

WOUND CENTRE, BASED OUTSIDE OF A HOSPITAL SETTING

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 *outside a hospital setting*.

The application form include following categories, which can be found under the tabs below:

- 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/national circumstances/factors such as legislation or similar, negotiations on alternative ways to meet the criteria can be made or the specific requirements can be cancelled (documentation required).

BASIC INFORMATION ABOUT THE CENTRE / ORGANISATION

Objectives & instructions:

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 (It is NOT a requirement that all wound types are covered):		
1)	Pressure Ulcers	
2)	Leg Ulcers	
	Arterial	
	Venous	
	Mixed	
3)	Diabetic Foot Ulcers	
4)	Acute wounds	
	Trauma (acute, fracture)	
	Surgical	
	Burns	
5)	Other	



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 (May be done in a full slide show presentation of the centre).

Please state which of the listed physical/environmental facilities the wound centre has available	Yes/No	Specification/com-ments (If the facility is not available in the centre, but is available at the referral hospital, please note this here).
a) Reception/welcoming area/waiting room		
b) Examination room(s) of adequate size¹ with the following basic equipment (Please specify the available equipment via the list below):		
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 sterilisation	
6)	Other relevant equipment	
c) Surgical room (for smaller operations/ local anaesthesia), including the following equipment (Please specify available equipment via the list below).		
1)	Appropriate surgical lighting	
2)	Scrub room/area	
3)	Sink (possibility to disinfect for health care staff)	

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



4)	Operation table		
5)	Sterile coverage, clothing and equipment for surgical procedures (such as cutter, coagulator etc.)		
6)	Standard surgical instruments		
7)	Other relevant equipment		
d) Vascular investigations: Possibility to perform Ankle-Brachial index.			
e) Storage area with refrigerator			
f) Easy access for wheelchairs			
g) Physical facilities which must be available at <u>referral hospital (not obligatory in the centre)</u>:			
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)	Podiatry 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 (Considered beneficial, but not obligatory to have this equipment available):			
a) Additional equipment that may be available in the 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) Remote care consultation area (for telemedicine purpose)		
d) Multi-purpose room (e.g., health education, meetings, conferences)		

PROCEDURES & EQUIPMENT

Objectives & instructions:

This section focus on the centre's applied procedures in relation to diagnosis and treatment. Equipment needed for diagnosis and treatment of the wound is listed in relation to the primary options for diagnosis and treatment available at the different steps of the patient pathway.

The section is ordered in three parts

A. Hygiene

B. Diagnosis

C. Treatment

Together these three sections aim to uncover:

- The applied hygiene procedures of the centre
- The applied diagnosis procedures of the centre (Including the equipment needed to perform these procedures)
- The available treatment option, including the needed equipment
- Whether the centre offers any additional services (considered outside standards 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 some items on the list may appear banal or evident to the applicant. This format for the application form is chosen to receive 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 of these options).

HYGIENE	
Please describe (in short) the applied rules for personal hand hygiene.	
Please describe (in short) the applied rules for waste disposal?	



DIAGNOSIS			
Please state which of the following tools, equipment and examination types are offered in the centre:		Yes/No	Specification/Comments (If the possibility to perform the procedure is not present in the centre, but only at the referral hospital, please note this here).
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 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 following types (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> (Options, not obligatory to offer all examination types listed)		
	A. dorsalis pedis/A. tibialis post		
	Ankle-brachial index (possibly by use of Doppler)		
	Toe pressure		
	Transcutaneous oxygen measurement		
	Other		
<i>Available equipment: (Options, not obligatory to offer all these types of 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 measurements:		



	Possibility to offer podiatric care or similar expertise (may be available at referral hospital or by other external provider. Not expected in centre). Please specify this in the 'comments' field.		
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:</i> Complete neuropathic exploration kit, including for example (Please specify which procedures are used. Not obligatory to offer all procedures listed):		
	Semmes Weinstein monofilament		
	Graduated Rider–Seiffer tuning fork		
	Other (Please list available equipment used)		
6)	Oedema:		
<i>Examination by clinical signs:</i> (Please specify which signs are used as basis for diagnosis. Not obligatory to offer all listed options)			
	Swelling (circumference)		
	Pitting sign		
	Stemmer's sign		
	Skin changes		
	Other (Please list possible other types of methods used in the centre)		
<i>Clinical Physiology Investigation:</i> These procedures may be available at the referral hospital or other external provider. Not obligatory to offer all listed procedures)			
	Ultrasound		
	MRI		
	Dexa Scanning		
	Bio-impedance		
	Perometry		
	Other		
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/comorbidities). A list of relevant staff profiles 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	Specification/Comments (If the possibility to perform the procedure is not present in the centre, but only at the referral hospital, please note this here).
a) Perfusion/blood flow:			
1)	Possibility to refer to hospital for vascular surgery (bypass) and PTA		
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: Possibility to instruct the patient/home care/nursing homes in use of pressure releasing equipments, 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)	If the centre includes a small surgical theatre, qualifications for e.g. orthopaedic treatment (e.g. removing infected toe) should be in place.		
<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, e.g wound cleansing with scissors and forceps)		
	Mechanical debridement materials		
	Autolytic dressings		



	Other debridement methods (please list possible additional methods used in the <i>comments</i> field)		
e) Oedema: Equipment: (Please specify equipment used among the options listed below. Not obligatory to offer all listed types)			
	Compression bandages and stockings (Primary types listed below)		
	Compression stocking class 1-4		
	Short stretch		
	Long stretch		
	Cohesive bandage		
	Multi-layer compression bandage (two/four layer)		
	Other		
	Please state whether hospital referrals are possible for patients with severe oedema.		
f) Wound care: Dressings: (Please specify available dressings among the options listed below. Not obligatory to offer all listed types)			
	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)		
	Other		



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 may be available via collaboration with a referral hospital. However, as these factors may vary according to traditions/practical aspects within a given health care organisation/local 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/coordinator/supervisor	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 LINKED WITH (allocated on regular basis, e.g. X hours per week) /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 a referral 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		
	Internal medicine/endocrinology		
	Orthopaedic surgery		
	Physical medicine & rehabilitation		
	Plastic and reconstructive surgery		
	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 specialisation		
Other staff types			

Collaborating staff 'AVAILABLE WITHIN REFERRAL HOSPITAL OR COMMUNITY SERVICES			
Please write "yes" by 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, orthopedic, vascular, etc.)	Please list speciality in the <i>comments</i> field.		
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		



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		
Radiology	Available for X-Rays, scanning etc.		
Rehabilitation/social			
Rehabilitation workers	Patient rehabilitation		
Social workers	Post discharge assistance etc.		



ORGANISATION & REFERRALS

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 type of centre targeted by this description is a specialised centre dealing primarily with the various types of non-healing wounds.

Referral to the clinic should be open for all types of problem wounds from both the primary and the secondary health care sectors (See proposed referrals according to wound types below).

Patients with new wounds, which have not been evaluated in another health care setting, should therefore in principle not be sent to the centre. These 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 hospitalized patient.

The centre must establish referral and care circuits covering the following:		Yes/No	Comments
<ul style="list-style-type: none"> • Referrals to hospital/specialists • First visit • Successive visits/follow up visits 			
Please state whether a referral and care circuit including these items is in place (in the case of variations, please explain/specify in the <i>comments</i> field)			
Please describe in further detail your referral procedure to/collaboration with: 1) Hospital(s), 2) The primary care sector (community/home care)			
Please describe your referral procedure to:			
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)		
If you receive the following patient types, referral procedures for these should also be described:			
Trauma wound patients	Acute, sub-acute		
Fistula and other acute wounds	Priority evaluation		



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. (If not already endorsed by EWMA).

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
Please state whether a description of the educational programme will be forwarded	Yes/No	Comments
Please state whether the educational programme is endorsed by EWMA	Yes/No	Comments
Additional activities (recommended, but not obligatory)		
Educational programme for physicians	Yes/No	Comments
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		



<p>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 (final or in process).</p>		
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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.
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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 Mar;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. 2007. St. 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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