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### NURSE CONSULTATION PROJECT: MONITORING CHRONIC WOUNDS

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Our healthcare system evolves from day to day, it is sufficient to lean on the profusion of articles, reports, and experiments to observe that this evolution, among others towards a potential task and skill transfer, is only in its first steps when compared to the Anglo-Saxon model of treatment. The beginning of the reflection began in 2003 with doyen Yvon Berland's report which made the following observations: inefficient medical demography, aging of the population, an increase in the demand for treatment and a decrease in hospital duration with repercussions on the ambulatory sector. How do we prepare for these problems to avoid medical desertification and maintain a satisfying and quality offer of treatment? The transfer of tasks and skills is an eventuality that obviously requires conditions such as skill validation and supplementary College education. Interests of such a consultation: dispose of a wound and healing referent in a closed geographical sector, with an outlying hospital and overwhelmed specialists, the improvement of chronic wound treatment in terms of healing and treatment costs. And when the nurse consultation is validated with a key nomenclature letter to avoid the anarchical proliferation of consultations, while the structure itself is not recognized?