Bridging clinical expertise and project delivery: Collaborative success in implementing a digital wound app across community services

The increasing demand for digital solutions in community wound care presents both opportunities and challenges for clinical teams. Successful implementation requires not only appropriate technology, but effective collaboration between clinical and operational roles. This article explores the rollout of a digital wound application across a community division at South Warwickshire University NHS Foundation Trust (SWFT), highlighting the partnership between a Tissue Viability Clinical Lead and a Project Manager. Each role brought distinct but complementary expertise: clinical knowledge ensured the application was relevant, safe and aligned with practice, while project management provided structure, coordination, and momentum for delivery. Through joint planning, shared decision-making and continuous engagement with frontline staff, the collaboration supported a smoother implementation and improved adoption. The article discusses key benefits, challenges and lessons learned, demonstrating how integrated working can enhance digital transformation initiatives. It concludes with practical recommendations to support tissue viability nurses in leading and contributing to future innovation.

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Across community services, the pressure to deliver safe, consistent and effective wound care has never been greater. Rising caseloads, complex wounds and variation in documentation have created a clear need for digital solutions that support clinicians in real time.

When South Warwickshire University NHS Foundation Trust (SWFT) introduced a digital wound assessment (DWA), it quickly became evident that success relied on close collaboration between clinical and project teams. The tissue viability clinical lead and project manager brought different, but complementary, strengths, shaping a shared approach that blended clinical credibility with structured delivery. The partnership ensured the system aligned with everyday practice, supported staff through change and delivered meaningful improvements in care. This article explores how collaborative working can accelerate digital transformation and empower tissue viability teams to lead future innovation.

Background and rationale

Community nurses are under increasing pressure to deliver high-quality evidence-based wound care to a growing population with complex and often hard-to-heal wounds (Zhang et al, 2010). However, there is often a lack of standardisation of wound assessment and documentation, resulting in variation in care, difficulty in tracking wound progression and problems with demonstrating outcomes.

Traditional paper-based or electronic patient record (EPR) documentation can also limit the ability to capture acute, timely data, while workforce pressures and caseloads increase reducing the time available for comprehensive assessment and record keeping. These challenges create a clear need for change and update existing NHS infrastructure. Improving patient safety, reducing unwanted variation in practice and supporting continuous quality improvement were key drivers for the project. There was also a recognised need for more robust data collection to support clinical audit, service evaluation and strategic planning of wound care. DWA offers several potential benefits, including real-time documentation, standardised assessment, image capture, speed assessment completion and give tissue viability services oversight of wound care.

Introducing digital technology into clinical services requires more than clinical ideas. Successful implementation depends on strong clinical leadership to ensure relevance and safety, alongside structured project management to coordinate delivery, engage

stakeholders and support sustainable adoption across services.

The two key roles: clinical lead versus project manager

Successful digital transformation in healthcare requires the integration of distinct but complementary skill sets. In this initiative, the partnership between the tissue viability clinical lead and the project manager exemplified how interprofessional collaboration can drive healthcare transformation (Reeves et al, 2017).

At SWFT tissue viability and the project team brought interdependent expertise to the digital wound management app rollout. The author contributed specialist wound care knowledge, understanding of patient pathways, clinical governance and credibility with frontline staff. Her input ensured the application was safe, clinically relevant and aligned with best practice through standardised templates and integration with trust-approved formularies. She also acted as a vital bridge between the project team and clinical colleagues.

Conversely, the project manager provided structured project management expertise, including timeline and milestone management, stakeholder coordination (IT, finance and clinical services), risk mitigation, training logistics and development of the invest-to-save business case. Acting as the single point of contact with the vendor, he maintained consistent communication. The project followed approved methodologies with weekly meetings and monthly project board oversight.

Neither role alone would have sufficed. Their partnership embodied the project's core tenet that collaboration is better than isolated expertise, delivering both clinical integrity and operational success.

Building the collaborative partnership

The development of an effective collaborative partnership between the tissue viability clinical lead and project manager was deliberate and structured, recognising that interdisciplinary teamwork is a critical success factor in health information technology implementation (Cresswell et al, 2013).

Establishing a shared vision and goals was fundamental. Both leads jointly developed the project initiation document, undertook patient journey mapping, options appraisal, and process mapping across integrated place based teams, tissue viability nurses and the leg ulcer service. These activities identified key integration points for technology, revealed that only four in ten patients had a care plan and highlighting inconsistencies and creating alignment around standardised assessments, improved healing rates and enhanced patient safety.

Roles and responsibilities were explicitly defined from the outset, with the clinical lead leading on clinical content, safety, pathways and formulary alignment, and the project manager overseeing delivery, stakeholder coordination and governance.

Regular meetings and engagement with the senior responsible owner, finance, quality teams and external trusts supported transparent decision making, mutual learning and trust

Bidirectional learning occurred naturally, complemented by joint authorship of key documents (requirements specification, standard operating procedures and benefits realisation plan). This further embedded trust and ensured alignment throughout the project lifecycle, creating a resilient partnership capable of navigating digital transformation.

Implementation in practice: how collaboration worked

The practical application of the collaborative partnership was evident across the project lifecycle, from planning to post implementation.

In the planning phase, the clinical lead and project manager jointly scoped requirements with place based teams, tissue viability nurses, the leg ulcer service, IT and quality matrons, translating clinical and operational needs into a specification that informed supplier shortlisting and selection of a 6-month no cost eKare inSight (eKare, the Netherlands) pilot.

Caseload cleansing, care plan updates, drafting of standard operating procedures, development of a governance roadmap and benefits realisation planning were all undertaken collaboratively to ensure coherence between clinical practice and delivery expectations.

During the engagement phase, the clinical lead held conversations with frontline staff, contextualising the app within daily practice, addressing concerns, clinical judgement and safety. Simultaneously, the project team engaged IT, finance, quality and senior leadership through targeted presentations and briefings, securing strategic buy in and advancing the invest-to-save business case.

Training and rollout followed a phased, milestone driven approach. Staff devices were configured in advance, training materials were shared beforehand, and floorwalking by the clinical lead, project manager and vendor representatives offered/provided real-time coaching during the pilot and wider rollout.

Problem solving was differentiated but joint: clinical issues (care plan quality, formulary adherence, peer review) were led by the clinical

lead, while operational issues (connectivity, log ins, technical support) were managed by the project team, with cross cutting problems resolved in structured meetings. Vendor contact with staff was channelled through the project team to maintain consistent messaging.

Continuous feedback informed iterative refinement of workflows and templates. Early wins: reduced documentation time and improved care plan completion helped sustain momentum. Training materials were uploaded to the Trust's e-learning platform, and post-implementation support through app ambassadors, regular base visits, direct project manager access, combined with full EMIS integration and dashboard availability, ensured seamless embedding.

The pilot success led to approval for full rollout across all community place-based teams, validating the collaborative approach and aligning with national wound care strategy goals.

Benefits of collaborative working

The collaborative partnership between tissue viability and the project team generated benefits for patients, staff, the organisation and the overall success of the project. By combining clinical expertise with structured project delivery, the implementation was able to achieve both clinical and operational objectives.

For patients, the introduction of a DWA supported greater consistency in wound assessment and documentation, helping to reduce variation in care. Standardised assessments, image capture and ongoing monitoring improved the ability to track wound progression, supporting timely clinical decision making and enhancing patient safety.

For clinicians, the collaboration provided reassurance and support throughout the change process. The visible involvement of both clinical and project leadership also helped staff feel supported and engaged throughout implementation.

From an organisational perspective, the partnership contributed to stronger adoption of the DWA, improved quality and accessibility of wound care data and more efficient service delivery. Enhanced data collection has created opportunities for audit, quality improvement and service planning.

For the project itself, collaborative working enabled rapid identification and resolution of issues, increased stakeholder engagement and reduced resistance to change. The combination of clinical credibility and project management expertise was instrumental in achieving sustainable implementation and delivering meaningful improvements in wound care services.

Challenges and lessons learned

Despite overall success, challenges highlighted the value of collaborative working.

Differences in priorities occasionally surfaced, with clinical teams focused on patient safety while project stakeholders emphasised timelines and benefits realisation. This tension required transparent negotiation and shared decision-making (Greenhalgh et al, 2017). Regular communication enabled constructive resolution.

Time constraints for clinicians balancing project demands with patient care, and variation in digital confidence among staff, added further complexity. These were mitigated through early engagement with professional leads and locality managers for protected time, floorwalking support, app ambassadors, and online training resources. Key lessons learned include: engage stakeholders early and continuously; maintain consistent communication through a single point of contact; co-design solutions with end-users; remain flexible and responsive to feedback; and ensure sustained post-go-live support. These approaches mitigated risks, accelerated adoption and demonstrated that integrated clinical–project leadership is indispensable for successful digital transformation, aligning with evidence emphasising user engagement and iterative design (Cresswell and Sheikh, 2019).

Key recommendations for tissue viability nurses

As digital transformation continues to shape healthcare delivery, tissue viability nurses have an important role in influencing and supporting change. Successful implementation of a DWA is strengthened when clinical expertise is combined with the skills of project managers, digital specialist, industry partners and operational teams. Nurses should actively embrace these partnerships and recognise the value that non-clinical colleagues bring in areas such as planning, stakeholder engagement, coordination, governance and implementation. Early involvement in digital initiatives is essential to ensure that systems are clinically relevant, safe and aligned to patient needs.

Tissue viability nurses are well placed to act as clinical champions, advocating for best practice, supporting colleagues and providing valuable feedback throughout implementation. Focusing on shared objectives, such as improving patient outcomes, enhancing safety and increasing service efficiency can help to overcome traditional professional boundaries and foster productive collaboration. Equally important is supporting colleagues through periods of change by listening to concerns,

sharing learning and promoting confidence in new ways of working. By embracing collaborative leadership and innovation tissue viability nurses can play a pivotal role in shaping the future of wound care and driving sustainable improvements in clinical practice.

Conclusion

This project showed that successful digital transformation relies on more than technology, it depends on strong collaborative leadership. The partnership between clinical and project teams ensures the DWA was safe, relevant and fully embedded into practice and improving outcomes for patients. As demand for innovation grows, tissue viability nurses are uniquely positioned to champion change, influence system design and support colleagues through transition. By embracing collaboration and focusing on shared goals, they can continue to shape the future of community wound care and drive sustainable service important.

References

Cresswell KM, Bates DW, Sheikh A (2013) Ten key considerations for the successful implementation and adoption of large-scale health information technology. *J Am Med Inform Assoc* 20(e1): e9–13. doi: 10.1093/jamia/ocw037

Cresswell K, Sheikh A (2019) Organizational issues in the implementation and adoption of health information technology innovations: an interpretative review. *Int J Med Inform* 82(5): e73–86. doi: 10.1016/j.ijmedinf.2012.10.007

Greenhalgh T, Wherton J, Papoutsi C, et al (2017) Beyond adoption: A new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies. *J Med Internet Res* 19(11): e367. doi: 10.2196/jmir.8775

Reeves S, Pelone F, Harrison R, et al (2017) Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database Syst Rev* 6(6): p. CD000072. doi: 10.1002/14651858.CD000072.pub3

Zhang J, Yu KF, Yu X, et al (2019) Prevalence of depression and anxiety among patients with chronic obstructive pulmonary disease: a systematic review and meta analysis. *BMJ Open* 9(7): e024859. doi:10.1136/bmjopen-2018-024859.