

## The Wound Care Pathway: a potential solution to the global wound care challenge

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A symposium titled 'The Wound Care Pathway: a potential solution to the global wound care challenge' was held at the European Wound Management Association (EWMA) conference in Paris, France, in May 2022. The symposium addressed the clinical challenges experienced by clinicians caring for people with chronic wounds. The Wound Care Pathway was developed by clinicians for clinicians and may have the potential to reduce the burden of chronic wounds (Dowsett et al, 2021). The Wound Care Pathway was developed as a response to the educational need expressed by healthcare professionals.

A 2019 global anthropological study aimed to understand the everyday role of healthcare professionals (HCPs) managing wounds and the challenges they face caring for people with chronic wounds. Wound care specialists, non-specialists and sales representatives at Coloplast from France, Germany, Spain and the United Kingdom were surveyed. In total, there were 400 surveys and 40 in-depth surveys completed. The data were analysed, and three key global challenges were identified that affect both specialists and non-specialists:

- 1. Limited access to education** — HCPs have a full caseload of patients that is not limited to wound care. Wounds are not the disease itself, but the complications of disease, such as diabetes, venous insufficiency or arterial disease. As a result, there is often limited access to education and training in wound care, leading to inconsistencies in care. This is despite the fact that they would like formal wound education. Often the biggest challenge day-to-day can be knowing what to do when the wound deteriorates, early recognition of wound complications or what they can do to prevent it happening, such as appropriate dressing selection and when to debride.
- 2. High turnover of staff** — Staff turnover is a global challenge worsened by the COVID-19 pandemic. There has been a reported anecdotal decline in the community nursing workforce, as it can be a challenge to recruit and retain staff. Nurse educators must then

balance patient care with nurse education so that they have the skills to perform wound care. The high turnover of staff has an impact on patient care.

- 3. Inconsistency of care** — Treatment decisions are often based on trial and error as established guidelines are either lacking, too comprehensive or not used. This leads to variation in treatment decisions. For example, estimates suggest that only 30% of patients have a differential diagnosis, and only 16% of persons with a leg or foot ulcer had a Doppler (Guest et al, 2015).

The audience at the symposium were asked to identify their biggest challenge and access to wound care education and inconsistency of care were the top challenges [Figure 1]. However, all three are intrinsically linked as all three challenges lead to poorer outcomes for patients. Specialists have many roles, including providing wound care, educating and training staff, and supervising clinics. Often, the specialists key challenge is disseminating the wound care knowledge to other clinicians, especially around debridement and compression. A shortage of educational resources, staff turnover, and nurses moving roles from other specialties to community settings make this more challenging.

### How to support both wound care specialists and non-specialists

There is an opportunity to support these specialists and non-specialists and alleviate

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**Box 1. The Wound Care Pathway process and methodology** (see Dowsett et al, 2021 or scan the QR code below for more detail).

A large-scale consensus process culminated in a practical and evidence-based approach to wound management called “The Wound Care Pathway”, which was ratified in 2021 by wound care specialists and non-specialists in seven countries. The Wound Care Pathway was developed over 2.5 years and included literature reviews, surveys, virtual and in-person facilitated discussions, focus groups, and meetings. It involved close to 2,500 healthcare professionals across six continents. The eight topics discussed were:

- Wound assessment
- Wound bed preparation
- Managing the gap between the wound bed and dressing
- Effective exudate management
- Recognising the early signs of infection
- Managing biofilms
- Holistic wound management
- Patient education.

Consensus was reached when 80% of participants agreed with the recommendations, and no participants disagreed with the recommendations.

Analysis of data from the consensus process was published and used to develop recommendations on managing the gap (Keast et al, 2020), managing exudate (Dowsett et al, 2020), preventing and treating wound infection (Swanson et al, 2020) and advancing practice in holistic wound management (Ruettimann Liberato de Moura et al, 2020).



Figure 1. Delegates voting at the European Wound Management Association (EWMA) 2022 conference.

the challenges they face on a day-to-day basis. This would be beneficial for all staff as there would be greater job satisfaction and greater patient outcomes.

To overcome the challenges facing clinicians, there needs to be greater access to education, guidance and simplified evidence-based recommendations. With clinicians at the centre, a 2.5-year Consensus Project began in Denmark in 2019 by Coloplast A/S. The project involved 85 specialists from 19 countries and was guided by global leading experts in wound care (Dowsett et al, 2021). The project’s foundational premise was that the goal of wound care, regardless of diagnosis or cause, must always be to heal the wound. The exception to this rule is in the case of palliative patients and in non-healable wounds, such as wounds with insufficient vasculature. The goal was to create a simplified pathway to take patients from presentation with a chronic wound through to healing and beyond to prevent recurrence (Dowsett et al, 2021; Box 1).

Consensus was reached on three main areas (Dowsett et al, 2021):

1. Wound care treatment should be primarily focused on providing an optimal healing environment
2. One of the most important factors in promoting an optimal healing environment is managing the gap between the wound bed and the dressing
3. Gap management is about exudate management and must promote moisture balance in the wound.

The Wound Care Pathway is an evidence-based step-by-step approach to wound healing made by clinicians for clinicians. It is inclusive of specialists and non-specialists and brings together clinical experience of wound care experts and evidence. The Wound Care Pathway was reviewed by focus groups in local countries before it was reviewed and approved by the Global Expert Group. The Wound Care Pathway has been ratified in seven countries by 96 HCPs:

1. 98% agree that The Wound Care Pathway was built on a strong evidence base and was developed by experts in wound care
2. 98% agree that the steps recommended in The Wound Care Pathway may, when followed, help reduce the burden of chronic wounds
3. 95% agree that following the recommendations in The Wound Care Pathway will help non-specialists to focus on wound healing, rather than focusing on changing dressings.

### The Wound Care Pathway: patient journey

The audience at the symposium were invited to participate in an informal poll on what step in the patient journey was their greatest challenge (patient and wound assessment; chronic wound management; consulting with a specialist). Managing the chronic wound and knowing when to consult a specialist were identified as the two most common challenges. To address these challenges, The Wound Care Pathway pays special attention to the challenges of managing

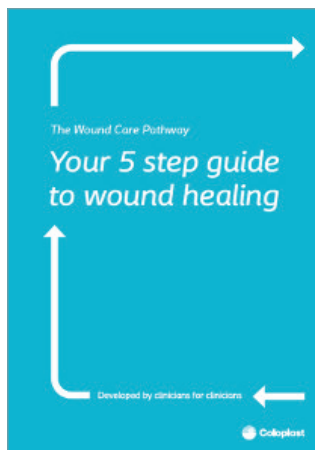


Figure 2. The Wound Care Pathway.

Download The Wound Care Pathway using the QR code



the gap between the wound bed and dressing, managing exudate and reducing the risk of infection and biofilm development. The Wound Care Pathway is a structured and easy to follow 5-step guide [Figure 2] that covers:

- What is a chronic wound?
- **Step 1:** How to assess a person with a chronic wound
- **Step 2:** How to develop a treatment plan
- **Step 3:** How to manage the chronic wound
- **Step 4:** How to choose a dressing
- **Step 5:** How to monitor patient and wound progression
- When to refer to/consult a specialist.

Often it is the case that if assessment and management have been sub-optimal, specialist consultation will be required. Therefore, wound care has to be a collaborative approach with the multidisciplinary team (MDT). Wound care is a team effort so a clinician should feel empowered, not embarrassed to refer to a specialist. The Wound Care Pathway provides the key signs that it is time to refer to someone with greater depth of knowledge and expertise (page 39 of The Wound Care Pathway).

The MDT includes the patient, informal caregivers and family and friends, who can support self-directed care. To incorporate patients more fully into the MDT, it is important to identify the concerns of the patient and avoid blaming the patient. Page 18 of The Wound Care Pathway includes guidance on how to engage the patient and carers in care.

There are QR codes for clinicians to scan throughout The Wound Care Pathway for further information for the required complexity needed for wound care. To help support clinicians globally, The Wound Care Pathway has so far been translated into French, Spanish, English, German, Chinese and Danish. More translations will follow.

## Conclusion

As identified during the consensus project, a successful pathway requires clear steps to follow, and needs to be easy as well as quick to use. It should also guide appropriate dressing choice as per local protocol. To implement The Wound Care Pathway, it needs to be accessible to all — for educators and for non-specialist staff. It should be a ‘practice enabler’ that can work at the bedside, with other tools that are already in place and as part of a structured education programme. The symposium highlighted the challenges for both specialists and non-specialists in managing patients with chronic wounds. The Wound Care Pathway was presented as a solution to these challenges and the 5-step approach described in The Wound Care Pathway can already be used in clinical practice today. **WINT**

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