



MAKING A DIFFERENCE IN WOUND CARE

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EWMA Council 1993-1994

Twenty-five years; that's a quarter of a century, a generation. Children have been born, grown up and probably have children of their own; it's quite a long time! The European Wound Management Association is 25 years old in 2016. That represents quite an achievement, particularly when one considers the heterogeneous nature of its members and the disparate countries they hail from. The authors most of whom were among the founding members of EWMA, were of course, bright young things back in 1991. Today they may have a grey hair or two, but are still as passionate about wound care as they were then. This article outlines the EWMA story.

Pop EWMA into an internet search engine and aside from the European Wound Management Association, one can find something called the 'exponentially weighted moving average'. This is used to monitor the output of a business by tracking either the moving average of the

output or average of performance over the lifetime of the process. The EWMA is constantly re-calculated while the process is in operation, giving greater weight to recent measurements to show the effect of process improvements.

Perhaps this can be used as an analogy for the work of 'your' EWMA. Let's ask a question:

How many wound management/tissue viability societies across Europe does the European Wound Management Association (EWMA) represent?

- A) I DON'T KNOW
- B) QUITE A FEW
- C) 53, ACROSS 36 COUNTRIES

ANSWER – YES, IT'S C.

EWMA is both an umbrella organisation linking wound management associations across Europe, and a multi-



Conference Planning meeting before the EWMA meeting in Granada, Spain, 2002.

disciplinary group bringing together individuals and organisations interested in wound management. It works to promote the advancement of education and research into native epidemiology, pathology, diagnosis, prevention and management of wounds of all aetiologies. If we consider the outputs of each individual society in relation to wound care, for example, venous leg ulcer healing rates, we may see small improvements over say, ten years. If however, we pool outcomes, we would see a bigger trend to improvement – the improvements in years 1 and 2 are considered, but the outcomes in year 9 would carry greater weight and show greater improvements. In effect, this is what the EWMA does – it re-calculates the ‘average’ output (clinical approaches) and brings them together as a whole to demonstrate how collective data and sharing of information can improve the ‘business’ of wound care.

TABULA RASA

EWMA was founded in 1991. Sue Bale, one of the founding members, recalls that given the success of the Advances in Wound Care Symposium and its Association in the USA, a posse of wound management professionals came together to consider whether a similar European society would be possible or feasible, given the multiple health care systems and languages across Europe. Fortunately, the general consensus was that they were all willing

and ready to give a European version of the Association for Advances in Wound Care a try.

Accordingly, Terence Turner was elected as President and the Council was established. As Christina says;

“...I remember the pride when asked to be a EWMA board member in the very early days. To come together in constructive work with all the giants – the Welsh group, Keith Harding, Sue Bale and Mike Clark, the Oxford-group, Terence Ryan and his co-workers, Finn Gottrup who was already working on the establishment of a wound healing centre in Copenhagen, Christine Moffat with her groundbreaking research in leg ulcer epidemiology and nursing care, and Carol Dealey with her work in pressure ulcers! We who were early on board remember the unexplored fields of research - a true tabula rasa. We were all scientific entrepreneurs, and breakers of new

Conference Planning meeting before the EWMA meeting in Granada, Spain, 2002 clinical ground for wound management.

FOUNDING PRINCIPLES

One of the founding principles was that EWMA would be all inclusive across the professions and countries. Sue recalls:

“We recognised that there might be challenges but we were



EWMA's 3rd conference, Harrogate, UK, 1993.

determined to acknowledge the input that every professional group could bring. We were also cognisant of the value, expertise and diversity of each country within Europe and how we could learn from each other”.

Another principle was that we would seek to provide education, promote research and inform clinical practice across the broad range of wound aetiologies. Finn concurs: *“... to promote the advancement of education and research into native epidemiology, pathology, diagnosis, prevention and management of wounds of all aetiologies. In general it was to establish better knowledge, education and organisation of the wound area”.*

The important issue was perhaps ‘native’ epidemiology. The organisation had to somehow find a way of ensuring that education and any policy directives took into account the issues affecting individual countries.

Based on these principles, EWMA's original mission statement included an ambition to provide support for patients and carers and lay people, with the focus on improving wound care for all.

EARLY DAYS

Existing associations and societies at the time generally were focussed on one country, health care system or wound aetiology. While they provide a valuable resource for pa-

tients and clinical staff working in that specialty, they are by their nature limiting. EWMA therefore actively sought to emulate the American Association for Advances in Wound care (AAWC) and their symposium.

However, up until 1994 EWMA's activity was largely centred on the UK; only Finn, and a little later Christina, represented Europe. As Finn says:

“...For this reason it was... a little difficult to call EWMA a European organisation!”

In its infancy, EWMA was supported by the Journal of Wound Care (Emap Ltd) and its activities largely centred on the annual conference. Mostly these were held in the UK, but Copenhagen, Milan and Madrid also hosted. From extra-curricula meetings at the conferences, various position and consensus documents were produced and clinical studies were coordinated and shared. Christina recalls:

“I personally remember the first four clinical studies in the world with hydrocolloid on leg ulcers. ... peri-stomal ulceration had been healed with the first hydrocolloid, Stomabesive, so we studied the effect of a more flexible wafer on leg ulcers - with quite an effect. From these results, the first interactive wound dressing was born”.

By 1999 during Finn's Presidency, it was clear that formal administrative support was required and that EWMA was

ready to be a stand-alone, independent organisation, and that the conference should be hosted by member countries, working with national wound care organisations. Accordingly, in 2000, with Christine Moffatt as President, the administrative function was taken over by Henrik Nielsen and the CAP Partner (formerly Congress Consultants) team. Chris recalls that this enabled her, the new Council and the team to formulate and implement a strategic plan; sub sections within the plan included the organisational aspects of EWMA becoming a stand-alone entity, the education and publishing aspects (position documents, consensus documents, best practice documents, etc), working with industry, and working with associate organisations. Today, the team continues to drive EWMA forward, and is according to Finn,

“...one of the most important reasons for EWMA’s size and position in Europe and the rest of the world today”.

Christina recollects the conference in Stockholm she helped to organise:

“For me, the first independent EWMA conference in Stockholm in 2000 of course played a very special role. I was responsible for the conference as local organiser, and with my small team from Uppsala we tried to handle all the practical issues. This was also my first acquaintance with Henrik Nielsen; we worked together well and what a success the conference became! One small nightmare occurred when one of the excursion boats with all the Finnish delegates on board was stranded – I still shiver at the memory!

I think this conference was a major step forward for EWMA. It was also the first European Conference where EWMA joined forces with veterinarians, who were lyrical about this initiative (but a bit undisciplined to work with!)

Having become a truly European organisation, the annual conferences have been held in places such as Helsinki, Prague, Grenada, Brussels and Vienna to name but a few. As Sue remarks:

“Holding the... conference in different countries enables the clinical population of that country to attend... , which might not be possible in years where it is held elsewhere”.

Many delegates play the ‘how many conferences have you been to?’ game each year. It is for many members, a source of pride that they belong to an organisation that has a twenty-five year history, and that is so truly multi-national and so dynamic.

OUR UNIQUE SELLING POINT

While other international groups exist, each with largely similar aims and objectives, the EWMA’s driving ideal is to improve wound care across all health economies. EWMA achieves this through three main principles:

- Advocacy - EWMA works continuously to improve European wound patients’ quality of life by

identifying and advocating the highest quality treatment available and assessing its cost effectiveness from a multidisciplinary point of view. Recent past presidents and the EWMA office have been politically active, drawing attention to the numbers of patients with chronic wounds and the associated costs. This has been achieved through targeting policy makers and key opinion leaders in the European Union and national governments. EWMA is also focusing on patient pathways and the value and role of multi disciplinary teams

- Education – EWMA strives to work from common ground; EWMA has produced a wide selection of position documents and papers, many of which are translated and disseminated. All such documents are written by subject experts and have included topics such as compression, new technologies, different wound aetiologies and home care. Each explores the underlying theory, together with best practice and the evidence base, so providing the reader with a rounded perspective
- Collaboration - The partner organisations of EWMA are divided into three partnership categories; cooperating organisations, international partner organisations and EWMA associated organisations. The widest-ranging level of collaboration exists with the cooperating organisations (53 to date) which, through the annual cooperating organisation’s board meeting, are entitled to present and elect members of the EWMA Council as well as to other specific benefits. In addition, as an umbrella organisation EWMA recognises and benefits from the experiences of other wound healing associations and societies across Europe and beyond. This reduces duplication of effort and facilitates the sharing of best practice in terms of education, research and practice development.

It also provides a repository of information and evidence for those associations and societies that as newly formed or those that have not yet established wide networks (the exponentially weighted moving average principle!). EWMA connects associations and societies so that they too can continue to grow and flourish.

ACHIEVEMENTS SO FAR

It has been a busy few years; EWMA has grown and thrived, morphing from a single entity to an umbrella association, thereby creating networking opportunities and a venue for the sharing of experiences across associations and societies. It has changed and adapted to suit the needs of patients, carers and the public as well as health care professionals.





Leaving Council members celebration, EWMA Conference Lisbon 2008, Zbigniew Rybak, Deborah Hofmann, Christina Lindholm.



Members of the EWMA Council, from the EWMA 2008 Conference in Lisbon 2008.

EWMA's Patient Outcome Group (POG) has been influential in informing the design and conduct of high quality research. The initial focus of this group was to highlight the importance of acknowledging which outcome is defined as the primary endpoint of a study, and to support the general recognition of alternative outcome measures to complete healing in the evaluation of healing interventions. This work has changed the mind set of many researchers. Their work has been much debated, critiqued and published.

Other significant activities include:

- Standardising education with EWMA module outlines
- The introduction of a specific programme for students at the EWMA conferences (The EWMA University Conference Model, UCM)
- Raising political awareness for politicians and policy makers across Europe
- Collaborating with industry to develop new evidence-based technologies and initiating new developments in the organisation of, and research into, wound healing
- The cooperation of European practitioners has resulted in more consistency in understanding, education and treatment in the discipline. Internationally, educational programs and wound centre endorsements has been undertaken in China, Singapore, Brazil and many other places
- Council members have met with Members of the European Parliament (MEPs) and relevant patient organisations. The aim of these meetings was to create awareness among members of the European Parliament about the challenges related providing high quality wound management, as well as the importance of paying attention to health economics and patient quality of life. Among other things, EWMA has contributed actively to initiatives supported by
 - the European commission on patient safety and antibiotic resistance.

STATE OF THE ASSOCIATION AT 25 YEARS OLD

EWMA continues to improve European wound patients' quality of life by identifying, pursuing and advocating the highest quality, cost-effective multi-disciplinary treatment. EWMA's goals remain fluid and responsive to its membership and patients – new ones replace those achieved. At present, these are:

- To be the overarching 'umbrella' organisation under which European wound healing associations collaborate
- To support patients to play a key role in prevention and their own treatment as a central member of the multi-disciplinary treatment team
- To provide highly accessible educational resources for citizens, patients and professionals
- To promote wounds as one of the major challenges for the quality of life of citizens as well as a major contributor to the economic burden of European health care systems
- To actively promote to governments and other decision makers that wounds are preventable by implementation of adequate prevention measures
- To promote the delivery of cost-effective, evidence-based best practice wound prevention and wound treatment
- To promote a multidisciplinary approach to the prevention and treatment of wounds.

EWMA works towards the fulfilment of these goals through:

- EWMA documents on epidemiology, pathology, diagnosis, prevention and management of wounds of



First Co-operating organisations Board meeting, held in Dublin, Ireland, 2001.

all aetiologies

- Hosting of multidisciplinary wound conferences and training courses in Europe
- Creation of forums for networking and sharing of experiences for individuals and organisations actively involved in wound management
- Advocacy activities targeting policy-makers and key-opinion leaders in national governments and the European Union
- Providing guidance for practice

Thus, EWMA strives to be the organisation that citizens, patients, professionals, Governments, Health Services and educational institutes come to for advice, expertise and opinion in Europe.

THE NEXT QUARTER CENTURY - PLAIN SAILING?

Setting up and developing such an organisation is not without its challenges - the first 24 years are the worst...! While the organisation has gone through its 'storming, forming and norming' phases, much is left to achieve. Further goals include:

- Raising the profile of wounds across Europe so that policy makers better understand the implications of poor wound care and the value of appropriate wound care
- Anticipating types of wounds that will be the most challenging in terms of clinical management and health care costs in all European countries – diabetic foot ulcers and cellulitis for example. Consideration must also be given to the effects that the ageing population has on the European health care systems
- Standardising and setting standards for multi disciplinary teams in wound care, and to ensure a safe and

effective service for patients with wounds across Europe

- Continuing support for cooperating organisations, in particular increasing focus on how dialogue and sharing of knowledge can be increased across local, national and European levels
- Maintaining and updating EWMA documents, and ensuring that we select new document topics based on the greatest need of our membership, patients and their carers
- Continuing to develop a constructive and balanced dialogue with all stakeholders, including industry supporters
- Encouraging increased demonstration of the outcomes of wound care services
- Ensuring equal levels of knowledge across all countries (for example, on use of compression)
- Continuing to advocate for improved clinical practices while also taking into consideration the overall need of society for cost-effective solutions. Clearly, there is still much to do!

However, EWMA council believes that with the support of its members and the structures they have in place, these will be achieved before the gold anniversary.

CONCLUSION

EWMA now has an extended collaboration with AAWC and Wounds Australia (previously the Australian Wound Management Association, AWMA), including an exchange of seats in the respective councils of the associations. This extended collaboration represents a further strengthening and formalisation of EWMA's long standing collaboration and knowledge sharing with these international partners. More importantly, it 'squares the circle'; the founding members asked if EWMA could replicate the AAWC model could be across Europe – 25 years later, the answer is 'yes'.

We'll leave the closing remarks to Christina Lindholm: *"EWMA started its early conferences- and a new world opened up for us. The position documents and other consensus documents were developed, and I personally think that these have been the most important assets of EWMA, parallel to the conferences.*

I personally would like to wish EWMA- and all the people working for it, a successful celebration of its 25 years. The early pioneering and deep friendship we developed over the years is a true source of joy for me personally". ■