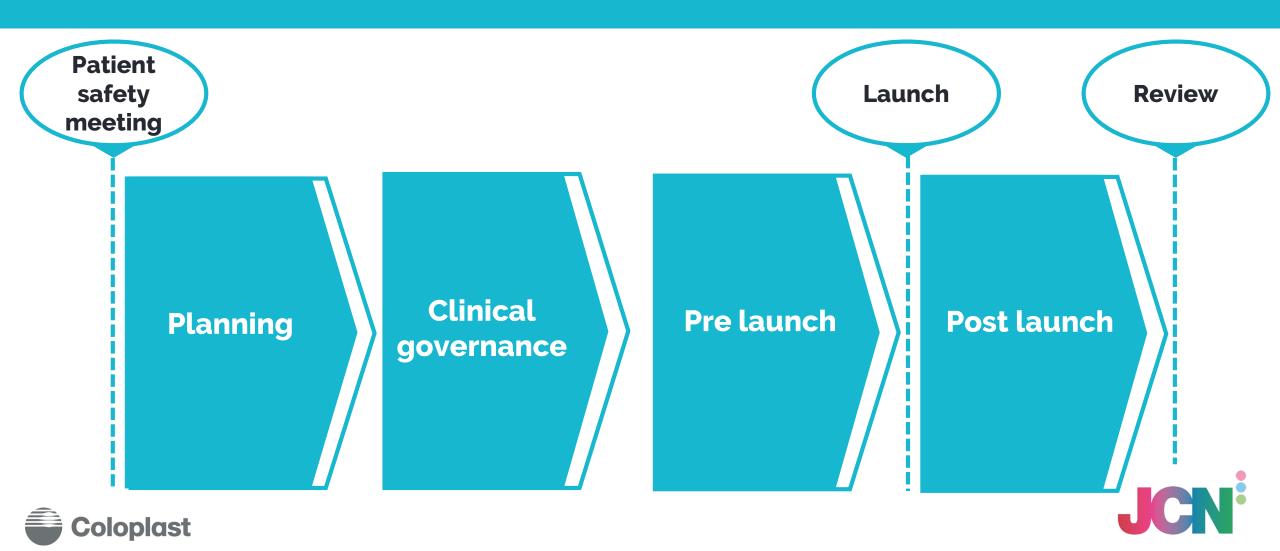
Empower your patients to...

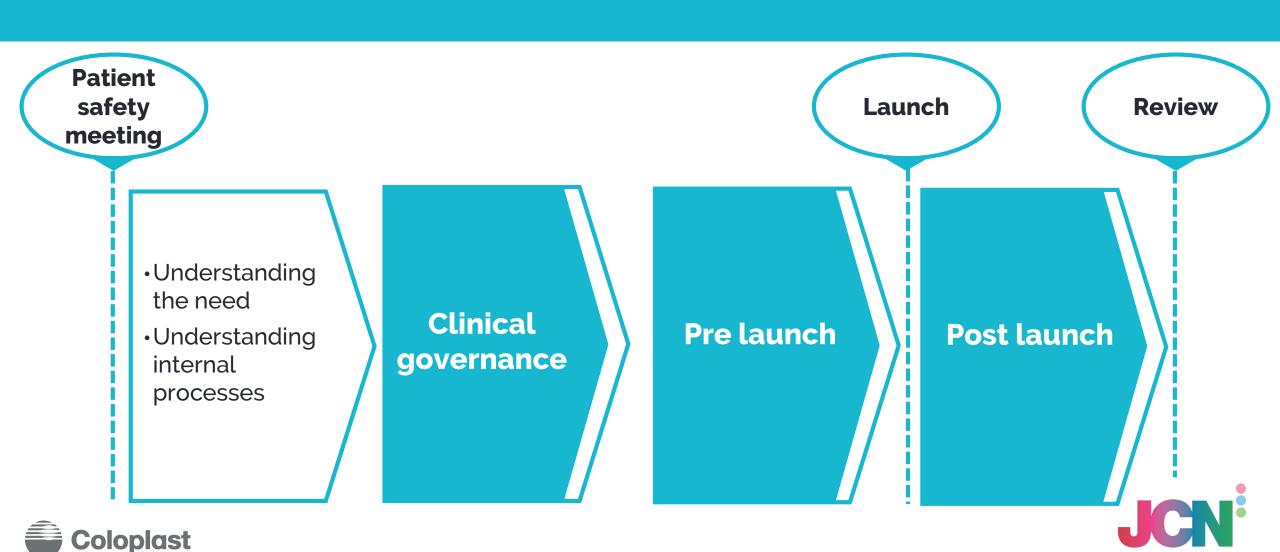
Share their care

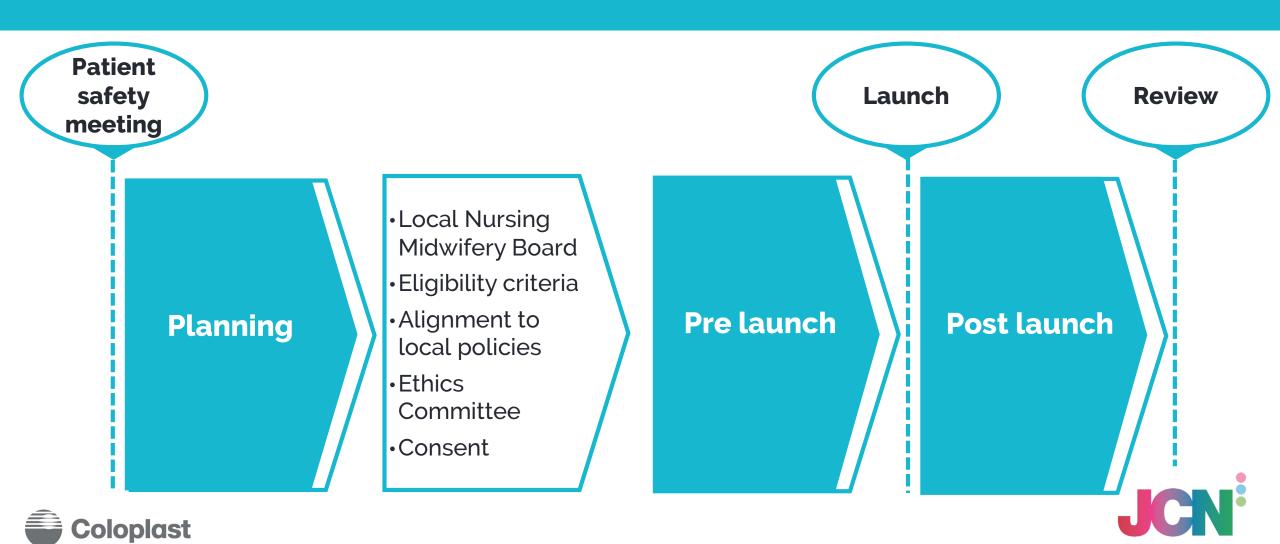


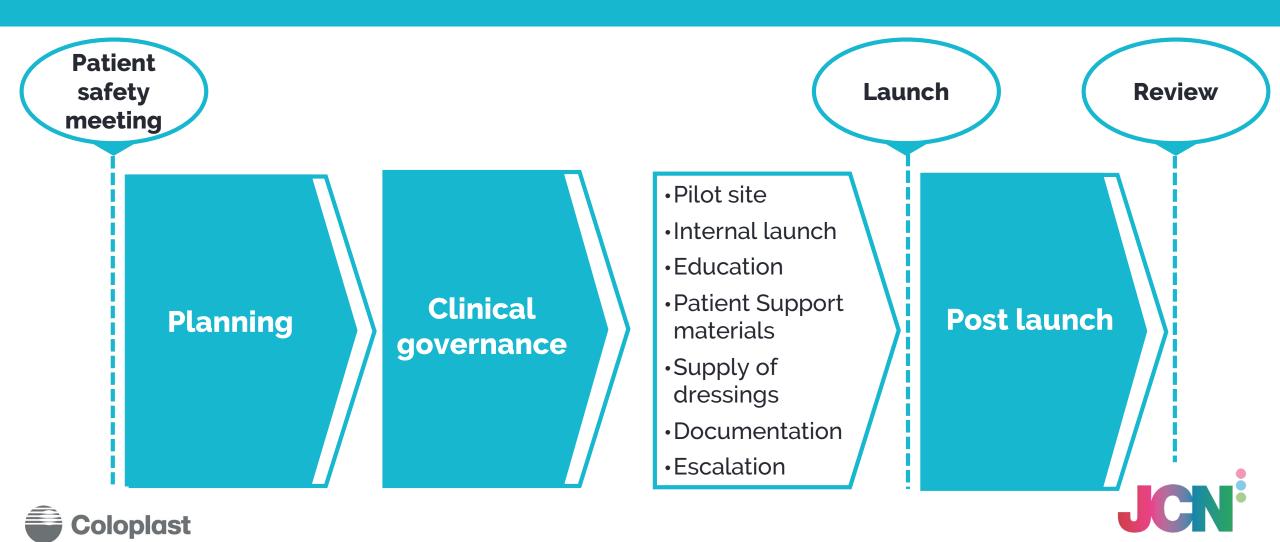


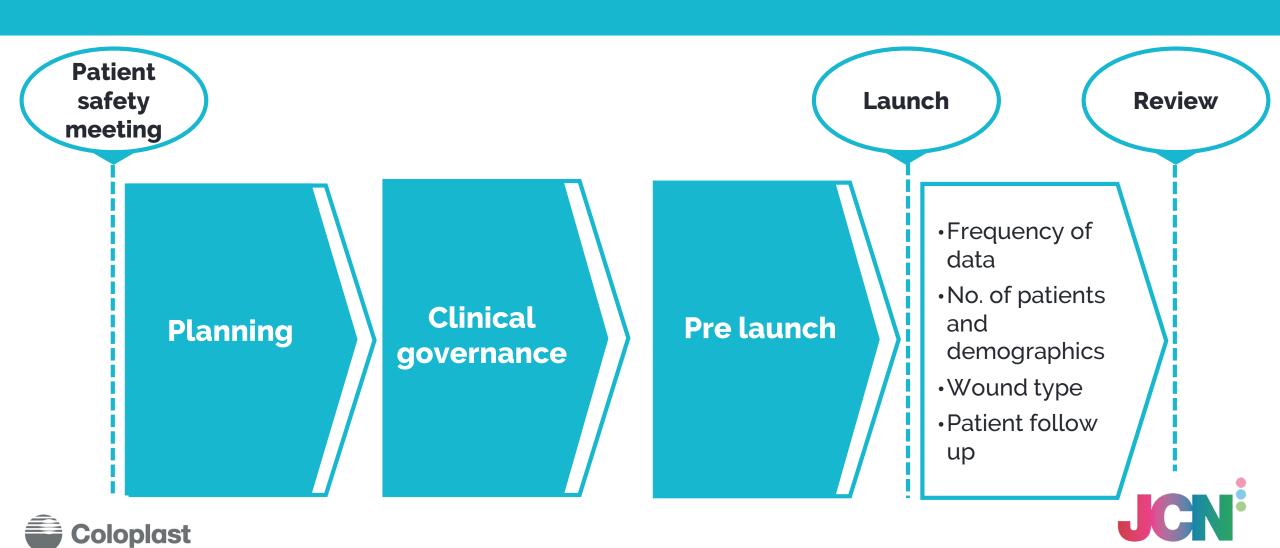












Patient support materials



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



Patient information pack

About your wound care When to change your Blatain Silicone dressing Patient Shared Care - Information Pack Biatain Silicone can be left in place for up to 7 days dependent on exudate level. Biatain Silicone Wound Type: should be changed when there is 1cm gap between the exudate and the edge of the dressing Dressing: Biatain Silicone Other (Please Specify): Dressing size: Quantity of dressings: . Foam pad Frequency of dressing change: Every other day Twice weekly What you can do to help your wound? Recommended day for dressing change(s) To give your wound the best opportunity to heal follow the guidelines below. . Wash your Hands – the most important thing you and your care givers can do to prevent Monday Tuesday Wednesday Thurs Changing your Biatain Silicone dressing infection is to follow the correct hand washing procedure About you: Keep a dressing on your wound - dressings keep germs out and protect the wound from Wound care plan: injury. They also help absorb fluid that drains from the wound and could damage the skin Step 1: Preparation around it. · Wash your hands with warm soapy water and dry them well Carer's name: Eat Healthily - Eating a well-balanced diet can make a huge difference to your wound an Open the dressing pack fully onto an area you can clean first. Take out the disposal Leave in place - do not encourage it to heal Clinician's name: trying not to touch the dressing. Let the nursing staff know if you notice any of the following: change Remove the old dirty dressing and place in the bag ready to throw away GP contact: Your wound is oozing more than usual Wash your hands again and put on the apron if you are not the patient. . Open all the dressings you need and drop them onto the dressing towel. Try not to to The dressing leaks at any time An increased amount of pain from your wound area. Put on the gloves - Try not to touch the outside of the gloves. An unusual smell from your wound An increase in redness around your wound Research shows that helping patients to share the care of their woun Feeling generally unwell and enhances the understanding of your condition. It also improves C Step 2: Cleaning your wound · If you notice anything else that concerns you, please contact your healthcare professi · Wet the gauze pad with water or the saline pods you have. Gently clean the wound. Start at the centre of the wound. Dab in circles out to 1 inch (2.5cm) past the edge In consultation with your healthcare professional, you have been sele wound. Do not wine or rub as this may cause damage. Do not go from the outer edge wound using a Biatain Silicone dressing. Rest assured you will receive healthcare professional until your wound has healed. wound backwards to the centre. This may spread germs over the wound area. Removing all dirt and contaminants from the skin is extremely important. The correct metho-Recommended dressing cleaning ensures bacteria are removed from the hands change Step 3: How to apply your Blatain Silicone Dressing Biatain Silicone has a 3-piece non-touch application allowing for aseptic application dressing. Once you have removed the dressing from the pouch, peel away the mix Contact Details for you to get in touch with your hea exposing the foam and adhesive parts of the dressing. Holding on to the remaining two side wings, centralise the dressing adhesive side do How to remove your Blatain Silicone dressing Gently lift the border on the dressing and slowly pull back the dressing until fully Once the middle part of your dressing is secure, remove the side wings one at a time (removed. For further information, please refer to the Biatain Silicone IFU. the adhesive gently on to your skin. Ensure the dressna is secured to your skin. Agreed reassessment date & time: Scan here for a video on how to apply Blatain Silicone:

For further guidance refer to the Biatain Silicone IFU (Instructions for use)

Coloplast

Leave in place - do not

Coloplast



Other resource materials

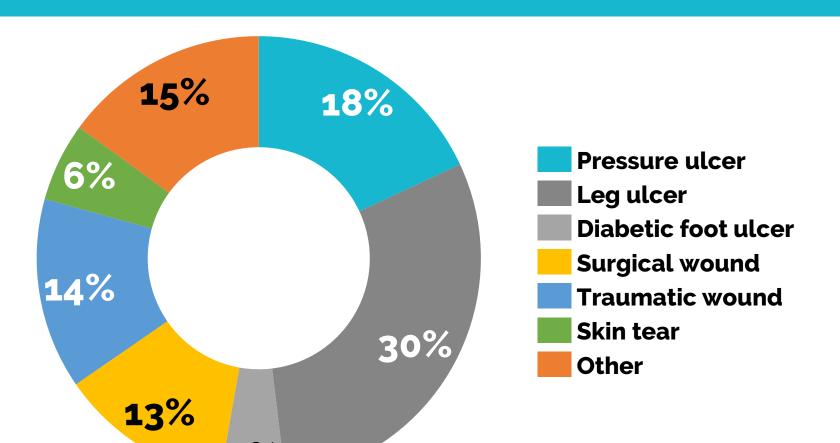




- Self care for wounds patient Diary
- Compression therapy for leg ulcers
- Looking after your wound
- Looking after a skin-tear
- Podcasts
- Wound care essentials during Covid-19



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





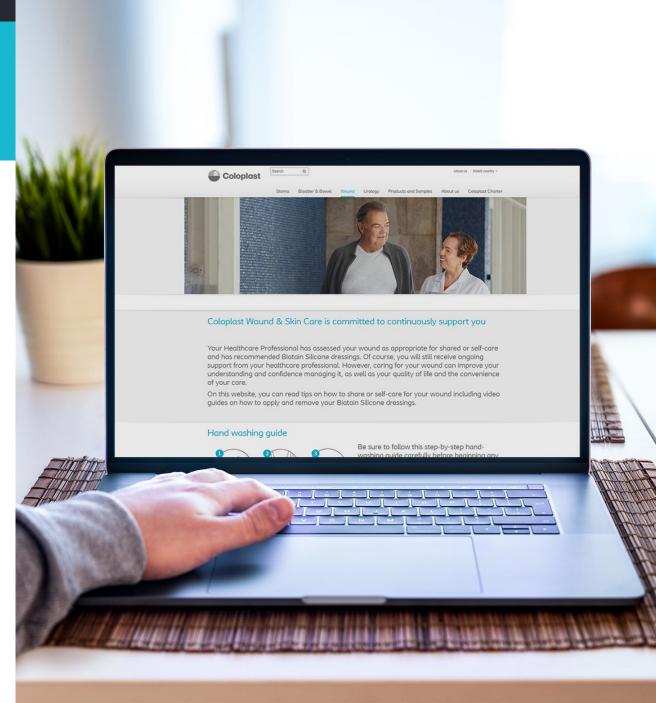
Resources

For further self-care resources visit:

www.coloplast.co.uk/ shared-care-support







TO ACCESS YOUR CERTIFICATE VISIT:



www.jcn-live.co.uk/certificate