HOME-BASED WOUND CARE SUMMARY TABLE

Country	Healthcare Providers	Interdisciplinarity	Training & Education	Financing	Reimbursement Challenges	Protocols/ Guidelines	Complications/ Emergencies	Telemedicine/ Digital	Continuous Education	Patient-Centred Care
Croatia	Home care nurses, GPs, specialists (vascular surgeons, dermatologists)	Nurses + GPs primary, specialists for complex cases; delayed access	No formal programme; varies (nursing school, bachelor, wound/stoma therapy); conferences/workshop	Covered by state insurance; private providers out-of-pocket	Dressings reimbursed; NPWT only in hospitals; long waits for specialists	No mandatory national protocols; outdated; nurses create own systems/photos	Specialists for complications; ED for emergencies	GPs consult specialists remotely; nurses use phones/photos; limited adoption	Workshops, congresses, industry courses; no standardised training	Individual holistic plans; limited wound-specific focus in official docs
Italy	GPs, specialists, home care nurses, expert nurses, assistants, physiotherapists	GP initiates, nurses assess social/family context; variable collaboration	No specific training; informal experience; new Master's for family nurses (limited)	NHS covers most costs; regional variations	Supplies vary by region; procurement agreements affect quality/availability	Multiple guidelines (Braden, NPUAP, etc.); some regional epidemiology tracking	Emergency handling varies by region; diabetic foot has structured referral	Teleconsultation & tele-visits growing; varies by region	In-house programmes, society courses, optional independent training	Shift from wound-based to shared care planning with patients/families
Czech Republic	General nurses, physiotherapists, GPs, wound specialists, palliative teams	No national model; depends on agency; multiple referral pathways	General nurses with tertiary education; certified postgraduate wound courses; specialisation pending	Public insurance covers most; private rare; patients can choose providers	Insurance coverage varies; limited supply; regional contract restrictions	National guidelines for diabetic foot, ulcers, pressure ulcers; agency-specific documentation	Escalated to GPs/specialists; urgent cases via EMS	Early stage; informal WhatsApp/email use; legal gaps	National centres, universities, private courses; podiatry certification	Evolving; tailored to patient needs; not fully standardised
Türkiye	Home Health Services Units: physicians, nurses, technicians; wound centres for complex cases	Physician + nurse collaborate; specialists consulted for complex cases	Physicians trained in med school; nurses need 4-year degree + certified wound/home health training	Fully covered by national insurance	Hospitals provide materials; limited product choices due to procurement policies	Based on TIMERS; individualised plans	Handled by home care team; surgical cases to hospital	Smartphones & video calls for assessment; Ministry telemedicine system	MOH training, in-service programmes, annual congresses	Customised by wound condition, socio-economic context; strong family involvement
Portugal	Nurses (coordinators), physicians, nutritionists, podologists, physiotherapists	High collaboration; nurses coordinate; regular communication with physicians & others	Limited specialist training; some nurses trained; physicians rarely specialised; multidisciplinary gaps	SNS covers basic care; private insurance & out-of-pocket for advanced care/materials	Basic care covered; advanced treatments not always reimbursed; regional disparities	National database (PUSH, RESVECH); private units use own databases; growing digital tools	Escalated to nurses, GPs, specialists; patient/caregiver reporting crucial	Growing adoption; mainly in private/research; digital education platforms emerging	Encouraged but not systematic; modules, peer learning , society collaborations	Care plans customised; strong family role; feedback used to improve quality

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England	Community nurses, GPs, HCAs; TV and specialist services for complex cases	Nurse-led care with GP oversight; specialist referral pathways vary	No mandatory wound training; framework, CPD and postgraduate options available	Predominantly NHS-funded; private services available	NHS prescriptions cover products; waiting times may delay access	NWCSP, NICE and local protocols; digital monitoring increasing	Escalated to GPs, specialists or emergency services	Telephone, video and wound imaging support remote care	Webinars, conferences, e-learning and workplace training	Shared decision-making and individualised care planning
Spain	Primary care nurses lead; GPs, case managers & wound specialists support complex cases; Hospital at Home available	Nurses coordinate; GPs manage comorbidities; specialists for complex cases; collaboration varies regionally	4-year nursing degree; no official wound specialty; postgraduate/CPD options; advanced roles in some regions	Mainly tax-funded through SNS; public nursing generally free; private insurance/self-pay options	Public/pharmacy supply; some co-payments; regional formularies affect access; advanced devices may need approval	Institutional/pro-fessional guidelines; local protocols; electronic documentation; implementation/ auditing varies	Primary care assesses; GPs/specialists involved; severe cases referred to emergency care (112)	EHRs, e-consultations & clinical photos; adoption varies; no national platform	Courses, workshops, conferences & postgraduate programmes; access varies; formal CPD available	Individualised plans; patient/carer education; shared decisions; considers needs, support & preferences