

Necessity is the mother of invention: self-care during COVID-19



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It is not an earth-shattering statement to make that the COVID-19 pandemic has affected service delivery across all health care settings across the globe. It would also be easy to dwell on the negatives, and there have been legion, over the course of the past year. As of February 24 2021, there had been more than 112 million cases of COVID-19 around the world, with just under 2.5 million deaths attributed to the pandemic (Worldometers, 2021). Its relentless and non-discriminatory march may well be halted by vaccines, and we all hope that.

However, the flip side of the challenges of the pandemic is the raft of opportunities that have been created in the sphere of wound care. COVID-19 has amplified opportunities for change, none so great as in the realm of engaging patients to be more active participants in their own care.

Patient engagement has been something that has remained elusive in many respects in some Trusts, localities and countries, for varying reasons. Nothing is a greater agent of change than a shifting of the status quo; we need only to look back to World War II when there was such a shift on a truly global scale. Necessity is, after all, the mother of invention.

Research published in this issue (Moore and Coggins, 2021) shows that clinicians in a range of countries — Australia, China, France, Germany, Spain, the UK and the USA — estimated that 45% of their patients with chronic wounds could benefit from greater involvement in their own care. That said, clinician attitudes towards encouraging shared care was found to vary globally; in China, the UK and the USA, shared care is a more established approach than it is in France and Germany, where care is predominately nurse-led. In order to maintain a high level of care for patients following a reduction in home visits, the research identified numerous steps that have been put in place by clinicians during the pandemic, including:

- Training patients/caregivers to change dressings
- Providing consultations via telephone or video conference
- Using alternative dressings or therapies that reduce dressing change frequency
- Using email, text message, photographs of wounds etc in lieu of face-to-face visits.

It must be borne in mind that encouraging patient engagement in their own wound care does not mean that the patient receives a reduction in care — the crux is about finding a new way of working that benefits the person living with the wound, clinicians and care providers.

By placing an onus on shared care, patients gain a degree of independence, thus helping them feel more positive and empowered. They are also more likely to comply with their treatment regimen when feeling a valued component of the decision-making process.

Clinicians, meanwhile, benefit from sharing goals with the patient, thus strengthening their relationship, as well as being able to spend more time with those individuals with complex needs for whom self-care is not appropriate. Fewer visits also result in reduced costs for the care provider.

Maybe the future of wound care globally will be more in line with the US experience, whereby self-care plays an integral part and the patient's role in their care is established from treatment outset. Concerns over a loss of income should enhanced patient involvement be encouraged will be the largest barrier to overcome in certain countries, such as France and Germany (Moore and Coggins, 2021).

One thing is certain: the transition towards shared care that began in the pandemic looks set to continue once some degree of normalisation returns to everyday life. Do get in touch to share how you have supported your patients and enhanced patient involvement, plus any other positive changes to practice you've encountered.

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References

- Moore Z, Coggins T (2021) Clinician attitudes to shared-care and perceptions on the current extent of patient engagement in wound care: Results of a clinician survey. *Wounds International* 12(1): 48–53
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