

**15 JUNE 2022 7.30**

# HEALING WOUNDS IN UNDER 100 DAYS

**PAM COOPER**

CLINICAL PARTNER

**JULIE STANTON**

DIRECTOR OF NURSING

**JOHN McROBERT**

CLINICAL DIRECTOR

**PROF. DAVID GRAY**

MANAGING PARTNER







WOUND CARE TODAY

# LIVE Q&A

SEND IN YOUR QUESTIONS BY  
COMMENTING ON THE VIDEO

**Pioneer**  
WOUND TELEHEALTH

# ***DAVID GRAY***

## *Managing Partner*



WOUND CARE TODAY



# ***HEALING PATIENTS IN UNDER 100 DAYS***

## **Our aim:**

To heal patients in under 100 days whether in our Wound Healing and Lymphoedema Centres or via Telehealth.

To achieve our aim we:

1. Ensure all of our team undertake formal training in both wounds and lymphoedema.
2. Structure our assessments and treatment plans based upon an evidenced-based nine-step process.
3. Maintain a programme of ongoing education and competency frameworks.
4. Support patients to understand their underlying condition and the quickest route to healing.

We don't always achieve our aim, but we always ensure that the patient has been given the best opportunity to heal quickly.



# **JOHN MCROBERT**

## *Clinical Director*



WOUND CARE TODAY



# ***WHO ARE WE?***

- We are a nurse led team based in Sussex.
- We are obsessed with wound healing
- Our teams achieve excellent wound healing times.



# ***WHAT IS OUR WOUND PHILOSOPHY?***

- Accurate assessment and wound diagnosis leads to the most effective treatment
- Understanding that wound bed preparation is key
- Debridement and curettage to ensure the wound bed is as clean as possible
- Using the right compression to increase perfusion, manage oedema and soften help reduce fibrosis
- Patients are part of the team.

# WHERE ARE WE?

**CRAWLEY**

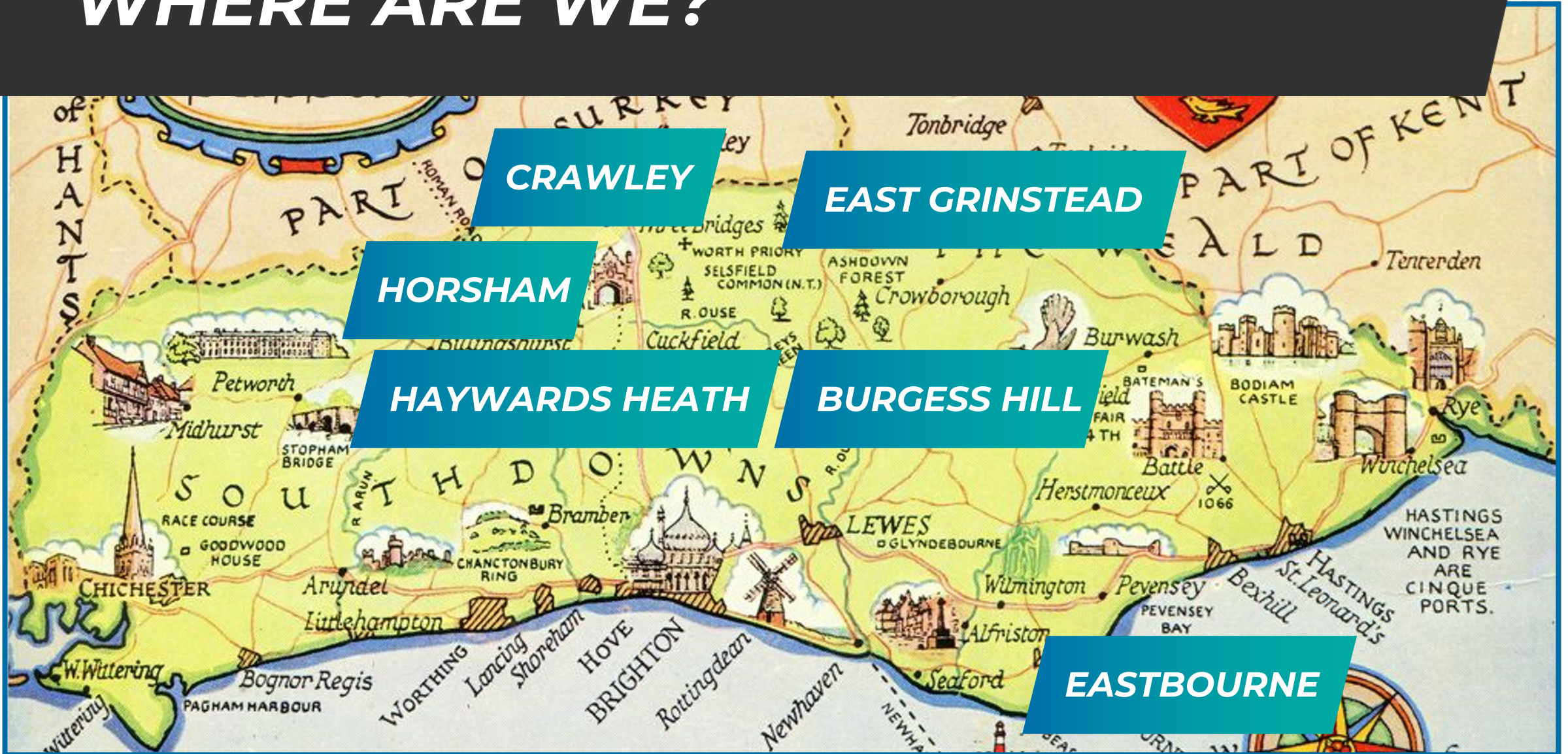
**EAST GRINSTEAD**

**HORSHAM**

**HAYWARDS HEATH**

**BURGESS HILL**

**EASTBOURNE**





# ***HYBRID NURSES***

- Our team are tissue viability trained and have undergone lymphoedema training
- We see wound bed preparation and oedema control as the priority in wound healing
- Our two-pronged approach allows us the opportunity to assess the wound bed and peri-wound skin
- Our nurses and patients look at ways to keep the wound bed clean and perfused, keep peri-wound skin healthy, and manage any limb oedema
- We have the knowledge and confidence to compress aggressively.

# ***WHY USE A LYMPH/WOUND APPROACH?***





# LYMPHOVENOUS DISEASE/LYMPHOEDEMA

- 52% and 69% of patients in the community have chronic oedema, 73% also have a leg ulcer (Moffatt et al, 2019)
- Conditions such as chronic venous insufficiency (CVI) may lead to the development of lymphoedema, which can delay wound healing
- As lymphatic drainage becomes further compromised, fibrosis begins to develop, leading to chronic oedema (Green and Mason, 2006)
- Fibrotic issues may impede wound healing and need to be managed effectively.

# ***HEALING STRATEGIES (THE LYMPH PART)***

- Aggressive compression bandaging
- Creative foam applications, such as chip pads or custom-cut, flat foam pieces to maximise the effect of compression bandages
- Kinesiotape bandage techniques to manage areas of densely fibrotic tissue
- Thigh-length application bandaging to effectively manage oedema to the knee and above
- Bandaging, hosiery and occasionally kinesiotape to manage foot and toe oedema.





# HEALING STRATEGIES (THE WOUND PART)

- Early wound debridement and curettage at every visit
- Thorough wound cleaning — guided by bacteria highlighting camera that enables pinpoint cleaning of areas that need special attention
- Appropriate use of antiseptic dressings
- Appropriate use of dressings to maintain moisture balance
- Patient education — exercise, nutrition, skin care, smoking



# ***HEALING STRATEGIES (THE WOUND PART)***

- Early referral for further review — vascular, plastics, dermatology
- Maintaining a friendly calm environment
- Fostering a mutual trust and respect with our patients
- Working through concordance with empathy, understanding and ideas.



# ***TEAM'S CLINICAL OUTCOMES***

- We looked at our Mid Sussex team's venous leg ulcer (VLU) healing data from 2013–2019
- Over a period of six years we accepted 1015 referrals for VLU
- 86.14 % (n=874) healed and discharged
- Mean time to healing = 117 days
- Average number of visits = 17.



# ***HEALING OUTCOMES 2020–2021***

## **2020**

VLU — mean days to heal = 79.9 days

VLU — an average of 16 visits

VLU patients healed and discharged = 88%.

## **2021**

VLU — mean days to heal = 77.9 days

VLU — number of visits = 15

VLU patients healed and discharged = 89%.

# ***SUMMARY***

- For over eight years our team has developed a unique approach to caring for lower limb wounds delivering wound care in dedicated wound centres
- An approach that requires the clinicians to have knowledge and understanding of lower limb oedema, reducing and relieving fibrosed tissue and paying meticulous attention to wound bed preparation
- We are achieving results for our patients that reduce the time they need to spend in clinics and reduce the cost of chronic wound care
- We continue to look for new ways to get our patients healed up as fast as we can.

# ***PAM COOPER***

## *Clinical Partner*



WOUND CARE TODAY





# ***NURSING HOME TELEHEALTH SERVICE***

In 2016, telehealth services were contracted by the clinical commissioning group (CCG) to provide specialist services to the nursing/care homes within East Sussex.

Following a clinical incident involving a NH patient the CCG recognised that these patients required an equitable service in the provision of specialist tissue viability services.

579 patients were referred to the service between 1st May 2017 and 30th April 2020.

# METHODOLOGY

**Step 1:** Patient referred by nursing/care home — referral includes images.

**Step 2:** Patients triaged, prioritising urgent reviews by tissue viability nurse consultant (TVNC).

**Step 3:** Patients then seen by healthcare support worker (HCSW) for more holistic assessment and images.

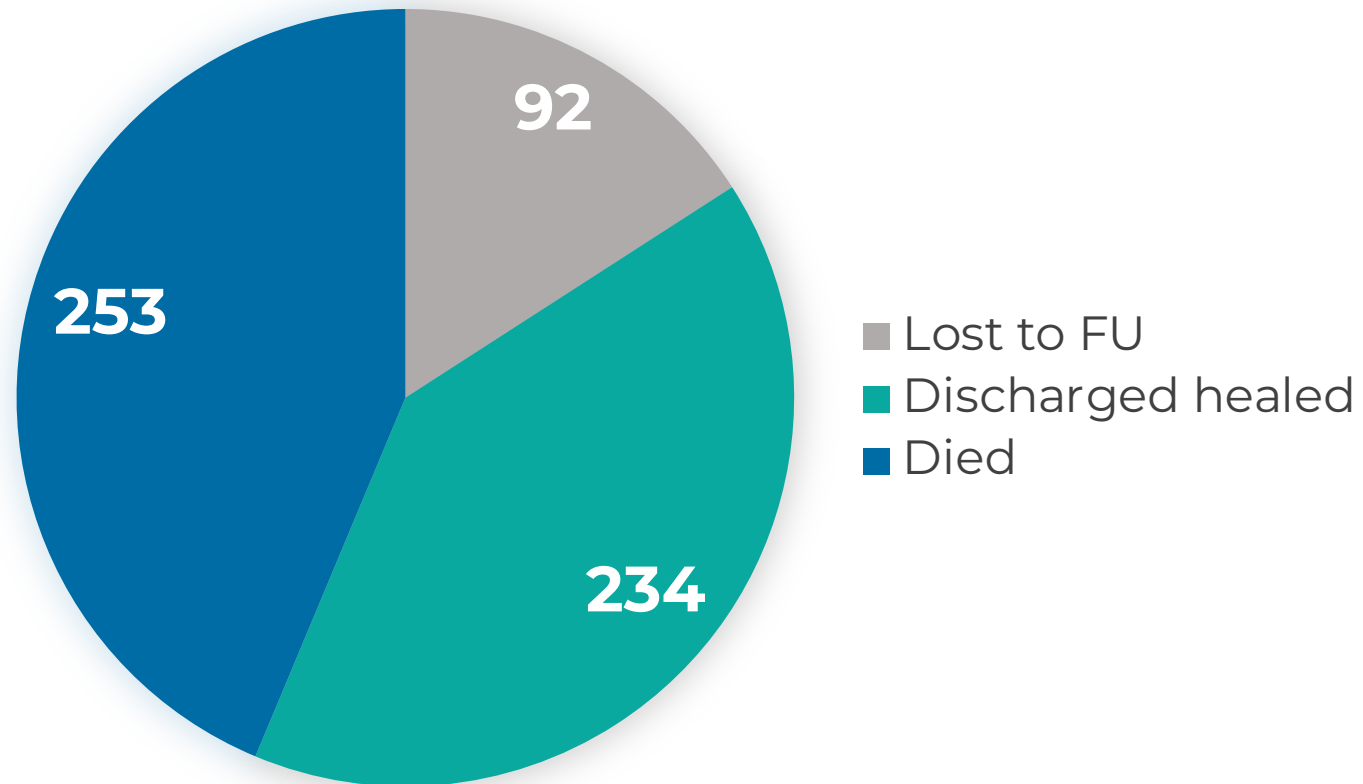
**Step 4:** The specialist TVNC then reviews information gathered, may contact nursing home and collaborate with the staff caring for the resident to understand their health needs in more detail, building a comprehensive picture of the patient. The TVNC will then provide a care plan specific to that patient's care needs with a next review date.

**Step 5:** Care plan and dressings delivered to nursing/care home to prevent delay in starting treatment, unless specific prescription is required.

**Steps 2–5:** will be repeated until patient is discharged or dies.

# PATIENT COHORT

Patient breakdown – total of 579 patients





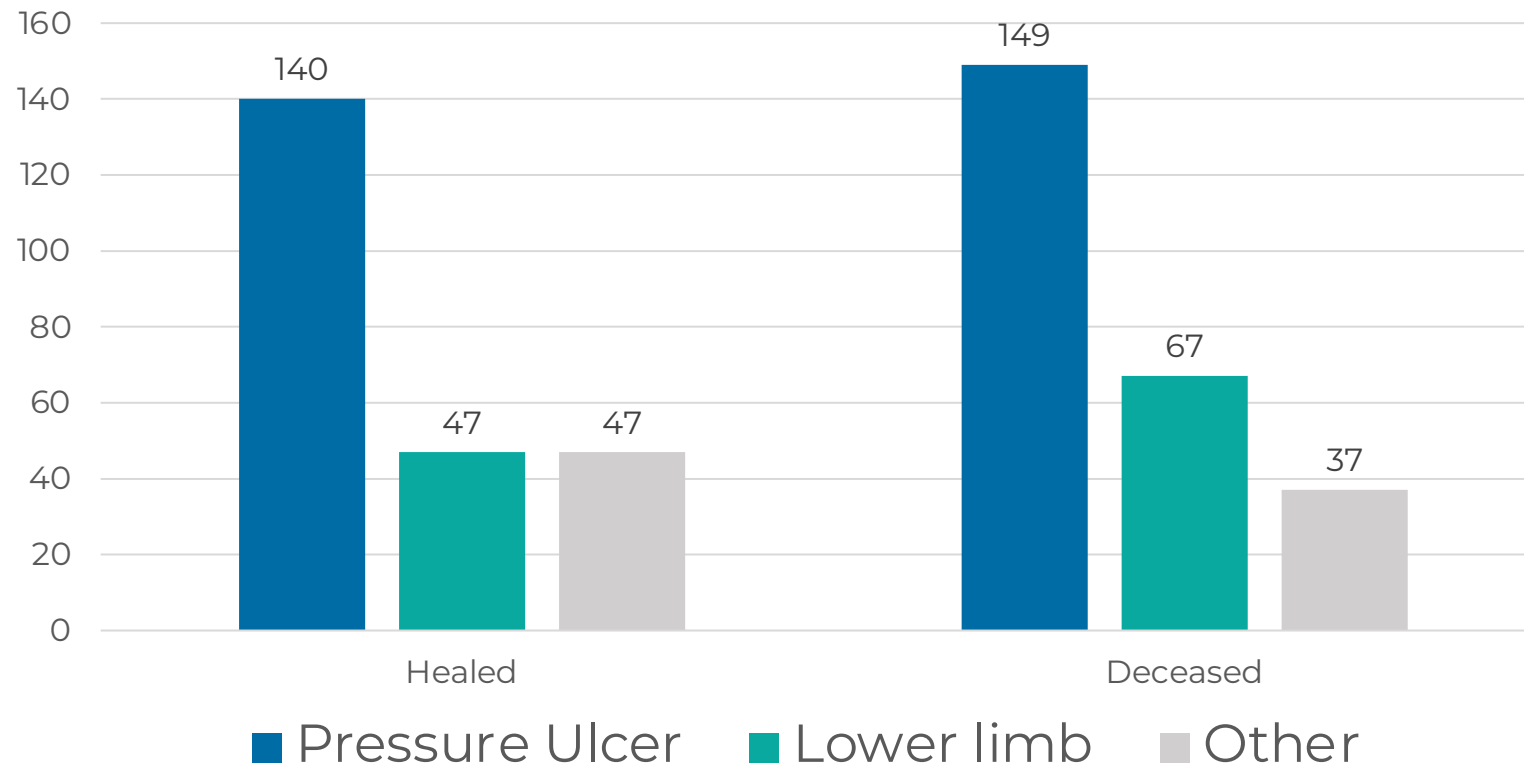
# RESULTS

Patient group	Time to healing or death
Healed	Mean 103 Range 7–893
Deceased	Mean 86 Range 1–867

- The data demonstrates that 40% of those referred healed in a mean of 103 days — benefits of proactive care
- However, we also recognise that 44% died and, in this group, 75% died within 100 days of referral — suggesting a palliative wound care service is required

# RESULTS

## Wound types as per discharge



# CASE REPORT



2<sup>nd</sup> review 16.09.2018



Final review 10.01.2019



# CONCLUSION

- Telehealth has enabled specialists to provide an equitable service promoting safety and risk reduction in high-risk patients
- Over 40% healing was achieved in very high-risk patient group
- Data supports a two-pronged process — those that will heal but recognising those on end-of-life pathway.

# ***JULIE STANTON***

## *Director of Nursing*



WOUND CARE TODAY



# ***PARTNERSHIP WORKING***

In 2021, Pioneer Telehealth entered a contractual partnership with an NHS partnership trust to support their existing tissue viability services in wound care clinics across the city.

CWPT has identified that their existing service provision was hindered by the presence of large numbers of patients with non-healing chronic wounds. This had led to a large waiting list for patients wanting to access the clinic.

# PARTNERSHIP WORKING

One hundred and twenty-eight patients were identified and referred to Pioneer and triaged into the following three categories:

**Category 1:**

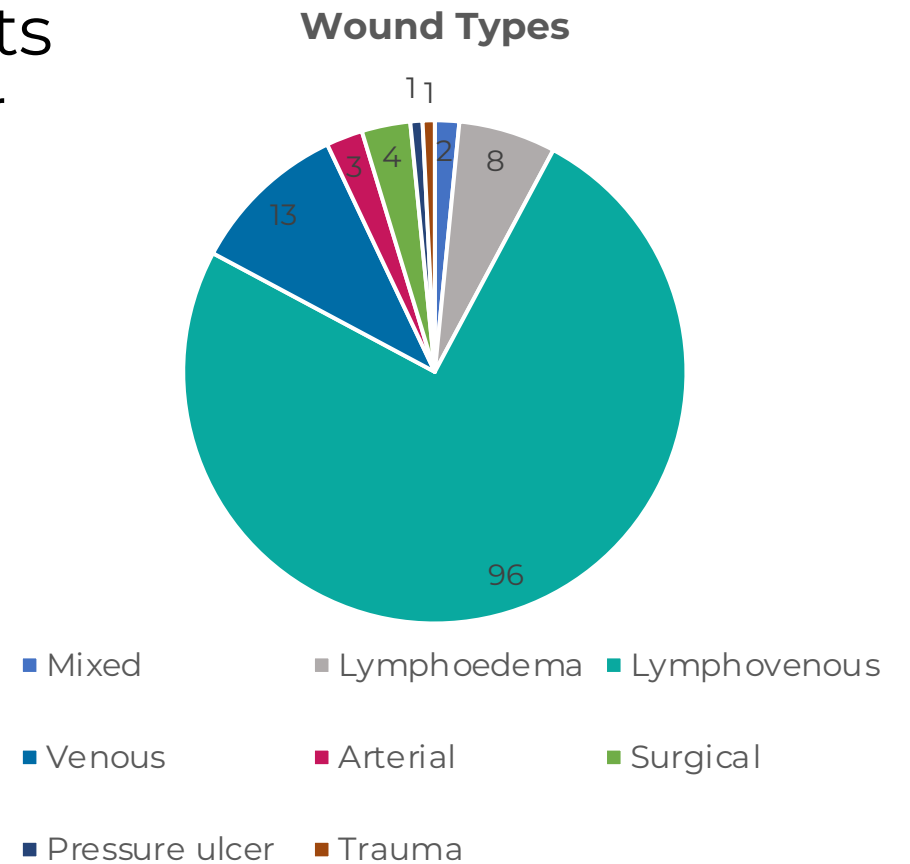
Maintenance pathway

**Category 2:**

Specialist referral pathway

**Category 3:**

Clinical treatment pathway





# ***CATEGORY 3 — CLINICAL TREATMENT PATHWAY***

**Definition:** Non-healing wounds with standard wound aetiologies with no significant barriers to healing identified.

## **Plan:**

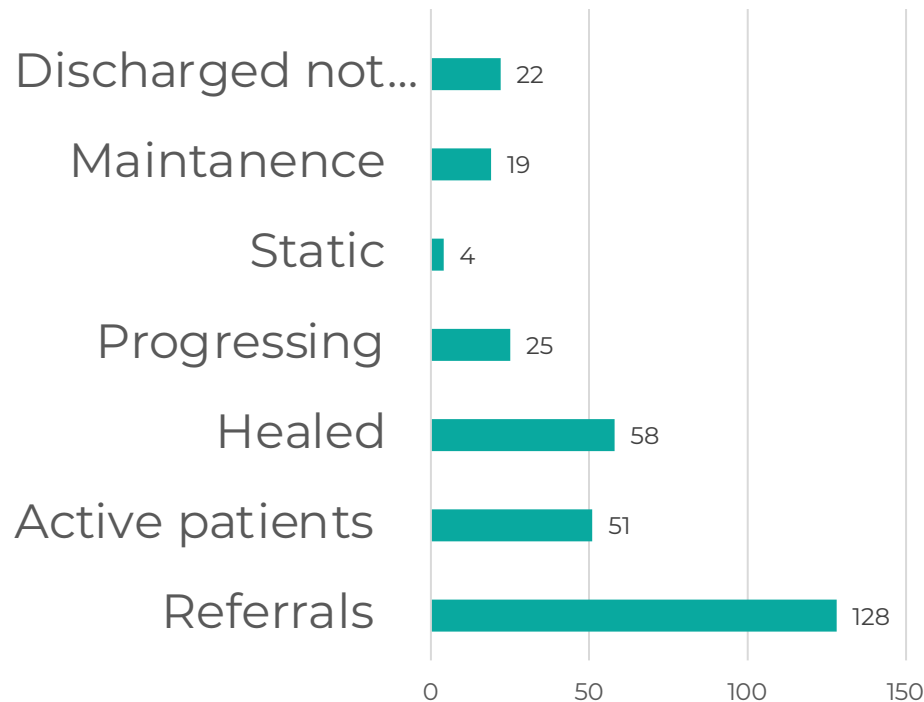
- Full assessment undertaken by Pioneer tissue viability nurse consultants
- Development of a bespoke individualised treatment plan sent to the referring clinician with detailed information on all techniques, patient information leaflets, and guides for staff.

# CATEGORY 3 — CLINICAL TREATMENT PATHWAY

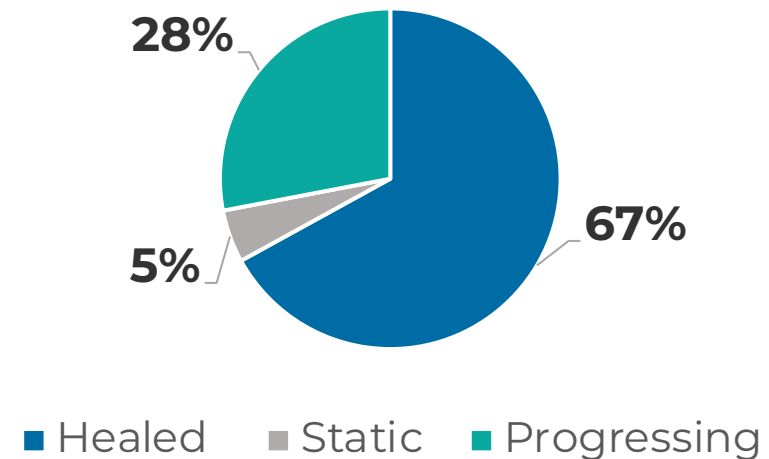
**Action:** The treatment plan will usually be for a four-week period dependent on need.

- The referrer delivers the plan of care and a review date is given
- The referrer liaises with the Pioneer tissue viability consultant (TVC) if there are any issues with the plan of care, or any deterioration in the patient's wound or circumstances
- If training is required on a technique advocated within the care plan, this can be delivered with the organisation's permission by the Pioneer TVCs.

# ACTIVE PATIENTS AND OUTCOMES



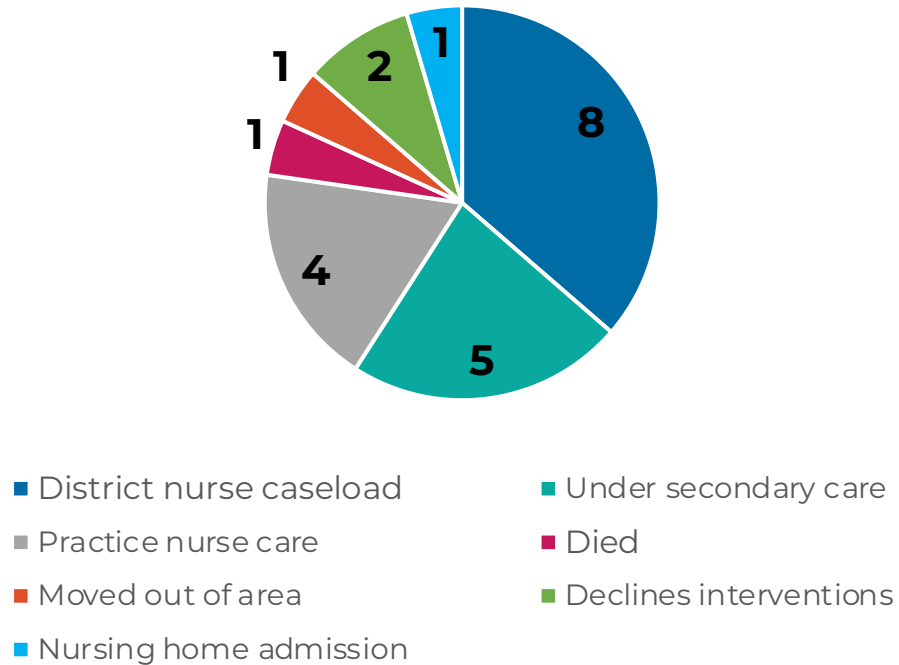
Progression of patients that have the ability to heal or have healed



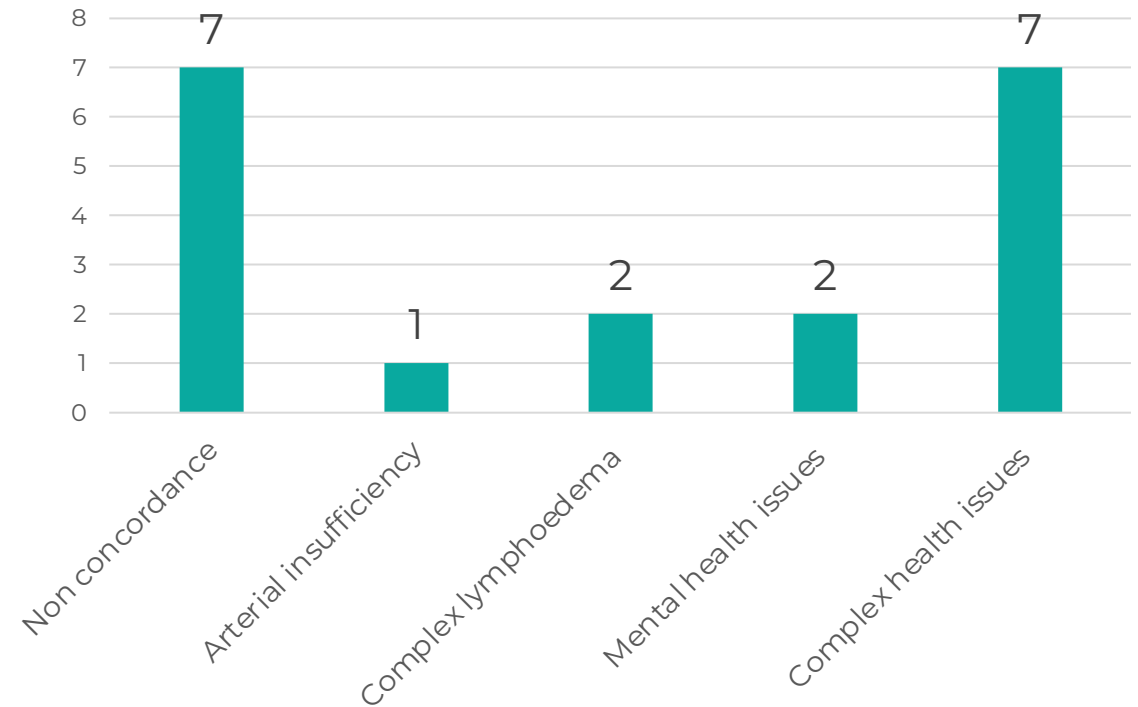
The average time to healing was **2.6 months (80 days)**, with a previous average duration of **16 months (487 days)**.

# PATIENTS WHO DID NOT HEAL

## Discharged not healed



## Maintenance Patients





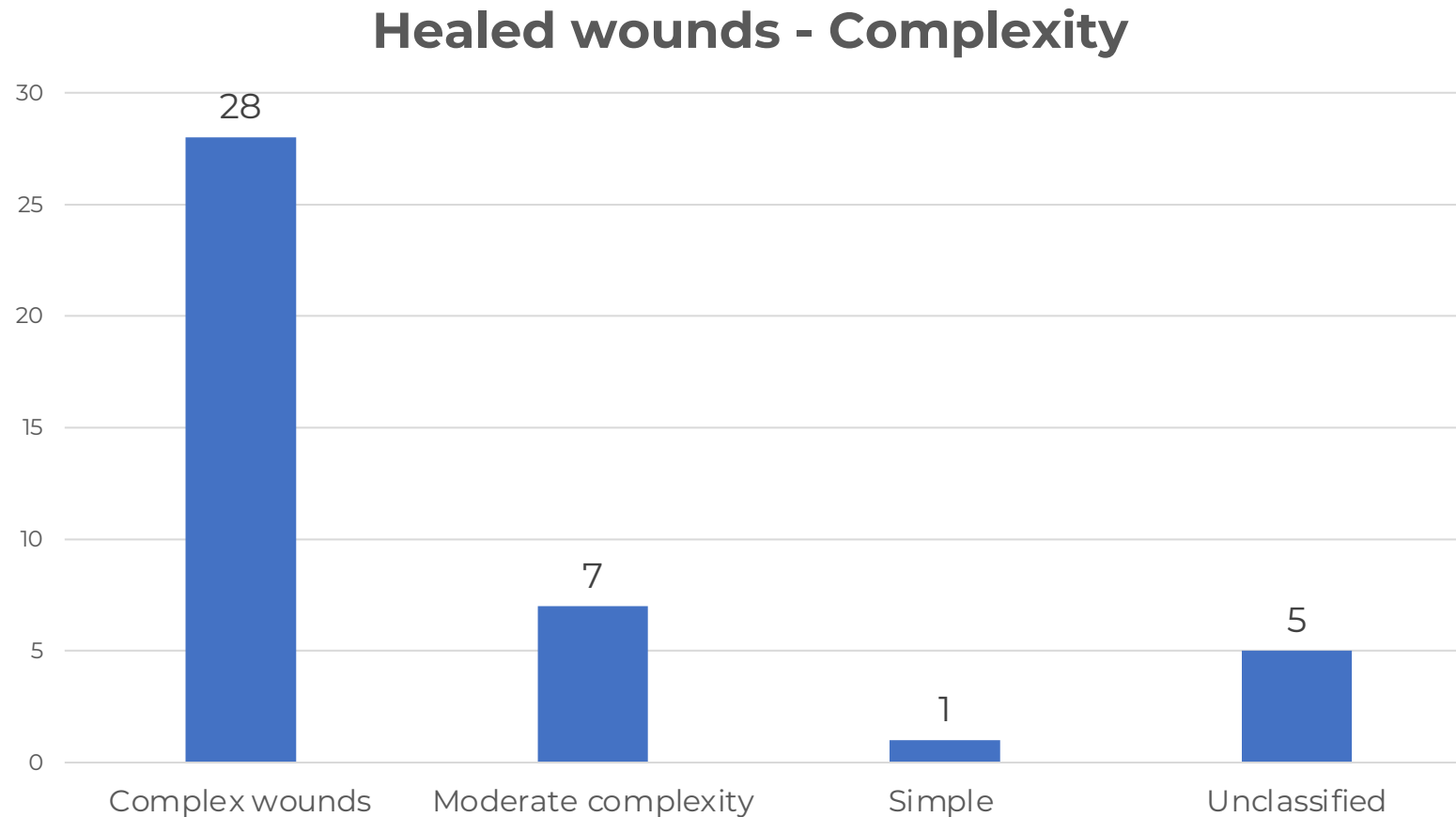
# COMPLEXITY OF HEALED WOUNDS

**Simple:** non-healing surgical wounds, skin tears, venous disease with superficial ulceration.

**Moderate:** wound duration under six months, clinical infection or potential biofilm presentation, one to two risk factors for non-healing and wounds under 10cm<sup>2</sup>.

**Complex:** wound duration over six months, wound size over 10cm<sup>2</sup>, multiple comorbidities and risk factors for non-healing, and a history of recurrent infection.

# COMPLEXITY OF HEALED WOUNDS









# ***CASE STUDY — 73-YEAR-OLD GENTLEMAN***

**Duration:** five years

**History:** he developed stage 3 lymphoedema with extensive fibrosis and papillomatosis around the periwound area. He suffered with recurrent episodes of infection. Wounds were present to both medial and lateral malleoli.

**Treatment:**

- Started in November 2021
- Antimicrobial pathway
- Curettage
- Multilayer short-stretch bandaging in a figure-of-eight and strapping and localised compression to break down the fibrosis
- Kinesio to improve lymphatic flow
- Mobilising foam pads to break down fibrosis.



# CASE STUDY — 73-YEAR-OLD GENTLEMAN

**Cost of care prior  
to intervention:**  
£46,836

**Cost to healing:**  
£2,654

**Days to healing:**  
133 days

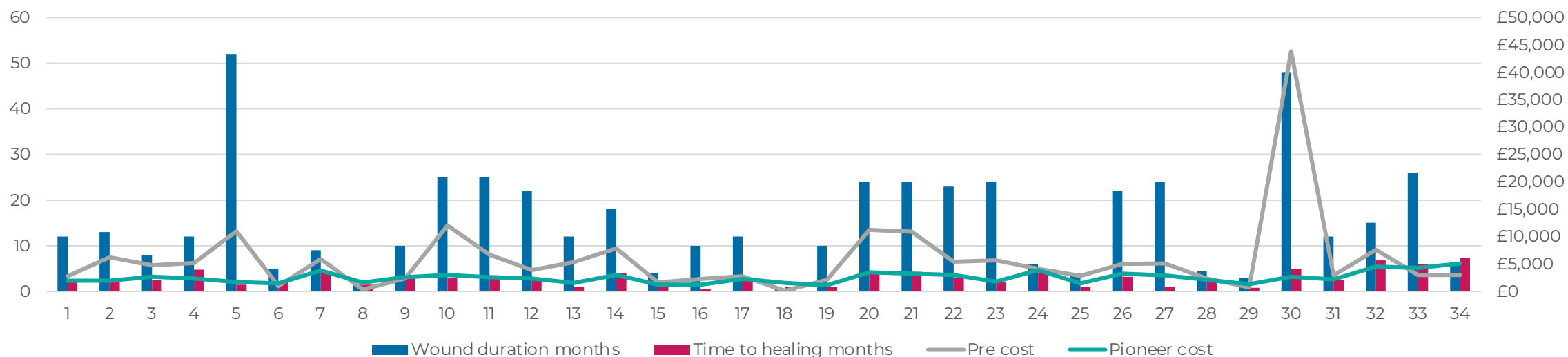


9/8/2021



22/2/2022

# Wound duration and cost and time to healing



The average cost to healing is **£2,508**, this is including Pioneer fee per patient.

The average cost pre Pioneer was **£5,821**.

Total cost of patients pre Pioneer was **£197,924** and the total cost of Pioneer care plans is **£85,281** — a saving potentially of **£112,643 for 41** patients.

These costs do not include antibiotic prescribing, hospital admissions, the cost of swabs or GP appointments.

# WHAT PARTNERSHIP WORKING ACHIEVED

**Improved outcomes and quality of life for patients**

**A reduction in recurrence rates**

**The ability to open a well ulcer clinic**

**Opened up the waiting list for clinic**

**Time to plan and develop the service**

**The development of a business plan for lower leg lymphoedema service**

**The ability to set up a community complex wound service**

**The progression from a wound dressing clinic to a wound healing clinic**

**Improved motivation for staff as they are healing patients**

**Improved staff education, knowledge and skills**

**The development of an outcomes database**

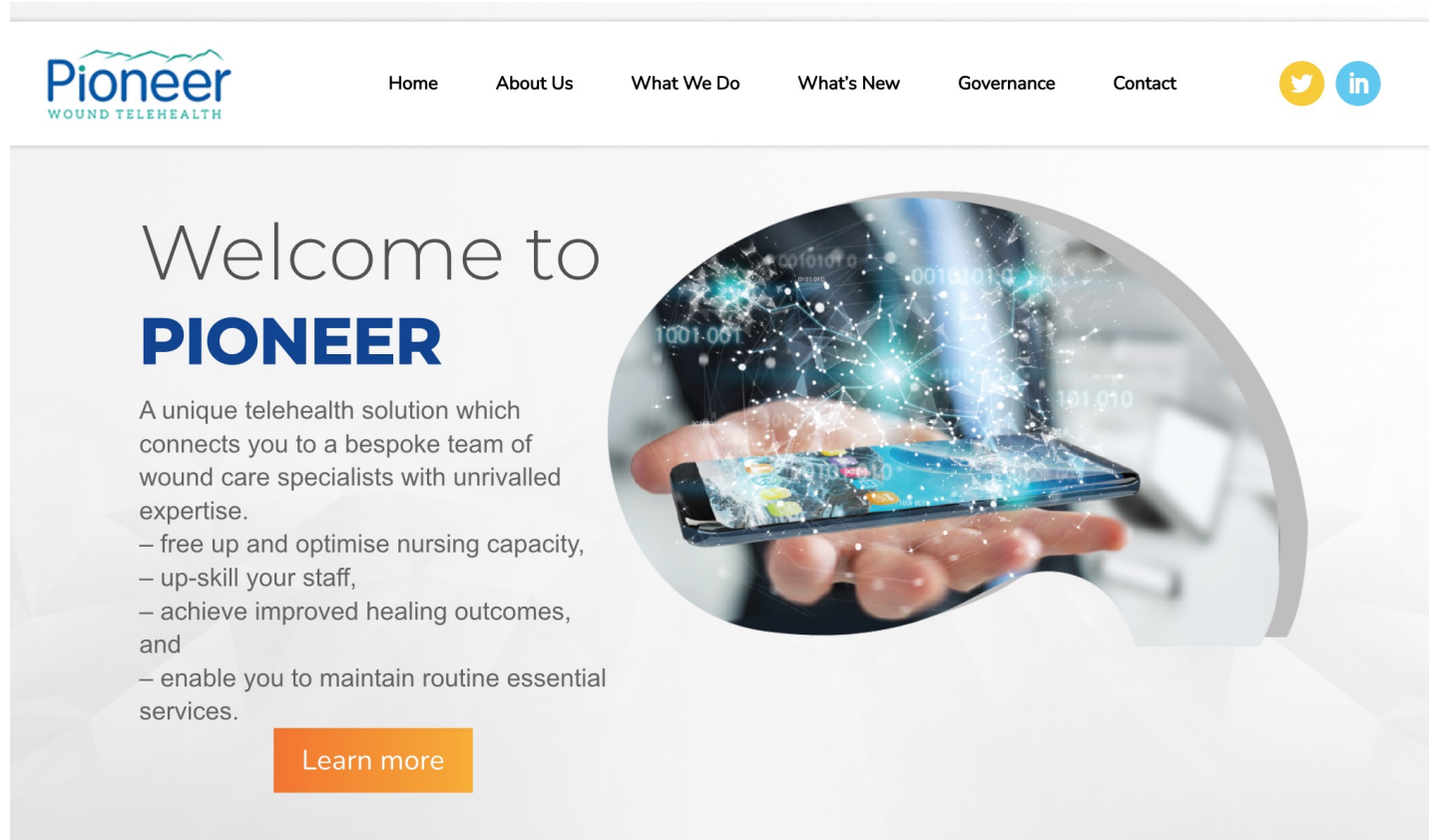
**A reduction in staff sickness levels**

**Reduction in wound swabs, infections and hospital admissions**

**Reduction in the need to engage out-of-hours and bank holiday community nursing services**

**Reduction in prescribing costs**

# CONTACT DETAILS



The screenshot shows the Pioneer Wound Telehealth website. At the top is a navigation bar with links: Home, About Us, What We Do, What's New, Governance, and Contact. To the right of the links are social media icons for Twitter and LinkedIn. The main content area features the Pioneer logo on the left, followed by the heading "Welcome to PIONEER". Below this is a paragraph describing the telehealth solution and a list of benefits. To the right of the text is a circular image of a hand holding a smartphone with a digital overlay. At the bottom left of the main content area is an orange "Learn more" button.

**Pioneer**  
WOUND TELEHEALTH

[Home](#) [About Us](#) [What We Do](#) [What's New](#) [Governance](#) [Contact](#)

[Twitter](#) [LinkedIn](#)

## Welcome to **PIONEER**

A unique telehealth solution which connects you to a bespoke team of wound care specialists with unrivalled expertise.

- free up and optimise nursing capacity,
- up-skill your staff,
- achieve improved healing outcomes, and
- enable you to maintain routine essential services.

[Learn more](#)

## WEBSITE

[www.pioneer-telehealth.org](http://www.pioneer-telehealth.org)

## CONTACT DETAILS

[info@pioneer-telehealth.org](mailto:info@pioneer-telehealth.org)





WOUND CARE TODAY

# LIVE Q&A

SEND IN YOUR QUESTIONS BY  
COMMENTING ON THE VIDEO

**Pioneer**  
WOUND TELEHEALTH



# DOWNLOAD YOUR CERTIFICATE

[WCT-LIVE.CO.UK/CERTIFICATE](https://wct-live.co.uk/certificate)





**28 JUN 2022 7.30**

# **ANTIMICROBIAL RESISTANCE AND STEWARDSHIP: WHAT YOU NEED TO KNOW**

**KATE WILLIAMS RN**



**DR. KAREN OUSEY**





# DOWNLOAD YOUR CERTIFICATE

[WCT-LIVE.CO.UK/CERTIFICATE](https://wct-live.co.uk/certificate)

