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Preparing to meet the challenge of promoting skin integrity in an aging population

Results of a 5-trust wound care survey across England

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Background

• UK population currently increasing in age and size
• Aging workforce of health/social care sector
  – Large proportion due to retire by 2015
• Need for current TVN’s to understand current prevalence and categories of wounds, treatments, grades of staff assessing and caring for wounds
  – Ensure that interventions are timely and effective
Results of a wound care survey from five English Trusts conducted in 2012-13 presented

Survey aimed to identify and quantify:
  – demographic characteristics of patients receiving wound treatment;
  – treatment objectives;
  – wound types, duration and characteristics.

Local research governance applied for and successfully received from each participating Trust’s R&D office

All data anonymised: no identifying place, staff or patient names used
Patient demographics

- 4772 valid responses received
- Patient demographics: 59.8% female; 79.7% over 65 years (47.9% over 80 years)
- 70% of patients recorded one or more co-morbidities
- Common co-morbidities include:
  - Cardio-vascular conditions (882; 18.5%)
  - Vascular disease (835; 17.5%)
  - Diabetes (738; 15.5%)
- Most patients treated by nurses (84%)
- Most patients treated in their own home or the community (77%)
Wound types

• Most common wounds:
  – leg/foot ulcers (1324; 31.2%)
  – pressure ulcers (767; 18.1%)
• About 50% of all wounds are leg wounds
  – Many patients with venous leg ulcers also presented with vascular / cardiovascular conditions
  – May indicate misdiagnosis of ulcers of mixed aetiology
• Surgical wounds and traumatic wounds also common
Wound characteristics

- Duration of about half of all wounds was under 6 months
- 4.7% of wounds were of over 5 years duration
- Most wounds (55.4%) status improving
- Mean wound dimensions: 3.5 cm x 2.4 cm
  - Wounds up to 60 cm in length recorded
- 45.7% of wounds granulating
- 51.6% of wounds moist exudate
Wound infection indicators

- No indication of infection in 56.9% of wounds
- 310 patients (6.5%) had 3 or more infection indicators
- Delayed healing observed in 13.4% of wounds (most common indication)
- Lower frequencies of other indicators
Wound treatment

- Rates of swabbing (8.4%) and use of antibiotics (12.6%) low
  - Substantial variation across the 5 trusts
  - Swabbing more common in wounds showing no primary infection indicator

- Protecting granulation most common treatment objective in all trusts (2804; 58.8%)
  - Managing exudate and protection of surrounding skin also common objectives
Wound treatment

- Large variation between Trusts on use of Doppler/ABPI procedure: from 16.0% to 48.4%
  - Most patients receiving Doppler also receive compression therapy
- Most dressings changed on weekly or twice-weekly basis
- Over half of wound dressings (55.0%) changed as part of routine care change
Summary

- Data identifies a wide range of wound types requiring assessment / treatment, including many complex types
- Managers/TVNs need to clearly identify educational and skills needs of the workforce
- Decreasing workforce numbers likely to lead a need to ensure effective wound management by:
  - exploring feasibility of teaching patients and their families/carers to manage uncomplicated wounds when discharged to patients’ home environment
  - ensuring patients and families/carers understand how to promote skin integrity

Full analysis of the survey data appears in Wounds UK (November 2013 edition)