

LIVE

TUESDAY 26TH APRIL, 7.30PM

Don't let **hard-
to-heal wounds**
hold you back

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JOURNAL OF COMMUNITY NURSING
JCN

Sponsored by: **Smith+Nephew**

LIVE Q&A

*SEND IN YOUR QUESTIONS BY COMMENTING
ON THE VIDEO*



ISSUES WITH TERMINOLOGY IN WOUND CARE – FRIEND OR FOE FOR WOUNDS THAT ARE NOT HEALING?

Jacqui Hughes

CHALLENGE OF HARD-TO-HEAL WOUNDS¹



Evidence exists to support the need to improve wound care where there is a lack of healing



Leading Change, Adding Value: a framework for nursing, midwifery, and care staff – triple aims:

- Better outcomes
- Better experiences
- Better use of resources



Focus on reducing unwarranted variations in assessment and treatment in wound care



Does the use of different terminology for defining the wound that is not healing hinder the drive to reduce variations in wound care?



Going back to the fundamentals – do we make it difficult to assess and treat wounds due to the complicated terminology we use?

DOES LANGUAGE MATTER?



For the patient? Good use of positive language can build confidence, lower anxiety, improve self-care. Poor use can stigmatise, be hurtful, and detrimental to good clinical outcomes²



The term 'chronic' paints a picture of something that is expected to be long-term³. There could be the assumption that having a wound a long time is almost expected – how does that make the patient feel?



For the clinician? If clinicians are confused about the terminology, does that change the way they think about treating the wound?



Stigma can influence the perceptions of health professionals leading to perpetual prejudice. This can then affect the patient who may become disengaged with their care³

QUESTION AROUND TERMINOLOGY — DOES IT MATTER?

Chronic

Stalled

Unhealing

Stuck

Static

Hard to heal

Non-healing



TERMINOLOGY IN WOUND CARE SURVEY⁴

THE SURVEY⁴

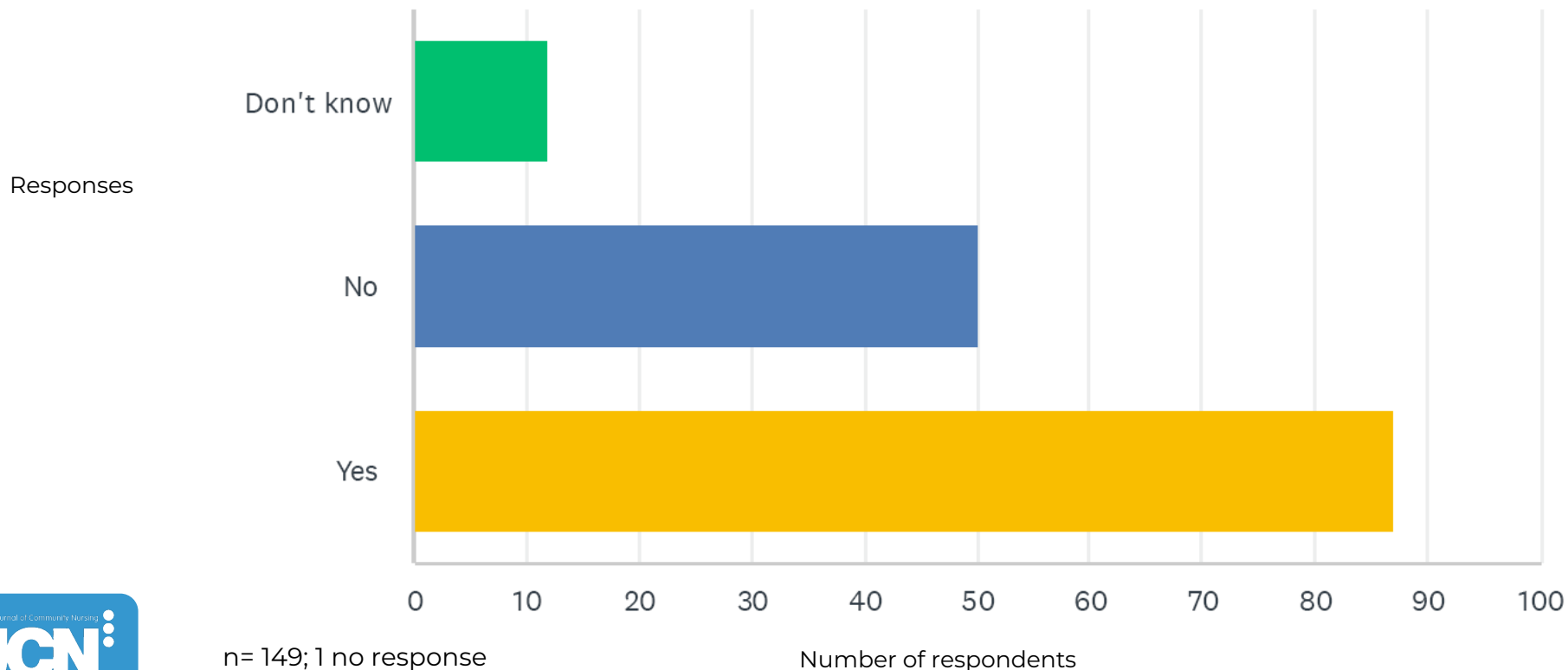
- Invited clinicians to participate in a wound terminology survey at the beginning of 2022
- 150 respondents from a variety of clinical backgrounds – acute/community/specialist/non-specialist
- Survey was open from January to March



Aim: to gain clinician insights into terminology in wound care and to determine if there are any terms that resonate more than others

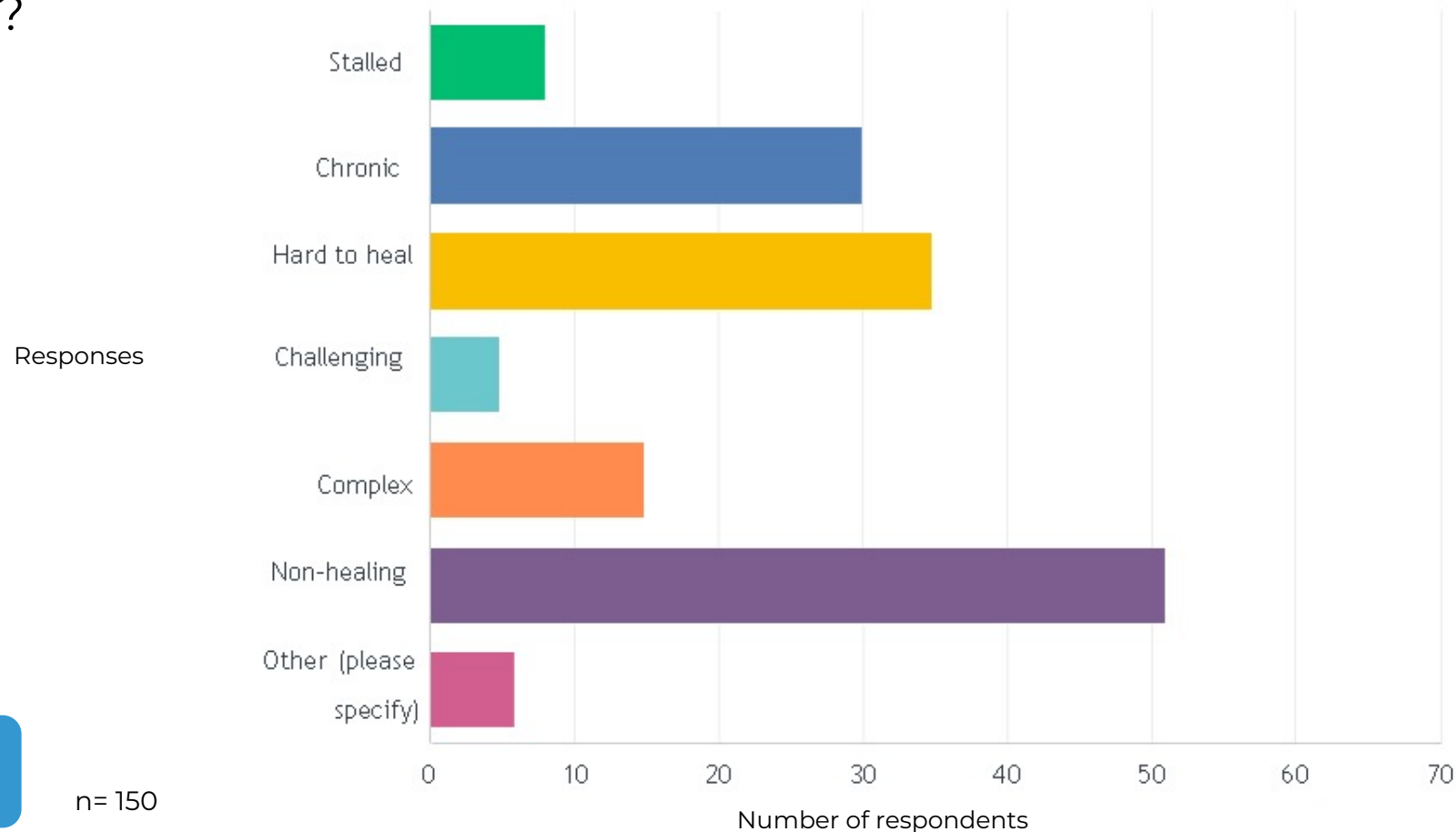
WOUND TERMINOLOGY SURVEY

There is a lot of different terminology used to describe wounds that are not healing, does that make assessment difficult or challenging to understand⁴?



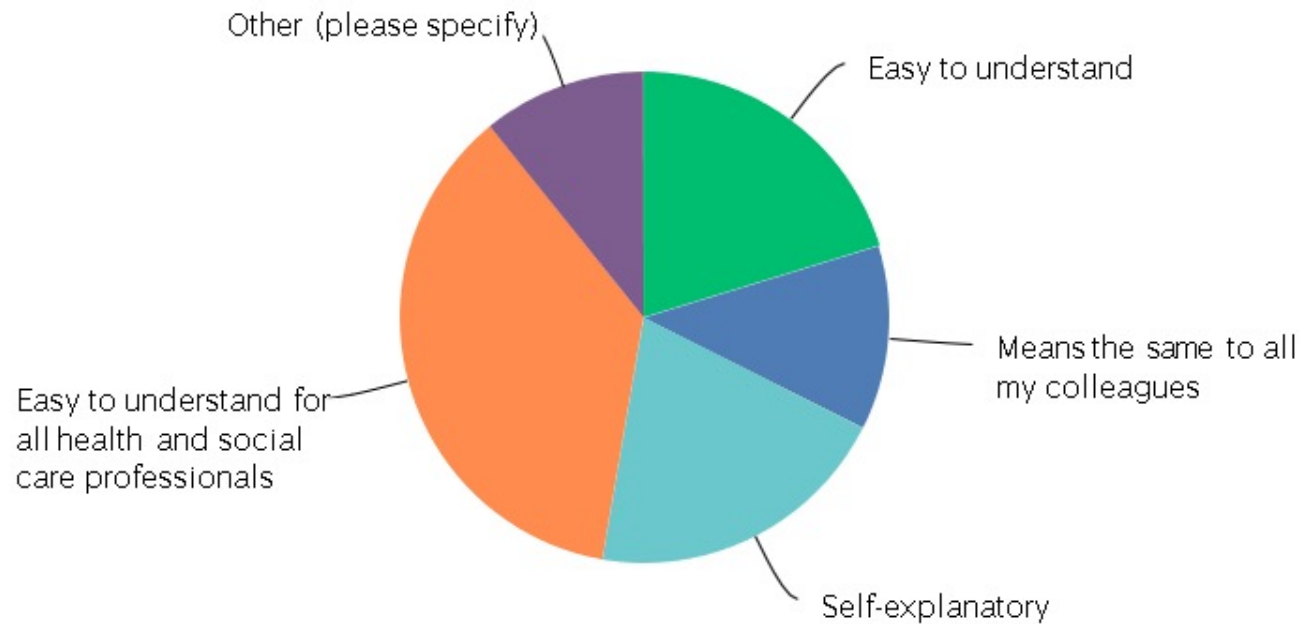
WOUND TERMINOLOGY SURVEY

What terminology would you prefer to use for a wound that isn't healing according to plan⁴?



WOUND TERMINOLOGY SURVEY

What was the reason for your choice of terminology⁴?



POTENTIAL IMPLICATIONS FOR PRACTICE

Adopting simple terminology for wounds that are proving difficult to heal could potentially be beneficial in terms of identification and subsequent treatment

Further survey work of how the confusion in terminology relates to wound care practice is needed



HARD-TO-HEAL WOUNDS

Jeanette Milne

CALL TO ACTION



WHY WE DON'T ACT...



- Time
- Resources
- Knowledge
- Confusion
- Goals
- Systems
- Cost
- Focus

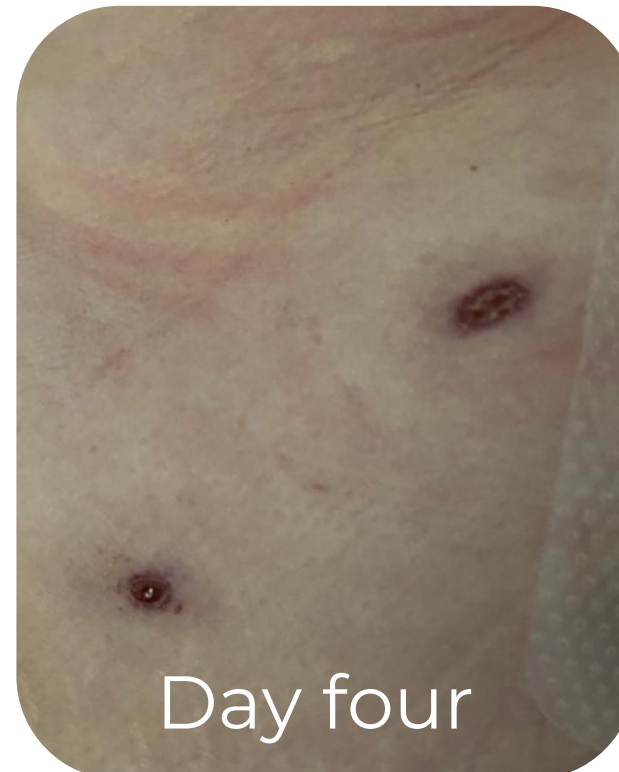
WHAT PATIENTS WANT...

- Heal wound
- Reduce leakage/contain exudate
- Reduce pain
- Reduce/control smell
- Have confidence
- Get on with life



MAKING THE CASE FOR NEGATIVE PRESSURE WOUND THERAPY (NPWT)

CASE STUDY ONE



PUBLICATIONS

- Burden of wounds data¹
- Global publications to date on NPWT
- NICE Medtech Guidance²
- Data from my publications
 - Searle R, Milne J (2010) ⁴
 - Ousey K; Milne J (2014) ⁵
 - Dowsett C et al (2013) ⁶
 - Milne J et al (2017) ⁷
 - Milne J, et al (2020) ⁸

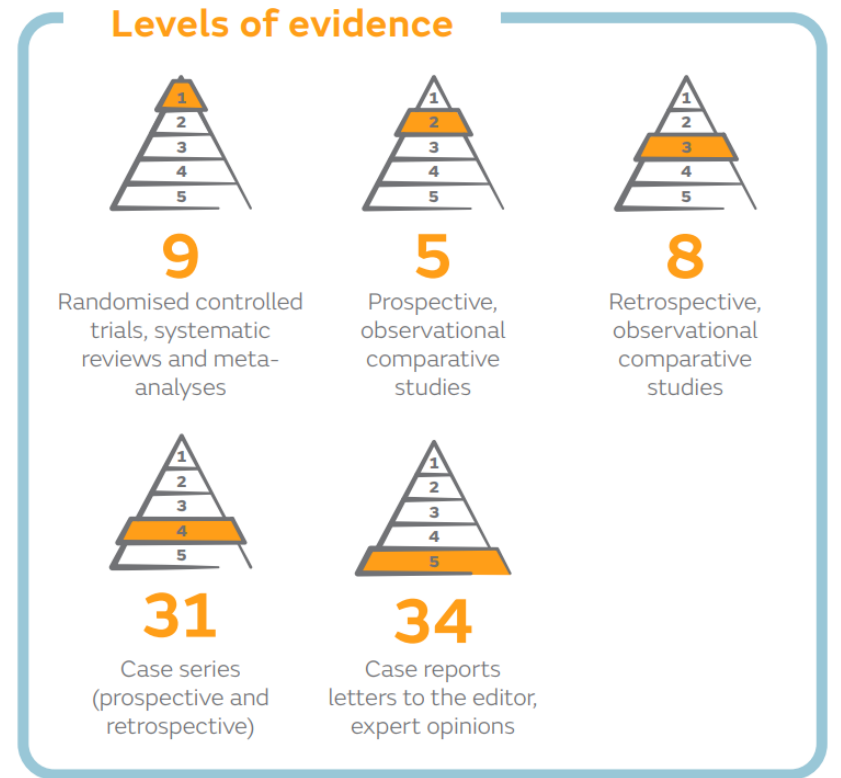
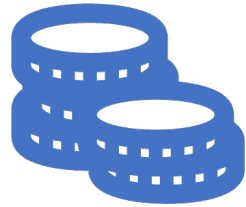


Figure 1: Level of evidence from Saunders' Systematic literature review and meta-analysis³

ECONOMICS



67% expenditure
on 30% of
wounds¹



Frequency of
dressing
changes



Staff
vacancies



Patient
satisfaction



Reduces
staff time



Improved
outcomes

WHAT PATIENTS SAY AND SEE



- ‘Every nurse did or used something different on my wound very few staff explained why?’
- ‘Staff blamed the dressing for my wound not healing? Their colleague chose the dressing not me? Why did they do that...’

IMPACT



Ask for water.
It has no calories.
No carbs.
No fat.
No sugar.



OPPORTUNITIES



- Reduce burden
- Simplify care
- Self-care
- Consistency
- Continuity

PATHWAYS



SIMPLIFY DECISIONS

Figure 2: Northumbria Trust Pathway

Has your patient got a	Yes	
Dehiscenced surgical incision	<input type="checkbox"/>	
Incision inflamed +/- leaking	<input type="checkbox"/>	
Venous Leg Ulcer ABI 0.8-1.3	<input type="checkbox"/>	
Mixed aetiology ulcer ABI 0.51-0.79	<input type="checkbox"/>	

If you have ticked any of the Yes boxes please answer the questions below

	Yes	No	
Visits ≥ 3 per week	<input type="checkbox"/>	<input type="checkbox"/>	If you have ticked all of the No boxes continue with your current dressing regime. Continue to measure wound to enable wound size reduction as prognostic indicator.
Travel time to and from patient >1hr	<input type="checkbox"/>	<input type="checkbox"/>	
<40% reduction in 4 weeks*	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wound delaying other therapy? e.g. surgery / chemo	<input type="checkbox"/>	<input type="checkbox"/>	

If you have ticked any of the yes boxes please answer the questions below

	Yes	No	
Patient concordant / will cope with therapy	<input type="checkbox"/>	<input type="checkbox"/>	If you have ticked No NPWT is not currently appropriate but intervention is required*
Have you excluded the risk of falls e.g. high risk on falls assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Would your patient tolerate NPWT	<input type="checkbox"/>	<input type="checkbox"/>	
Would you be able to get a seal	<input type="checkbox"/>	<input type="checkbox"/>	

If you have ticked yes in all of the boxes please answer the questions below

	Yes	No	
Contraindications and Precautions are excluded e.g. no malignancy, no exposed organs / no blood vessels, no untreated osteomyelitis, anticoagulants	<input type="checkbox"/>	<input type="checkbox"/>	If you have ticked No NPWT is not currently appropriate but intervention is required*

Please note if your patient has any weeping limb oedema it will be difficult to achieve a good seal.
To overcome this first ensure they are in suitable compression*

If you have ticked yes please answer the questions below

	Yes	No	
Is the wound exudate estimated to be ≥ 300 mls per week	<input type="checkbox"/>	<input type="checkbox"/>	If no ≤ 7 cm depth consider PICO™ If yes or ≥ 7 cm depth consider Renasys

Please tick all applicable boxes

CASE STUDY TWO

- 54-year-old female
- Obese
- Elective gynae operation
- Complications
- PICO sNPWT post operation
- Removed on day three and not replaced
- Lower end of wound separated
- Large haematoma
- Large cavity small entry
- Daily packing
- Multiple care givers



CONSEQUENCE

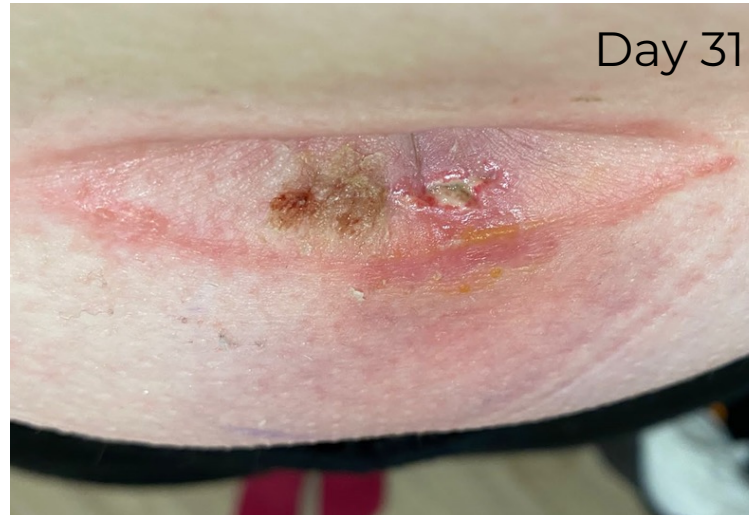
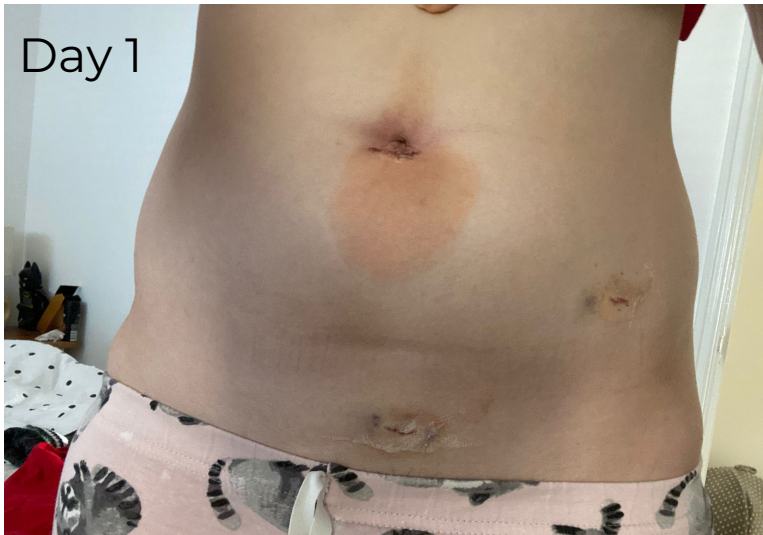
- Third operation
- Delayed healing
- Delayed chemotherapy
- Increased costs

HOW TO INITIATE A CHANGE

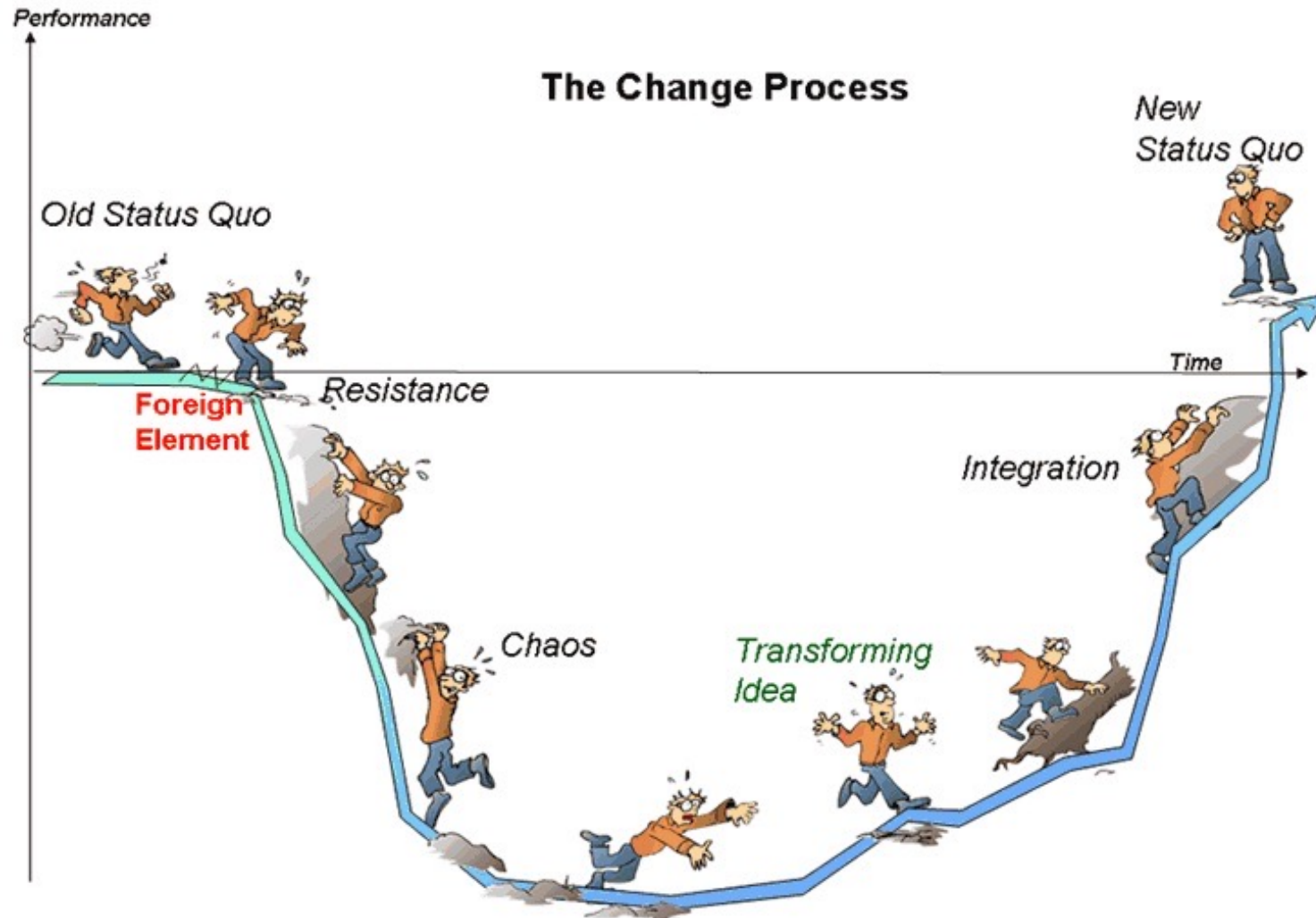


Time for change

CASE STUDY THREE

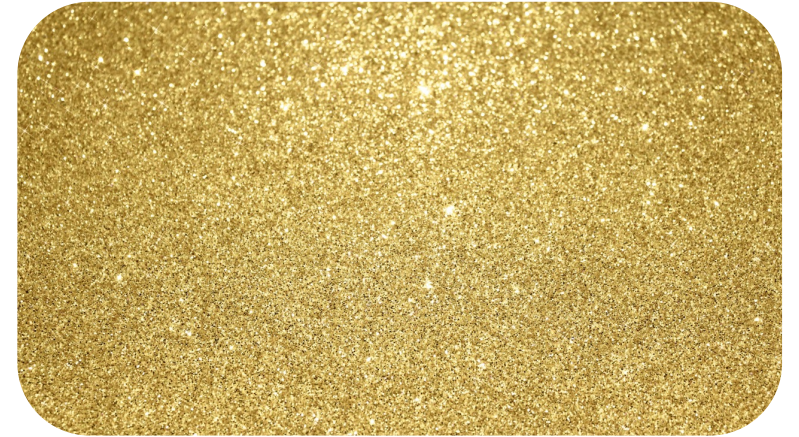
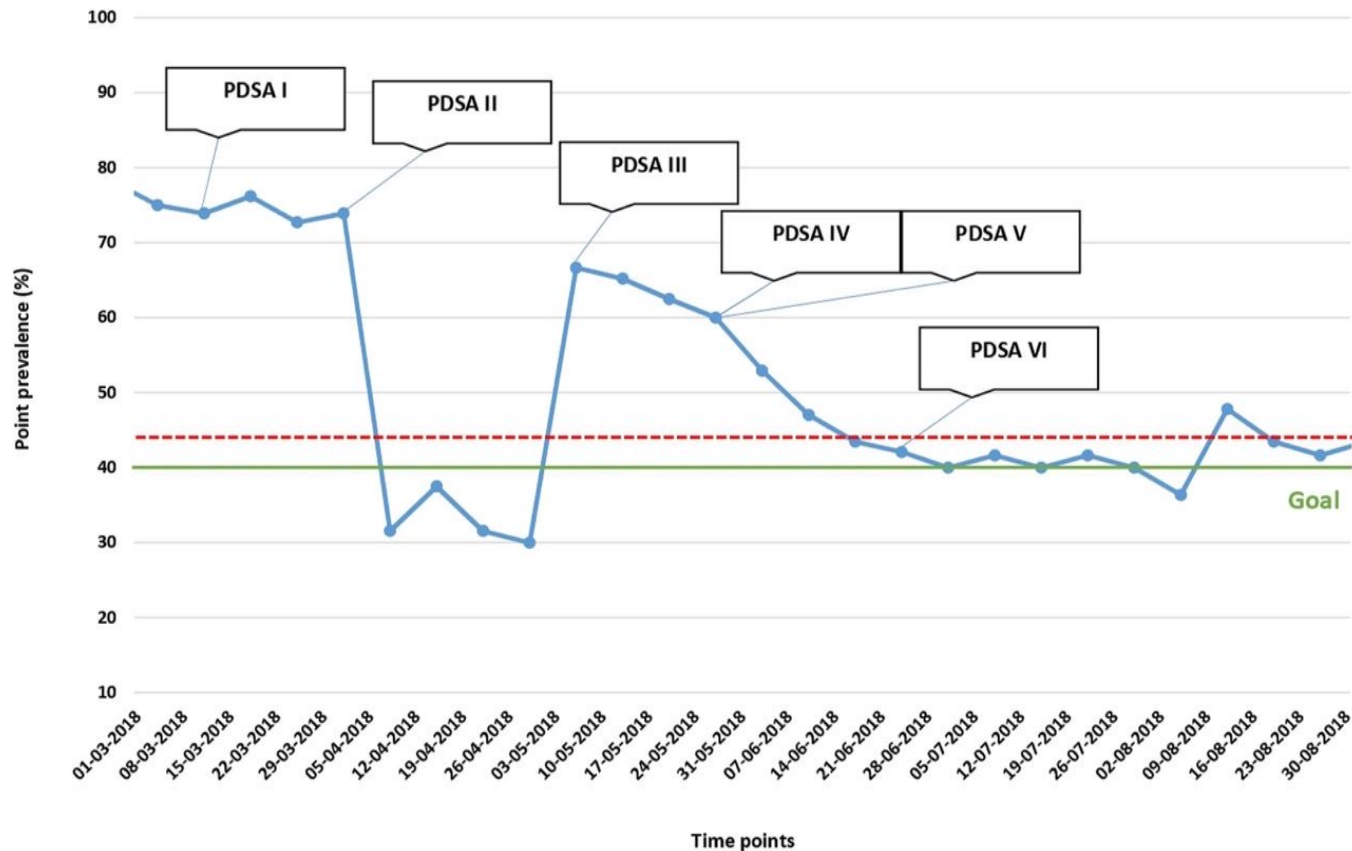


INERTIA



GOOD, BETTER, BEST

Be the best you can be

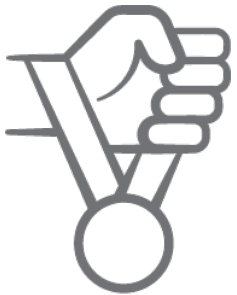


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TRACK WOUND OUTCOMES



- 40% reduction in volume at four weeks ¹⁰
- Longer a wound has been open less likely to heal
- Goal to heal as quickly as possible
- Simplify
- Data
- Share
- Celebrate



**ACT FIRST AND BEG
FOR FORGIVENESS
LATER**

REASONS WHY...



- Improve outcomes
- Staff satisfaction
- Patient outcomes
- Reduce cost
- Organisational benefits
- Increase productivity
- Free time to care



OPEN MINDS CLOSE WOUNDS

Thank you!

CONTACT US...

For further information on PICO™ sNPWT or the evidence presented please contact Smith+Nephew:

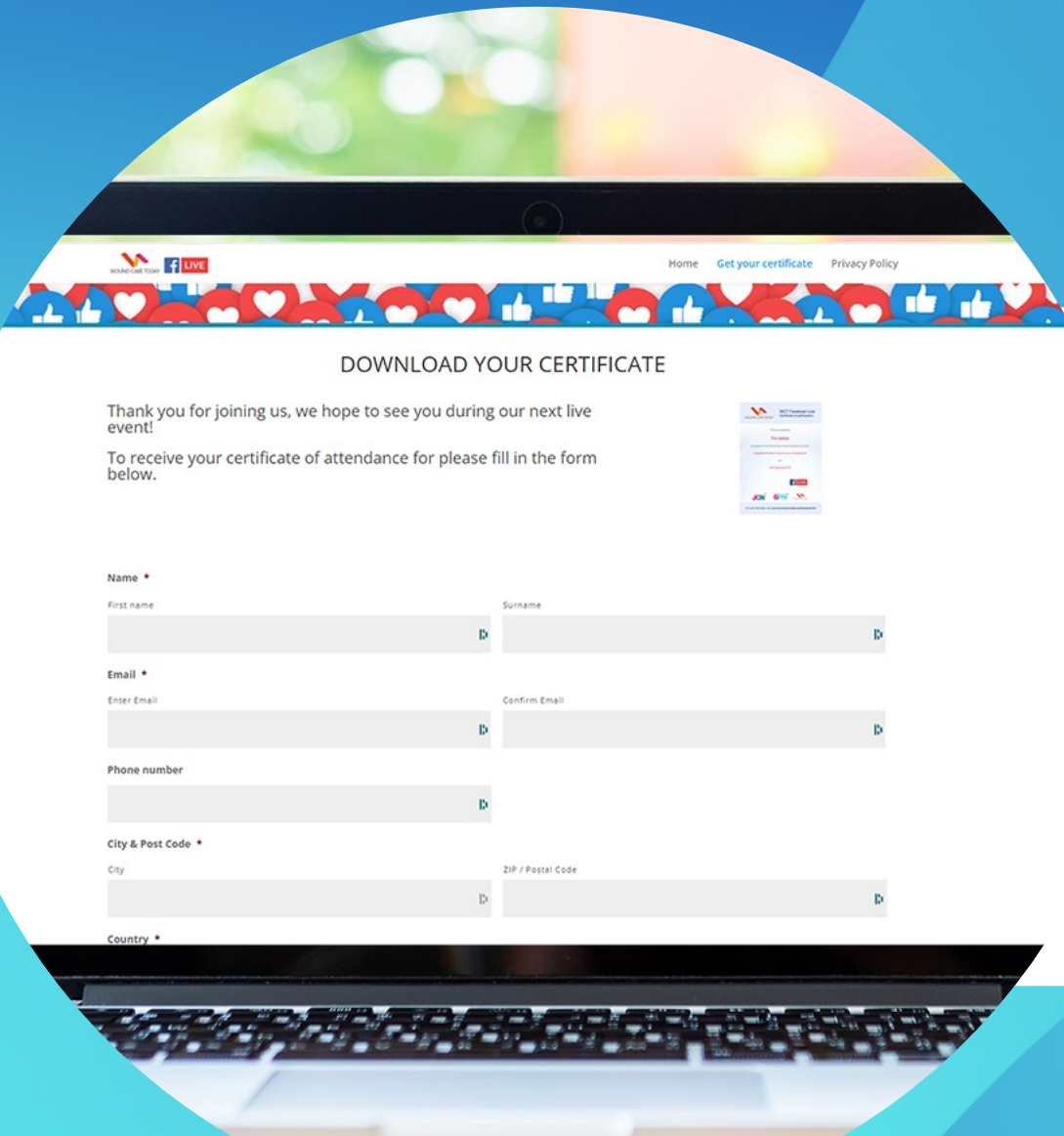
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