New data – learning from patients

This article is based on a symposium held at the Wound Essentials annual summer conference in Birmingham, UK, on 2nd July 2015. The symposium was an interactive session exploring the importance of patient experience within dressing evaluations, presenting results and findings from a 150-patient case series and gauging the delegates' views via voting buttons.

KEY WORDS
- Dressing
- Exudate
- Patient survey
- Product evaluation

Sharon Bateman facilitated the session and talked about improving the holistic wound care experience, focusing on current issues in exudate management. She emphasised the importance of patient involvement, saying 'it's about the patient's voice as well as the nurses working with them'. Patients must be involved in their own care and decision making 'from day one'.

Wound care is a complex field and much of this is down to the patient and their individual health needs — wounds themselves are often relatively simple, but all patients are different. As 'gold standard' research is limited, it is important to remember that there are many different avenues to new methods and different options for care. Wound care practice is often practitioner-led, and access to education and training for practitioners is often poor due to limited resources and staffing levels. Therapies and dressings are not only expensive and limited in some areas, but the huge variety of choice also means that selection can be confusing for practitioners and patients alike. It is vital to explore new methods and developments.

Nurses' patient groups are also varied and the mix continues to change rapidly — e.g. patients are living longer and often live alone; patients are more likely to have multiple comorbidities; lifestyle is a factor, along with drugs, alcohol, smoking, obesity, social issues and mental health status. Patients presenting with these issues are often at increased risk of reduced skin integrity, postoperative infections, overall delayed healing such as leg ulcers, vascular lesions, diabetic ulcers, pressure ulcers and moisture lesions — these are often the reason for delayed discharge and escalating readmission rates.

MANAGING EXUDATE

Background

First of all, the facilitator explained, 'we must remember that exudate production is a natural component of the wound healing continuum' and is not necessarily 'bad'. Exudate production facilitates the diffusion of vital healing factors such as growth factors and clotting factors, as well as assisting in the migration of cells across the wound surface, promoting cell proliferation and the nutrients required for cell metabolism, promoting protective mechanisms for infection prevention and waste removal.

In contrast, when a wound produces too much exudate, a wide range of problems can occur, which can lead to patient discomfort and upset, and place a large burden on clinicians' time and resources. Clinical indicators of this activity include delayed healing, periwound skin damage, increased risk of

Box 1. Essential components when selecting a dressing

- Absorbs and retains excess exudate
- Maintains a moist wound bed
- Prevents skin excoriation and maceration
- Reduces the risk of infection
- Atraumatic application and removal
- Facilitates patient comfort and improves their quality of life
- Long wear time
- Patient has to like it!

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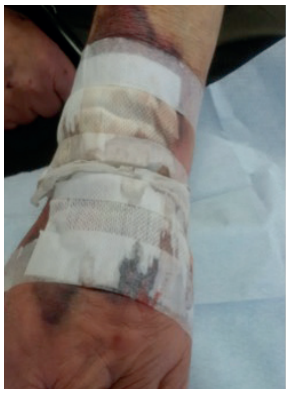

Figure 1a: Wound with original dressing.

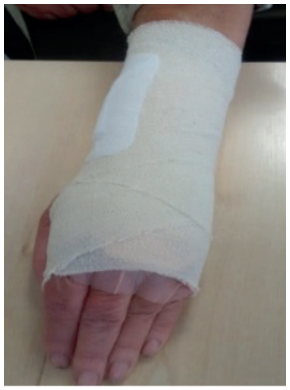

Figure 1b: Re-dressed wound.

local infection of the wound, and increased patient pain and distress. Excessive exudate can impede growth factor availability, delay or even prevent cell proliferation, and cause increased proteolytic activity of chronic wound exudate.

In extreme cases, wounds with increased exudate may require specialist management, as well as causing unnecessary suffering to the patient and increased mortality.

The role of dressings

A moist wound bed is a necessity to promote wound healing. Dressings are an important component to maintaining moisture balance and reducing excessive exudate. If excessive exudate is a problem or if the components of the exudate are suspected to be impeding the wound healing process, managing the exudate is a key aim of the dressing (*Box 1*).

It is vital to select 'the right dressing for the right patient at the right time'. Patient preference is a key consideration, so it is important to talk to patients about the dressing choice.

When dressing choice goes 'wrong', this can cause many problems for the practitioner and patient, as well as having an impact on time and budgets — this was illustrated with the example of a patient who had problems with a dressing after a fall and could not remove the dressing that had been used (*Figure 1a*). At the patient's next appointment, it took 10 minutes to establish the background to the case, then 38 minutes to soak the dressing off, and 8 minutes to clean and re-dress the wound. As soon as the patient switched to a new dressing, the wound improved within a few days (*Figure 1b*).

Table 1. Summary of wounds evaluated

Wound type	Incidence (*n*)	%
Leg ulcers (venous)	24	17
Leg ulcers (arterial)	9	5
Pressure ulcers (Cat II, III & IV)	42	28
Surgical site infections	30	20
Skin tears	16	11
Burns	12	8
Trauma/other	12	8
Tracheostomy site	5	3

Box 2. Comments from patients and clinicians

- 'Kept my skin dry – didn't leak like the other one'
- 'Less changes and no inconvenience of it leaking'
- 'Less visits to GP practice nurse – could go back to work'
- 'Patient felt safe and trusted the dressing'
- 'Didn't rip my skin when the nurse took it off'
- 'Didn't stick to the scabby areas'
- 'Stays in place better than my other dressings, especially when I walk'
- 'Didn't curl up and leak like my other one'
- 'I like the feel of the dressing'
- 'Patient did not try to take it off as she has with previous one'

EVALUATION ON DRESSINGS AND EXUDATE

With these issues in mind, a 150-patient evaluation was undertaken to establish the performance of the Cutimed Siltec™ foam dressing range. Dressings were provided by BSN medical, who had no involvement in the study. The study was patient-led and used to gauge patient and clinicians' views on the dressings; the specific choice of dressing was dictated by the level and type of exudate. Of the 150 patients evaluated, 101 were male and 49 were female; the mean age was 69 years. See *Table 1* for details of the wounds evaluated.

The audience were asked questions to gauge whether delegates had been involved in their own evaluations of patients and dressings. Most of the delegates were nurses (33% practice nurses, 11% community nurses and 11% tissue viability nurses). Of these 62% had participated in clinical evaluations, with 91% being clinical evaluations with patients. When asked, 'following the evaluation, how did you decide on which dressings to use?', 83% of the audience answered that this decision was led by clinical effectiveness. As only 13% prioritised patient preference, the facilitator said that she hoped the influence of patient preference would increase in the future.

When asked, 'who do you think should decide on which products go to formulary?', 80% responded that the approach to decision-making should be collaborative. The facilitator noted that this was a good approach, but that she would like to see more of an emphasis on patient involvement.

The next question was whether delegates thought that clinical/product evaluations are 'an important factor for guiding clinical practice'. In total, 87% agreed that such evaluations are important, and 91% felt that these evaluations could help to benefit the patient.

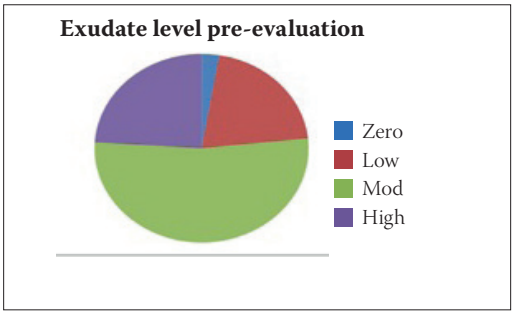

Figure 2a: Exudate levels at baseline.

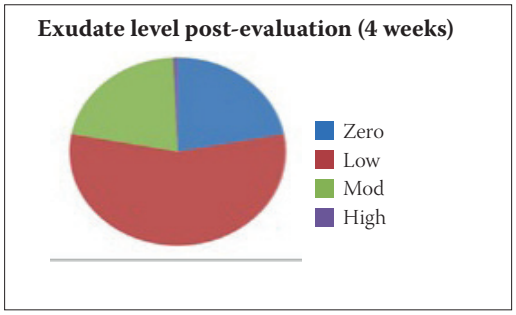

Figure 2b: Exudate levels after 4 weeks of treatment.

Evaluation results

Exudate levels for the wounds were assessed at baseline and after 4 weeks of treatment in all patients (*Figure 2a and 2b*). Periwound skin maceration was also assessed and found to have reduced — at baseline, 80 patients had macerated periwound skin, but this had resolved in all patients after 2 weeks of treatment.

All cases were managed successfully, with no reports of leakage. The dressings were also assessed for pain levels at dressing change: at onset, 98% (148) of patients had pain scores of 1–10; 15% experienced pain at first dressing change; and 0 patients experienced pain by the second dressing change.

Fewer dressing changes were required. Before treatment with Cutimed Siltec, the average dressing change was every 6–24 hours; with Cutimed Siltec, the average was 48–72 hours (*Figure 3*). By the fourth dressing change or less, 90% of patients had increased wear time.

By the end of the evaluation, all patients who were asked wanted to continue on the treatment regimen and 95% of clinicians involved stated that the Cutimed Siltec dressing worked better than other foam alternatives previously used. Patients commented in particular on the ease of use, and said that they could manage their own dressings and be more involved in their own treatment. The patients' comments on the dressing are summarised in *Box 2*.

CONCLUSIONS

To close the symposium, the audience were asked some of the previous voting questions again, to gauge whether opinions had changed. When asked who should decide which products go to formulary, 94% now thought that this should be based on a collaborative approach (compared with 80% previously). It was reiterated that a collaborative approach is vital and this should include the patient and carer.

Of the delegates, 100% now agreed that clinical/product evaluations are an important driver for changing practice, and 100% believed that such evaluations most benefit the patient.

Moreover, 96% of delegates agreed that there should be greater consistency in the methodology/approach used for product evaluations in the UK — emphasising that 'patients should have consistency of care, wherever they are.'

Finally, 99% of delegates agreed that there should be a forum for sharing the results of clinical/product evaluations in the UK — as Sharon noted, a collaborative approach is vital and sharing knowledge could benefit patients and practitioners across the UK.

Summing up, Sharon said: 'Our clinical aim is all the same: a clean wound and a full healing process. The main thing is happy patients and happy nurses.' WUK

ACKNOWLEDGEMENT

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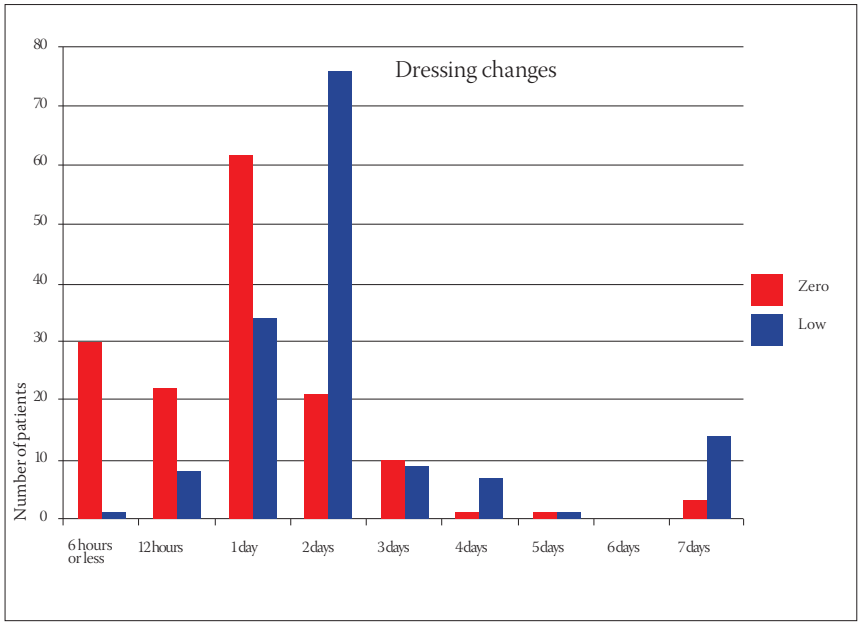

Figure 3: Dressing change frequency pre- and post-Cutimed Siltec treatment.