

Improving holistic assessment of chronic wounds: how to meet patient expectation using the new Best Practice Statement

KEY WORDS

- ▶ Patient engagement
- ▶ Patient expectations
- ▶ Patient involvement
- ▶ Wound assessment

The Wounds UK Best Practice Statement 'Improving holistic assessment of chronic wounds' emphasises the need for wide-ranging assessment that considers the impact of all aspects of the patient's health and wellbeing on the healing process. Each best practice statement has an accompanying 'Patient Expectation', which indicates to patients what to expect in care. This article provides a guide to the Patient Expectations and how to discuss these with your patients to engage them in their treatment.

Improving holistic assessment of chronic wounds is a vital area of current focus. The new Wounds UK Best Practice Statement (*Improving holistic assessment of chronic wounds*, free to download from the Wounds UK site) emphasises the need for wide-ranging assessment that considers the impact of all aspects of the patient's health and wellbeing on the healing process, resisting the temptation to make the wound the sole focus. The document aims to support best practice and ensure that thorough, holistic assessment leads to improved outcomes (Wounds UK, 2018). This should be based around a structured system, such as the CASE wound assessment framework (*Figure 1*).

Large and increasing numbers of patients in the UK are living with a chronic wound, and it is predicted that prevalence of chronic wounds will increase at a rate of 12% per year due to delayed healing (Guest et al, 2017).

Assessment has been identified as a key focus for improving wound care practice. The Commission for Quality and Innovation (CQUIN) has introduced an indicator based on assessment, aiming to specifically improve care. This is one of 13 indicators for 2017–2019, with the goal 'to increase the number of full wound assessments for wounds which have failed to heal after 4 weeks' (NHS England, 2016). The implementation of this indicator links rates of wound assessment with funding payments. In doing so, this practice aims to improve wound assessment and overall care standards.

The Burden of Wounds study (Guest et al, 2015) found that rates of assessment are variable and often suboptimal in current practice, affecting ensuing care pathways. For example, approximately 30% of wounds were found to have no differential diagnosis.

Improving wound assessment can influence and improve care by:

- ▶ Improving healing rates
- ▶ Reducing the physical emotional and socioeconomic impact of wounds on patients
- ▶ Benefiting practitioners and the NHS by reducing the overall burden of wounds, potentially decreasing workload and the costs associated with wound care
- ▶ Raising practitioner and patient morale by improving patient outcomes (Wounds UK, 2018).

Patient involvement and empowerment plays a key role in optimising treatment and improving patient experiences. Encouraging patients to self-care and be involved in their treatment has been shown to improve outcomes (Wounds International, 2016).

As such, as well as best practice statements, the new document is built around 'Patient Expectations' at each stage. This article provides a guide to the Patient Expectations and how these can be developed to open up conversations with your patient about self-care, and how their engagement can help to optimise their treatment.

JACQUI FLETCHER
Independent Nurse Consultant,
UK

SIMON BARRETT
Lead TVNS, Humber NHS
Foundation Trust, UK

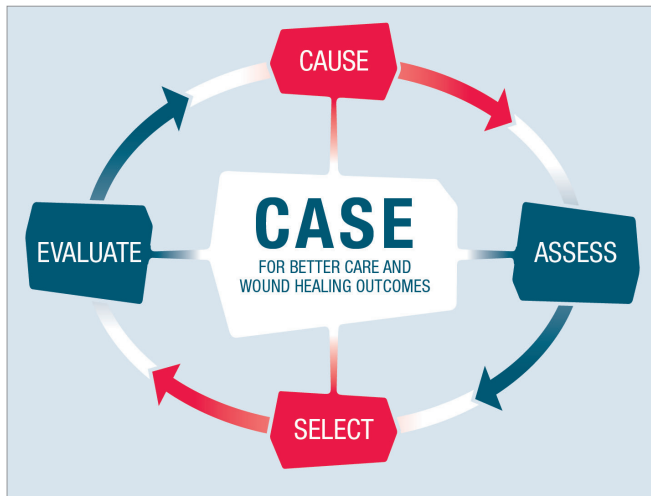


Figure 1. The CASE wound assessment framework takes a holistic approach for better wound healing outcomes

PATIENT EXPECTATION 1: ASSESSMENT

You and your wound(s) will be assessed fully when you first show your wound to a nurse, podiatrist or doctor. If you go into hospital to stay for one or more nights, in most circumstances, you should receive the assessment within 6 hours of admission (excluding time spent in A&E) no matter the reason for your admission, or when a wound develops if it was not present before.

For the patient:

It is worth thinking about your initial appointment in advance of your appointment, and perhaps making your own notes to bring with you. This will help your healthcare practitioner understand you and your wound, and how to best help you with your treatment.

You might want to think about how to answer questions, such as:

- ▶▶ How did your wound happen?
- ▶▶ What bothers you the most about it?
- ▶▶ How is this affecting your daily life?
- ▶▶ What (if any) treatments have you tried previously?

PATIENT EXPECTATION 2: DOCUMENTATION

Every time you have an appointment with a registered healthcare practitioner about your wound, e.g. with a nurse, podiatrist or doctor, they will record the key facts about you, your wound, the aims of treatment, how you will be treated and when you will be seen again.

Discussion with your patient:

You may be seen by multiple practitioners, so it is important to try to keep organised to get the best out of your treatment. Bring your notes (if applicable) and a diary to keep track of appointments. If the organisation delivering your care uses a Patient Passport, make sure you use this.

PATIENT EXPECTATION 3: COMMUNICATION

The healthcare staff looking after you and your wound(s) should communicate with you in a clear way that helps you to understand your care, includes you in decision-making and, if you wish, involves you in looking after your wound(s).

What to say to your patient:

If possible, think ahead about whether you have any potential issues with communication, so that staff can help — e.g. organise a translator. If you hear or read any medical/anatomical words or terms that you don't understand, ask for more information. Ask for written information or more time to think if you're unsure.

You might be involved in looking after your wound, so think about how involved you are willing, and able, to be. Consider what support you have available, and perhaps bring a friend, family member or carer to your appointment if it would be helpful.

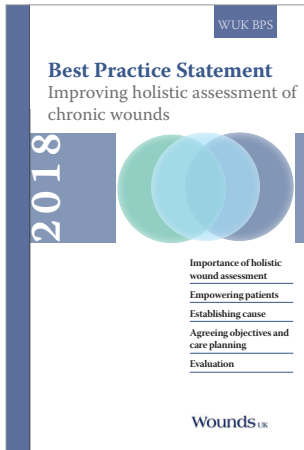
PATIENT EXPECTATION 4: CONTRIBUTING FACTORS

You and your wound(s) will receive a thorough assessment that includes: finding out what type of wound you have; what is likely to have caused it; whether you have any other conditions or issues that might delay healing of your wound(s) or increase your risk for another wound; the effect of the wound on your day-to-day life; and, how involved you would like to be in the care of your wound(s).

What to say to your patient:

If possible, make a list prior to your appointment that includes your day-to-day activities and how your wound affects them. Think about whether there is anything that causes particular problems.

Think about your overall health in ways that may not seem directly related to your wound — such as any other health conditions or medications you are currently taking.



Best Practice Statement:
Improving holistic assessment of chronic wounds, available free to download from the Wounds UK site at <https://www.wounds-uk.com/resources/details/best-practice-statement-improving-holistic-assessment-chronic-wounds>

PATIENT EXPECTATION 5: EXAMINATION

You and your wound(s) will receive a thorough assessment that includes examination of the wound(s) and your wound-related symptoms, and discusses how involved you would like to be in your own care. You will be asked to give permission before any photographs of your wound are taken.

What to say to your patient:

Ask any questions about the examination, and explain any additional information that may be useful — e.g. the cause and history of your wound, any symptoms or additional issues associated with your wound.

You may be asked to have your wound photographed, and you can ask why. In many cases the photograph will simply remain in your record, so your wound can be monitored over time and help direct your care. Case studies and photographs of wounds can be extremely useful in education and training. Photographs/case studies may also be featured in publications. While the photograph of your wound may be used in various formats, your consent is required and you will not be identifiable.

PATIENT EXPECTATION 6: SETTING OBJECTIVES

After assessment of you and your wound(s), the practitioner coordinating your care will discuss and agree with you the aims for your treatment and any further tests you need. They will then plan your treatment and discuss with you how you could take part in your care.

What to say to your patient:

It is important that you are involved with decision-making where possible and that you and your practitioner agree the aims of your treatment together. This will help you to stick to your treatment and get the best out of it, as it will be tailored to fit your needs and lifestyle.

You may need to make return appointments if further tests are required, as these cannot always be carried out on the same day — e.g. for blood tests.

PATIENT EXPECTATION 7: REVIEW

The progress of your wound will be checked at every dressing change. The person changing your dressing will also check your treatment plan to make sure everything is on course.

Discussion with your patient:

You will be asked about your wound at every appointment, so keep your notes and questions in mind. You may see multiple practitioners who will each need to know about your wound and its progress. You are the person best placed to know about your wound and its progress. It is worth thinking about if your wound is getting better (or worse), and any possible reasons for this. Think about factors such as wound size, frequency, level and type of pain, smell and any changes in appearance.

PATIENT EXPECTATION 8: HOLISTIC REASSESSMENT

You and your wound will be fully reassessed at regular intervals or if you or your wound get worse. After the reassessment, the healthcare practitioner looking after you will talk to you about how your treatment might need to be adjusted.

What to say to your patient:

As your wound changes and progresses, your treatment plan may be changed accordingly. This may be due to improvement to your wound or a change in treatment objectives. If you do not understand how or why your treatment is being changed and how this will work with your lifestyle, ask for more information.

If your dressing and treatment regimen has been working well for you and resulted in improvements, it may be that you feel reluctant to make changes. If so, talk to your practitioner about the reasons for this and how your treatment can be tailored to your needs and lifestyle.

PATIENT EXPECTATION 9: TELECOMMUNICATION TECHNOLOGY

The healthcare worker looking after you and your wound may suggest that you telephone, email or video call them to keep in touch about your progress and care. Video calling might also be used if you need to see a wound specialist.

What to say to your patient:

Depending on the resources available in your area, technology may be used to help monitor and track your wound and its treatment. You may also want to use technology yourself if this is available to you. You could take photographs on your phone to help track progress or issues you want to raise at your next appointment. If you want to participate

Acknowledgment

This article has been supported by BSN medical

in your own care you may find taking a sequence of photographs or videos — e.g. of the clinician changing your dressing — helpful to remind you of what to do and how to do it.

Keeping a diary in order to keep track of your own treatment and progress, particularly with multiple or different practitioners, is beneficial in whatever form best suits you — paper or electronically.

TIPS IN PRACTICE

Patient involvement is becoming more integral to treatment, and it's important to make sure that this is managed appropriately in order to achieve the best outcomes. Outcomes — and how assessment can guide these — should always be the focus.

While involving patients and encouraging self-care is the aim wherever possible, patients' ability and willingness to engage will vary, and this should be considered, with levels of involvement tailored accordingly.

Helping patients to build their confidence over time may be beneficial when dealing with those who are living with a chronic wound. Self-care may feel overwhelming to the patient at first, but building their confidence can help them to become more empowered as their treatment continues.

Establishing the level of support available, and involving relevant family members, friends and carers, is important. Appropriate support in treatment regimens should be established wherever possible.


It may be useful to bear in mind that patients learning as they undertake their own treatment should be encouraged. Small steps and 'picking your battles' in order for patients to learn may be useful — i.e. starting with small tasks, may help to build their confidence and increase their involvement over time, which will be increasingly beneficial in the long term.

Finding the most suitable strategies for patient education is crucial. Clear communication and easily relatable instructions will help the patient to be more involved and feel confident. Using technology, such as videos or photos of how you conduct the treatment — e.g. dressing changes — may help to serve as a memory aid to patients when they come to undertake the tasks themselves.

CONCLUSION

Engaging patients with their wound assessment and ongoing care is becoming an ever growing

part of the treatment paradigm. Clear communication, establishing family support and harnessing technology are some ways to foster patient involvement.

As well as patient expectations, the *Best Practice Statement: Improving holistic assessment of chronic wounds* provides tools and recommendations to complete holistic wound assessments, such as tips on photographing wounds and accurately recording the location of a wound. For other free assessment tools and education from BSN medical, email concierge.service@bsnmedical.com. 

REFERENCES

- Guest JF, Ayoub N, McIlwraith T et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 5(12): e009283
- Guest JF, Vowden K, Vowden P (2017) The health economic burden that acute and chronic wounds impose on an average clinical commissioning group/healthboard in the UK. *J Wound Care* 26(6):292-303
- NHS England (2016) *Commissioning for Quality and Innovation (CQUIN): Guidance for 2017–2019*. Available online at: <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/> (accessed 20.09.2018)
- Vowden P (2011) Hard-to-heal wounds Made Easy. *Wounds International* 2011; 2(4): Available from: www.woundsinternational.com
- Welch D (2017) A clinical evaluation of Woulgan® Biogel in the management of non-infected diabetic foot ulcerations. *Diabetic Foot Journal* 20(1):43–7
- Wounds International (2012) International consensus. Optimising wellbeing in people living with a wound. An expert working group review. London: *Wounds International*. Available from: www.woundsinternational.com
- Wounds International (2013) International consensus. Making the case for cost-effective wound management. *Wounds International* 2013. Available from www.woundsinternational.com
- Wounds International (2016) *Best practice statement: Optimising patient involvement in wound management*. Available to download from www.woundsinternational.com
- Wounds UK (2016) Best Practice Statement: Holistic management of venous leg ulceration. London: *Wounds UK*. Available to download from: www.wounds-uk.com
- Wounds UK (2017) Consensus Document. Recognising, managing and preventing deep tissue injury (DTI). London: *Wounds UK*. Available from: www.wounds-uk.com
- Wounds UK (2018) *Best practice statement: Improving holistic assessment of chronic wounds*. Available to download from www.wounds-uk.com
- Zykova SN, Jenssen TG, et al (2000) Altered cytokine and nitric oxide secretion *in vitro* by macrophages from diabetic type II-like db/db mice. *Diabetes* 49:1451-8
- Zykova SN, Svartberg J, et al (2004) Release of TNF-alpha from *in vitro*-stimulated monocytes is negatively associated with serum levels of apolipoprotein B in patients with type 2 diabetes. *Scand J Immunol* 60:535-42
- Zykova SN, Balandina KA, et al (2014) The macrophage stimulating agent soluble yeast beta 1,3/1,6-glucan as a topical treatment of diabetic foot and leg ulcers: a randomised, double blind, placebo-controlled phase II study. *J Diabetes Investigation* 5(4):392-9