

Ongoing treatment evaluation is the only reliable guide to a product's effectiveness

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Randomised, controlled trials are widely regarded as the gold standard by which the clinical effectiveness of healthcare products should be evaluated. Debate continues as to the value of this method of product assessment in a complex area such as wound care. Any method that is employed to define a product's clinical value is, however, useless unless its ongoing effectiveness in a clinical area or with an individual patient is effectively monitored.

The recent European Wound Management Association position document on hard-to-heal wounds (2008) explores the complex inter-relationship of wound, patient, service and psychosocial factors on wound outcome and symptom control. This document emphasises the importance of monitoring the effectiveness of treatments over time. For individual patients this requires accurate documentation and regular reviews of progress with appropriate objective assessments, such as wound area measurement and wound bed status, and changes in treatment, onwards referral or the use of advanced wound care products when indicated.

The document recognises that inappropriate product selection, poor product application and service failures can all contribute to poor outcome and additional treatment costs. For individual patients clinical note-making and the use of outcome measurement tools such as TELER (Browne et al, 2004) allows assessment of multiple aspects of care

and have been recommended as a means of ongoing care evaluation.

Audit, a frequently under-used tool, provides a means to investigate wider care provision and, where necessary, implement change and evaluate outcomes by completing the audit cycle. Our experience of running a district-wide audit across primary and secondary care focusing on the prevalence, duration, management and outcome of both acute and chronic wounds for a population of 500,000 has certainly increased our

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understanding of local wound care needs and has highlighted areas where care or local services could be improved. Audit need not, however, be carried out on such a large scale as it can be used just as effectively to examine one aspect of care. To be used most effectively, audit should be regarded as an ongoing cycle of care evaluation used both to highlight areas of excellence as well as a means to monitor the impact of any implemented changes.

One of many common factors identified between our audit and an earlier similar audit carried out in Hull (Drew et al, 2007) was that many patients with

long-standing hard-to-heal or complex ulceration had not been referred for specialist opinion. The EWMA document emphasises that there are numerous reasons why wounds fail to progress and dressings alone form only one small component of the overall care package to encourage healing of the individual.

A number of companies have attempted to address criticisms levelled at their products by conducting post-marketing surveys of outcomes and patient acceptance. Such studies are, however, subject to bias. By incorporating an ongoing process of audit we as practitioners can provide more robust data on which to plan services and justify the use of products.

The NHS has changed and we are under ever increasing pressure to meet targets and change our practice. One of the best responses to these pressures is to know your service, understand your outcomes and measure the effect they have on your patient's quality of life. Measuring effectiveness can allow an appropriate response to external pressure and provide a means by which practitioners can introduce changes, such as using advanced products, into a service. **WUK**

References

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