In each issue of *Wound Care Today* we investigate a hot topic in wound care. Here, we explore why...

It's TIME to get to grips with wound assessment in the community

A key study by Guest et al (2015) into the realities of wound care service provision in the UK identified inconsistencies in the assessment and management of wounds, and the opportunities to improve both efficiency of working and patient outcomes.

The records of 1000 patients with wounds and 1000 patients without were randomly selected from The Health Improvement Network (THIN) database. Information concerning wound-related health outcomes and healthcare resources used was analysed and costed at 2013/14 prices.

The study revealed that in 2012/13, 2.2 million wounds and associated comorbidities were managed by the NHS at an estimated cost of £5.3 billion — a cost equal to the management of obesity. These costs were attributed to the management of wounds that healed (£2.1 billion) and remained opened (£3.2 billion) during the study year, respectively.

Two-thirds of the total cost was attributed to nurse-led, community-based wound care, which included:

- 18.6 million practice nurse visits
- 10.9 million community nurse visits
- 7.7 million GP visits
- 3.4 million hospital outpatient visits
- 97.1 million drug prescriptions
- 262.2 million dressings
- 73.4 million bandages
- 9.0 million compression bandages (Guest et al, 2015).

However, the findings also revealed that of the 2.2 million wounds managed during the study year, 30% lacked a differential diagnosis. For example, of the wounds recorded as being a leg ulcer, 19% did not have any further characterisation; they were not recorded as being venous, arterial or mixed. It is easy to recognise the negative impact that this lack of information could have on management and patient outcomes and, in some cases, could result in harm.

On this point, Guest et al (2015) noted that existing best practice guidelines for the management of leg ulcers and diabetic foot ulcers state that the assessment of peripheral perfusion is a recognised requirement for leg ulcer and diabetic foot management, yet only 16% of all cases with a leg or foot ulcer had a Doppler ankle brachial pressure index (ABPI) recorded in their records.

This means that 84% of patients who should have had peripheral perfusion assessed didn't and/or findings were not documented in the patient notes.

Working as a community nurse today is not for the faint-hearted. Caseloads are busier than ever and patients have many complex comorbidities, making care delivery challenging. It is easy for community nurses to undertake wound care that is ritualistic, rather than based on structured holistic patient assessment. This is due to the considerable demands being made on the community nursing teams and sometimes it is easier to continue with current care, rather than undertaking an assessment or reviewing the outcomes of wound care delivery, which can be seen as too time-consuming. However, this may result in false economy, as the patient will continue to have a non-healing wound and need time-consuming visits. Investing time in a structured holistic assessment will, in the long term, contribute to reducing healing rates, lessening the need for lengthy visits and delivering clinically effective wound care. It will also result in better patient outcomes.

Kirsty Mahoney, clinical nurse specialist, wound healing, Cardiff and Vale University Health Board

Wound care is a major aspect of community nursing. As patients may be treated by numerous healthcare professionals, it is vital that an appropriate wound care document is accurately completed to facilitate continuity of care and enhance healing rates. It is essential that wounds undergo a thorough baseline assessment, utilising a wound chart to document findings, and that ongoing assessment and documentation occurs regularly to identify effectiveness of the care plan and to facilitate a change in care if necessary. In addition, holistic assessment will aid identification of the cause, guide the most appropriate treatment plan, and identify any factors that may inhibit healing. In relation to leg ulcers, the 'gold standard' is that a Doppler assessment is undertaken once a wound has been present for two weeks. This assessment will indicate if compression can be used safely, and if so, this treatment will aid healing, reduce nursing input and save money. Doppler assessment should be undertaken by a suitably trained professional, so in view of the benefits that can be gained, investment must be made into the training and professional development of nurses.

Annette Bades, district nursing specialist practitioner, Lancashire Care NHS Foundation Trust

Twelve per cent of all wounds included in the study had no diagnosis recorded at all, making wound type unidentified in the note.

These findings are alarming and raise the question of how wounds can be managed and monitored effectively if assessment is not carried out and documented. On what basis are treatment decisions made and against what baseline is progress monitored?

Unsurprisingly, only 43% of chronic wounds healed during the year of the study. It is well known that healing rates vary depending on wound type and the general health and comorbidites of the individual patient, but the majority of wounds for the majority of people should heal within three months with accurate assessment and appropriate management decisions. When wounds become chronic (for example, a venous leg ulcer is defined as chronic if present for longer than four weeks), assessment should be carried out to identify the route cause and to guide management decisions, and findings recorded as a baseline against which to measure progress.

Wounds should not simply be allowed to become chronic for prolonged periods without questioning why healing is not occurring and what can be done to improve the situation. For those patients for whom healing is not a goal, symptom management should be the aim.

Guest et al (2015) concluded that their findings are reflective of the practical difficulties experienced by non-specialist healthcare professionals in the community, and highlighted a need to raise awareness of the impact of wounds on the healthcare system and to train non-specialist clinicians in the principles of wound assessment and management.

These recommendations have now been acted upon in England; 'improving the assessment of wounds' has been specified as a key goal of the Commissioning for Quality and Innovation (CQUIN) scheme for 2017–2019 (NHS England, 2016).

This means that a proportion of a healthcare service provider's income will be conditional on demonstrating improvements, such as reducing the number of wounds that have failed to heal after four weeks of treatment, by focusing on wound assessment and documentation, and introducing targeted healing rates.

Indeed, using CQUIN guidance and taking the time to conduct a full holistic assessment of the patient and their wound will save time and improve practice in the long term.

With an ageing population and declining district nurse workforce (Royal College of Nursing [RCN], 2012), it is clear that now, more than ever, there is a need for efficiency in community wound care service provision if increasing demand and reduced funding are not to impact on the quality of care provided. The CQUIN target for 2017–19 ultimately aims to reduce wound care workload by improving practice and patient outcomes. WCT

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