

Leading Better Value Care Standards for Wound Management

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Executive summary

The Leading Better Value Care (LBVC) program is one of the statewide priority programs accelerating NSW Health's move to value based healthcare. The program identifies initiatives that use the best available evidence and data to implement solutions for specific diseases or conditions and extends successful initiatives across the state.

Improving outcomes and experiences for the delivery of wound care in NSW has been identified as an initiative for Tranche 2 of the LBVC program. In NSW the number of patients with a wound is significant and the management of chronic wounds is associated with substantial use of resources. There is also variation between districts in both the distribution of wound types treated and total service utilisation.

The LBVC chronic wound management initiative aims to improve the way wounds are managed; delivering better experiences of receiving and providing care, enhancing outcomes for patients, carers and families and optimising the use of resources. The LBVC Standards for Wound Management (the Standards) provides guiding Standards that all districts should strive for to deliver these improvements. Districts will be supported to implement changes to achieve the Standards by the Agency for Clinical Innovation.

A summary of the Standards is presented in Figure 1 below. Each standard includes both Foundational and Advanced components to allow flexibility in implementation and complement local approaches.

Standard 1: Wound model of care	•Districts and networks have a documented and implemented wound model of care
Standard 2: Wound team	•Services have a wound team aligned to their resources
Standard 3: Staff development	•Districts and networks provide staff with access to education and development programs for wound management
Standard 4: Consumer information	•Patients, carers and families can access relevant information on wound management that empowers them to participate in decision-making and ongoing care
Standard 5: Wound documentation	•Agreed key information on all wounds is documented throughout the patient journey and across care settings
Standard 6: Applying data to improve care	•Wound data is regularly monitored and reported at all service levels to improve clinical care and service provision
Standard 7: Products and equipment	•Services have access to wound products and equipment that enables the delivery of best practice care

Figure 1: Summary of the Standards for Wound Management

The specific outcomes expected from the implementation of the LBVC chronic wound management initiative, including the Standards, are:

- improved wound healing times
- improved maintenance of non-healable wounds
- reduction in wound recurrence

- reduction in presentation to emergency department and acute services
- increased clinician engagement
- optimal experience of care for patients, carers and families.

The achievement of these outcomes will contribute to the broader goal of reducing the incidence of chronic wounds in NSW.

Background

Leading Better Value Care

Our health system is facing significant challenges from a rapidly growing – and ageing – population. This is against a backdrop of changing needs and expectations of patients, carers, clinicians and the community, advancement in technology and treatments. To respond, NSW Health is adopting a new approach - value based healthcare. Value based healthcare focuses on improving outcomes, experiences and effectiveness. Leading Better Value Care (LBVC) is a structured statewide program helping NSW Health to implement value based healthcare.

LBVC identifies initiatives that use the best available evidence and data to implement solutions for specific diseases or conditions and extends successful initiatives across the state. It builds on the work of clinicians, NSW Health pillars, local health districts, specialty networks and the NSW Ministry of Health.

The LBVC program has been designed with a strong focus on monitoring and evaluation to show the impact of care on outcomes. Implementation and support for individual initiatives is provided by the Agency for Clinical Innovation, the Clinical Excellence Commission or the Cancer Institute NSW.

Improving outcomes and experiences for the delivery of wound care in NSW has been identified as an initiative in Tranche 2 of the LBVC program.

Wound management in NSW

Wounds can result in long term pain, decreased mobility, lost productivity and reduced physical and psychological wellbeing. Chronic wounds are wounds that have not progressed through the stages of healing normally. They may heal at a much slower rate, heal only partially or reoccur after partial or complete healing.¹ Chronic wounds may develop from a range of acute wounds including skin tears, pressure injuries, autoimmune/dermatological conditions, diabetic foot ulceration, compromised surgical wounds, and venous and arterial ulcers of the foot and leg. Cellulitis is a common complication of both acute and chronic wounds.

The incidence of chronic wounds is high across the NSW health system, and wound management can form a significant expense for patients and health services. The continuing existence of a wound has a significant impact on the quality of life for patients, carers and families.

Wound incidence and severity can be reduced by early identification of patients at risk and improving the effectiveness of care. Approaches to wound management vary across NSW, with some districts having developed comprehensive approaches or frameworks with the aim to improve clinical care and integration.

The case for change

The NSW Ministry of Health has undertaken an analysis of linked statewide administrative data to assess the current status of wound management in NSW, show current service utilisation and contribute to a system wide case for change. A copy of this report and local data was sent to each district.

The analysis found that over the period 2013-14 to 2016-17, over 15,000 patients were admitted to NSW public hospitals multiple times with a wound that had not healed after 30 days². Care occurs across all settings and admitted hospital care accounted for around 48,000 separations, outpatient care for around 1.6 million service events, and non-admitted emergency department care for around 19,000 presentations.

Patients who are admitted to hospital in NSW for chronic wounds have complex needs. More than two thirds of these patients are aged 65 years or over and 65% have two or more comorbidities. Patients with chronic wounds also have multiple visits to hospital, with each patient having on average nearly three admissions to hospital with a wound. There was significant overall burden associated with treating chronic wound in admitted, emergency department and non-admitted acute settings, with total costs over the next ten years expected to reach \$3 billion.

¹ <http://www.woundaware.com.au/what-is-a-wound/>

² For the purpose of the data analysis the Clinical Advisory Group defined chronic wounds as those that have not healed after 30 days and up to 180 days

Consistent statewide data on the activity and cost of managing chronic wounds in non-admitted and community settings was not available for this analysis. However, it is acknowledged that a large proportion of wound care is undertaken in these settings and the associated costs are likely to be substantial. In NSW the cohort of patients with a wound is significant and there is variation between districts in both the distribution of wound types treated and total wound separation volume across years. The LBVC chronic wound management initiative aims to improve the way wounds are managed; delivering better experiences of receiving and providing care, enhancing outcomes for patients, carers and families and optimising the use of resources.

LBVC Standards for Wound Management

Development

Improving wound management was nominated by three districts as an initiative for Tranche two of the LBVC program in 2017.

The Standards have been developed based on extensive consultation with wound management and LBVC stakeholders from all districts. The development process was overseen by the Wound Management Clinical Reference Group, which comprised wound clinicians and representatives from districts, the NSW Ministry of Health, the ACI and CEC.

A rapid evidence review was conducted to provide context for the Standards. The review sought to identify published sets of standards for wound care and studies detailing organisational approaches to wound care from Australia, Canada, Denmark, New Zealand, Republic of Ireland, Sweden, the United Kingdom and the United States of America. The review identified limited published evidence about what works to deliver effective wound care in healthcare systems.

A key Australian publication is the standards published by Wounds Australia³ which are widely referred to in NSW. The Wounds Australia standards focus on providing guidance on appropriate care to individual services and clinicians. The LBVC chronic wound management initiative focusses on wound care at the district and service level. These Standards were developed to cover areas including service planning, coordination and integration across care settings for the NSW context. When implementing the Standards districts may wish to refer to the publications from Wounds Australia as a source of further information, particularly on the area of clinical decision making.

In the absence of a substantial evidence base, the Standards build on existing approaches to wound management in some districts and are based on input from clinicians and LBVC stakeholders from all districts at statewide forums. These stakeholders identified the key principles and components that should be included in a comprehensive approach to wound management. Stakeholders from across NSW Health provided input to the Standards through a consultation process.

Scope

This document provides a set of guiding Standards for the LBVC chronic wound management initiative. It is not intended to provide comprehensive clinical guidance.

The implementation of the initiative will be supported by the Agency for Clinical Innovation. This document is intended for use by clinicians, health service managers, administrators and policy makers to guide their planning and implementation of the LBVC chronic wound management initiative.

This initiative is focused on improving the management of chronic wounds and patients with a wound that is at risk of becoming chronic, however many aspects of the Standards apply to improving the outcomes and experiences of patients with acute wounds. Information on the management of specific wound types is not provided in this document.

The primary prevention of wounds, including the prevention of hospital acquired pressure injuries is outside the scope of these Standards. Information on pressure injury prevention is available from the Clinical Excellence Commission website.⁴

An integrated approach to wound management requires engagement and joint planning across a range of care settings including, acute care, outpatient care, community care, primary care and residential aged care. These Standards have been prepared for use primarily by NSW Health Local Health Districts (LHDs), Specialty Health Networks (SHNs) and individual health services, but they encourage an integrated approach that engages all relevant stakeholders including patients, carers and families.

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³ Wounds Australia. Standards for wound prevention and management (3rd edition) 2016: online.

⁴ <http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/pressure-injury-prevention-project>

For each of the Standards both 'Foundational' and 'Advanced' components have been identified. Foundational components should be considered as a minimum to be achieved by all districts and networks. Advanced components can be considered in districts where there is capability and capacity to address the component and where it is relevant to their population. The NSW Ministry of Health acknowledges that there are currently system-level barriers to achieving a number of the Advanced components and will work with districts to address these.

Individual LHDs, SHNs, hospitals and health services have existing local approaches and resources for wound management. This document is intended to articulate minimum statewide Standards in a way that complements local approaches. Clinical services should ensure they are compliant with their Work Health and Safety (WHS) and Infection Control policies that are not covered in this document.

Purpose

The purpose of these Standards is to:

- Achieve consistency in clinical practice that allows for flexibility at the local level
- Promote appropriate wound management that optimises outcomes for patients
- Support the development of clinicians
- Clarify roles and responsibilities for clinicians, patients, carers and families.

These activities will contribute to reducing the incidence of chronic wounds in NSW, ensuring wound management is sustainable, and to improving outcomes and experiences for patients, carers and families for patients with all types of wounds.

Definitions

Term	Definition
Acute care	Acute care includes admitted and non-admitted services such as critical care, surgical services, Hospital in the Home, specialist clinics, trauma and emergency services.
Advanced components	Parts of a Standard that can be considered in districts where there is capability and capacity to address the component and where it is relevant to their population.
Chronic wound	Chronic wounds are wounds that have not progressed through the stages of healing normally. They may heal at a much slower rate, heal only partially or reoccur after partial or complete healing. ⁵
Clinician	Any health practitioner, educator, researcher or health worker involved in clinical wound management.
Community care	Community care services are the formal services that can be provided in a patient's home or at a designated local centre.
Equipment	Equipment used in the management of wounds and may include: Ostomy and wound management appliances, suction or negative pressure wound drainage collection apparatus, tubes, catheters, drains, stents, topical negative pressure systems, pressure garments, orthotics, and pressure redistribution equipment.
Escalation	Clinical escalation is the process of seeking additional clinical input for patients whose condition is deteriorating. Escalation protocols describe the actions required for different levels of abnormal physiological measurements or other observed deterioration.
Foundational components	Parts of each Standard that together comprise the minimum to be achieved by all districts and networks.
Modality	The mode of delivery. It includes face to face, telephone, video conference, email and other (remote monitoring).
Non-healable wound	A wound that is physically unable to heal due to co-morbid health conditions, such as systemic disease (e.g. osteomyelitis that cannot be eliminated), poor circulation or cancer.
Pharmaceuticals	Medicines or medicinal preparations used either topically or systemically in the management of individuals or their wounds.
Primary Care	Primary health care can be provided in the home or in community-based settings. The types of services delivered under primary health care are broad ranging and include general practice services, prevention and health screening, early intervention, treatment and management.
Product	Dressings, bandages adhesive tapes used for wound management.
Protocol	Any policy, guideline, work instruction or other formal or informal document that guides or regulates wound management.
Services	Public hospitals and health services operated by NSW Health entities.
Telehealth	The use of technology to support clinical care. May include video conference, store and forward, use of mobile devices, health apps.
Wound	Any damage or break in the surface of the skin.

⁵ <http://www.woundaware.com.au/what-is-a-wound/>

Standard 1: Wound model of care

Districts and networks have a documented and implemented wound model of care

The Agency for Clinical Innovation defines a “model of care” as a guiding document that sets out the way care is delivered. It outlines best practice and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. The aim of a model of care is to ensure people get the right care, at the right time, by the right team and in the right place.⁶

All districts and networks should have an overarching model of care to guide the provision and delivery of services for wound management that responds to the needs of patients, carers and families. The model should take a broad view of wound management and support continuity of care across settings including acute care, outpatient care, community care, and interactions with primary care and residential aged care (including private and non-government facilities). It should incorporate information from established national and international clinical standards and guidelines on best-practice wound prevention and management. At the service level the model may be supplemented with clinical practice guidelines for managing specific types of wounds.

Table 1: Components for Standard 1 – Wound model of care

Foundational	
	The model of care has been developed in collaboration with consumers and stakeholders from community care, primary care and other relevant settings including residential aged care.
	The model of care is readily available to all relevant NSW Health staff and is shared with participating external care providers.
	The model articulates the vision for the future state of wound management and identifies and prioritises issues requiring action. It includes the following components:
1.1.	Promotion of patient-centred care that is respectful of and responsive to individual patient preferences, needs, and values and focuses on the relationships clinicians build with patients, family and carers as partners in health care delivery
1.2.	Governance structures to oversee wound management at the LHD/SHN level and the service level
1.3.	Identification of relevant clinical practice guidelines, protocols and standards for each wound type to be used by services
1.4.	Strategies to promote timely healing and prevent acute wounds from recurring or becoming chronic wounds, including medication review where indicated
1.5.	Protocols to improve the active identification of chronic wounds and wounds at risk of becoming chronic in all care settings
1.6.	Protocols to define the wound aetiology and treat the underlying chronic disease or causative factors for individual chronic wounds
1.7.	A triage system to support timely access to care and identify the most appropriate care setting to manage the patient’s wound, including at home
1.8.	Specified escalation points for acute and chronic wounds, based on timing or changes in pre-determined clinical indicators that trigger review by the wound team
1.9.	Pathways for communication and transfer of patient care across all care settings

⁶ A Practical Guide on How to Develop a Model of Care, NSW Agency for Clinical Innovation, May 2013

1.10. Integration and referral pathways for specialties relevant to common comorbidities in patients with wounds

Advanced

- 1.11. Triage systems facilitate hospital avoidance (where appropriate) and early discharge to community care reducing length of stay and avoidable admissions
- 1.12. Escalation is a stimulus for detailed case discussion and consideration, specifically where clinicians have a difference of opinion over the management of a wound
- 1.13. Identification of telehealth modalities and relevant equipment to support and supplement face to face wound care and management
- 1.14. Relationships between care providers are formalised, with representation from all settings, including Primary Health Networks, primary care and residential aged care, included in governance groups
- 1.15. Integrated approaches consider the patient's underlying conditions, goal of care and preferences of patients, carers and families, and coordinate care with other providers

Standard 2: Wound team

Services have a wound team aligned to their resources

A team model for wound management consists of multidisciplinary wound specialist clinicians drawn from the nursing, allied health and medical professions. The wound team is the key group tasked with leading the development of protocols and processes appropriate for wound management. They are also an educational and practical resource for other clinicians and for patients, carers and families. Smaller services can draw on multidisciplinary input from larger services within their district, which may include the use of virtual care models.

Table 2: Components for Standard 2 – Wound team

Foundational	
The wound team:	
2.1.	Includes key clinicians identified as a wound resource for the service with access to multidisciplinary input, either on-site or via collaboration with other services
2.2.	Aims to provide a single point of contact for wound related enquiries from all stakeholders including patients, carers and families
2.3.	Acts as an educational and practical resource for other clinicians managing wounds
2.4.	Is responsible for ongoing care coordination activities including: <ul style="list-style-type: none">• outcomes of the wound assessment• wound management plan• investigation results or requests• follow-up arrangements, anticipated plan of involvement with the patient, including explicit documentation of when their involvement has ceased• provision of patient / carer education• referral to other services as required• arrangements for transfer of care to other settings as appropriate• review and evaluation of healing against wound management plans
2.5.	Determine the appropriate transfer of care arrangements across care settings for ongoing management of chronic wounds, including consultation with patients, carers and families
2.6.	Is the agreed point of escalation for their service, and manages escalated cases in line with the model of care
2.7.	Sets the standard of care for the management of all patients with chronic wounds who attend the service
Advanced	
The wound team:	
2.8.	Is interdisciplinary with clinicians drawn from the nursing, allied health and medical professions
2.9.	Includes members across all care settings engaged with the service, including community care, primary care and residential aged care where appropriate
2.10.	Leads the development of protocols and processes appropriate for wound management in collaboration with stakeholders from all care settings, including home-based care
2.11.	Leads the identification of best practice wound care products and equipment and supports other clinicians to access and use appropriate wound care pharmaceuticals, dressings and equipment
2.12.	Has an educational role and accrediting function for advanced clinical skills e.g. wound debridement

- 2.13. Provides recommendations to governance groups on selection of wound pharmaceuticals, specialised dressings and equipment for use in their service
- 2.14. Reviews referred patient's wound and management ideally within 24 hours from referral. This should be coupled with regular assessment of the wound progress and planning for ongoing care across settings as appropriate
- 2.15. Monitor KPIs relating to the model of care (e.g. time to referral, follow-up, alignment with model of care and implementation of best practice wound care)
- 2.16. Participates in wound care research and clinical practice improvement and identify opportunities for effective quality improvements based on service need
- 2.17. Wound teams located in services with higher levels of role delineation provide advice and support to smaller services, which includes the use of effective telehealth modalities to support the care and management of wounds
- 2.18. Leads the identification and training of appropriate digital and telecommunications technology to support the care and management of best practice wound care and management

Standard 3: Clinical staff development

Districts and networks provide clinical staff with access to education and professional development programs for wound management

All districts and networks will support clinicians to access education and development in the area of wound management.

Education includes aspects of clinical wound management relevant to the individual's role and details of local processes as set out in the model of care. Clinicians also receive training in supporting patients, carers and families to take an active role in their ongoing management.

At the local level, all clinicians are informed of the specified wound escalation points and how to contact and consult the wound team.

Online courses in wound assessment and management for clinical staff are currently available through My Health Learning provided by the Health Education and Training Institute.

Table 3: Components for Standard 3 – Clinical staff development

Foundational	
3.1.	All clinicians have access to education on wound management that is appropriate to their role
3.2.	Education and professional development programs address: <ul style="list-style-type: none">• clinical management of wounds• local protocols and processes• and wound equipment, products and procedures• supporting patients, carers and families to be involved and skilled in wound management
3.3.	Clinicians are familiar with local protocols and procedures and know how to access appropriate pharmaceuticals, dressings and equipment
3.4.	Clinicians are aware of escalation points and how to contact and consult with the wound team
3.5.	Clinicians with an interest in wound management are supported to build their capacity through professional development
3.6.	A record of wound management education and professional development is maintained at the LHD/SHN level
3.7.	There is a strategy for clinician capacity development and succession planning
Advanced	
3.8.	Specialised education is available for the advanced management of specific wound types relevant to the service e.g. trauma wound management
3.9.	Professional development learning pathways are articulated for advanced wound management expertise
3.10.	Accreditation of clinicians for specific and advanced wound management skills (e.g. mechanical debridement) is recorded at the service and LHD/SHN level
3.11.	Engagement in capability building for care providers in other settings such as community care, primary care and residential aged care facilities
3.12.	Professional development is provided using a range of methodologies and uses technology to support access to education, training, mentoring and supervision

Standard 4: Consumer information

Patients, carers and families can access relevant information on wound management that empowers them to participate in decision-making and ongoing care

A range of consumers have an interest in wound management including patients, carers and families. Every episode of contact with patients, carers and families is an opportunity to ensure they can participate actively in decision-making and understand the specific prevention and management plan for their wound.

Patients, carers and families should be guided to access information on wound prevention and management. Information is provided in a variety of modalities to meet varying health literacy and information needs, and accommodate individual learning styles, which may include:

- Printed materials
- Face to face communication
- Online information
- Educational forums (live or virtual)
- Follow-up communication via telephone or email.

All materials should meet the requirements to support health literacy as set out in the NSW Health Literacy Framework⁷. Information is tailored where possible to suit local resources and needs.

Table 4: Components for Standard 4 – Consumer information

Foundational	
4.1.	Patients, carers and families are provided with relevant information to empower them to actively participate in goal-setting, decision-making and treatment planning
4.2.	Patients, carers and families are provided information specific to their wound management plan. This includes: <ul style="list-style-type: none">• expected timeframes for wound healing• who to contact if healing is not occurring• strategies to prevent wounds becoming chronic and prevent healed wounds from redeveloping
4.3.	Information is provided in culturally appropriate ways to meet the needs of Aboriginal and Torres Strait Islander consumers
4.4.	Information is tailored and provided in formats to meet the needs of the culturally and linguistically diverse communities who interact with the service
Advanced	
4.5.	Wound information is available in a variety of formats and written online content complies with web accessibility standards
4.6.	Information materials are developed through co-design with consumers
4.7.	Information and education on wound management is actively delivered to priority patient cohorts

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⁷ Clinical Excellence Commission, 2019, NSW Health Literacy Framework. 2019-2024, Sydney: Clinical Excellence Commission

Standard 5: Wound documentation

Agreed key information on all wounds is documented throughout the patient journey and across care settings

Maintenance of clear and accurate health records is a requirement of all NSW Health staff that provide clinical care to patients. Appropriate record keeping is essential to the provision of safe and effective care and supports continuity of care across settings.

The NSW Health *Health Care Records Policy* defines the requirements for the documentation and management of health care records across public health organisations in the NSW public health system. The Policy ensures that high standards for documentation and management of health care records are maintained consistent with common law, legislation, ethical and current best practice requirements. All components of this Standard should be implemented in line with the requirements for documentation and management set out in the *Health Care Records Policy*.

Stakeholders have noted that there are limits in the ability of health services to electronically document some aspects of wound management due to currently implemented technology. There is also limited technology supporting data exchange between primary, community and acute care services. NSW Ministry of Health acknowledges these limitations and is working with the Agency for Clinical Innovation and eHealth NSW to explore options to strengthen the electronic capture of wound data and images within the eMR and electronic transfer of clinical information across care settings.

Table 5: Components for Standard 5 – Wound documentation

Foundational	
5.1.	The model of care includes a documentation policy detailing the collection and storage of wound information in line with relevant legislation and NSW Health policies
5.2.	The documentation policy is communicated to all relevant clinicians in all services and care settings
5.3.	Wound care provided is documented in line with relevant legislation and NSW Health policies
5.4.	Wound assessments are conducted and documented at regular intervals determined at the district level and include: <ul style="list-style-type: none">• wound dimensions including any undermining/cavity• quality of surrounding skin• wound pain levels• exudate levels and characteristics• clinical characteristics of wound bed• frequency, type and extent of debridement• presence of cellulitis and signs of infection
5.5.	Ongoing care coordination activities are documented across care settings
5.6.	Wound management plans are reviewed on a regular basis with the patient, carer and family, the principal care team, wound team and any relevant consulting team
Advanced	
5.7.	Wound care team referral and handover documentation is standardised across care settings and includes: <ul style="list-style-type: none">• wound assessment• primary concerns• current and past treatments• expected outcomes/aims• co-morbidities• medications

- reason for referral
- date of initial wound care treatment commencing
- date of referral
- any discussion and/or further information that may be beneficial such as social supports and situation

5.8. Wound images can be captured and stored electronically and are accessible to the relevant clinicians

5.9. Wound documentation is electronically available between primary, community and acute care settings

Standard 6: Applying data to improve care

Wound data is regularly monitored and reported at all service levels to improve clinical care and service provision

Access to clinical data is essential for the regular monitoring and reporting of wound status and healing progress. Clinical data is also used to monitor the effectiveness of the model of care and ensure best practice care is being delivered.

In addition to clinical data, Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) provide essential information about health outcomes and the experience of receiving care from the patient's perspective.

Table 6: Components for Standard 6 – Applying data to improve care

Foundational	
6.1.	Regular wound audits, including chronic wounds, are conducted at the service level to monitor patient outcomes and assess compliance with guidelines and processes and inform processes to improve care
6.2.	Wound data is reported regularly at the district level and used to assess service performance and inform planning and investment
6.3.	PREMs and PROMs are collected and used to inform clinical care, assess outcomes and improve care delivery
Advanced	
6.4.	Analyses of wound data incorporates data from other care settings, where available
6.5.	Annual wound point prevalence surveys are conducted
6.6.	Biannual, or more frequent, incidence monitoring of: <ul style="list-style-type: none">• pressure injuries• skin tears
6.7.	Biannual practice audit monitoring of documented care delivery for patients with: <ul style="list-style-type: none">• wound assessments• pressure injuries• skin tears• venous, arterial and diabetic ulcers of the foot and leg• medicated dressings• negative pressure wound therapy
6.8.	Wound data are captured electronically and can be shared across care settings

Standard 7: Products and equipment

Services have access to evidence-based wound products, pharmaceuticals and equipment that enables the delivery of best practice care

Modern wound equipment and products are designed to facilitate the repair of the wound rather than just act as a cover. A modern, active dressing aims to establish an optimum microenvironment for healing the wound. It must maintain the wound temperature and moisture level, permit cellular respiration and allow epithelial migration.

There are many types of modern wound dressings which manage wound bed characteristics including wet, dry, sloughy, granulating, epithelialising superficial or deep.

Wound equipment, includes, but is not limited to pressure reducing and pressure relieving devices, negative pressure wound therapy, manual handling equipment and wound debriding equipment⁸. Some specialised equipment may require training or accreditation of clinicians prior to operation.

There is significant variation in the types of wound products used between the primary, community and acute care settings. Having a more consistent range of products across the acute care, outpatient, community and primary care settings would assist in delivering consistent care and improving the management of wounds.

HealthShare NSW maintains a statewide contract for wound care products (Contract C264). The NSW Ministry of Health is working with HealthShare NSW to develop an approach to the statewide procurement of wound products for use by NSW Health services. The approach will support access to wound management products and consistency in the products used to reduce clinical variation in wound management.

In individual services the governance of pharmaceuticals for wound management, including topical drugs and wound dressings containing active components (drugs, biologicals, tissue matrix components) rests with the relevant Drug and Therapeutics Committee as per Policy Directive PD2013_043 *Medication Handling in NSW Public Health Facilities*.

Table 7: Components for Standard 7 – Products and equipment

Foundational	
7.1.	Districts determine which products from the statewide contract are made available for services to order
7.2.	Services to undertake regular assessments of their product and equipment usage to review the appropriateness of usage and refine product availability in consultation with clinicians and HealthShare NSW
7.3.	Clinicians who operate wound equipment have undergone appropriate training and accreditation
7.4.	Education and information on appropriate products for different wounds is available to clinicians and incorporated into wound management protocols and education and training programs
7.5.	Services maintain a record of available wound equipment and have procedures for access to specialist equipment where necessary
Advanced	
7.6.	Processes for access to, and management of, wound products and equipment are streamlined to facilitate timely care
7.7.	Wound team representatives participate in the acquisition and management of specialised wound equipment
7.8.	Governance systems are in place for monitoring utilisation of wound care products and equipment

⁸ Standards for Wound Prevention and Management. 3rd Edition, pg. 54

Outcomes

All LBVC initiatives are focussed on delivering care that improves the:

- health outcomes that matter to patients and the community
- experience of receiving care
- experience of providing care
- effectiveness and efficiency of care.

The LBVC program has been designed with a strong focus on monitoring and evaluation to show the impact of care on outcomes. The specific outcomes expected from the implementation of the LBVC chronic wound management initiative, including the LBVC Standards for Wound Management, are:

- improved wound healing times
- improved maintenance of non-healable wounds
- reduction in wound recurrence
- reduction in representation to services
- increased clinician engagement
- optimal experience of care for patients.

The achievement of these outcomes will contribute to the broader goals of the LBVC chronic wound management initiative to reduce the incidence of chronic wounds in NSW, to ensure wound management is sustainable and to improve quality of life for patients with wounds.

Further information on the evaluation of outcomes for the LBVC chronic wound management initiative will be provided in the monitoring and evaluation plan.

