World Union of Wound Healing Societies: 2020 resources

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The World Union of Wound Healing Societies (WUWHS), is about sharing experiences and education in wound care around the world, with our current theme 'Global healing, changing lives).

For me, it is of paramount importance that we remain an organisation where societies can share and showcase their wound related initiatives and projects. I want to expand that vision to include societies from all the continents of the world, on equal terms, as we surely have a lot to learn from each other.

Challenges previously only experienced by some countries and societies, are now becoming global problem, not least the issues for the skin the patients and health professionals caused by the COVID-19 pandemic.

Strategies in overcoming those hurdles not only need to be shared but need to remain as written documents of learning to all of us and the next generation of wound care professionals.

As a society with global reach in this very tough COVID-time, we have the opportunity of a lifetime to bring wound prevention to the forefront as a global priority. This will save lives, dignity and most of all health-related expenditures.

As global society we are perfectly positioned to meet this challenge and position prevention of wounds as 'the 2020 legacy'. Not only will it change lives but become one for the history books in times to come.

I wish all members to feel recognised and better connected to the WUWHS. The WUWHS's mission is to raise and maintain the standard of the wound care and improve its practice globally.

In the following pages we provide a brief summary of the WUWHS resources, which would have been launch at the meeting in Abu Dhabi — of course before the pandemic took hold. There are two consensus documents and two position documents , covering a range of areas from patient engagement in their care to the use of non-medicated dressings. We hope you find these resources useful and informative.

REFERENCES

Moore Z, Bell T, Carville K et al (2016) Optimising patient involvement in wound management. Wounds International. Available online at: https://www.woundsinternational.com/ resources/details/ international-best-practice-statement-optimising-patient-involvement-in-wound-management (accessed 15.10.2020)

Moore Z, Dowsett C, Smith G et al. T.I.M.E. CDST: an updated tool to address the current challenges in wound care. J Wound Care 2019; 28(3): 154-61

Schultz GS, Sibbald RG, Falanga V et al (2003) Wound bed preparation: a systematic approach to wound management. Wound Rep Reg 11: 1-28

Sharland M and Wilson P. NICE impact antimicrobial resistance, 2018. NICE, London, UK. Available online at: https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/measuring-uptake/NICEimpact-antimicrobial-resistance.pdf (accessed 15.10.2020)

World Health Organization (2016) Patient engagement: Technical series on safer primary care

Consensus document: Optimising wound care through patient engagement

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Patient engagement is increasingly recognised as an integral part of health care and a critical component of safe people-centred services. People using health services are increasingly asking for more responsive, open and transparent health care systems. They expect health professionals to engage them in the decision-making process, although individuals may vary in their preferences for such involvement. Engaged patients are better able to make informed decisions about their care options. In addition, resources may be better used if they are aligned with patients' priorities and this is critical for the sustainability of health systems worldwide (WHO, 2016).

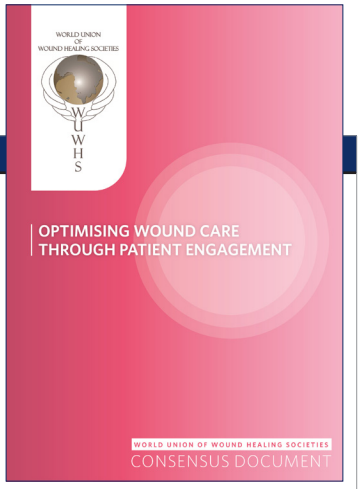
Living with a wound is, in many ways, like living with any other chronic condition: it can have a significant effect on daily life and overall wellbeing (Moore et al, 2016). Patient feedback has indicated there can be a perception that a wound is not as 'serious' as some other chronic conditions, and so there is less empathy in the care provided.

Key messages

- We must look honestly at our own behaviour and how we are meeting the individual's needs before we label the individual
- While care needs to be individualised, structured systems need to be put in place so that variables do not impact on the patient
- Wounds are often labelled as a chronic condition that can impose severe limitations on the patient and need to be viewed as this by the wider team
- Self-care is vital but needs to be approached with a critical eye: what does the patient need and how involved do they want to be (and do they have the capacity to be)?
- All patients should be provided with the relevant information (in plain language) and access to the resources they need
- Ongoing communication and aftercare is important and needs to be more valued
- The therapeutic relationship between clinician and patient is key: this should be a meaningful relationship that provides support and makes the patient feel safe and understood
- Basic care and compassion should be remembered e.g. touch is important and small gestures matter
- Breaking down taboos is needed — vulnerable patients need to be engaged and reassured
- An MDT approach is key but can be difficult to achieve in practice
- A task-driven approach can mean that effective consideration and communication is lost — we must ensure this does not happen
- Lack of time can be a false barrier and should not be used as an excuse.

We must remember that all patients are different: behind every wound is an individual.

We identified the need for clear patient-focused information and education, which formed the basis for this WUWHS consensus document. It was a priority to make sure that this included input from patients as well as health care professionals (HCPs), ensuring that the authentic patient voice was heard and assumptions were not made about the rights, needs, preferences, priorities and experiences of people using wound care services.



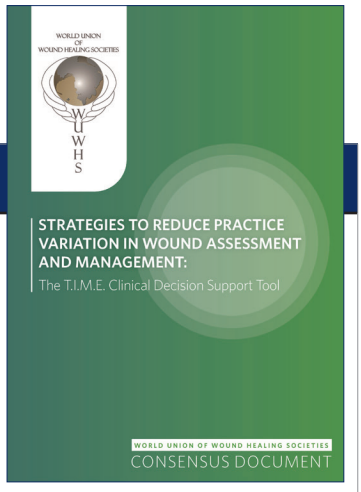
As such, the consensus document was produced in four main stages:

- A patient focus group: held at the Welsh Wound Innovation Centre, UK, in May 2019, in which a group of individuals living with a wound, and carers, discussed their experiences and the care they have received
- An international patient survey: distributed by HCPs, to gauge individuals' views on their care and dressing experiences
- A consensus meeting of an international group of experts, held in London, UK, in July 2019, which also included teleconference/video interviews with patients for their perspective on the discussions
- An extensive review process: undertaken by the core expert working group, external reviewers and patient contributors.

We asked individuals what living with a wound means to them personally, and the impact that this has on their daily lives and relationships. We also asked for the key issues that affecting them, relating to their wound or the care they have received. A lot of the feedback focusing on the need to listen to the individual patient and for care to feel individualised: 'While the clinicians may have seen hundreds of wounds, they haven't seen my wound.'

The consensus document provides guidance on patient advocacy, communication, working with challenging patients, and recognising clinical burnout and 'compassion fatigue'. It also supplies practical tips around dressing selection, dressing change and wear time, ensuring that the patient is as involved as possible (depending on capacity) and that care is tailored to the individual.

Consensus document: Strategies to reduce practice variation in wound assessment and management: The T.I.M.E. Clinical Decision Support Tool



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There are many reasons for practice variation in wound management. There is no universal solution to reducing or removing variation in clinical practice, so greater standardisation may be required to help structure how clinicians assess and manage wounds. Effective assessment is a key aspect of setting patients and their wounds on the path towards an optimal or appropriate outcome.

The T.I.M.E. Clinical Decision Support Tool (T.I.M.E. CDST) has evolved from the original TIME concept, which was developed by Schultz et al (2003), and provided a structured approach to wound bed preparation. The concept considers four aspects – the type of Tissue within the wound, the presence of Infection and Inflammation, the Moisture balance and the appearance of the Edge of the wound.

To expand the value of TIME to clinicians caring for patients with wounds, a clinical decision support tool has been developed to embed the TIME concept firmly within recent advances in knowledge base and to offer a holistic assessment of the patient and their wound(s)[2] through the initial 'ABCDE' approach (Moore et al, 2019). The ABCDE approach translates the identification of the underlying causes and patient needs into practice.

The consensus document seeks to help clinicians support those who do not have specialist wound training to accurately assess patients and their wounds and arrive at a broad-based, systematic rationale for their selection of local wound treatments that will ultimately help reduce variations in clinical decision-making. It includes practical guidance to integrate the clinical decision-making tool into daily practice, and resource such as a library of wound photographs that can be used for reference and clinical education.

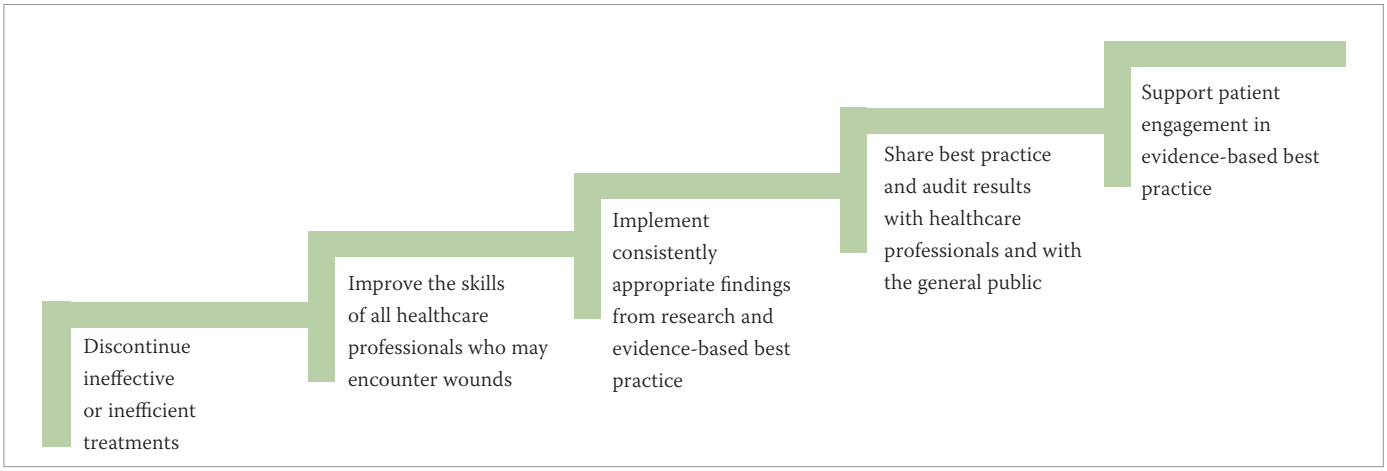
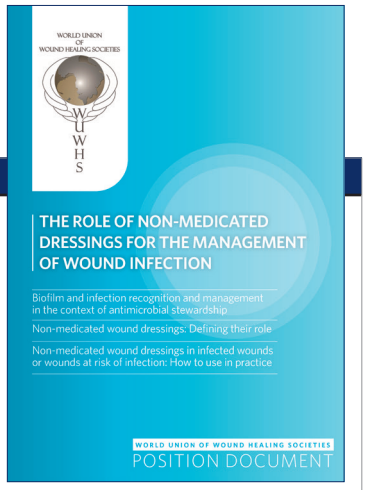


Figure 1. **How to reduce practice variation in wound management (adapted from Bevan Commission. A Prudent Approach to Health: Prudent Health Principles. Available at: http://www.bevancommission.org/en/prudent-healthcare)**

Position document: The role of non-medicated dressings for the management of wound infection



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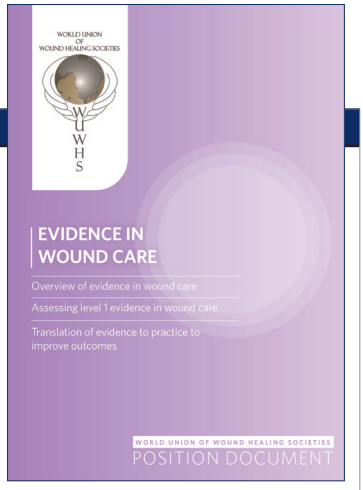
Antimicrobial stewardship aims to promote the appropriate use of antibiotics and antimicrobial agents. Since the introduction of antimicrobial stewardship principles, the overall number of prescriptions for antibiotics (between 2013 and 2017) fell by 4.5% (Sharland and Wilson, 2018). Nevertheless, new perspectives are needed to help tackle the ongoing and very real threat of antimicrobial resistance in wounds.

Paper 1: 'Biofilm and infection recognition and management in the context of antimicrobial stewardship' sets the scene on the key aspects of biofilm physiology and structure, along with the challenges and current treatment approaches to identifying and treating biofilm in wounds. A new approach offers clinicians the opportunity to reduce the overuse of antimicrobial agents in wound care and outlines the importance of antimicrobial stewardship.

Paper 2: 'Non-medicated wound dressings: Defining their role' focuses on the mechanism of action of so-called non-medicated wound dressings (NMWDs) in the management of bacterial bioburden in both acute and chronic wounds, by proposing a clear definition, indications for their use and evidence that supports their effectiveness.

Paper 3 'Non-medicated wound dressings in infected wounds or wounds at risk of infection: How to use in practice' covers the use of NMWDs in practice, including when to consider NMWDs, rationale for use and shared clinical experience through specific case examples.

Position document: Evidence in wound care



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Wound management research improves patient care and clinical outcomes by standardising assessment, planning and implementation of treatment. In the field of wound care, high-level evidence is possible, but it can be difficult to conduct due to the wide-ranging nature of wounds and patients.

Additionally, there is an ever-growing variety of products and devices available to practitioners to improve healing rates and patient outcomes. In many cases, these products have enabled practitioners to heal more complex wounds and manage more challenging and difficult cases. However, practitioners must be able to critically appraise evidence to make appropriate and effective evidence-based changes to practice.

The first article, titled 'Overview of evidence in wound care', sets the global scene of wound care research, as well as looking at the available study designs and their strengths and weaknesses. It provides a clear description of the levels of evidence available for wound care, the types of evidence available and their application to practice.

The second article, 'Assessing level 1 evidence in wound care', looks at what practitioners need to know to critically appraise level 1 evidence, especially randomised controlled trials, in order to evaluate their value and ascertain how the findings can be applied to practice.

The final paper, 'Translation of evidence to practice into improve outcomes', considers the steps required to achieve successful transition from research evidence to making changes in clinical practice, and the barriers that need to be overcome. The article guides practitioners on how to make evidence-based changes to their practice, with examples.

All of these resources are free to download from the Wounds International website:
www.woundsinternational.com