



# Name of project: Wound shared care (supported self-care) pilot study

Project lead: Vincent Siaw-Sakyi

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### What was our aim?

The aim of the pilot was to trial increasing involvement of patients in the management of their own wounds, with the supervision of clinical staff, to see if the number of clinical visits could be reduced. This was a small-scale trial and part of the National Wound Care Strategy Programme.

### Why is it important to service users and carers?

Supported self-care could mean less travel to clinics for patients, saving them time and the expense of travelling to clinic appointments.

Patients would have increased control of their own care and management of their wounds

Patients participating more in their own care should release clinical time for colleagues to care for complex patient, reduce waiting times and improve patient and staff experience.

### Ideas and tests of change

A Wound Matrix (WM) update form was created on the electronic patient record system RIO, to enable data to be collected to monitor changes in clinical practice

Community Nursing Teams (at Sevenoaks, Exchange House and St Augustine's), podiatrists and Wound Medicine Centres (WMC) (five locations), were asked to select patients for the pilot study from their existing caseloads. The clinicians were asked to assess if the patient had the capacity to change their own dressings and select 'Yes' on the WM update form on RIO.

Patient information leaflets were developed to support patients with dressing changes in conjunction with the Tissue Viability Team, the National Wound Care Strategy Programme (NWCSP), podiatrists and WMC colleagues. The leaflet 'Changing your wound dressing' (01180) is sent to involved staff and was added to the Kent Community Health NHS Foundation Trust (KCHFT) website in January 2022. It was also added to the staff intranet, flo, in May 2022, so colleagues can easily access it and provide the information to patients.

### The tools we used

Plan, do, study, act (PDSA) cycles were used during the pilot to adapt what was learned during the process. Data was collected from the electronic patient records system (EPRS) to ensure there was a measure of improvement.

The wound care leaflet for patients was adapted from the National Wound Care Strategy Programme for KCHFT and made accessible for all teams involved in the pilot and patients.

The image shows a patient leaflet titled 'Changing your wound dressing' and a 'Wound diary' form. Below these is a PDSA cycle diagram with four stages: Plan, Do, Study, and Act. The 'Plan' stage includes identifying the problem, setting objectives, and planning the change. The 'Do' stage involves implementing the change on a small scale. The 'Study' stage focuses on collecting data and evaluating the results. The 'Act' stage involves standardizing successful changes or planning further improvements.

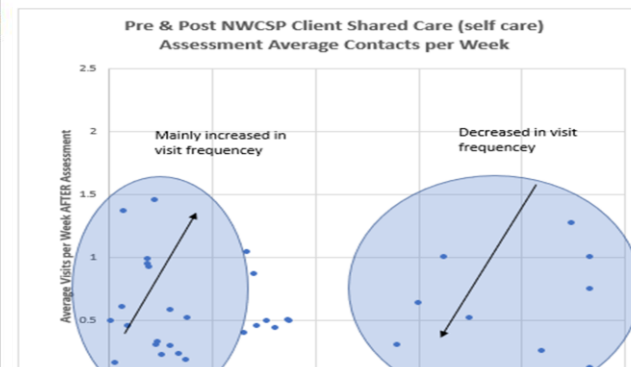
### Results

Four WMCs and eight podiatrists identified patients appropriate for supported self-care. One CNT patient was identified as suitable during the pilot period. Thirty seven patients were deemed as suitable for self-care between December 2021 and 31 May 2022. The data was accessed from RIO regarding the average contacts per week before being assessed for the pilot and then the average contacts per week after being assessed to the end date of the pilot. There was variation regarding how long the patients had been on clinical caseloads prior to entering the pilot, from three days to 2,879 days. Seven out of the 37 patients have now been discharged.

There was no statistically significant difference between the average contacts before or after assessment for the 37 patients (T-test). For the 14 highest frequency of visits before the assessment, all had a reduction in visits creating a significant difference in averages (T-test). Twelve out of 13 with the least frequent weekly average all increased in the number of visits. The descriptive statistics show a small range after the assessment. This might suggest a more in control and standardised treatment process after the assessment, with less variation between patients. (A T-test is a statistical test.)

Fifty seven per cent patients showed a reduction in average contacts per week (yellow). Forty three per cent had increased contacts – these patients were mainly receiving less than two weekly visits prior to the pilot (green). Mean weekly contact before = 0.75, mean contacts after = 0.56. For the 37 patients an overall reduction on average of seven visits a week.

	Average contacts per week BEFORE	Average contacts per week AFTER	Difference	Less Visits
Originally over 2 Contacts per week	2.33333333	0.122807018	-2.210526316	More Visits
Originally over 1 Contacts per week	2.33333333	0.75	-1.583333333	More Visits
Originally over 0.5 Contacts per week	2.24528019	1.272727273	-0.972552916	More Visits
Originally over 0.25 Contacts per week	2.1	0.257552941	-1.842447059	More Visits
Originally over 0.125 Contacts per week	1.75	0.518778523	-1.231221477	More Visits
Originally over 0.0625 Contacts per week	1.5	0.39636836	-1.10363164	More Visits
Originally over 0.03125 Contacts per week	1.4	0.504547826	-0.895452174	More Visits
Originally over 0.015625 Contacts per week	0.879581152	0.496062992	-0.38351816	More Visits
Originally over 0.0078125 Contacts per week	0.870056497	0.5	-0.370056497	More Visits
Originally over 0.00390625 Contacts per week	0.810810811	0.4375	-0.373310811	More Visits
Originally over 0.001953125 Contacts per week	0.769230769	0.496774194	-0.272456576	More Visits
Originally over 0.000976562 Contacts per week	0.718918919	0.450302398	-0.268616521	More Visits
Originally over 0.000488281 Contacts per week	0.708520204	0.863015699	0.154515494	More Visits
Originally over 0.0002441406 Contacts per week	0.671886883	1.040940541	0.369053657	More Visits
Originally over 0.0001220703 Contacts per week	0.60913373	0.397727273	-0.211406457	More Visits
Originally over 0.0000610351 Contacts per week	0.403225806	0.078514885	-0.324710921	More Visits
Originally over 0.0000305176 Contacts per week	0.385220126	0.517045455	0.131825329	More Visits
Originally over 0.0000152588 Contacts per week	0.378178739	0.181818182	-0.196360557	More Visits
Originally over 0.0000076294 Contacts per week	0.344827586	0.320441399	-0.024316187	More Visits
Originally over 0.0000038147 Contacts per week	0.30378178	0.3937314	0.089949614	More Visits
Originally over 0.0000019073 Contacts per week	0.302752284	0.578512397	0.275760113	More Visits
Originally over 0.0000009537 Contacts per week	0.259259259	0.25806452	-0.001194739	More Visits
Originally over 0.0000004768 Contacts per week	0.239595056	0.328125	0.088529944	More Visits
Originally over 0.0000002384 Contacts per week	0.233333333	0.302158273	0.06882494	More Visits
Originally over 0.0000001192 Contacts per week	0.229999942	1.454445455	1.224445513	More Visits
Originally over 0.0000000596 Contacts per week	0.188510345	0.918037187	0.729526842	More Visits
Originally over 0.0000000298 Contacts per week	0.193520518	0.342307692	0.148787174	More Visits
Originally over 0.0000000149 Contacts per week	0.183731238	0.988375	0.804643712	More Visits
Originally over 0.0000000074 Contacts per week	0.092643052	0.454445455	0.361802403	More Visits
Originally over 0.0000000037 Contacts per week	0.089871612	0.039772727	-0.050098885	More Visits
Originally over 0.0000000018 Contacts per week	0.024573864	1.365852659	1.341278795	More Visits
Originally over 0.0000000009 Contacts per week	0.04680467	0.401448776	0.354644106	More Visits



### What we learned and what's next

#### We learnt that:

There was only one community nursing patient from the three CNTs selected during the pilot period to be appropriate for supported self-care. The assumption was they did not have the dexterity to change dressings themselves. Supported self-care of housebound patients needs to be explored further

Podiatrists did not feel that this was a change in their clinical practice. They were engaged with the pilot to prove that supported self-care was already in place and unnecessary contacts were not happening within podiatry. Those seen infrequently prior to the pilot, who then had increased visits, may have attended podiatry for another reason and then a wound was identified.

A larger cohort of patients over a longer period of time would give stronger statistical analysis.

Smart phone application was not live and available for use in this pilot

#### Next steps are:

To promote that there is the patient information leaflet and wound diary available for all clinical staff to share with appropriate patients.

Training for staff on how to select appropriate patients for supported self-care is planned.

KCHFT staff will be encouraged to work with our partners to embed supported self-care and promote effective wound management

The NWCSP project team will be working closely with the Clinical Commissioning Group to promote self-care throughout the Primary Care Networks.

A Wound Matrix patient facing application is in development and will support future plans for supported self-care