

# Working 'smart' in wound care

**Salla Seppänen, President of the European Wound Management Association discusses the challenges faced in wound care...**

**W**ounds are a major problem to patients and health care systems. A single chronic wound can cost between €6,650 and €10,000 to treat, and it is estimated that around 1–1.5% of the EU-population has one or more of such wounds. Of the total healthcare expenditure in the EU, wound management alone is estimated to make up 2–4%<sup>1</sup>. Ultimately, it is the patients who suffer when they have a wound; therefore, ensuring that they receive proper care is important. A major challenge in wound care, however, is the lack of united services aimed at addressing all the health care needs of individuals with wounds<sup>2</sup>.

Demand for healthcare is growing at a rate corresponding to an increasingly elderly population and an increase in the number of individuals with chronic disease, which is likely to grow further in future; it is obvious that the systems are under pressure. A look at the growth in healthcare costs over the past decades bear witness to this<sup>3,4</sup>. In other words, in order to prevent a future breakdown of the healthcare sector, especially in light of the recent recession, it is pivotal to find ways to cut costs.

These health economic considerations are already causing a drive towards an earlier discharge of hospitalised patients. As a consequence, more patients suffering from complex pathological conditions, including those with wounds, are being treated at home<sup>5,6</sup>. In essence, what we are observing is a shift in the location of service delivery, e.g. wound care, from secondary care to primary and community care. This development makes it even more important that social and health care professionals communicate effectively with each other and that well-defined care pathways integrating specialised and primary care

services according to the patients' condition and needs exist. Wound care in the community requires educated professionals and multi-professional co-operation to ensure that individuals with wounds receive proper care.

## **Evidence-based practice and education**

With resources being limited and the demand on service delivery increasing, the success of the health service is dependent on choosing the most appropriate treatment available. The prevention of avoidable health-related complications, such as pressure ulcers, is more important than ever, and one of the means to increase the value for money is to implement evidence-based practice and guidelines in everyday care delivery by health professionals<sup>7</sup>. However, to be able to meet clinical demands from evidence-based guidelines, health professionals who take care of individuals with wounds need to have access to education and training. This is the only way they can develop and maintain the required competences in wound prevention and management and make well-informed decisions about wound care.

## **The team approach**

In 2 newly released publications by the European Wound Management Association<sup>8,9</sup>, it is argued that a multidisciplinary team approach to wound care is fundamental to maximising health and social gains. No profession has all the skills required to address the complex needs of individuals with wounds, and therefore health professionals, social caregivers, and family members should be included in the care team with the patient at the centre of all decision-making. In fact, well-orchestrated interdisciplinary care increases the chances that patients do not experience unnecessary and often harmful complications and

inconveniences like amputation, pain, and malodour; circumstances that can lead to social isolation and in the worst cases, death<sup>10</sup>. Collaborating across professional borders with the patient and family members in focus also requires that wound specialists develop the right skills for teamwork and communication. Part of the challenge is to inform and educate the patient and caregivers about the condition, and provide information such as how to use a specific dressing and how frequently it should be changed. It is also crucial that everyone in the team is aware of when to consult a specialist if, for example, the wound is deteriorating. Other challenges are patient compliance and making information about the patient and the treatment available to everyone in the team.

**Communication and new technologies**

A new and promising development is the use of telemedicine that enables the exchange of information about the patient condition and treatment choices between patients and professionals, and between different groups of professionals and care providers. By providing distance expert evaluation and guidance from wound specialists to home care nurses and thereby possibly reducing risks of insufficient/wrong treatment and care, patient visits to outpatient clinics and hospitalisations, the implementation of these technologies in wound care may provide opportunities to improve patient care and save health care costs. However, recurring issues with data security and exchange of personal information pose a challenge. Telemedicine and other eHealth solutions for wound care are still not generally implemented throughout Europe and the benefits are still being evaluated; currently, 2 large-scale, EU-supported projects: the Renewing Health project ([www.renewinghealth.eu/en/](http://www.renewinghealth.eu/en/)) and the United4health project ([www.united4health.eu](http://www.united4health.eu)) in which EWMA participates as a partner organisation, are examining the potential effects for different disease areas.

**Conclusion**

The number of people with wounds and the demand for health services will continue to increase due to changing demographics and an expected rise in the number of people with chronic diseases. As a consequence, healthcare systems are facing a major challenge. Investments in education and the development of strategies for implementation of communication

pathways and evidence-based guidelines are necessary to enable prevention of wounds as well as in making well-informed decisions in wound management. The team approach is focused on enhancing outcomes for individuals with wounds and a high degree of self-management. New technologies are helpful tools in realising effective wound care across professional borders, but we are still faced with the challenge of making relevant data available to everyone involved in the care team. ■

References

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