NSW Health

Leading Better Value Care

Wound care

Organisational models

This document outlines options to provide wound management in different service delivery settings and builds on the *Chronic Wound Management Clinical Priorities Brief* (2021). These documents are informed by research evidence about best clinical practice and the effectiveness of different delivery models of care and experiential evidence from health professionals and consumers in NSW. The document complements the Leading Better Value Care Standards for Wound Management and is part of an evidence series.

A chronic wound is a wound that has failed to heal in a timely manner despite standard care. Types of chronic wounds include arterial ulcers, venous ulcers, pressure injuries (bed sores), ulcerated and fungating malignant wounds, and infected wounds, including surgical site infections.

IMPROVING KEY PRIORITY AREAS

Risk identification and prevention

Identify people at risk of chronic wounds and proactively manage risk factors.

Ongoing holistic assessment

Ensure clinical assessment is comprehensive and includes physical, psychological and social components. Patient-reported outcome measures should be used to support this.

Treatment and management plan

Agree goals and document a management plan, including wound management, co-morbidities and findings of the comprehensive assessment.

Enablement and partnerships

Understand the person's goals, abilities, strengths and motivations. Support them to make informed choices, combining clinical knowledge with an understanding of what matters to them.

What matters to consumers?

- Care delivered by a multidisciplinary team using a trauma informed approach
- Care delivered close to home though primary and community care
- Continuity and consistency of care across settings, including general practice and local pharmacies
- Access to low-cost quality products
- Assessment that covers mental health, wound related pain, grief and impacts on daily life
- Information and resources to guide holistic self-management

Components of quality wound management

- Timely processes for diagnosis, triage and referral
- Comprehensive assessment, (for example, wound pain, physical, psycho-social and environmental factors) and review
- Coordinated treatment, evidence-based interventions and dressing regimens
- Access to quality products
- Culturally responsive services
- Working within scope of practice
- Appropriate transfer of care and governance arrangements across care settings

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OPTIONS FOR ORGANISATIONAL CONFIGURATIONS

Option 1: Multidisciplinary team-based model

Multidisciplinary care using a collaborative, co-located team. May include nursing (hospital and community), medicine, surgery, general practice, pain, nutrition, psychology, occupational therapy, physiotherapy, social work, podiatry and Aboriginal health.

Why choose this model?

- Centralised location provides access to expertise and using a team approach supports comprehensive care
- Improves outcomes, such as ulcer healing, incidence and level of amputation, mortality, length of hospital stay

If you choose this, then...

- Engage key clinicians across care settings including allied health to provide targeted support for mental health and wellbeing
- Ensure effective communication between team members

Option 2: Wound specialist-led model

Led by credentialed wound clinician with training and expertise in wound care. Utilises existing resources through centralised coordination of care. Well suited to settings where there is limited access to multidisciplinary expertise, providing access close to home.

Why choose this model?

- Centralised service can complete initial wound assessment and coordinate referrals
- Reduces over-servicing and improves timely access
- Community-based care is cost-effective

If you choose this, then...

- Develop specialist wound health professionals, nurse practitioners and champions to lead and support the service
- Set up referral pathways to multidisciplinary services
- Maximise the use of virtual care when clinically appropriate

Option 3: Virtual care (telehealth) model

Home-based care using remote monitoring, video consultations, and store and forward (where clinical information images are acquired, stored and later forwarded for review).

Why choose this model?

- Can improve access to care when incorporated into other models
- Reduces travel, time and cost burdens for patients and their families. Supports enhanced participation of carers

If you choose this, then...

- Educate patients on what to expect, how to use the system and how to escalate concerns
- Provide tools to help patients and families understand and manage their wound and encourage self-management

Option 4: Primary care partnership model (Healthcare Neighbourhood)

A partnership model between the local health district (LHD) and general practitioners (GPs), practice nurses and pharmacists enables access to quality wound care and management within the primary care setting. Shared care can be delivered with LHD wound services via virtual care when needed.

Why choose this model?

- Focus is on prevention, early assessment, reducing hospitalisations
- Supports established relationships with local GPs and pharmacies
- Local wound champions help meet demand for wound services in LHDs
- Increased cost-efficiencies and reduced burden to patients and families

If you choose this, then...

- Establish partnerships between specialist LHD wound services and local GPs, pharmacies and the primary health network
- Develop localised referral pathways and shared care arrangements
- Build capability in primary care settings

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