

# WOUND CENTRE, BASED OUTSIDE OF A HOSPITAL SETTING

## EWMA ENDORSEMENT CRITERIA & ENDORSEMENT APPLICATION FORM

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### 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 includes 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).

**Please provide as detailed information as possible to provide a good basis for the evaluation.**

Contact information (Wound centre)	Name	Position
Name and position of the person responsible for completing this endorsement template	Luís Carlos Antunes Claro	tissue viability and complex wound care consultation
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Auditor (EWMA)	Name	Affiliation & prof. background
Name of the person responsible for conducting the review, on behalf of EWMA		

## 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	Unidade de Tratamento de Feridas Complexas	
b) Address of the centre	Unidade Local de Saúde de Coimbra, E.P.E. Hospital Geral Quinta dos Vales, nº 108, S. Martinho do Bispo 3041-801 Coimbra	
	Number	Comments
c) Catchment area of the centre (If possible)	365000 ppl / 4168.29 km <sup>2</sup>	
d) Approximate total number of patients per year:	90	Each pole
	Of these, please specify:	

	The approximate number of new patients	60	
	Approximate number of patients already in treatment	40	
<b>e) Types of wounds treated in the centre (It is NOT a requirement that all wound types are covered):</b>			
1)	Pressure Ulcers	8%	
2)	Leg Ulcers		
	Arterial	4%	
	Venous	71%	
	Mixed		
3)	Diabetic Foot Ulcers	2%	
4)	Acute wounds		
	Trauma (acute, fracture)	9%	
	Surgical	4%	
	Burns		
5)	Other	1%	Oncology

## 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	Yes	
Quality control guidelines, including prevention of adverse events	Yes	

Referral policies/procedures	Yes	
Standard operating procedures	Yes	
Description of educational activities	Yes	
Description of research activities (if any)	Yes	
Patient information material (if any)	Yes	

## 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 comment-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/comments (If the facility is not available in the centre, but is available at the referral hospital, please note this here).
<b>a) Reception/welcoming area/waiting room</b>		Yes	
<b>b) Examination room(s) of adequate size<sup>1</sup> with the following basic equipment</b> (Please specify the available equipment via the list below):			
1)	Appropriate ventilation system;	Yes	
2)	Table, chairs, hydraulic stretcher, and sink;	Yes	
3)	Lamp and mirror: <i>please specify type in right column</i>	Yes	Lamp
4)	Leg bathing/cleaning trays.	Yes	

<sup>1</sup> One of them (if more rooms) at least 16 square meters.

5)	Sterile instruments and possibility for sterilisation	Yes	
6)	Other relevant equipment		
<b>c) Surgical room (for smaller operations/ local anaesthesia), including the following equipment (Please specify available equipment via the list below).</b>			
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 procedures (such as cutter, coagulator etc.)	-	
6)	Standard surgical instruments	-	
7)	Other relevant equipment	-	
<b>d) Vascular investigations: Possibility to perform Ankle-Brachial index.</b>		<b>Yes</b>	
<b>e) Storage area with refrigerator</b>		<b>Yes</b>	<b>Without Fridge</b>
<b>f) Easy access for wheelchairs</b>		<b>Yes</b>	
<b>g) Physical facilities which must be available at <u>referral hospital (not obligatory in the centre)</u>:</b>			
1)	Radiology suites/facilities (E.g. X-ray, ultrasound, MR, CT) <i>Please specify which options are available in the right column)</i>	Yes	all
2)	Operation room(s) at central surgical theatre (general anaesthesia), available for larger operations 1-2 days per week	Yes	
3)	Possibility to perform perfusion examination (Toe pressure, transcutaneous oxygen measurements and others)	Yes	
4)	Podiatry labs: Possibility to perform pressure measurements and measurements needed for production of pressure releasing footwear	Yes	Unidade Funcional do pé diabético do HG
5)	Other relevant facilities		
<b>h) IT equipment (Standard, not related to examination of patients):</b>			
1)	Appropriate computer equipment connected to the Internet (internal and external) with webcam and microphone	Yes	
2)	Printer	Yes	

3)	Appropriate telephone connection	Yes	
4)	Additional equipment	Yes	Smartphone
<b>Additional equipment (Considered beneficial, but not obligatory to have this equipment available):</b>			
<b>a) Additional equipment that may be available in the examination room:</b>			
1)	Electrically powered podiatric chairs	Yes	
2)	Magnifying glass	Yes	Cantanhede's Pole
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:	Yes	Cantanhede's Pole
4)	Additional equipment		
<b>b) Physical therapy centre</b>		<b>Yes</b>	<b>Cantanhede's and FM poles</b>
<b>c) Remote care consultation area (for telemedicine purpose)</b>		<b>Yes</b>	
<b>d) Multi-purpose room (e.g., health education, meetings, conferences)</b>		<b>Yes</b>	

## 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).

<b>HYGIENE</b>	
Please describe (in short) the applied rules for personal hand hygiene.	<b>Internal Procedure: PG - 01.00 Higiene das Mãos</b>
Please describe (in short) the applied rules for waste disposal?	<b>Internal Procedures: IG - 01.00 Triagem, Acondicionamento, Armazenamento e Destino Final dos Resíduos Sólidos Hospitalares;  IM - 09.00 Reprocessamento de Dispositivos Médicos de Uso Múltiplo e Equipamentos de Apoio aos Cuidados</b>

<b>DIAGNOSIS</b>			
<b>Please state which of the following tools, equipment and examination types are offered in the centre:</b>		<b>Yes/No</b>	<b>Specification/Comments</b> (If the possibility to perform the procedure is not present in the centre, but only at the referral hospital, please note this here).
<b>a) Basis information for the diagnosis</b>			
	Medical/health record providing information about the patient's disease history (Wound occurrence date, no of days, lab results etc.)	Yes	SClínico
<b>b) Basis equipment</b>			
	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.	Yes	
	Wound healing evaluation programme (not obligatory)	Yes	
<b>c) The diagnosis should include an examination of the following types</b> (relevant in the specific context):			
1)	<b>Tissue sample</b> <i>Possibility to perform a biopsy</i>	Yes	Referral hospital
2)	<b>Perfusion/blood flow:</b>		
	<i>Examination by palpation, for example:</i> (Options, not obligatory to offer all examination types listed)		
	A. dorsalis pedis/A. tibialis post	Yes	
	Ankle-brachial index (possibly by use of Doppler)	Yes	
	Toe pressure	Yes	
	Transcutaneous oxygen measurement	No	
	Other		
<i>Available equipment:</i> (Options, not obligatory to offer all these types of equipment)			

	Arterial Doppler devices (portable only if the centre cooperates with a vascular lab, where duplex ultrasound is available)	Yes	
	Sphygmomanometer (various sizes to allow measurement of ankle/brachial pressure index and toe/brachial index)	Yes	
	Other (Please list possible additional available equipment)		
3)	<b>Pressure measurements:</b>		
	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.	Yes	
4)	<b>Infection:</b>		
<i>Possibility to examine the following:</i>			
	Clinical signs (Redness, swelling, pain, secretion, oedema etc.)	Yes	
	Blood sample (WBC, C-Reactive Protein (CRP), culture/swab etc.)	Yes	
	Other examination methods available:		
5)	<b>Sensibility:</b>		
	<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	Yes	
	Graduated Rider–Seiffer tuning fork	Yes	
	Other (Please list available equipment used)		
6)	<b>Oedema:</b>		
<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)	Yes	

	Pitting sign	Yes	
	Stemmer's sign	Yes	
	Skin changes	Yes	
	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	Yes	
	MRI	Yes	
	Dexa Scanning	Yes	
	Bio-impedance	No	
	Perometry	No	
	Other		

<b>TREATMENT</b>		
<p>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.</p>		
<b>Please state which types of treatment and equipment/products are used in the centre:</b>	<b>Yes/No</b>	<b>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).</b>
<b>a) Perfusion/blood flow:</b>		
1)	Possibility to refer to hospital for vascular surgery (bypass) and PTA	Yes
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.	Yes

<b>b) Pressure:</b> 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;	Yes	
2)	Pressure releasing mattresses;	Yes	
3)	Other types of pressure releasing equipment.	No	
<b>c) Infection:</b>			
1)	Clinical signs: Medical treatment history	Yes	
<i>Equipment:</i>			
	Local antiseptics	Yes	
	Antibiotics	Yes	
	Other		
2)	Debridement	Yes	
	<i>Equipment: (See section d) Debridement). Detailed reply in section d)</i>		
3)	If the centre includes a small surgical theatre, qualifications for e.g. orthopaedic treatment (e.g. removing infected toe) should be in place.	Yes	
<i>Equipment:</i>			
	Sufficient surgical equipment (scissors, scalpel, forceps etc.)	Yes	
<b>d) Debridement:</b> (In this case not for treating infections)			
<i>Equipment (standard):</i>			
	Surgical equipment (standard, e.g wound cleansing with scissors and forceps)	Yes	
	Mechanical debridement materials	Yes	
	Autolytic dressings	Yes	
	Other debridement methods (please list possible additional methods used in the <i>comments</i> field)		

<b>e) Oedema: Equipment:</b> (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	Yes	
	Short stretch	Yes	
	Long stretch	Yes	
	Cohesive bandage	Yes	
	Multi-layer compression bandage (two/four layer)	Yes	
	Other		
	Please state whether hospital referrals are possible for patients with severe oedema.	Yes	
<b>f) Wound care: Dressings:</b> (Please specify available dressings among the options listed below. Not obligatory to offer all listed types)			
	Hydrocolloid	Yes	
	Hydrogel	Yes	
	Alginate	Yes	
	Collagen	Yes	
	Foams	Yes	
	Films	Yes	
	Other (Please specify in <i>comments</i> field)		
<b>g) Other methods to promote healing</b>			
1)	Negative pressure wound therapy (NPWT)	Yes	
	Advanced curing systems (for example different types of vacuum therapy)	Yes	
	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-centred 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.

<b>Wound centre director/coordinator/supervisor</b>	<b>Yes/No</b>	<b>Education/experience</b>
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.		Postgraduate studies in wound care  Master's student in medical-surgical nursing focused on individuals

		<p>with chronic conditions</p> <p>Coordinator of the expansion project for the Wound Care Centre.</p> <p>Clinical Consultant in Tissue Viability and Wound Care at ULS Coimbra</p>
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**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
<b>Medical doctors</b>	Dermatology	1 (SOS)	
	Internal medicine/endocrinology	1 (2h/week)	
	Orthopaedic surgery	1 (SOS)	
	Physical medicine & rehabilitation	1 (SOS)	
	Plastic and reconstructive surgery	1 (SOS)	
	Vascular surgery/angiology	1 (SOS)	
	Other		

<b>Nurses</b>	General (pre-and perioperative care, wound care, discharge planning, and patient teaching)	6	RN
	Wound specialisation (Wound care and patient teaching)	6	RN
	Stomia	0	
	Other specialisation		
<b>Other staff types</b>			

<b>Collaborating staff AVAILABLE WITHIN REFERRAL HOSPITAL OR COMMUNITY SERVICES</b>			
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.			
<b>Speciality/profile</b>	<b>Tasks/Involvement</b>	<b>Yes/No</b>	<b>Comments/ type and level of involvement</b>
<b>Surgical speciality (plastic, orthopaedic, vascular, etc.)</b>	Please list speciality in the <i>comments</i> field.	Yes	SOS
<b>Medical speciality/related</b>			
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	Yes	Coordination and consultations
Dermatology	Management of skin defects, conservative approach. Available for regular contact	Yes	SOS
Microbiology / specialist in infectious diseases	Infection problems. Available for regular contact	Yes	SOS
Clinical Physiology	Available for toe pressure measurement and duplex scanning	Yes	1 <sup>st</sup> Consultation and SOS

<b>Rehabilitation</b>			
Physiotherapist	Wound treatment and rehabilitation	Yes	
Podiatrist/Pedorthist	Orthotics, moulded shoes, and ankle-foot arthroses to prevent/eliminate pressure	Yes	
Prosthetist	Prosthetics	No	
<b>Radiology</b>	Available for X-Rays, scanning etc.	Yes	
<b>Rehabilitation/social</b>			
Rehabilitation workers	Patient rehabilitation	Yes	
Social workers	Post discharge assistance etc.	Yes	

## 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.

<b>The centre must establish referral and care circuits covering the following:</b>	<b>Yes/No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• Referrals to hospital/specialists</li> <li>• First visit</li> <li>• Successive visits/follow up visits</li> </ul>		

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)		Yes	
Please describe in further detail your referral procedure to/collaboration with 1) Hospital(s), 2) The primary care sector (community/home care)		Yes	
Please describe your referral procedure to:		<b>Yes/No</b>	<b>Comments</b>
<b>Wound type</b>	<b>Referral action</b>		
Diabetic foot ulcer patients	Acute (in 24 hours), subacute priority evaluation (max. 1 week)	Yes	
Arteriosclerotic wound patients	Vascular surgery	Yes	
Venous leg ulcer patients	Priority evaluation (1-2 months)	Yes	
<b>If you receive the following patient types, referral procedures for these should also be described:</b>			
Trauma wound patients	Acute, sub-acute	No	
Fistula and other acute wounds	Priority evaluation	No	

## 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 centre 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.

<b>Educational programme for nurses</b>	<b>Yes/No</b>	<b>Comments</b>
	Yes	
<b>Please state whether a description of the educational programme will be forwarded</b>	<b>Yes/No</b>	<b>Comments</b>
	Yes	
<b>Please state whether the educational programme is endorsed by EWMA</b>	<b>Yes/No</b>	<b>Comments</b>
	No	
<b>Additional activities (recommended, but not obligatory)</b>		
<b>Educational programme for physicians</b>	<b>Yes/No</b>	<b>Comments</b>
	No	
<b>Patient education</b>	<b>Yes/No</b>	<b>Comments</b>
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.	Yes	
<b>Research activity</b>		
It is strongly encouraged that the centre uses 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).	Yes	

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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.
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 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. 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., McGuiness, 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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