HOME CARE
WOUND CARE



Home-based wound care in Europe – Key insights



The European Wound Management Association
EWMA

HOME-BASED WOUND CARE IN EUROPE
ORGANISATION & KEY INSIGHTS

About the EWMA Home Care – Wound Care Tool Kit

The EWMA Home Care – Wound Care Tool Kit comprises a collection of evidence-based and best-practice resources developed for patients, private caregivers, and primary care professionals who deliver wound care in the home setting.

This case series on home-based wound care across Europe offers an overview of home care models in various European countries addressing the following topics:

1. Healthcare providers involved
2. Level of interdisciplinarity
3. Training and education of healthcare providers
4. Financing of home wound care
5. Reimbursement systems and challenges
6. Protocols and guidelines for wound monitoring
7. Handling complications and emergencies
8. Role of telemedicine and digital tools
9. Continuous education and best practices
10. Patient-centred wound care

The document currently includes contributions from the following countries: Croatia, England, Italy, Portugal, Spain, The Czech Republic and Turkey.

This resource is edited by:
Dimitri Beeckman, RN, PhD, FEANS, FAAN, School of Health Sciences, Faculty of Medicine and Health, Örebro University, Örebro, Sweden and Skin Integrity Research Group (SKINT), University Centre for Nursing and Midwifery, Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium
With contribution from: Ana Lamza (Croatia), Andrea Pokorná (Czech Republic), David Pérez Barreno (Spain), Katy Smyth (England), Battistino Paggi (Italy), Hakan Uncu (Turkey) and Paulo Alves (Portugal)

The European Wound Management Association
EWMA

HOME-BASED WOUND CARE
CROATIA

Healthcare providers involved

- **Primary providers**: Home care nurses deliver most of the wound care.
- **Collaboration**: Nurses work closely with general practitioners (GPs), who oversee patient care.
- **Specialist involvement**: If a wound becomes complex or does not heal as expected, the patient is referred to a vascular surgeon or dermatologist for specialist intervention.

Level of interdisciplinarity

- **Home care nurses & GPs**: Provide primary wound management.
- **Specialists**: Provide guidance and supervision for complicated cases.
- **Collaboration challenges**: Access to specialists is often delayed, affecting timely treatment.

Training and education of healthcare providers

- No formal wound care training programme exists.
- Educational backgrounds vary:
  - Some nurses have completed nursing school.
  - Some hold a bachelor's degree.
  - Some have undergone training as wound and stoma therapists.
- Continuous education mainly occurs via conferences, congresses, workshops, and industry-led courses.

Financing of home wound care

- General health insurance (state-funded) covers most home wound care.
- Private providers also exist, but their services are paid out-of-pocket by patients.

HOME-BASED WOUND CARE
CROATIA

Reimbursement system and challenges

- **Insurance coverage:**
  - Dressings, compression bandages, wraps, and stockings are reimbursed.
  - Negative Pressure Wound Therapy (NPWT) is only reimbursed in hospitals, not in home care.
- **Approval process:**
  - Requires a formal request but is not highly complicated.
  - Specialist approval is needed for some therapies (e.g., compression).
  - Long waiting times (several months) for specialist appointments delay access to treatment.

Protocols and guidelines for wound monitoring

- No mandatory national protocols.
- Most home care nurses follow protocols from the Croatian Nurses Chamber, but these are considered outdated.
- Many nurses develop their own monitoring systems, often using mobile phone photos to track wound progress.

Handling complications and emergencies

- **Complications**: Patients are referred to specialists (dermatologists, vascular surgeons).
- **Emergencies**: Patients are sent to hospital emergency departments.

Role of telemedicine and digital tools

- **Telemedicine**:
  - Official system allows GPs to consult specialists remotely.
  - Uses wound photos, patient history, and diagnostic data.
- Digital tools:
  - One nurse reported using a smartphone app for wound tracking.
  - Overall, digital adoption remains limited.

HOME-BASED WOUND CARE
CROATIA

Continuous education and best practices

- Workshops, congresses, and industry-led courses provide most ongoing education.
- Lack of standardised training remains a barrier to consistency in wound care knowledge.

Patient-centred wound care

- Individual holistic care plans are created at the start of treatment.
- Home care protocol (official document) guides practice, but only 17 out of 217 pages focus on wound care.

HOME-BASED WOUND CARE
CZECH REPUBLIC

Healthcare providers involved

- **Primary caregivers:**
  - General nurses provide most of the care.
  - Physiotherapists may be involved for pain relief and mobilisation.
  - GPs and wound specialists (from outpatient clinics, foot clinics, dermatologists, oncologists, surgeons, etc.) supervise treatment.
- **Additional interdisciplinary support:**
  - Some home care agencies collaborate with palliative care teams, pain management specialists, and nutritionists.
- **Regulatory aspect:**
  - Home care is prescribed by the GP for up to 3 months or by a hospital physician for 14 days.
  - Since 2022, specialists can also prescribe home care for 14 days, but GPs must approve ongoing treatment.

Level of interdisciplinarity

- No official national model for collaboration.
- Interdisciplinary coordination depends on the leadership of each home care agency.
- **Different pathways to initiate care:**

1. GP prescribes home care and refers the patient to specialists as needed.
2. Home care nurse identifies a wound in a patient and contacts the GP for further referral.
3. Specialist directly refers a patient to a home care agency.
4. Hospital discharge planning: Hospital social workers coordinate the transition to home care after hospitalisation.

- Prescribing authority:
  - Specialists or GPs define dressing frequency and wound care interventions.
  - Nurses with certified postgraduate training can prescribe some dressings.

HOME-BASED WOUND CARE
CZECH REPUBLIC

Training and education of healthcare providers

- **General nurses** (with a tertiary education degree) are authorised to care for chronic wound patients.
- **Nursing assistants** (secondary school graduates) can assist but cannot perform wound care independently.
- Certified postgraduate courses in wound management exist, but no official specialisation (e.g., tissue viability nurses) is yet recognised.
- Specialisation in wound care is currently under legislative approval.

Financing of home wound care

- State-recognized home care providers are financed through contracts with health insurance companies.
- Public health insurance covers most wound care services.
- Private home care agencies exist, but fully out-of-pocket services are rare.
- Patients have the right to choose or change their home care agency.

Reimbursement system and challenges

- Medical interventions in home care are reimbursed directly to providers— patients do not need to claim reimbursements.
- Home care agencies bill insurance companies using special codes for procedures and materials.
- Challenges:
  - Some insurance companies do not contract with all home care agencies in certain regions, limiting patient choice.
  - Limited supply of dressings: Some GPs prescribe minimal quantities, forcing patients to buy additional materials.
  - Access issues in remote areas (mountains, border regions), though 99% of the country is covered.

HOME-BASED WOUND CARE
CZECH REPUBLIC

Protocols and guidelines for wound monitoring

- No national standardised protocols for home wound care.
- **Existing national guidelines apply to:**
  - Diabetic foot, leg ulcers, and pressure ulcers.
- **Documentation requirements:**
  - Each home care agency develops its own nursing documentation.
  - Some agencies align documentation with local hospitals for continuity of care.

Handling complications and emergencies

- **Management varies by home care agency:**
  - Nurses may escalate care to GPs or specialists.
  - For urgent issues (e.g., severe bleeding, syncope), emergency medical services (ambulance) are called.

Role of telemedicine and digital tools

- Telemedicine is in the early stages.
- Some commercial apps exist for wound monitoring but are not widely available.
- Legislation for telemedicine is still being developed.
- In practice, WhatsApp, email, and SMS are used informally for sharing wound images and consulting specialists, despite GDPR concerns.

Continuous education and best practices

- Home care providers ensure ongoing education through:
  - National education centres (Brno, Prague).
  - Universities, hospitals, and private training companies.
  - Certified podiatry courses for general nurses.
- Two-step approach to training:
- On-the-job training: Senior nurses guide less experienced staff.
- Detailed documentation ensures knowledge transfer.

HOME-BASED WOUND CARE
CZECH REPUBLIC

Patient-centred wound care

- Patient-centred care is evolving, but not yet a standard practice across the country.
- Home care agencies tailor services to patient needs, especially for chronic wounds.
- Some agencies collaborate closely with specialists and adapt to the latest trends in wound management.

HOME-BASED WOUND CARE
ENGLAND

Healthcare providers involved

- **Primary providers:**
  - District and community nursing teams deliver the majority of National Health Service (NHS) funded wound care. These teams comprise of Registered Nurses (RNs), Registered Nursing Associates (RNAs) and Health Care Assistants (HCAs).
  - They work directly in primary care settings, managed by General Practitioners (GPs) or within Community Provider Trusts and District Nursing Teams.
- **Collaboration**:
  - Nurses work closely with GPs to support medical management, while wound care is predominantly nurse-led, with RNs assessing, diagnosing, and delivering evidence-based treatment recommendations.
- **Specialist involvement / escalation:**
  - If a wound becomes complex or is not following an expected healing trajectory, the patient can be referred to Tissue Viability (TV), vascular or dermatology services for specialist review.
  - Access to specialist services can be variable.
- Physiotherapists and occupational therapists have a role in assessing the mobility and functional ability of patients.
- Dieticians provide recommendations on ways to improve nutritional status.
- Podiatrists undertake assessment and treatment of patients with foot wounds (below malleoli). These include diabetic, neuropathic and ischemic conditions. Access is biomechanical assessment is limited.
- Private specialist wound services and home care provider options are available at a financial cost.

HOME-BASED WOUND CARE
ENGLAND

Level of interdisciplinarity

- District and community nursing teams are the primary point of contact for wound care, co-ordinating ongoing assessment, treatment and management, supported by GP oversight where clinically indicated.
- Accountability for the holistic management and risk assessment of wounds generally sits with district and community nursing teams, unless there are specific requests from other members of the wider healthcare team.
- Where appropriate, patients may be referred to additional healthcare professionals, such as dietitians or physiotherapists, to provide tailored support aligned with their specific needs.
- TV nurses provide specialist advice for complex cases and ongoing support with wound management.
    - Within specialist teams, there may be nurses who focus solely on the management of pressure ulcers or the provision of leg ulcer services.
    - TV teams often deliver wound management education and, alongside local medicines management teams, agree the wound care formulary.
- Specialist services such as dermatology, vascular or plastic surgery can be accessed via referral.
- GP's and registered health professionals with a certified non-medical prescribing qualification can prescribe wound management products.
- Interdisciplinary involvement is dependent on availability of local services and commissioning pathways.
    - For example, specialist lymphoedema services can be restricted to cancer related lymphoedema.
- Fragmentation of services and inequity in access persist across the country, resulting in treatment delays and gaps in service provision.

HOME-BASED WOUND CARE
ENGLAND

Training and education of healthcare providers

- The National Wound Care Strategy Programme (NWCSP) commissioned the development of the National Wound Care Workforce Framework which describes the capabilities practitioners need to demonstrate to deliver high quality wound care.
    - The framework includes education recommendations, but it is the responsibility of the individual and employing organisation to achieve and maintain competence.
    - Despite the NWCS recommendations and e learning wound care education platform, there is no mandatory wound care training required.
- District and community nurses involved in home care generally rely on general nursing knowledge and experience.
- Additional wound care training is provided via in-house education programmes, industry representatives, scientific society courses, conferences, private education providers and universities.
- Specialist wound care modules and master's degrees are available to undertake at postgraduate level, access and funding for these is variable.
- There is no agreed Advanced Clinical Practitioner (ACP) role in wound care delivery.
- RNs generally hold a diploma or bachelor's degree in nursing and are responsible for the assessment, planning and management of wounds.
- RNAs hold a foundation degree and can assist the RN with wound management.
- HCAs can perform delegated tasks which they have been deemed competent to perform.
    - HCAs are expected to undertake the Care Certificate, which is a minimum standard for frontline staff, but this does not include specific training on wound care.

HOME-BASED WOUND CARE
ENGLAND

Financing of home wound care

- The state funded NHS covers most healthcare costs.
- Private providers are available at a financial cost to the patient.

Reimbursement system and challenges

- Dressings, compression bandages, wraps and hosiery are available on the NHS via a prescription. Patients may incur a prescription charge, (which is currently £9.90 per item); this is dependent on eligibility criteria, they are free for individuals under 18 (in full-time education) and over 60.
- Access to Negative Pressure Wound Therapy (NPWT) is free, although availability is dependent on resources.
- Specialist approval or assessment is required for some therapies (i.e. compression) which can delay access to treatment due to long wait times.
- Product availability is dependent on regional wound care formularies, but restrictions are minimal.

Protocols and guidelines for wound monitoring

- Multiple protocols and guidelines are used including:
- NWCSP Wound Care Standard, NWCSP guidance, National Institute for Health and Care Excellence, Braden risk assessment tool, BradenQ, Waterlow score, aSSKINg, PURPOSE T.
- Frequently used wound assessment and management frameworks include TIMERS and the Triangle of Wound Assessment. Each locality provides specific guidance on documentation.
- Digital tools such as wound photography are increasingly used for monitoring.
- Some regional initiatives track wound healing data, although there are currently no nationally mandated metrics or reporting requirements related to wound outcomes at a national level.

HOME-BASED WOUND CARE
ENGLAND

Handling complications and emergencies

- Nurses escalate care to GP's or specialists if further support is required.
- For medical emergencies, patients are either transported to the emergency department by ambulance or directed to attend the hospital for urgent care.

Role of telemedicine and digital tools

- Telemedicine in general practice involves delivering healthcare remotely using telephone, video calls, or secure online written messages.
- With informed consent, wound photography can be shared via secure methods so that images can be reviewed by GPs, TV nurses or hospital-based specialists.
- High quality digital images can enhance wound assessment, improve clinical outcomes and interdisciplinary working.
- Digital imaging is commonly used in TV services but is not yet part of standard care.
    - Variation in practice and low levels of implementation are evident: a baseline observational audit found that less than 20% of home visits and less than 6% of GP surgery visits included digital imaging in wound assessment (Ivins et al, 2018).

Continuous education and best practices

- Health professionals' access continuous professional development through a variety of mechanisms including: conference attendance, webinars, inhouse training, university courses, private education providers, industry sponsored events, dissemination of national guidance, journal articles and e learning.
- Variations in educational provision continue to impede the development of consistent knowledge and competencies in wound care.

HOME-BASED WOUND CARE
ENGLAND

Patient-centred wound care

- Shared decision making is a core concept within the NHS.
- Patients are encouraged to take an active role in their assessment and care planning and must provide informed consent before any treatment is undertaken.
- Care planning should take account of the individual's preferences, priorities, and needs.
- Health professionals should provide appropriate information, education, and ongoing support to enable patients to make informed clinical decisions.
- The provision of patient-centred care can be compromised by workforce pressures, resource limitations, and insufficient knowledge and skills.
- Supported self-management is promoted in lower leg management.

Reference

Ivins N, Clark M & Fallon M (2018). An initiative to improve wound management within community services across one Clinical Commissioning Group in England. Wounds UK.14(5): 45-55.

HOME-BASED WOUND CARE
ITALY

Healthcare providers involved

- **Key professionals:**
  - **General practitioner (GP) / family physician**: Assesses patient needs and initiates care.
  - **Specialist physician**: Involved if requested by the GP.
  - **Home care nurse**: Activated by GP referral, assesses the wound, patient, and social situation.
  - **Expert nurse**: Works with the specialist physician or home care nurse.
- **Additional support:**
  - **Healthcare assistants**: Help with personal care.
  - **Physiotherapists**: Assist with rehabilitation.
  - **Other specialists (medical/surgical)**: Involved as needed.

Level of interdisciplinarity

- **Care process:**
  - GP initiates the process and involves a specialist if needed.
  - Home care nurses assess not only the wound but also the patient's family and social context.
  - The involvement of specialist wound care nurses varies across regions.
- **Challenges:**
  - Interdisciplinary collaboration is not always seamless.
  - Coordination and synergy between disciplines are inconsistent.

Training and education of healthcare providers

- No specific wound care training is required for home care nurses.
- Nurses involved in home care typically rely on general nursing knowledge and hospital experience.
- Master's degrees for family nurses have recently been introduced but are not widespread.
- Wound care expertise is generally acquired informally rather than through mandatory training.

HOME-BASED WOUND CARE
ITALY

Financing of home wound care

- The National Health Service (NHS) covers most healthcare costs.
- Regional variations exist in the type of care provided at home.
- Generally, there are no direct costs for patients or families.

Reimbursement system and challenges

- Supplies such as instruments and dressings are provided at the expense of the National Health Service.
- The supply system varies by region:
  - Some regions provide direct supply via the home care service.
  - Others use third-party organisations under agreement with the NHS.
- Product availability and quality depend on regional or provincial procurement agreements.

Protocols and guidelines for wound monitoring

- Multiple guidelines are used, including:
- Braden, BradenQ, MNA, NPUAP-EPUAP-PPPIA, IWGDF, CEAP, PSST, BWAT.
- Some regional initiatives track epidemiological data and outcomes.

Handling complications and emergencies

- Emergency response differs across regions.
- Ideally, critical cases are reassessed promptly, but often, personal relationships among professionals facilitate faster intervention.
- Diabetic foot management follows a structured three-tier referral system (especially in Tuscany).

HOME-BASED WOUND CARE
ITALY

Role of telemedicine and digital tools

- Teleconsultation, tele-visits, and telemedicine are being progressively implemented.
- Adoption varies across regions, but some innovative areas are setting standards for future care.

Continuous education and best practices

- Training is provided within the healthcare system, including:
  - In-house education programmes.
  - Scientific society courses.
  - Independent professional training (optional).
- Wound care education is not uniformly structured and depends largely on individual choice.

Patient-centered wound care

- Care has evolved from wound-focused treatment (1990s) to a diagnosis-driven approach (2000s).
- Current model emphasises shared care planning:
  - Collaboration with the patient, family, and healthcare providers.
  - Regular evaluation of treatment outcomes.

HOME-BASED WOUND CARE
PORTUGAL

Healthcare providers involved

- **Primary caregivers:**
  - **Nurses**: Coordinate care, conduct assessments, implement treatment plans, educate patients/caregivers, and communicate with the team.
  - **Physicians**: Oversee treatment, prescribe care, and manage complications.
- **Additional interdisciplinary support:**
  - **Nutritionists**: Provide dietary support for wound healing.
  - **Podologists**: Assist with diabetic foot offloading and nail care.
  - **Physical therapists**: Address mobility-related issues affecting wound healing.

Level of interdisciplinarity

- High level of collaboration among disciplines.
- Nurses serve as primary coordinators of wound care.
- Regular communication occurs through in-person meetings or digital platforms.
- Physicians prescribe treatments and manage complications.
- Other specialists (nutritionists, podologists, physiotherapists) contribute based on patient needs.

Training and education of healthcare providers

- No dedicated wound care teams for home care.
- **Limited specialised training:**
  - Nurses and family doctors are responsible for wound care evaluation and treatment.
  - Some nurses have specialised wound care training, including evidence-based treatment planning.
  - Few physicians have specialised wound care training.
- Other professionals (nutritionists, podologists, physiotherapists) generally lack specific wound care education.

HOME-BASED WOUND CARE
PORTUGAL

Financing of home wound care

- **Multiple funding sources:**
  - National Health Service (SNS) provides free home care services, including wound care, to all citizens.
  - Private insurance may cover some advanced treatments.
  - Out-of-pocket expenses may apply for certain dressings or devices.

Reimbursement system and challenges

- Public healthcare covers basic wound care services (nurses, physicians).
- **Challenges**:
  - Regional variations in availability and coverage of wound care supplies.
  - Advanced treatments are not always reimbursed.
  - Patients in underserved areas face difficulties accessing necessary materials.
  - Private insurance reimbursement is limited, often leaving patients with out-of-pocket expenses.

Protocols and guidelines for wound monitoring

- Standard protocols include:
  - Regular assessments by visiting nurses.
  - Wound documentation in the national health database (incorporating PUSH and RESVECH scales).
  - Private units use their own databases, collecting similar variables.
- Digital tools (wound photography, telemedicine) are increasingly used for monitoring.

HOME-BASED WOUND CARE
PORTUGAL

Handling complications and emergencies

- Urgent cases (infection, delayed healing) are escalated to nurses, GPs, or specialists.
- Patients and caregivers are advised to report any complications immediately.

Role of telemedicine and digital tools

- Not fully implemented in public healthcare.
- Used primarily in private healthcare and university research projects.
- **Growing adoption of:**
  - Telemedicine consultations for wound assessment and care adjustments.
  - Digital platforms for patient education on wound care techniques and self-monitoring.

Continuous education and best practices

- Continuing education encouraged but not systematically integrated.
- Collaborations with scientific societies for specialised wound care training.
- **Ongoing education initiatives include:**
  - Educational modules.
  - Peer-to-peer learning.
  - Multidisciplinary team meetings.

Patient-Centered wound care

- Care plans customised based on:
  - Living situation, mobility, and self-care ability.
  - Close relationships between family nurses/doctors and patients.
- Family involvement is key:
  - Patients' families play a major role in care.
  - Education and psychological support are crucial.
- Patient feedback is used to refine care plans and improve quality.

HOME-BASED WOUND CARE
SPAIN

Healthcare providers involved

- Home-based wound care is mainly delivered through public **Primary Health Care teams** serving defined geographical areas.
- **Primary care nurses** lead the patient assessment, treatment, follow-up and patient education.
- **GPs** manage underlying conditions; **case managers, wound specialists and allied health professionals** support complex needs where available.
- **Hospital** at Home services may provide hospital-level treatment.

Level of interdisciplinarity

- Nurses coordinate day-to-day wound care, GPs manage comorbidities and specialists support complex cases.
- Collaboration uses electronic health records, referrals and, in some areas, joint consultations or multidisciplinary meetings.
- Implementation varies: sequential consultations do not always support shared decisions or continuity after discharge.
- Advanced practice nursing roles and integrated pathways offer opportunities for more interdisciplinary care.

Training and education of healthcare providers

- Nurses require a four-year nursing degree (240 ECTS) or a recognised equivalent. No official wound care nursing specialty or mandatory postgraduate wound care qualification exists.
- Master's programmes, postgraduate diplomas and continuing education develop advanced skills. Some regions, notably Andalusia, have advanced practice wound care nursing roles. Training remains variable, with no mandatory national standard for advanced wound care education.

HOME-BASED WOUND CARE
SPAIN

Financing of home wound care

- Home wound care is mainly tax-funded through the Spanish National Health System (SNS) and managed by regional health services. Eligible patients generally pay no direct charge for public nursing visits or procedures.
- Mutual insurance schemes and private insurance offer additional coverage, depending on policy terms. Private nursing can also be self-funded. Some outpatient products and devices require patient co-payments.

Reimbursement system and challenges

- Products are supplied by public healthcare services or dispensed through pharmacies on prescription or authorised order if included in SNS benefits. Coverage is selective; pharmacy co-payments may apply. Patients do not generally purchase all supplies and then claim reimbursement.
- Regional formularies, procurement rules and authorisation requirements create unequal access. Advanced technologies, including some negative-pressure wound therapy devices, may require specialist oversight and specific supply arrangements.

Protocols and guidelines for wound monitoring

- Healthcare institutions and professional societies provide guidelines covering wound assessment, prevention and treatment. Implementation relies on local protocols, training and referral pathways. Healing is documented in electronic records, sometimes supported by photographs and serial measurements.
- Implementation and auditing remain inconsistent. Audits may assess prevention, documentation, protocol adherence and outcomes. Interoperable records and standardised outcome indicators are priorities for improving evaluation.

HOME-BASED WOUND CARE
SPAIN

Handling complications and emergencies

- Primary care teams assess complications and contact GPs or specialist services according to severity.
    - Life- or limb-threatening complications, including sepsis, major haemorrhage and acute limb ischaemia, require emergency care through services such as 112.
- Home follow-up resumes after stabilisation, with an adjusted care plan. Referral pathways vary regionally; clearer severity assessment

Role of telemedicine and digital tools

- Electronic health records support documentation and communication.
    - Some services use e-consultations and clinical photography for specialist advice and remote monitoring, particularly for rural patients or those with reduced mobility.
- Adoption varies, and no dedicated national wound telemonitoring platform exists.
- Challenges include interoperability, data protection, image quality, training and device access. Telemedicine complements rather than replaces face-to-face assessment and procedures.

Continuous education and best practices

- Regional health services, universities, nursing colleges and scientific societies offer courses, practical workshops, conferences and postgraduate programmes. AEEVH, SEHER and GNEAUPP also disseminate research and educational resources. Formal CPD accreditation mechanisms exist.
- Access depends on location, funding, motivation and organisational support. Competency assessment is not routine. Structured, competency-based programmes and stronger integration into nursing curricula and quality improvement are needed.

HOME-BASED WOUND CARE
SPAIN

Patient-centered wound care

- Patient autonomy is supported by legislation. Care planning should consider clinical, functional, psychological and social needs, self-care capacity, support and preferences. Nurses educate patients and carers and support informed, shared decisions.
- Goals should reflect prognosis and personal priorities; palliative care may prioritise comfort over healing.
- Workload and resource constraints limit implementation.
- Patient-reported outcomes can help shift care beyond dressing changes towards quality of life.

HOME-BASED WOUND CARE
TURKEY

Healthcare providers involved

- **Primary caregivers:**
  - Home Health Services Unit teams, affiliated with hospitals.
  - Teams include physicians, nurses, and home health technicians.
  - Wound management is performed by physicians and nurses in these units.
- **Specialist involvement:**
  - When wounds are difficult to heal, wound care physicians and nurses from hospital-based wound care centres are consulted.

Level of interdisciplinarity

- No fixed role division among team members.
- Physician and nurse collaborate on the initial assessment and treatment plan.
- Ongoing monitoring and care is primarily handled by the nurse.
- Specialists from wound care centres are consulted for complex cases.

Training and education of healthcare providers

- **Physicians**: Trained in wound management as part of their medical education.
- **Future plans**: Family medicine departments will take over this service, and home health units will become mandatory training rotations for medical residents.
- **Nurses**:
  - Must be graduates of 4-year Nursing Faculties.
  - Can complete a Home Health Services Nursing Certified Training Program (160 hours).
  - Additional Stoma and Wound Care Nursing training (240 hours) is available.

HOME-BASED WOUND CARE
TURKEY

Financing of home wound care

- Fully covered by the national health insurance system.
- Patients do not pay for services.

Reimbursement system and challenges

- Hospitals provide wound care materials for home visits.
- If frequent dressing changes are required:
  - Physician may prescribe materials.
  - If not prescribed, patients' families must purchase them.
- Choice of wound care products is limited by government procurement policies.

Protocols and guidelines for wound monitoring

- Wound management follows international treatment guidelines and is based on the TIMERS concept.
- Treatment plans are individualised for each patient.

Handling complications and emergencies

- Home Care team handles complications during scheduled home visits.
- Family caregivers report urgent cases to the team.
- Treatment decisions consider patient history and systemic conditions.
- **Debridement methods:**
  - Mechanical, autolytic, and enzymatic debridement is preferred for home care.
  - Surgical debridement requires hospital referral.

HOME-BASED WOUND CARE
TURKEY

Role of telemedicine and digital tools

- Smartphones provided to Home Health Units by hospital administrators.
- Patient relatives send photos/videos via messaging apps for remote wound assessment.
- Home health teams use video calls (Telemedicine system of the Ministry of Health) for real-time wound assessment and consultation with wound care centres.

Continuous education and best practices

- Ministry of Health provides training for physicians and nurses.
- Home Health Units include wound care in their in-service training programmes.
- Annual wound care courses and congresses (organised by WMAT) help healthcare professionals stay updated.

Patient-centred wound care

- **Visit frequency is customised based on:**
  - Wound condition.
  - Patient education and socio-economic factors.
  - Home environment and caregiver support.
- **Strong family involvement:**
  - Primary caregivers are usually close relatives, leading to better attention to wound care.
  - Families take on greater responsibility for daily wound management.

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

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
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