

Wound management self-assessment tool

Facilitation guide

March 2022

A NSW Health
Leading Better Value Care initiative

The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

We bring consumers, clinicians and healthcare managers together to support the design, assessment and implementation of clinical innovations across the NSW public health system to change the way that care is delivered.

The ACI's clinical networks, institutes and taskforces are chaired by senior clinicians and consumers who have a keen interest and track record in innovative clinical care.

We also work closely with the Ministry of Health and the four other pillars of NSW Health to pilot, scale and spread solutions to healthcare system-wide challenges. We seek to improve the care and outcomes for patients by re-designing and transforming the NSW public health system.

Our innovations are:

- person-centred
- clinically-led
- evidence-based
- value-driven.

www.aci.health.nsw.gov.au

AGENCY FOR CLINICAL INNOVATION

1 Reserve Road St Leonards NSW 2065

Locked Bag 2030, St Leonards NSW 1590

T +61 2 9464 4666

E aci-info@nsw.gov.au | aci.health.nsw.gov.au

(ACI) 220132, ISBN 978-1-76023-110-1

Produced by: Network/Institute/Taskforce

Further copies of this publication can be obtained from the Agency for Clinical Innovation website at www.aci.health.nsw.gov.au

Disclaimer: Content within this publication was accurate at the time of publication. This work is copyright. It may be reproduced in whole or part for study or training purposes subject to the inclusion of an acknowledgment of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the Agency for Clinical Innovation.

Version: 1 **Trim:** ACI/D20/722-04

Date amended: March 2022

© Agency for Clinical Innovation 2022

Contents

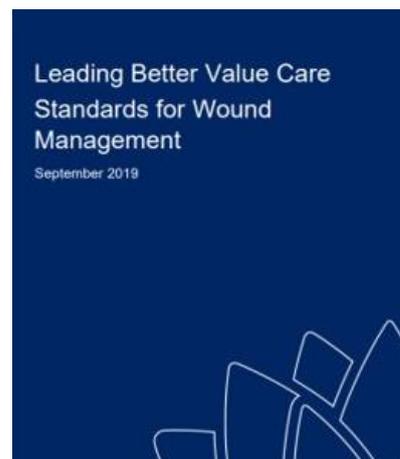
Introduction	3
Related resources.....	3
Background.....	4
Table1: Overview of the NSW Health <i>LBVC Standards for Wound Management</i> ¹	4
About the wound management self-assessment tool	5
The tool aims to:.....	5
Undertaking the wound management self-assessment in your local health district or speciality health network	6
Step 1. Planning and identification of stakeholders	6
Practice example.....	6
Step 2. Gather and send information to stakeholders	7
Step 3. Collate results and build consensus with stakeholders	7
Step 4: Develop an action plan.....	8
Example project timeline.....	8
References.....	9
Appendix 1. Identifying stakeholders	10
Internal LHD/SHN:	10
Service level	10
External.....	10
Appendix 2. Self-assessment tool and questions	11
Model of care for wound management	11
Wound care team	12
Enablement and partnerships.....	13
Professional development	15
Wound documentation.....	16
Applying data to improve	18
Products and equipment.....	19
Local health district / specialty health network overview	20
Service/facility/partner overview	21
Detailed overview of standards.....	22
Using the tool in QARS.....	23
Appendix 3. Action plan template	24
Would management self-assessment action plan template	24

Introduction

This facilitation guide aims to support nominated local Chronic Wound Management Initiative leads to implement the wound management self-assessment tool.

It will help you to use the tool and develop an action plan for the NSW Health Leading Better Value Care (LBVC) [Chronic Wound Management Initiative](#).

The self-assessment will assist local health districts (LHDs) and specialty health networks (SHNs) to understand their current service capacity and capability. It will assist to identify strengths; gaps; opportunities for improvement; and will support planning to meet the [NSW Health Leading Better Value Care Standards for Wound Management](#) (the Standards).¹



Once completed, the self-assessment and accompanying action plan should be shared with the Agency for Clinical Innovation (ACI) and the Ministry of Health (Ministry). This will assist to:

- prioritise activities and resources in the LBVC Chronic Wound Management Initiative
- understand successes and challenges in wound management across NSW, and facilitate opportunities to connect, collaborate and share knowledge
- develop targeted resources to support the implementation of the Standards across NSW.

Related resources

The following related resources are available on the Agency for Clinical Innovation website at: <https://aci.health.nsw.gov.au/statewide-programs/lbvc/chronic-wound-management/self-assessment>

- Wound management self-assessment tool: NSW Health [Quality Audit Reporting System \(QARS\)](#).
- Instructions on using the QARs survey module.
- PowerPoint presentation to support reflection and discussion about current practice against the Standards. It can be used for sharing, reporting and action planning.
- Wound management self-assessment action plan template.

The following links provide more information about the LBVC Chronic Wound Management Initiative and the Standards of care:

- [Leading Better Value Care \(LBVC\) Program](#)
- [LBVC Chronic Wound Management Initiative](#)
- [NSW Health LBVC Standards for Wound Management](#)¹

Background

Leading Better Value Care (LBVC) is a NSW Health program, which aims to accelerate value-based healthcare in NSW. It involves clinicians, networks and organisations working together on high impact initiatives to improve outcomes and experiences for people with specific conditions.

The [LBVC Chronic Wound Management initiative](#) is part of this program. It aims to improve the management of wounds that do not heal in a timely manner. Costs associated with treating chronic wounds are significant for patients, and for the health system. Treating chronic wounds in emergency, admitted and non-admitted settings are expected to cost A\$3 billion over the next 10 years.¹

The Agency for Clinical Innovation (ACI) facilitates the NSW Chronic Wound Care Taskforce, which brings together clinical experts, health managers and consumers to share success, and identify and understand the challenges in wound care across NSW.

The LBVC wound management self-assessment process (including the self-assessment tool and this facilitation guide) has been developed to support assessment of current capability against the NSW Health *LBVC Standards for Wound Management*.

Table 1. Overview of the NSW Health *LBVC Standards for Wound Management*¹

<i>Leading Better Value Care Standards for Wound Management</i>	
<u>Standard 1: Wound model of care</u>	Districts and networks have a Wound model of care in place
<u>Standard 2: Wound Team</u>	Services have a wound team aligned to their resources
<u>Standard 3: Staff development</u>	District and networks provide wound management education and development programs
<u>Standard 4: Consumer's information</u>	Consumers can access relevant information on wound management, empowering them to participate in decision making and ongoing care
<u>Standard 5: Wound Documentation</u>	Key information on all wounds is documented throughout the patient journey and across care settings
<u>Standard 6: Data</u>	Wound data is monitored and reported across all services, driving improvements in care
<u>Standard 7: Products and equipment</u>	Services can access products and equipment, enabling them to deliver best practice care

About the wound management self-assessment tool

The self-assessment tool supports a reflective process across health services in NSW and should be repeated to monitor progress.

The tool aims to:

- provide a snapshot of local wound services, including those provided by partner services (such as primary health networks and residential aged care facilities)
- engage stakeholders to develop a shared understanding of current practice against the Standards at a service and district/network level
- identify what is working well
- prioritise and develop an action plan for what needs to be improved at a service and district/network level.

Once completed, the wound management self-assessment tool will:

- provide an overview of capabilities against the seven *LBVC Standards for Wound Management*
- identify strengths and exemplar practice
- identify areas for improvement that may require further investigation
- support the development of an action plan
- support the development of a case for change (create a burning platform)
- facilitate a common understanding of issues and agreed priorities for action
- enable sharing of results and priority action with local stakeholders, ACI and the Ministry of Health
- support the development of aggregated information about chronic wound management at a statewide level.

Undertaking the wound management self-assessment in your local health district or speciality health network



Step 1. Planning and identification of stakeholders

Wounds are managed across multiple settings by a number of clinicians. The focus of the LBVC Chronic Wound Management Initiative is to improve the management of wounds that do not heal in a timely manner. These are classed as chronic wounds. They include skin tears, pressure injuries, autoimmune/dermatological conditions, diabetic foot ulceration, compromised surgical wounds and leg ulcers.

A wide range of stakeholders need to be **identified and engaged** in the self-assessment and action planning process. Consider the most appropriate way to undertake the **self-assessment (SA) and action planning process** in your LHD/SHN. Key considerations include the following:

Considerations	Key questions and suggestions
Executive sponsorship	<ul style="list-style-type: none"> How will you establish strong working relationships with your sponsors? Refer to the sponsor.
Planning	<ul style="list-style-type: none"> Who can assist with planning (for example, LHD redesign, LBVC leads or quality improvement teams)?
Identification of stakeholders	<ul style="list-style-type: none"> Who might help you to identify and map stakeholders? (for example, wound care specialists, wound care governance committees)? Refer to stakeholder initiation. You may need to facilitate process mapping groups to identify stakeholders).
Stakeholder engagement	<ul style="list-style-type: none"> Consider how you will engage your stakeholders (for example, engage partners who are trusted and influential early in the process to support engagement)? Can the executive team help with this process?
Stakeholder communication	<ul style="list-style-type: none"> How will stakeholders be able to share their feedback, and how will their input to the process be managed?
Ongoing engagement	<ul style="list-style-type: none"> How will you continue to connect and engage the stakeholders after the self-assessment and action planning process is complete? Consider mechanisms to enable stakeholders to network and share knowledge, successes and learnings.

Practice example

The Northern NSW Local Health District team undertook a comprehensive stakeholder engagement process across their wound care services. Extensive process mapping with key stakeholder groups (e.g. the emergency department) enabled them to identify other stakeholders (internal and external) to include in their consultation and engagement process. See Appendix 1 for more information about stakeholders.



Step 2. Gather and send information to stakeholders

This step will enable stakeholders to reflect on their current practice against the *LBVC Standards for Wound Management*.

Information may include:

- service-level data, resources and project information
- wound care governance arrangements (site and district level)
- other relevant resources and data (by the ACI, Ministry and Clinical Excellence Commission)
- the self-assessment tool (QARS) and action planning template
- information on how to use the tool.

Key actions:

- Establish a clear process for effective communication with and between stakeholders.
- Establish how they can ask questions and provide feedback.
- Outline how consensus will be achieved and how individual responses will inform the development of an overarching LHD/SHN self-assessment and action plan.

Depending on the number of stakeholders and wound management services within the LHD/SHN, you may wish to:

- work with services individually (virtually or in person) to complete the self-assessment and develop action plans; OR
- disseminate self-assessments and action plans to services with guidance on facilitating a reflective process with their teams; OR
- use a combination of both options.

The self-assessment tool is available via the NSW Health [Quality Audit Reporting System \(QARS\)](#).



Step 3. Collate results and build agreement with stakeholders

This step involves collating feedback, self-assessments and actions plans.

Facilitate a district/network-wide process to enable reflection and agree on the overarching self-assessment, based on collated results (i.e. virtual, in-person or hybrid approach).

Key actions:

- Invite key representatives from stakeholder groups (including consumers).
- Decide who should open and actively sponsor meetings.
- Identify who will facilitate/lead the meetings.
- Clearly communicate "why" the process is occurring – results will inform action planning
- Use key questions to help guide the process.
- Use collaborative technology (for example, Microsoft Teams and Slido) to assist with ranking, decision making and prioritisation.
- Agree who will provide secretariat.
- Determine how the results and overarching action plan will be communicated to stakeholders.
- Agree next steps.



Step 4: Develop an action plan

It is important to formulate an action plan and develop goals that will address issues and gaps in care, highlighted throughout the self-assessment process.

Key actions:

- Use the self-assessment results to understand where services are now in relation to the *LBVC Standards for Wound Management*.
- Identify strengths, priorities and opportunities for improvement.
- Develop goals and objectives for identified areas for improvement (refer to Appendix 3).
- Document an action plan that identifies responsibilities, timeframes and measures of improvement (refer to Appendix 3).
- Share the action plan with stakeholders, including the ACI and Ministry of Health.

Example project timeline



Further support

If you have any questions about facilitating the self-assessment process or would like to join the Chronic Wound Management Community of Interest (COI), email the team at aci-chronicwounds@health.nsw.gov.au

The ACI will facilitate knowledge sharing sessions through the COI.

References

1. NSW Health. LBVC Standards for Wound Management [internet]. Sydney: NSW Health; 2019 [cited February 2022]. Accessed online: https://aci.health.nsw.gov.au/__data/assets/pdf_file/0010/558352/NSW-Health_Wound-Standards_September-2019.PDF

Appendix 1. Identifying stakeholders

Internal LHD/SHN:

- LHD/SHN and service-level executives
- LBVC Lead
- LBVC Chronic Wound Initiative Clinical Lead
- LHD QARS leads

Service level

- Nurse unit managers, nurse practitioners wound management, clinical nurse educators, clinical nurse consultants: in both ambulatory and inpatient settings
- Directors of nursing and deputy directors of nursing (LHD/service Level); directors of allied health
- Nursing and midwifery LHD managers
- High-risk foot and podiatry teams
- Other: dietitians, social worker, mental health, etc
- Medical: directors of medical services, vascular surgeons, infectious disease specialists, visiting medical officers
- Aboriginal health managers, practitioners, workers and liaison officers
- Operational: procurement services

External

- Executive of primary health networks
- Nursing: directors of nursing and deputy directors of nursing (residential aged care)
- Private wound care services
- Allied health
- Networked services
- General practitioners and private specialists
- Aboriginal Community Controlled Services
- Consumers, carers and their families

Appendix 2. Self-assessment tool and questions

The tool has been designed to facilitate a reflective process with teams, services and organisations. It includes questions to guide discussion and decision making. It is not intended to be completed as an individual survey by clinicians or consumers. The tool does not need detailed quantitative data sources to be completed.

The self-assessment tool is available via the NSW Health [Quality Audit Reporting System \(QARS\)](#). Key assessment areas include:

- whether the services works towards a model of care for wound management
- the wound care team
- enablement and partnerships
- professional development
- wound documentation
- applying data to improve care
- products and equipment

The below samples highlight what is covered in the tool.

Model of care for wound management

Key questions	Consider...
<p>1. Has a model of care been identified? What does it include?</p>	<p>Is there a shared platform with information on how services are organised for wound care?</p> <p>Which organisational model of care is used?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multidisciplinary team-based model <input type="checkbox"/> Wound specialist-led model <input type="checkbox"/> Virtual care (tele-health) model <input type="checkbox"/> Primary care partnership model (healthcare neighborhood) <p>Are there protocols on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Integrated referral pathway <input type="checkbox"/> Processes for diagnosis, referral, triage and escalation <input type="checkbox"/> Comprehensive or holistic assessment <input type="checkbox"/> Coordinated treatment <input type="checkbox"/> Documentation policy
<p>2. Has a model of care been implemented?</p>	<p>Model of care is implemented if there are activities associated with delivery of care, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Formal and informal communication and pathways. <input type="checkbox"/> Regular meetings that formalise professional interaction across care settings. <input type="checkbox"/> Standing agenda items from action plan.

	Question 1	Question 2
Limited progress	There is no identified model of care	There is no implemented model of care
Good progress	Model of care identified some components from the standard	Some components implemented across LHD/SHN settings
Meeting standard	Model of care identified all components from the standard	All components implemented across LHD/SHN settings
Best practice	Meeting standard and is actively reviews and improved to meet needs of patients/carers	Meeting standard and implementation is reviewed and improved.

Wound care team

Key questions	Consider...
1. What capacity does the wound team have to deliver quality wound care across LHD/SHN/facilities?	<ul style="list-style-type: none"> <input type="checkbox"/> Is there a strategy for wound care team's capacity? <input type="checkbox"/> Is there a plan in place for succession planning (backfill) to prevent disruption to services?
2. How are the roles and responsibilities assigned for the team and what do they look like in practice?	<ul style="list-style-type: none"> <input type="checkbox"/> Are appropriate clinicians and staff identified as chronic wound resources for LHD/SHN/services? <input type="checkbox"/> Does aetiology guide treating wound team? <input type="checkbox"/> Are there wound care experts guiding practice and education? <input type="checkbox"/> Full list of roles and responsibilities, including advanced components, see standard 2.4 to 2.18.
3. Is the multidisciplinary team (MDT) engaged in an appropriate and timely way?	<ul style="list-style-type: none"> <input type="checkbox"/> Are there flexible and dynamic protocols or pathways to engage the MDT? <input type="checkbox"/> Are there rapid MDT referrals facilitated for timely care, and proactive management of risk factors? <input type="checkbox"/> Can smaller services seek MDT input from larger services within their district/network? <input type="checkbox"/> Are there telehealth modalities or other use of technology to support the MDT?
4. What does partnership with other health settings look like?	<ul style="list-style-type: none"> <input type="checkbox"/> Are there members from other care settings that participate in joint planning and development of protocols, processes, solutions for integrating care for the patients? <input type="checkbox"/> Does multidisciplinary care guide consistency and continuity of patient care across settings?

	Question 1	Question 2	Question 3	Question 4
Limited progress	Inadequate capacity	Roles and responsibilities are not assigned and performed	Barriers exist that prevent optimal MDT function	No formal partnership across health settings
Good progress	Limited capacity	Some roles and responsibilities are assigned and performed	There is a plan in place to enable optimal MDT function	Some links formed with relevant partners across care settings
Meeting standard	Appropriate capacity	Roles and responsibilities are assigned and performed	Optimal MDT function is in place	Formal partnerships across care settings are established
Best practice	Meeting standard and reviewing capacity needs regularly	Meeting standard and roles and responsibilities are reviewed and adjusted	Meeting standard including reviewing MDT involvement	Meeting standard and evidence of consistent engagement

Enablement and partnerships

Key questions	Consider...
1. Is health literacy and self-management assessed?	<input type="checkbox"/> Do ongoing holistic assessments identify individual skills, knowledge, motivation and capacity of patients to access, understand, appraise and apply information to make effective decisions about their health?
2. Does shared decision making (SDM) occur, where appropriate?	<input type="checkbox"/> Are people offered the opportunity to be involved in discussions related to their treatment options, evidence-based benefits/risks of each option and costs, likelihood of how they will affect the individual, the person's values, preferences and circumstances? <input type="checkbox"/> Options/understanding is clarified, a decision is explicitly made or deferred, and follow-up is arranged.
3. Are wound management plans reviewed regularly in partnership?	<input type="checkbox"/> Are wound management plans reviewed in partnership with the patient, carer and family, principal care team, wound team and any relevant consulting teams? <input type="checkbox"/> Is there documentation and communication of assessment, management and outcomes with patient and their carer? <input type="checkbox"/> Do you use patient reported outcome measures to support reviews?

Key questions	Consider...
<p>4. Can patients and carers access wound information or education in the right way and at the right time to meet their needs?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Is the information written and verbal, has it been documented? <input type="checkbox"/> Are local resources developed with consumers and what matters to them? <input type="checkbox"/> How is the information provided across local care settings, when is it given? <input type="checkbox"/> Are wound resources and information accessible to enable self-management? Are they culturally and linguistically enabled?

	Question 1	Question 2	Question 3	Question 4
Limited progress	Health literacy and self-management are not assessed	People are not informed or involved in SDM	Wound management plans not reviewed in partnership	No appropriate options for wound information/education
Good progress	There is a plan to incorporate health literacy and self-management as part of an overall holistic assessment	There is a plan to incorporate SDM in discussions on treatment options and management plans	There is a plan to incorporate wound management plan review in partnership	Limited options for wound information/education and may be barriers to delivery when transitioning across care settings
Meeting standard	Health literacy and self-management are integrated into ongoing holistic assessment	SDM is integrated into discussions on treatment options and management plans	Wound management plans are reviewed in partnership and are integrated into continuum of care	Appropriate wound information/education is given, is timely and in consideration of patient needs and preferences
Best practice	Meeting standard and patients are enabled by identification and removal of barriers to being partner in their health care	Meeting standard and staff are trained, supported and motivated by improved patient outcomes	Meeting standard and use PROMs where available to support plans	Meeting standard and patients are supported when transitioning across care settings

Professional development

Key questions	Consider...
1. Do staff have access to relevant chronic wound professional development appropriate to their role?	<ul style="list-style-type: none"> <input type="checkbox"/> Are learning need assessments done? <input type="checkbox"/> Are professional development plans completed (reviewed annually)? <input type="checkbox"/> Are advanced professional learning pathways available?
2. Are there appropriate learning methods for staff, delivered in appropriate ways to meet the professional development goals?	<p>Consider how professional development is delivered to build wound related expertise and knowledge.</p> <p>Ways:</p> <ul style="list-style-type: none"> <input type="checkbox"/> virtual, in-person, simulation <p>Methods:</p> <ul style="list-style-type: none"> <input type="checkbox"/> education, training, mentoring, supervision
3. Does the quality of professional development meet the standard?	<p>Does the content:</p> <ul style="list-style-type: none"> <input type="checkbox"/> include up to date evidence and information <input type="checkbox"/> is informed by what matters to patients <input type="checkbox"/> addresses appropriate wound management content <input type="checkbox"/> a record of PD activities is available. <p>Does the education cover all elements in the model of care, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence-based clinical wound management including clinical skills such as wound debridement and safe application of compression <input type="checkbox"/> Local processes in the model of care including escalation of care, appropriate use of wound products <input type="checkbox"/> Patient enablement skills including shared decision making <p>Wound documentation protocols.</p>

	Question 1	Question 2	Question 3
Limited progress	Staff do not have access to professional development appropriate to their role	There are limited learning methods	The quality of professional development programs do not meet standards
Good progress	Staff have irregular access to professional development	There is good access for staff with reliance on one way and method of	The quality of professional development programs are fair

	Question 1	Question 2	Question 3
	appropriate to their role	meeting professional development goals	
Meeting standard	Staff have regular access to professional development activities appropriate to their role	There is access to appropriate learning methods for staff, delivered in appropriate ways to meet professional development goals	The quality of professional development programs meets standards
Best practice	Meeting standard and there are opportunities to up-skill for advanced wound management	There is access to appropriate learning methods for staff and active support from leadership in building relevant wound expertise	The quality of professional development programs exceeds standards

Wound documentation

Key questions	Consider...
<p>1. Does wound care have standardised elements of documentation across care settings?</p>	<p>A comprehensive and holistic assessment documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wound assessment, see standard 5.4 for components <input type="checkbox"/> Aetiology <input type="checkbox"/> Co-morbidities <input type="checkbox"/> Physical, social and psychological components including self-management and health literacy <input type="checkbox"/> Primary concerns <input type="checkbox"/> Current/past treatments <input type="checkbox"/> Medications <p>Treatment and management plans including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diagnosis; including whether the wound is chronic or palliative <input type="checkbox"/> Expected outcomes and aims <input type="checkbox"/> Plan completed with patient, carers and family if appropriate <input type="checkbox"/> Shared decision-making conversations <input type="checkbox"/> Information and education provision <input type="checkbox"/> Ongoing care coordination activities <input type="checkbox"/> Handover <input type="checkbox"/> Ongoing care coordination activities <input type="checkbox"/> Referral, including reason and date of initial wound care treatment if appropriate
<p>2. Is the documentation</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The model of care includes a documentation policy for chronic wound

Key questions	Consider...
<p>policy implemented?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation policy is communicated to all relevant clinicians in all services and care settings <input type="checkbox"/> Treatment and management plans are reviewed by the patient, carer and family and treatment teams
<p>3. Can wound images be documented and shared?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Are there processes for enabling quality capture of wounds? <input type="checkbox"/> Are there processes for electronically storing and providing access for wound imaging to relevant clinicians?
<p>4. Is documentation sharable across care settings?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Is wound care information electronically available between primary, community and acute care? <input type="checkbox"/> Is there a timely, real-time sharing solution in place?

	Question 1	Question 2	Question 3	Question 4
Limited progress	Wound care documentation standards are not articulated	Wound documentation policy has not been implemented	Wound imaging is not available	Documentation not shareable between care settings
Good progress	Some documentation standards are articulated; not standardised across care settings	There is a plan of how the wound documentation policy will be implemented across care settings	There is a plan of how the wound imaging will be incorporated into wound care documentation	There is a plan of incorporating an electronic solution to enable sharing of real-time information for patient care
Meeting standard	Documentation standards are articulated and standardised across care settings	The wound documentation policy is implemented across care settings	Wound images are documented and shared electronically as part of wound care	Wound care information sharing is enabled by technology across care settings
Best practice	Meeting standard and documentation compliance is audited and improved	Meeting standard and implementation is audited and improved	Meeting standard and is enabled across all care settings	Meeting standard and patients, carers and family have access

Applying data to improve

Key questions	Consider...
1. Is there access to, or collections of, clinical data and are they used to inform care and improvements?	<input type="checkbox"/> Clinical data may include process, utilisation, outcomes and structures of care measures. <input type="checkbox"/> What collections are taking place, and how are they fed back to clinicians and managers to inform improvement opportunities?
2. What PRM collections are taking place and how are they used to inform care and improvements?	<input type="checkbox"/> PRMs may include patient reported experience measures (PREM) and patient reported outcome measures (PROM). <input type="checkbox"/> What collections are taking place, and how are they used to inform improvement opportunities?
3. Is the data shareable across settings?	<input type="checkbox"/> What is the current capability of data sharing? <input type="checkbox"/> Is the information captured electronically or on paper notes?

	Question 1	Question 2	Question 3
Limited progress	No data accessible or collected to improve care. Feedback loops not established	PRMs are not collected	Data is limited to one care setting
Good progress	Some types of data are collected or accessible, no regular feedback established	Have a clear plan of how PRMs will be used in clinical practice	Additional data sources from other healthcare settings exist but are not accessible
Meeting standard	Clinical data is collected and/or accessible with regular feedback established. Data is shared in written and verbal form to reflect on improvement	PRMs are regularly collected and used to inform clinical care, outcomes and improve care delivery. Shared decision making and improvement demonstrated	Data are captured electronically and can be shared across care settings
Best practice	Clinical data is collected and/or accessible with regular feedback. Data is shared across care settings and level of staff to inform improvement. Improvements in practice are demonstrated	PRMs are collected as business as usual. Improvements in practice are being demonstrated	Data are captured electronically and can be shared across care settings with regular feedback loops. Improvements in practice are being demonstrated

Products and equipment

Key questions	Consider...	
1. Are product and equipment processes streamlined to enable delivery of appropriate and timely patient care?	What are the processes to: <ul style="list-style-type: none"> <input type="checkbox"/> Acquire <input type="checkbox"/> Manage <input type="checkbox"/> Access and <input type="checkbox"/> Monitor use of products and equipment? 	Do you have a wound product formulary in place? If not, is there a plan to implement the NSW Health formulary for acquiring and managing products and equipment?
2. Are there processes to reduce variation in product selection and improve access for patients?	<ul style="list-style-type: none"> <input type="checkbox"/> Is there governance and collaboration with stakeholders to review and monitor products within LHD/SHN? <input type="checkbox"/> Is there governance and collaboration with stakeholders across care settings to achieve consistency of access for product types for patients? 	
3. What skills development is in place for appropriate use of products and equipment?	<ul style="list-style-type: none"> <input type="checkbox"/> Is there training for clinicians who operate wound equipment? <input type="checkbox"/> Is there education on appropriate products for different wounds? <input type="checkbox"/> Does the model of care include information on products and equipment in its wound management protocols? 	

	Question 1	Question 2	Question 3
Limited progress	Processes do not exist to enable appropriate and timely care	Process does not exist	There is no capability in place
Good progress	Some processes streamlined, but not all	Some collaborative links to address product selections across care settings	Some skills development in place
Meeting standard	All processes streamlined to enable delivery of appropriate and timely care	Collaboration exists across care settings to achieve consistency of access for products and equipment	Skills development in place for appropriate use of products and equipment
Best practice	Meeting standard and processes are continually improved	Meeting standard, ongoing monitoring and refinement across care settings	Meeting standard and ongoing training as products and equipment needs evolve

Local health district / specialty health network overview

	Limited progress	Good progress	Meeting standard	Best practice	More information
1. Model of Care					<ul style="list-style-type: none"> Clinical priorities Organisational models for chronic wound in NSW
2. Wound team					
3. Professional development					HETI wound care management training
4. Enablement and relationships					<ul style="list-style-type: none"> Consumer enablement guide Health literacy framework Co-design toolkit
5. Wound documentation					
6. Applying data to improve care					<ul style="list-style-type: none"> PRM Clinical audit and feedback Outcome data
7. Products and equipment					Wound formulary (not yet published)

Service/facility/partner overview

Facility A	Services	Limited progress	Good progress	Meeting standard	Best practice
1. Model of Care	Community				
	Hospital				
	Primary				
	Residential Aged Care				
2. Wound team	Community				
	Hospital				
	Primary Care				
	Residential Aged Care				
3. Professional Development	Community				
	Hospital				
	Primary Care				
	Residential Aged Care				
4. Enablement & relationships	Community				
	Hospital				
	Primary Care				
	Residential Aged Care				
5. Wound documentation	Community				
	Hospital				
	Primary Care				
	Residential Aged Care				
6. Applying data to improve care	Community				
	Hospital				
	Primary Care				
	Residential Aged Care				
7. Products and equipment	Community				
	Hospital				
	Primary Care				
	Residential Aged Care				

Detailed overview of standards

	Key questions	Limited progress	Good progress	Meeting standard	Best practice
1. Model of Care	Has a model of care been identified? What does it include?				
	Has a model of care been implemented?				
2. Wound team	What capacity does the wound team have?				
	How are the roles and responsibilities assigned to the team?				
	Is the MDT engaged in an appropriately and timely way?				
	What does partnership with other settings look like?				
3. Professional 4. Development	Do staff have relevant and appropriate access to PD?				
	Are there appropriate learning methods, delivered in appropriate way to meet PD goals?				
	What is the quality of PD?				
5. Enablement & relationships	Is health literacy and self-management assessed?				
	Does shared decision making occur?				
	Are wound management plans reviewed regularly in partnership?				
	Can patients and carers access wound information or education in the right way and at the right time to meet their needs?				
6. Wound Documentation	Does wound care have standardised elements of documentation across care settings?				
	Is the documentation policy implemented?				
	Can wound images be documented and shared?				
	Is documentation sharable across care settings?				
7. Applying data to improve care	Is there access to, or collections of, clinical data to inform improvements?				
	Are there collections of patient reported measures to inform improvements?				

	Key questions	Limited progress	Good progress	Meeting standard	Best practice
	Is the data shareable across settings?				
8. Products and equipment	Are product processes streamlined to enable delivery of appropriate and timely patient care?				
	Are there processes to reduce variation in product selection and improve access for patients?				
	What skills development is in place for appropriate use of products and equipment?				

Using the tool in QARS

- The self-assessment tool has been created in the Quality Audit Reporting System (QARS) survey module so it can be adopted for use across NSW.
- NSW health staff administering the survey can access the [QARS Survey](#) module using their Stafflink ID and password to create local surveys.
- Once logged in, check you are in the 'QARS Survey' module, not 'QARS Audit' mode.



- A comprehensive QARS manual can be accessed in the **help section** of the module.
- QARS leads and LHD coordinators will be able to support local set up of the survey.
- If you cannot find the survey, please contact aci-chronicwounds@health.nsw.gov.au
- The survey can be shared:
 - using NSW health emails for NSW Health staff
 - using a passcode and/or QR code for respondents outside NSW Health.

More detailed instructions on how to set up the survey are available on the ACI website at: <https://aci.health.nsw.gov.au/statewide-programs/lbvc/chronic-wound-management/self-assessment>

Appendix 3. Action plan template

Would management self-assessment action plan template

No.	Action category	Objective or recommendation	By whom or action owner	By when or deadline for action	Expected improvement / success measure	Evidence progress / completion
1						
2						
3						