Improving patient wellbeing through dressing choice

A meeting report from the 2013 *Wounds International* webcast aired on 8 May 2013

Health care has traditionally focused on the diagnosis and management of disease, often without regard for holistic patient wellbeing. However, the complex challenges faced by individuals living with chronic conditions, including wounds, have come to the fore in recent years, and a shift towards patient-centred models of care is underway. Clinicians have a key role to play in selecting interventions that support the patient and promote wellbeing.

The "Improving patient wellbeing through dressing choice" presentation forms part of the Wounds International interactive global webcast series. This webcast, which aired on 8 May 2013, was chaired by Professor Keith Harding, CBE, Director of the TIME Institute, School of Medicine, Cardiff University, UK.

Professor Harding opened with an outline of the aims of the webcast, which were to:

- Increase awareness of the impact of living with a wound on patients' wellbeing
- Inform how practitioners can use wellbeing-focussed approaches to promote concordance and influence patient outcomes
- Provide insight into building therapeutic relationships with patients to gain information on their wellbeing and how clinicians might act on this.

This webcast built on the international consensus document *Optimising Wellbeing in People Living With Wounds* (Wounds International, 2012), he said, and included case studies to highlight the implications of choosing the right treatment at the right time for the best patient outcome. He then introduced the two speakers as well as the patient who would give his experience of living with a wound.

DOCUMENTING WELLBEING

Trudie Young (Honorary Lecturer, Bangor University, UK) discussed the importance of documenting wellbeing in people living with wounds, and the responsibility of all involved in wound care management of promoting wellbeing. She began with a brief background to the international consensus document (Wounds International, 2012), which had clinician, patient, organisation and industry input. The document was developed through collective consensus statements derived from a range of healthcare professionals involved in wound care management, as well as feedback from workshops with service-user groups. The document was a useful resource for understanding and optimising wellbeing in wound care, she said.

Trudie then discussed quality of life (QoL; Bowling, 2001; Chang and Tamura, 2009) and its relationship with wellbeing. She stated that QoL is a concept that most people understand, and encompasses the physical, mental, social and spiritual aspects of wellbeing. Current tools for measuring QoL include health-related QoL measures (Chang and Tamura, 2009) such as generic tools (e.g. the Short-form 36 health survey, the Nottingham Health profile) and condition-specific tools (e.g. the Cardiff Wound Impact Scale). However, she noted that such tools focus more on emotional status rather than measuring wellbeing and capturing patient experience. Trudie outlined the recommendations for optimising patient experience, as detailed in the international consensus document (Wounds International, 2012), which in summary highlight the importance of people living with wounds being well informed and given the opportunity to be fully involved in the decisions surrounding their treatment.

A number of resources for promoting wellbeing are available; Trudie discussed how these can be used in clinical practice. Such tools should be practical and easy to use, enabling clinicians to focus on the patient as an individual and understand how their wound impacts everyday living.

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Trigger questions for clinicians

Trudie outlined a number of trigger questions that clinicians can use to assess a patient's wellbeing. For example, "Has your wound stopped you from doing things in the last week? If so, what?" and "Do you have anyone to help you cope with your wound?" She stressed that questions should be kept simple and focussed on the individual's situation.

Moodometer

A moodometer (http://www.2gether.nhs.uk/moodometer-app) is an app that the patient can use to rate how they are feeling. It is similar to the faces pain rating scales, which may be especially useful for people with communication difficulties.

Patient wellbeing diary

Clinicians might encourage patients to use the wellbeing diary to communicate a variety of information regarding the impact their wound has on their daily living. The diary provides a stimulus for patients to think about and record their wellbeing. The diary includes areas to detail:

- Treatment history (including site/type of wound, how often wound is dressed).
- How the wound and dressing affects daily living.
- Moodometer to rate, on a daily basis, how the patient feels about various consequences of living with a wound (e.g. body image, personal hygiene, pain).
- Questions the patient may have for their healthcare professional.

Online support

The patient-focussed "Wellbeing with a wound" website (www.wellbeingwithawound.com) offers support and advice for patients and healthcare professionals. This website features tools such as the interactive patient diary and a hints-and-tips section.

Trudie outlined the five-point plan for stakeholders to optimise patient wellbeing, as detailed in the international consensus document (Wounds International, 2012). She then concluded her presentation by stressing that wellbeing requires a collaborative approach between stakeholders, clinicians, and patients, and this can be supported by a number of tools to help initiate wellbeing-focussed discussions.

OPTIMISING WELLBEING IN PRACTICE

Tarnia Harrison (Tissue Viability Nurse Specialist, Medway NHS Trust, UK) presented ways in which to manage patients' wellbeing in practice, as well as case studies demonstrating how the wellbeing-focussed approach to patient care can impact outcomes. She began by discussing how a patient's life can be affected by living with a wound and ways in which these can be managed. For example, patients may experience anxiety or may feel conscious about their body image when living with a wound; however, if the healthcare professional builds a relationship with the patient, taking time to understand their situation and involving them in their treatment choice, patient's begin to feel enabled and more in control of their situation (Moffat et al, 2011).

Tarnia discussed how working with patients may improve concordance (Moffatt, 2004; Price, 2008); healing rates (Solowej et al, 2009) and help to reduce the economic burden of wounds (Tennvall et al, 2006). She stressed the importance of building a therapeutic relationship and considering the whole patient and their needs in order to improve wellbeing and the patient's experience of living with a wound. This was reinforced with the charge that "the best tool is communication".

The use of dressings that have been developed based on patient experiences, and designed to promote patient wellbeing by minimising exudate leakage, odour and the visual impact of strikethrough was discussed. Importantly, this has been the focus for a dressing developed by Smith & Nephew. Experience of using such dressings was then presented in the following case studies.

Case study 1

Tarnia presented the case of a 42-year-old man with diabetes with neuropathy and foot ulcer, who was awaiting a transplant as a result of end-stage renal failure. This man was a single parent with two young children whose challenges included frequent dressing changes (approx. three per day), restricted mobility and dialysis. His primary concern was the impact his wound has on his children's lives. He was unable to care for them and they were instead being looked after by his elderly

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mother-in-law. However, through treatment with the ALLEVYN™ Life (Smith & Nephew) wound dressing and being taught to self-care he was discharged earlier than scheduled. His exudate management improved over the course of his treatment and the frequency of daily dressing changes was reduced. He was then able to take his children to school and to the park, which was important to him.

Case study 2

The second case was a 65-year-old woman who during an outpatient appointment confessed to a nurse that she had a wound on her breast (fungating). She was a very private person who locked herself in the bedroom away from her husband and used measures (numerous sanitary towels and large-sized clothes) to conceal her malodour and altered body image. The prognosis was terminal and she had fears about the future. She was referred to a palliative care team and discussions about future wound progression and treatment goals, together with the use of the ALLEVYN Life dressing (secondary) produced positive outcomes. After only four dressing changes she was discharged, was able to wear her usual clothes and reported feeling more comfortable, although the wound did not heal. Her symptoms were managed more effectively, improving her wellbeing and quality of life.

Case study 3

Tarnia presented the case of a 55-year-old man who had sacral pressure ulcers of 5 months duration and reduced mobility. He had severe pain and itching around the wound with high levels of exudate. The dressing would not stay in place and this resulted in frequent dressing changes (approx. three per day) and further reduced mobility. On referral to the tissue viability team and his wound had been effectively treated with antimicrobial gel and ALLEVYN Life as secondary dressing. After 13 days, the wound size reduced. The pain and itching was alleviated, and he regained his original mobility.

Case study 4

The fourth case was introduced by Tarnia and later spoke about his wound. Ben, a 28-year-old male plumber, had a superficial injury to his outer left thigh and calf, caused by a footballing challenge. The thigh injury in particular caused him considerable pain, as it stuck to his clothes and bed sheets, limiting his mobility and ability to work. The thigh wound only was treated with ALLEVYN Life dressing. He had his dressing replaced after 3 days; 4 days later the wound had completely healed. He noted that the calf injury took a further 2 weeks to heal.

Tarnia outlined ideas for showing compassion, empathy and competency (Department of Health, 2012) in wound care, which involved:

- Listening to patients and being guided by what they say.
- Building a relationship based on mutual respect and trust.
- Giving the right treatment, to the right patient, at the right time.

She concluded that wellbeing-focussed care – including effective dressing choice and exudate management – can lead to an improved wound care experience. WUK

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