

WOUND CENTRE BASED IN HOSPITAL, INCLUDING INPATIENT WARD

EWMA ENDORSEMENT CRITERIA & ENDORSEMENT APPLICATION FORM



INTRODUCTION

This wound centre endorsement application form includes a list of requirements as well as proposals for additional useful facilities and equipment in a specialised wound centre, developed as a basis for evaluating and endorsing wound centres based inside a hospital and including an inpatient ward.

The requirements are listed under the following categories:

- Basic information about the centre/organisation
- Physical facilities
- Procedures & equipment
- Clinical staff & collaboration with other hospital departments
- Organisation & referrals
- Research & education

Under each category, you will find a list of general and wound management related procedures, facilities and/or services that may be offered by the centre. The listed options should in some cases NOT be understood as fixed requirements, but rather as a list of interchangeable options which may be used to provide the same service. The centre is, however required to offer at least one of the options listed in these cases. Within the template, you will also find proposals for additional facilities and equipment that are considered beneficial in a specialised wound centre, but which are not defined as crucial for providing high quality care. These are listed in separate sections under the headline “Additional”.

This flexible format of the application form is chosen to keep a degree of openness in the requirements, with the objective to accommodate varying traditions for wound care across the world. The completion of the template by the wound centre applicant will be followed by a dialogue with the centre, in which the services offered by the centre may be further explained and discussed.

In case the criteria cannot be met as described, due to local circumstances such as legislation or similar, negotiations on alternative ways to meet the criteria can be made.

Contact information (Wound centre)	Name	Position
Name and position of the person responsible for completing this endorsement template		
Email		
Telephone number		
Reviewer (EWMA)	Name	Affiliation & professional background



BASIC INFORMATION ABOUT THE CENTRE / ORGANISATION

This section aims to provide an overview of the type, size and capacity of the centre. This will be used as a basis for an evaluation of the information provided in the other sections included in this application form.

Please provide the following details about the centre:			
a) Official name of the centre			
b) Address of the centre			
		Number	Comments
c) Catchment area of the centre (If possible)			
d) Approximate total number of patients per year:			
	Of these, please specify:		
	The approximate number of new patients		
	Approximate number of patients already in treatment		
e) Types of wounds treated in the centre (covering all wound types is not a requirement for endorsement):			
1)	Pressure Ulcers		
2)	Leg Ulcers		
	Arterial		
	Venous		
	Mixed		
3)	Diabetic Foot Ulcers		
4)	Acute wounds		
	Trauma (acute, fracture)		
	Surgical		
	Burns		
5)	Other		
f) Organisation of the inpatient ward			
1)	Number of beds dedicated to wound patients		
2)	Is the ward shared with/used by other departments?		
	Number of staff members employed full time in the centre (if any)		
	Number of staff members employed part time in the centre (Please specify the share of work placed in the centre (in % of full time work hours)		
3)	Is the staff responsible for the inpatient ward also responsible for other wards at the hospital?		



DOCUMENTATION

Minimum requirements

As a minimum the local clinical guidelines adopted by the centre must be forwarded as documentation of the procedures applied by the centre. Please forward the documents listed below if these are available and implemented.

NB: If the centre is based outside Europe, the documentation must be provided in English. An overview of the implemented guidelines must be included, and based on this, the appointed EWMA auditor will define which guidelines or selected sections of the guidelines that must be provided in a translated version.

Relevant material include e.g.:		
	Available (yes/no)?	Comments
Medical/health record		
Quality control guidelines, including prevention of adverse events		
Referral policies/procedures		
Standard operating procedures		
Description of educational activities		
Description of research activities (if any)		
Patient information material (if any)		

PHYSICAL FACILITIES



Objectives & instructions:

This section aims to uncover the physical facilities of the centre, to ensure that the basis for providing high quality wound care is in place.

As there may be variations in the types of material chosen, you are kindly asked to include explanations for the choices made by your centre, in the comments fields in the cases where this is found relevant.

Please provide photographs of the rooms available in the centre for documentation purposes.

Please state which of the listed physical/environmental facilities the wound centre have available		Yes/No	Specifica- tion/com- ments
a) Reception/welcoming area			
b) Examination room(s) of adequate size¹ with the following basic equipment (please answer yes/no for each item listed):			
1)	Appropriate ventilation system;		
2)	Table, chairs, hydraulic stretcher, and sink;		
3)	Lamp and mirror: <i>please specify type in right column</i>		
4)	Leg bathing/cleaning trays.		
5)	Sterile instruments and possibility for sterilization		
6)	Other relevant equipment		
c) Surgical theatre (for smaller operations/ local anaesthesia), including the following equipment (please answer yes/no for each item listed):			
1)	Appropriate surgical lighting		
2)	Scrub room/area		
3)	Sink (possibility to disinfect for health care staff)		
4)	Operation table		
5)	Sterile coverage, clothing and equipment for surgical proce- dures (such as cutter, coagulator etc.)		
6)	Standard surgical instruments		
7)	Other relevant equipment		
d) Vascular investigations: Possibility to perform Ankle-Brachial in- dex.			
e) Storage area with refrigerator			

¹ One of them (if more rooms) at least 16 square meters.



f) Easy access for wheelchairs			
g) Physical facilities which must be available at the hospital (not necessarily available in the wound healing centre):			
1)	Radiology suites/facilities (E.g. X-ray, ultrasound, MR, CT) <i>Please specify which options are available in the right column)</i>		
2)	Operation room(s) at central surgical theatre (general anaesthesia), available for larger operations 1-2 days per week		
3)	Possibility to perform perfusion examination (Toe pressure, transcutaneous oxygen measurements and others)		
4)	Pedorthic labs: Possibility to perform pressure measurements and measurements needed for production of pressure releasing foot wear		
5)	Other relevant facilities		
h) IT equipment (Standard, not related to examination of patients):			
1)	Appropriate computer equipment connected to the Internet (internal and external) with webcam and microphone		
2)	Printer		
3)	Appropriate telephone connection		
4)	Additional equipment		
Additional equipment (relevant but not obligatory):			
a) Examination room:			
1)	Electrically powered podiatric chairs		
2)	Magnifying glass		
3)	In case the number of patients visiting the centre is high (depending on various factors, evaluated on case to case basis), the centre should include multiple examination rooms to optimize patient flow, as patients typically take more than 45 minutes to treat including initial intake, physician/nurse practitioner visit, possible procedure, dressing changes, and nurse-patient instruction. Please state number of examination rooms:		
4)	Additional equipment		
b) Physical therapy centre			
c) Hyperbaric chambers			
d) Remote care consultation area (for telemedicine purpose)			
e) Multi-purpose room (e.g., health education, meetings, conferences)			



PROCEDURES & EQUIPMENT

Objectives & instructions:

The equipment needed for diagnosis and treatment of the wound is listed here in relation to the primary options for diagnosis and treatment available at the different steps of the patient pathway (procedures).

This section aims to uncover:

- Whether the relevant (as defined by EWMA) diagnostic procedures are followed
- Whether the equipment needed to perform these procedures are in place
- Whether the relevant (as defined by EWMA) treatment options and the needed standard equipment are used by the centre
- Whether the centre offers any additional services (considered an addition to standard requirements) which may be beneficial for some patient groups.

It should be mentioned, that this template is developed to include all relevant aspects of diagnosis and treatment, and that the list also include the most basic equipment required. This level of detail is chosen to get a complete description of the centre's capacity and choice of services.

Procedures and equipment used by the centre must be in accordance with national/regional/local regulation or guidelines (Please list any regulatory issues needing special attention in the comments fields).

DIAGNOSIS			
Please state which of the following tools, equipment and examination types are offered in the centre:		Yes/No	Comments
a) Basis information for the diagnosis			
	Medical/health record providing information about the patient's disease history (Wound occurrence date, no of days, lab results, co-morbidities etc.)		
b) Basis equipment			
	Digital camera of good quality: Diagnosis and each follow up visit should include a photography of the wound to support monitoring of the wound area.		
	Wound healing evaluation programme (not obligatory)		
c) The diagnosis should include an examination of the examination types listed below (relevant in the specific context):			
1)	Tissue sample <i>Possibility to perform a biopsy</i>		
2)	Perfusion/blood flow: <i>Examination by palpation, for example:</i>		
	A. dorsalis pedis/A. tibialis post		
	Ankle-brachial index (possibly by use of Doppler)		
	Toe pressure		



	Transcutaneous oxygen measurement		
<i>Available equipment:</i>			
	Arterial Doppler devices (portable only if the centre cooperates with a vascular lab, where duplex ultrasound is available)		
	Sphygmomanometer (various sizes to allow measurement of ankle/brachial pressure index and toe/brachial index)		
	Other (Please list possible additional available equipment)		
3)	Pressure tissue:		
	Possibility to offer podiatric care or similar expertise		
4)	Infection:		
<i>Possibility to examine the following:</i>			
	Clinical signs (Redness, swelling, pain, secretion, oedema etc.)		
	Blood sample (WBC, C-Reactive Protein (CRP), culture/swab etc.)		
	Other examination methods available:		
5)	Sensibility:		
	<i>Available equipment: Complete neuropathic exploration kit, including for example (Please tick procedures used):</i>		
	Semmes Weinstein monofilament		
	Graduated Rider–Seiffer tuning fork		
	Other (List available equipment)		
6)	Oedema:		
<i>Examination by clinical signs(Please tick procedures used):</i>			
	Swelling (circumference)		
	Pitting sign		
	Stemmer's sign		
	Skin changes		
	Other		
<i>Clinical Physiology Investigation (Please tick procedures used):</i>			
	Ultrasound		
	MRI		
	Dexa Scanning		
	Bio-impedance		
	Perometry		
	Other investigation methods available:		



TREATMENT		
With regards to the treatment of the patients' general condition, tests and involvement of external experts must be selected based on the patient history (Background aetiology/co-morbidities). A list of staff expertise which must be available is provided in the <i>clinical staff</i> section.		
Please state which types of treatment and equipment/products are used in the centre:	Yes/No	Comments
a) Perfusion/blood flow:		
1)	Vascular surgery (bypass) and PTA	
	<i>Equipment:</i> Standard surgical equipment and sterile equipment for procedures should be available in the main surgical theatre available within the hospital.	
2)	Neuropathy	
	<i>Equipment:</i> No specific equipment needed, but patient education is important. Please specify whether clear guidelines for patient education are in place.	
b) Pressure: Pressure release, such as:		
1)	Pressure releasing foot wear, prepared by a podiatrist or staff member with similar expertise/qualifications;	
2)	Pressure releasing mattresses;	
3)	Other types of pressure releasing equipment.	
c) Infection:		
1)	Clinical signs: Medical treatment history	
<i>Equipment:</i>		
	Local antiseptics	
	Antibiotics	
	Other	
2)	Debridement	
	<i>Equipment:</i> (See section d) Debridement). Detailed reply in section d)	
3)	Orthopaedic treatment: e.g. removing infected toe	
<i>Equipment:</i>		
	Sufficient surgical equipment (scissors, scalpel, forceps etc.)	
d) Debridement: (In this case not for treating infections)		
	<i>Equipment (standard):</i>	
	Surgical equipment (standard)	
	Mechanical debridement materials	
	Autolytic dressings	



Additional procedures/equipment (relevant but not obligatory):			
	Larval therapy equipment		
	Enzymatic dressings		
	Absorptive dressings		
	Hydro surgery tools		
	Ultrasound		
e) Oedema: Equipment:			
	Compression bandages and stockings (Primary types listed below)		
	Compression stocking class 14		
	Short stretch		
	Long stretch		
	Cohesive bandage		
	Multi layer compression bandage (two/four layer)		
	Other		
Additional procedures/equipment (relevant but not obligatory):			
	Single and multi-chamber pneumatic compression system for oedema treat- ment		
	Portable sub-bandage pressure moni- toring device		
f) Wound care: Dressings (Please tick those available)			
	Hydrocolloid		
	Hydrogel		
	Alginate		
	Collagen		
	Foams		
	Films		
	Other (Please specify in <i>comments</i> field)		
g) Other methods to promote healing			
1)	Negative pressure wound therapy (NPWT)		
	Advanced curing systems (for example different types of vacuum therapy)		
Additional procedures/equipment (relevant but not obligatory):			
1)	Hyperbaric chambers		
2)	Wound care, other dressing technologies:		
	Advanced technologies		
	Anti proteases therapies		
	Anti biofilm therapies		
	Other (Please specify in comments field)		



CLINICAL STAFF

Objectives & instructions:

The purpose of this section is to create an overview of the types of clinical staff employed by or related to the wound centre.

The team effect in chronic wound care is supported by an increasing amount of evidence (1, 2, 6, 7, 9, 10) describing the positive effects of care delivered by teams in dedicated wound centres. The outcome measures are related to wound healing and amputation rates, with some additional qualitative, quantitative, and patient-centered endpoints.

As described in the EWMA document *Managing Wounds as a Team* (10), a “one model fits all” approach to building a team for the provision of wound care is unrealistic. Available resources, access to relevant expertise, remuneration provisions, and patient populations will always be context-specific. Inclusion of key elements within wound care services will, however, foster collaborations between different health care professionals and keep the needs of the patient in the forefront. Essential to the successful provision of wound care is a model that begins with the needs of the patient and involves the relevant professionals in each step of the treatment process.

However, to provide an indication of relevant resources, a comprehensive list of staff members and competencies relevant for meeting the needs of most chronic wound patients is provided below. These staff members may be available within the wound centre or related units (within a hospital setting or collaboration partners) on a full-time, part-time, or consultancy basis. The template suggests which types of clinical staff could be employed directly by the centre, and which types are may be available via collaboration with other departments, but these factors may vary according to traditions/practical aspects within a given organisation/cultural setting, these two tables have some overlap. This indicates that both direct and secondary liaison with the centre for most of these profiles is considered acceptable.

In addition to these staff profiles, the centre should have a director/coordinator/supervisor who is responsible for activities such as coordinating patients and making referrals to specialists.

Wound centre director	Yes/No	Education/ experience
Please state whether the wound centre has a director/coordinator/supervisor (RN or MD) with specialisation in wound care/theoretical and practical training obtained via a EWMA endorsed course or equivalent, as well as experience working in wound care. Please specify type and level of education and experience in the available field.		
Multidisciplinary/multi-professional group of staff ‘DIRECTLY LINKET WITH/EMPLOYED IN THE WOUND CENTRE.		
Please list members of the wound care staff under the categories proposed below (The listed staff profiles include the primary examples of wound centre staff, but these are NOT all expected to be represented directly in the multidisciplinary group of wound centre staff. The proposed profiles may also be available in the hospital (Please see the table below for information about staff members "available within the hospital").		



Type	Specialisation	Please list no. of staff members and approx. number of work hours /week	Comments/type of involvement
Medical doctors	Dermatology		
	General surgery		
	Geriatrics		
	Internal medicine/endocrinology		
	Orthopaedic surgery		
	Physical medicine & rehabilitation		
	Plastic and reconstructive surgery		
	Traumatology		
	Vascular surgery/angiology		
	Other		
Nurses	General (Pre- and perioperative care, wound care, discharge planning, and patient teaching)		
	Wound specialisation (Wound care and patient teaching)		
	Stomia		
	Other		
Medical/surgical specialist in the pathology of the foot	For example: A podiatrist or similar expertise		
Medical/healthcare assistants			
Physiotherapists			
Other	For example: Secretaries, porters etc. according to need		



Collaborating staff 'AVAILABLE WITHIN THE HOSPITAL Please tick the staff types listed below, if they are available to the centre for consultancy/assistance, and specify their type of involvement in the right column.			
Speciality/profile	Tasks/Involvement	Yes/No	Comments/ type and level of involvement
Surgical speciality			
Plastic Surgery:	Especially wound coverage techniques		
Orthopaedic/Traumatological Surgery:	Especially foot and ankle surgery. Close Collaboration with centre staff is needed		
Vascular Surgery:	Arterial revascularization (angiographic and bypass techniques) and venous interventions. Close Collaboration with centre staff is needed		
Gastrointestinal Surgery			
Podiatrist/podiatry surgeon:	Diabetic foot ulcer management and in US surgical correction of foot and ankle		
Medical speciality/related			
Internal Medicine/endocrinology	Aggressive management of glucose levels and other patient relevant medical diseases such as for example heart, lung, urinary disorders. Visit 3-5 times per week		
Dermatology	Management of skin defects, conservative approach. Available for regular contact		
Microbiology / specialist in infectious diseases	Infection problems. Available for regular contact		
Rheumatologist	Immunological diseases such as vasculitis ulcers		
Geriatrician	Age related diseases		
Clinical Physiology	Available for toe pressure measurement and duplex scanning		
Rehabilitation			
Physiotherapist	Wound treatment and rehabilitation		
Podiatrist/Pedorthist	Orthotics, molded shoes, and ankle-foot arthroses to prevent/eliminate pressure		
Prosthetist	Prosthetics		



Nursing			
Nurse practitioners	Pre- and perioperative care, wound care, discharge planning, and patient teaching		
Wound nurses	Wound care and patient teaching		
Medical/healthcare assistants	Casting and application of dressings		
Any specialty	Interest in wound care; team builder with specialists, hospital, and community		
Other departments			
Radiology	Available for X-Rays, scanning etc.		
Pain Unit/algesiology			
Other departments			
Additional staff types (Relevant, but not part of core staff)			
Speciality	Tasks/Involvement	Yes/No	Comments
Psychiatrist	Addressing psychological aspects of ulcers, such as behaviour modification and dealing with grief from loss of a body part		
Psychologist	Addressing psychological aspects of ulcers, such as behaviour modification and dealing with grief from loss of a body part		
Haematologist	Coagulopathic ulcers		
Hyperbarist	Treating wounds with hyperbaric oxygen		
Rehabilitation workers	Patient rehabilitation		
Occupational therapist	Occupational therapy		
Nutrition experts	Guidance on nutrition aspects related to wound healing and prevention		
Social workers	Post discharge assistance etc.		



ORGANISATION, REFERRALS AND FIRST VISITS

Objectives & instructions:

This section aims to uncover the referral policies applied by the centre, and to clarify whether certain referral policies related to specific types of wounds have been applied by the wound centre.

The following basic rules for referrals are recommended:

All types of problem wounds from both the primary and secondary health-care sectors should be open for referral (See proposed referrals according to wound type below). The policy may be that all patients with a problem wound can be referred to the outpatient clinic, while referrals to the ward has to be approved by a doctor from the wound centre. Preferably unsuccessful treatments have been tested prior to referral of the patients.

The type of centre targeted by this description is a specialised department dealing primarily with the various types of non-healing wounds. Patients with new wounds, which have not yet been evaluated in another health care setting, should therefore in principle not be sent to the center, but should go through an initial assessment in the primary health care sector, in case the wound is discovered here, or by the hospital department to which the patient is admitted, in the case of a hospitalised patient.

The centre must establish referral and care circuits covering the following: <ul style="list-style-type: none"> • Internal referral • External referral • First visit • Successive visits/follow up visits 		Yes/No	Comments
Please state whether a referral and care circuit including these items is in place (in the case of variations, please explain/specify in the comments field)			
In the section below, you are kindly asked to state whether the listed referral actions related to certain types of wounds are implemented			
Wound type	Referral action		
Diabetic foot ulcer patients	Acute (in 24 hours), subacute priority evaluation (max. 1 week)		
Arteriosclerotic wound patients	Vascular surgery		
Venous leg ulcer patients	Priority evaluation (1-2 months)		
Trauma wound patients	Acute, sub-acute		
Fistula and other acute wounds	Priority evaluation		
With regards to the <i>first visit</i>, you are kindly asked to state whether the following referral procedures are implemented		Yes/No	Comments
All patients with a chronic wound admitted to the hospital must be referred to the wound centre for examination and possible referrals to other experts available at the hospital (See section 3 on clinical staff).			



The wound care centre (a qualified member of staff) must be reachable 24/7.		
For each patient, a treatment plan must be developed, including diagnostics and treatment with description of the needed products, based on the patient anamnesis and type/condition of the wound.		



RESEARCH AND EDUCATIONAL ACTIVITIES

Objectives & instructions:

Educational activities are considered an obligatory activity of a specialised wound centre, with the objective to:

- Ensure that the competencies held by the centres endorsed by EWMA are used to train staff members in other centres, and this ensure high quality care for more patients
- Ensure that the competencies of the center are maintained/updated on a regular basis
- Use the concentration of wound patients in the centre as a basis for data collection and research in wounds and wound management.

The centre should, ideally, offer wound care education for both registered doctors and nurses. A description of the educational programme must be forwarded as part of the endorsement procedure, and will be evaluated according to EWMA education endorsement procedures.

The educational programme must be presented in the format of a short description of the facilities and resources available for education (physical location, equipment and human resources) and a description of the educational programme.

Activities listed in the section Additional are proposed/recommended activities which will not be evaluated as obligatory activities of the centre.

Educational programme for nurses	Yes/No	Comments
Educational programme for physicians	Yes/No	Comments
Please state whether a description of the educational programme will be forwarded	Yes/No	Comments
Additional activities (recommended)		
Patient education	Yes/No	Comments
It is recommended that information (for example a leaflet) for patients, including basic instructions on how to deal with the wound in the home setting, recommendations for appropriate physical activity etc. is available.		
Research activity		
It is strongly encouraged that the centre use the gathered expertise to conduct research in wound care. The research possibilities in the centre should be presented as a short description of what is available for research activity (physical location, equipment and human resources) and how it could be structured and performed. If clinical investigations have already taken place, documentation must be available in the shape of published articles, articles in press or research protocols.		



BACKGROUND LITERATURE / LIST OF REFERENCES

1. Apelqvist J, Larsson J. What is the most effective way to reduce incidence of amputation in the diabetic foot?, *Diabetes Metab Res Rev* 2000; 16 (Suppl 1): S75±S83.
2. Aydin K, Isildak M, Karakaya J, Gürlek A. Change in amputation predictors in diabetic foot disease: effect of multidisciplinary approach, *Endocr* 2010; 38:87–92
3. Sholar AD, Wong LK, Culpepper JW, Sargent LA. The specialized wound care centre: a 7-year experience at a tertiary care hospital. *Ann Plast Surg.* 2007;58(3):279-84.
4. Attinger CE, Hoang H, Steinberg J, Couch K, Hubley K, Winger L, Kugler M. How to make a hospital-based wound centre financially viable: the Georgetown University Hospital model. *Gynecol Oncol.* 2008;111(2 Suppl):S92-7. doi: 10.1016/j.ygyno.2008.07.044. Epub 2008 Sep 16.
5. Gottrup F, Holstein P, Jørgensen B, Lohmann M, Karlsmark T. A new concept of a multidisciplinary wound healing centre and a national expert function of wound healing. *Arch Surg.* 2001;136(7):765-72.
6. Gottrup F, Nix DP, Bryant RA. The multidisciplinary team approach to wound management. In Bryant RA, Nix DP, eds. *Acute and chronic wounds. Current management and concepts.* Mosby, Elsevier. 2007St. Louis, pp.23-38.
7. Gottrup F. A specialized wound-healing centre concept: importance of a multidisciplinary department structure and surgical treatment facilities in the treatment of chronic wounds. *Am J Surg.* 2004 May;187(5A):38S-43S.
8. Indicatorenset Wond Expertise Centra Nederland, Terneuzen, V&VN Wondconsulenten, 1 September 2012 [Indicators – Wound Expertise Centre, The Netherlands] (Available in Dutch only)
9. Coerper S, Schäffer M, Enderle M, Schott U, Köveker G, Becker HD. The wound care centre in surgery: an interdisciplinary concept for diagnostic and treatment of chronic wounds. *Chirurg.* 1999 Apr;70(4):480-4. [Article in German]
10. Moore, Z., Butcher, G., Corbett, L. Q., McGuinness, W., Snyder, R. J., van Acker, K. AAWC, AWMA, EWMA Position Paper: Managing Wounds as a Team. *J Wound Care*, May 2014

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