

DSFS

What can we do?
What will we do?



INSTRUCTIONS, GUIDELINES AND COMMUNICATION TOOLS

In relation to the association's efforts to disseminate knowledge about the prevention and treatment of wounds, the DSFS has produced a series of booklets which, in a concentrated and accessible form, provides best practice guidance for nurses and doctors with regards to diagnosis and treatment of wounds.

In collaboration with the industry the society has published a *wound pain algorithm* that provides an easy tool for improved patient dialogue. The objective is to understand the causes of wound pain and thereby achieve quality in wound as well as pain management. The algorithm involves the patient in the healing process and may thereby shorten the treatment time as pain potentially prolongs the healing period.

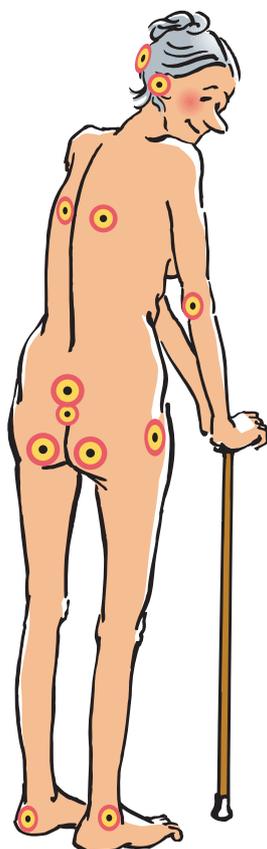
The association has also developed a *wound algorithm* with brief advice and guidance on wound diagnosis and treatment. The wound algorithm is intended as a guidance document and provides a simplified description of complex wound conditions.

A Doppler guide explains how to measure an ankle/arm index with the objective to assess whether the patient has signs of arterial insufficiency or whether the leg can endure compression therapy. With regards to these aspects of wound management, uniform guidelines for measurement are essential for the daily clinical practice.

These guidelines and algorithms are designed in handy, foiled formats, ready for daily use, and can be downloaded from the association's website: www.saar.dk. This also applies, for example, to the presentation of EPUAP's guidelines for the prevention and treatment of pressure ulcers.

NATIONAL EFFORTS AGAINST PRESSURE ULCERS

The most recent initiative has been to fight pressure ulcers throughout the country. Investigations show a significant spread in the prevalence data for pressure ulcers. According to these data 13 to 43 % of the hospitalised patients in Denmark



The DSFS
Pressure Ulcer Lady
for education
purpose

The Danish Wound Healing Society (DSFS) is one of the oldest wound societies in the world – however the society is not characterised by old men and governesses. Renewed strength keeps the association on track and contributes to its most central aspect: to strengthen correct and effective wound treatment in the country. The society remains the only central provider of new knowledge and practical skills within the wound area.

Through its history DSFS has focused on developing the model which is now the widely accepted model for effective wound healing in the world: a multidisciplinary and intersectoral wound department including specialised wound nurses, dermatologists, vascular surgeons, plastic surgeons, podiatrists and orthotists which organizes wound management and shares knowledge across the country. So far the model is used in the largest cities of the country, so there is still a lot of work to be done with regards to securing that good wound care is available throughout the country. When the new president took over the board in 2012 he made it clear that the efforts to achieve this should be continued. This is completely in line with the recommendations of the former president. Likewise, the multidisciplinary approach to wound management is completely reflected in the association's board, consisting of nurses, doctors and clinicians with other specialties.



Jens Fønnesbech
Journalist with
the DSFS and NIFS
wound magazine SÅR

www.saar.dk



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DSFS organises seminars and conferences on opportunities within e-health treatment. Here you can see wound treatment by photo transfer via mobile phone.

develop a pressure ulcer to a mild or more severe degree and sources indicate that up to 50% of these wounds develop after hospitalisation. That is why there is a need for joint efforts.

The effectiveness of this initiative is shown in preliminary data from selected hospitals which, based on the dedicated efforts of the staff, have succeeded in completely preventing the development of pressure ulcers. The latest report reveals that 70 days have passed since the last pressure ulcer developed in the hospital. This result is obtained by following a methodology used in a hospital in Wales. The focus is on screening of all patients at admission. During the screening you must clarify the patient's mobility, possible incontinence, nutrition etc. and examine whether the patient has pressure ulcers or pressure marks in all relevant places on the body. Based on this the staff evaluates the patient's general risk of developing pressure ulcers. By these efforts a set of common rules and scales for the assessment and description of pressure ulcers are established which then result in common efforts to fight pressure ulcers.

As part of the initiative all regions were required to report on the development of pressure ulcers. As expressed by the head of the national campaign "We *can* reduce the number and we *will* reduce the number of pressure ulcers".

MUNICIPALITIES AND REGIONS UPGRADE – ALSO WITH REGARDS TO USE OF IT AND TELEMEDICINE

Activities are initiated all over Denmark with very good results. For example, the municipalities of Viborg and Køge have, for several years, worked hard to eliminate pressure ulcers. In Køge they have succeeded in reducing the incidence to 0.26 per 1000 inhabitants, compared

to the national average of 0.7 pressure ulcers per 1000 inhabitants. In the municipality of Viborg the incidence of pressure ulcers has decreased by 23.7% from 2010 to 2011.

The efforts of the municipalities will focus on new workflows, bedside training, education of wound care nurses, networking and e-learning. Both in the hospital and in a home care setting there is a need to develop new procedures, educate staff members to pay attention to new methods of prevention and treatment, reflect on their own practice and involve patients by giving them shared responsibility for the wound healing process.

A part of this endeavor is the development of measurement tools with web-based e-learning portals that allow the staff to measure development in the wound area: how many wounds are there, which types, how long is the healing period, etc.? This type of tool enables comparisons, identifies areas that require attention and supports e-learning activities related to wound management. There are great opportunities in that direction once the general level of IT skills amongst groups of staff are raised. ►

The Danish Health Care system

Health care systems in Scandinavia, including the Danish system, are primarily public (private treatment only covers approximately 5% of inpatient beds). In the secondary sector, all health-care investigations, drugs and devices are offered free of charge to the patients. In the primary sector different reimbursement policies regarding drugs and devices exist. This means that only a very small part of the health care budget is covered by private insurance or consumer payment.

For further information: www.euro.who.int/__data/assets/pdf_file/0004/160519/e96442.pdf



The magazine SÅR is published four times a year in cooperation with The Norwegian Wound Healing Society, NIFS.

This also relates to the use of telemedicine which currently attracts many resources in Denmark and which the Danish Government is confident will lead to savings of financial resources as well as inconveniences for municipalities and patients. The government is expecting a saving potential of approximately 330 millions DKK (44.3 mill EUR) once the technology has been implemented. In Odense, Aarhus and Copenhagen trials are being conducted in telemedicine where patients wounds are diagnosed while home care nurses and doctors are advised in treatment procedures by photo transfer via mobile phone and registration of patient data in an electronic database. DSFS follows this development closely and the association organises seminars and conferences on opportunities within this area.

Danish Wound Survey estimating prevalence and cost of wounds

In 2010 DSFS was involved in a wound survey initiated by EWMA. The survey takes the form of a point prevalence study carried out in two hospitals in Viborg and Hilleroed and two municipalities located within the catching populations of the two hospitals respectively.

The survey identifies the total number and type of wounds treated in each setting at the time of the survey and provides an estimate of the amount of clinician time and inpatient bed-days directly attributable to wound care at an organisational level.

This type of information highlights the importance of specialist wound care expertise, by illustrating the prevalence of wounds among hospital and community patients and the significant proportion of available resources which are devoted to wound complications, many of which could be avoided.

The article presenting the results of the survey is expected to be ready for publication by the end of 2012.

Within one area, however, the association has so far been stranded. This concerns the involvement of general practitioners in the prevention and treatment of wounds. In practice wounds are most often only seen and evaluated by consultation nurses and only in a few municipalities has the cooperation between home care and general practitioners been running smoothly so far. The board of DSFS is paying close attention to the development within this area.

KNOWLEDGE AND VISIONS

DSFS supports important research within wounds, encouraging theses and PhD dissertations to be written on key issues within wound management, such as bacterial biofilms, treatment with maggots, the influence of tobacco smoking on wound healing, cancer wounds and honey and about growth factors in wound healing. The latest research results are presented regularly at DSFS meetings.

As the latest acquisition DSFS has initiated a study on the communication between wound practitioners in the primary and secondary sectors and an assessment of the communication flow between practitioners and wound patients. The study takes the form of a poll and is expected to be presented at next year's EWMA conference in Copenhagen.

A vital part of the dissemination of knowledge is the magazine "SÅR". This is published four times a year. New initiatives, new ways to organize care and learning, scientific papers and minutes of meetings and conferences in Denmark and abroad are permanent features in the magazine. In this magazine municipal wound nurses and doctors, primarily from the major university hospitals, present their point of view on the different aspects. The Norwegian Wound Healing Society, NIFS, is a co-producer of the magazine and provides similar information from the Norwegian wound management society. This information is an essential part of the continued development of a strong interdisciplinary and intersectoral approach to wound management. A magazine is expensive, and the continued successful publication of the magazine has a background in the benevolent support from the wound care companies in relation to the DSFS conferences and advertising in the magazine.

Improving wound management is not necessary cost demanding. By gathering resources and adding quality in order to avoid development, improvements in non-healing ulcers can be achieved and expenses to the public health care budget reduced. Diabetic foot ulcers will especially, in the years to come, require significant attention as the number of diabetics is expected to grow explosively. DSFS has plenty of things to take care of... ■