Adapting policies and guidelines makes good sense

Suzie Calne
Editor

It has been an absolute pleasure to work with the members of the International Wound Infection Institute (IWII) committee who have produced two of the articles included in this issue of *Wounds International*.

As is often the way with online publishing, the committee (headed by Terry Swanson) was asked to work to very tight deadlines. In addition to an innovations article, which describes the organisational structure of IWII and the innovative work they are doing (page 6), the IWII have written a succinct and clear update on the management of wound biofilm (page 20).

Key messages for the management of wound infection include, keep monitoring, keep assessing, keep evaluating treatment, but the IWII offer new information and some real gems that will generate debate and critical thinking around the difficult topic of wound biofilm management.

In practice, clinicians are often faced with having to make sense of complex clinical scenarios that may raise questions and concerns. A written case report provides an excellent way of sharing information and illustrating what interventions and management strategies have worked well and those that have been less successful. Caroline Carøe and Karsten Fogh (page 25) describe a patient who presented with pyoderma gangrensoum: they suggests that, in this case, there was an unusual association between pyoderma gangrenosum and malignant melanoma, which will no doubt stimulate thought and discussion.

One of the main objectives of *Wounds International* is the sharing of information and resources. At a recent Wounds UK event on eliminating avoidable pressure ulcers, held in Liverpool on 27 March 2014, one of the speakers – Juliet Price – used the phrase "pinch with pride". Juliet asserts that this is an important part of the ethos for patient safety in her region. The point is that it is irrelevant where a good idea originates; if it can be of benefit to patients, improves care, and is appropriate, it should be adopted.

Where there are useful, reliable resources available, these can and should be shared with a wide audience. Materials can often be adapted for local needs, saving precious time and resources. Of course, it is always important to secure permission and to credit the materials to their original source appropriately and accurately.

In this issue of *Wound International*, Carol Tweed and Paula McKinnel from New Zealand describe their innovative campaign, "STOP Pressure Injury Day" (page 10). They explain how they adapted work that had been successful in other countries – in particular the content developed by NHS Midlands and East in 2012[1] – as part of the UK's "Eliminating Avoidable Pressure Ulcer" campaign. They provide an honest and reflective account of their experience, identifying a number of lessons learned and objectives for the future. They maintain energy and enthusiasm, which is a vital component to keeping others motivated and involved.

I am very proud to announce that Wounds International will be partnering with MENA Conferences and Gulnaz Tariq (Wound Care Manager, SEHA Group of Hospitals, Abu Dhabi) to deliver our first conference in the Middle East on 5–6 June 2014 (see page 3, or visit http://bit.ly/1bLYvyu for more details).

The core speaker group for this event work and practice in the Middle East region and the programme has been developed with their support and input. These local key opinion leaders will be complemented by a small panel of internationally recognised practitioners who will share their wound care expertise and knowledge.

These are exciting times for *Wounds International*. There is so much to gain by collaborating with different organisations and individuals from different geographies. We are always delighted to welcome new authors and urge you to continue sharing your experiences and contributing to our online journal.

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Editor, *Wounds International*

1. NHS-IQ (2013) Stop the pressure. Available at: http://bit.ly/1gzMhpr [accessed 31.03.2014]