Abstract from the Danish Society of Wound Care

Title: Register of Wounds in Denmark and the use for Research

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Abstract
The entire Danish population (n~5.7 million) is proved with a tax-supported health care and is therefore allowed free access to hospitals care, general practitioners and local wound clinics. Expenses to dressings, compression stockings, off-loading etc. are also included in the tax-supported health care system. All inhabitants have a unique civil registration number which enables unambiguous individual linkage between population-based administrative and health-care registers. These registers contain data on all national levels in the figure below. A homogenized access to health care combined with accessible national health registers make Denmark an obvious candidate for implanting a national register of wounds.

In Denmark we have ~ 60 nationwide clinical standard databases focusing on results, structure and processing. None of these deal with wounds. Though, wound-patients participate in an annual national spot-check questionnaire exploring the Danish patients' experiences concerning contact with and treatment in Danish hospitals. Results are implemented directly into our clinical working day.

Wound assessment by a Tele Medicine solution has been a national possibility over the last 5 years. The main function is to secure the sector transfer for wound-patients, to highlight the communication between healthcare professionals representing different sectors, increased knowledge, faster diagnostics, etc. Tele Medicine embody a potential for a Danish Wound register, as data can pass the lines between sectors as well as having photo documentation and linking between registers embraced in the existing software.
Smaller regional and local register of wounds exist in Denmark based on a single wound type (ex: Diabetic foot ulcer) or a geographic location ("sår i syd").

In Denmark, we have a functional data collection tool available as well as homogeneous access to wound treatment; still a national wound register is missing. The mission is highly complex as wound data are attached to different sectors with different healthcare professionals with differentiating views on outcomes (education, qualifying treatment and craftsmanship, logistics, etc.). Another obstacle are the numerous factors (global and/or locale) influencing on the wound healing time.