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Activheal introduction

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INTRODUCTION



ActivHeal® Alginate

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The Department of Health (DH) (2009a; b; 2010a; b) has clearly identified the importance of maintaining and developing a quality service to all health and social care users. The QIPP agenda; Quality, Innovation, Productivity and Prevention relates well to the specialities of tissue viability and wound care. Integral to maintaining and developing quality is the ethos 'No decision about me without me' promoted in *Equity and Excellence: Liberating the NHS* (DH, 2010a) that suggests patients should be involved in the decision-making process alongside practitioners. Indeed, patients will be in charge of making decisions about their care and will be able to choose which consultant-led team, general practitioner and treatment they have. The patients' experience and satisfaction will be analysed through the use of Patient Reported Outcomes Measures (PROMs) and the amount of complaints received by healthcare users.

The importance of being able to ensure that care administered to patients is based on the best available evidence, and is cost effective has never been more significant, with the DH (2010a) identifying that



ActivHeal Aquafiber®

the NHS must make efficiency savings of between £15-£20 billion by the end of 2013/14. In relation to tissue viability, Posnett and Franks (2008) had calculated that 200 000 people in the UK have a chronic wound with an estimated cost of treatment being £2.3-£3.1 billion per year, these numbers will no doubt rise over the next few years as the ageing population increases.

The cost of preventing and treating pressure ulcers in a 600-bed acute trust has been estimated as being between £600 000 and £3 million a year (Touche, 1993). In 2010 the DH (2010b), estimated the cost of a category 3 pressure ulcer as being between £363 000 to £543 000 and a category 4 pressure ulcer as costing between £447 000 and £668 000. They identified that a reduction of 25% in pressure ulcers would mean 88 fewer pressure ulcers and a potential cost saving of £510 000 in health care per year, per NHS trust. Many pressure ulcers are preventable through risk assessment and the implementation of pressure-relieving measures with the DH promising that there would be 'safer care for patients, who can be confident that they will be protected from avoidable harm' (DH, 2009a:29). This can only happen if health professionals are provided with evidence that supports the use of wound dressings; education to develop their own knowledge and the skills to evaluate and

understand the results of audit; reliability and validity of evidence and research presented to justify the use of wound care products.

Horkan et al (2009) explored whether or not systematic reviews, undertaken during the period 1998-2008, focusing on the issue of standard advanced wound dressings, added to the body of knowledge in wound dressings. They identified 13 systematic reviews and meta-analysis studies concluding that 'it appears that consistent evidence that any one moist wound healing dressing is better than another in terms of wound healing is still lacking' (Horkan et al, 2009: 304). Nelson and Bradley's (2007) review of the Cochrane database exploring dressings and topical agents for arterial leg ulcers, identified that there was no evidence to allow any recommendations to be made on the choice of dressing type or topical agent.

A 3-month 'in-use' trial of the ActivHeal® dressings was undertaken by Lewis (2009) to ascertain the amount of money that could be saved if the Trusts' current choice of wound dressings were replaced by those from the ActivHeal® range. ActivHeal® dressings were evaluated on care of older people, surgical, orthopaedic and neurology wards replacing the current foam, alginate, gel and hydrocolloid dressings on the chosen wards. At each dressing change, the nurse was required to fill out an evaluation form, at the end of one calendar month the completed evaluation forms were collected and each product was given an evaluation result as being either 'worse than', 'equivalent to', or 'better than' the previously used dressing. In terms of dressing performance, there was no obvious difference between the original 'branded' dressings and the replacement ActivHeal® range. The ActivHeal® dressings were rated

as 'equivalent to' or 'better than' original dressings in almost all cases. The nursing staff registered no complaints about the change to the ActivHeal® range of dressings.

Following completion of the trial Lewis estimated that the annual cost saving on foam dressings alone was in excess of £41 000. The annual spend on wound dressings, prior to using ActivHeal® was £103 029, the equivalent of 3 month spend, when using ActivHeal® range was £11 952 which equated to an annual spend of £47 808. Lewis acknowledges that this trial was only run over a limited period of time and therefore the findings may not be as accurate as a longer trial.

This supplement presents a series of case studies using the ActivHeal® range of products; foam non-adhesive; foam adhesive; alginate; aquafiber; hydrocolloid and hydrogel dressings. The methodology and patient sample will be expanded in the methodology section. The case studies highlight and discuss the use of the product range and the results that were experienced by the practitioners and patients. A variety of wounds were used to evaluate the product range with results showing that the products worked effectively; were cost effective; comfortable to the patient; easy to use and caused little discomfort on removal.

In the current health economic climate, cost savings are essential for each health professional and commissioner, without reducing the quality of care offered to each patient. The case studies presented in this booklet discuss, highlight and present a range of dressings that can provide a cost-effective dressing range that are evaluated by practitioners and patients positively.



ActivHeal® Foam Adhesive



ActivHeal® Hydrocolloid

AIM OF THE EVALUATION

The overall aim of the series of case studies is to provide clinical information on the usability, acceptability and clinical performance of the ActivHeal® range of products, when used in the management of chronic wounds of various aetiologies.

It is the aim of this series of evaluations to show progression of healing in all cases, irrespective of the healing variables and the setting of care.

METHODOLOGY SUMMARY

The evaluation reviewed the use of the ActivHeal® dressings in up to 11 patients per product section. Patients were recruited for the evaluation from the adult (>18 years) population who were routinely seen by the evaluating clinicians. The results were based on subjective data collected by the clinicians who took part in the evaluation.

Patients were included on the basis of having a wound that was suited to the product in accordance with the indications and contraindications in the 'instruction for use' leaflet for each product. The decision to treat the patient with the ActivHeal® dressing was made before the patient was considered for inclusion in the evaluation and following a full wound assessment. The patients' care was not affected and the wound dressing chosen was the most suitable following the patients' assessment. The Trust's standard practice of patient assessment and treatment was followed throughout the evaluation. Each dressing was applied and changed following a wound assessment by the registered practitioner and as required by the patient's need or as dictated by the level of exudate, maintaining good wound care practice according to the Trust's standard of practice. The ActivHeal® dressing was used as a primary or secondary dressing to suit the wound variables and in accordance with Trust policy. Table 1 provides guidance on which ActivHeal® dressings are appropriate for each wound type

Consent was given by patients before inclusion within the evaluation. Consent was also gained to have photographs taken and published.

No further ethical approval was required as the use of the product was classed as an evaluation.

The assessment of the ActivHeal® products were conducted in the form of a series of evaluations that included dressing changes. The evaluations were completed by the relevant tissue viability nurse who attended the patient at each dressing change. During each dressing change the tissue viability nurse consulted with the attending nurse and patient regarding the progression of the wound; amount of exudate, level of pain experienced during dressing change and the ease of use of each dressing. The assessment of the wound was documented using data collection and evaluation forms provided by Advanced Medical Solutions Ltd. This enabled the data gathered to be collated to provide clinical evidence relating to the use and performance of the ActivHeal® dressing range in clinical practice; progression of the wound and the achievement of patient outcomes. The patient was also asked to give their opinion on how the dressing felt throughout its wear time and if it caused any discomfort on removal. Their comments were noted throughout the data collection.

The evaluation parameters/considerations that were applied are:

- Ability to manage exudate
- Conformability
- Maintaining moist wound environment
- Ease of use
- Overall rating
- Assessment of wound bed/wound progression.

Table 1: Appropriate dressing selection when considering ActivHeal® wound care range

Wound type	Clinical considerations	Expected outcomes	Product category (primary dressing)	ActivHeal® product	Case study page reference
Necrotic	If clinically relevant, removal of necrotic tissue – barrier to healing	Clean, viable wound bed free of necrotic tissue	Hydrogel	ActivHeal® Hydrogel	14
Sloughy	Removal of sloughy tissue – barrier to healing	Clean, viable wound bed free of sloughy tissue	Hydrocolloid, Alginate, Aquafiber	ActivHeal® Alginate, ActivHeal Aquafiber®, ActivHeal®Hydrocolloid,	7, 8, 12
Highly exuding	Manage excess exudate. Identify cause of excess exudate Exudate could macerate peri-wound area	Reduction in exudate volume	Foam, Alginate, Aquafiber	ActivHeal® Alginate, ActivHeal Aquafiber®, ActivHeal® Foam	7, 8, 10
Granulating	Protect the fragile granulating tissue Stimulate growth	Healthy looking granulating tissue Epithelialising wound	Foam	ActivHeal® Foam	10
Epithelialising	Maintain and protect epithelial tissue	Healed wound	Hydrocolloid	ActivHeal® Hydrocolloid	12