



A gentle and effective
solution to wound care



MÖLNLYCKE
HEALTH CARE

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What being a wound care partner truly means

We all know that populations are ageing, obesity and diabetes are increasing to epidemic proportions and healthcare demands are escalating. Against this backdrop, it is clear that effective wound care improves lives, reduces suffering, speeds recovery and saves money.

A major area of expenditure for health care providers in both the acute and primary care sectors is wound care. Posnett and Franks (2008) calculated that 200,000 people in the United Kingdom had a chronic wound with an estimated cost of treatment being £2.3-3.1bn per year.¹ Additionally the National Prescribing Centre (2010) approximated that wound dressings accounted for around £120m of prescribing costs in primary care in England alone each year.²

As life expectancy continues to rise and surgical operations are performed on an ever ageing population the prevalence of co morbidities and chronic disease increases and we conclude that **the cost of wound care will also continue to rise.** In fact in the United Kingdom, the fastest growing age group in the population are those aged 80 years. Therefore appropriate choice of cost effective wound dressings with reliable evidence to support choice is vital. Added to this is the importance of maintaining and promoting a good quality of life for the patient, including pain management; prevention of dressing related trauma; prevention of post-operative wound blistering; management and prevention of infection and the effective management of wound exudate.

Mölnlycke Health Care is a global provider of healthcare solutions. It consists of a wound care and a surgical division, two separate yet

complementary areas of the company working together to benefit patients and healthcare professionals alike. Mölnlycke Health Care has a history of developing innovative wound care dressings for nearly 70 years. Over that period our aim has been to improve the quality of life for millions of people.

Our wound care products are based on the concept of gentle and effective care to deliver novel, patient centred, trauma and pain-free solutions that prevent, protect and provide an optimum environment for a wound to be healed. Our wound care product portfolio includes; advanced wound care dressings, such as foam and anti-microbial dressings with Safetac® technology, surgical dressings, dermatology products and a negative pressure wound therapy offer.

Mölnlycke Health Care offers support to the health care sector in a variety of different ways; to name a few we aim to provide our customers with clinical education and resources, most of our solutions come complete with a wide range of evidence, both clinical and value justification and **we aim to support in controlling costs and meeting their financial objectives.**

Understanding our customers and helping them to meet their unique challenges

Partnership is a term that can be thrown around quite loosely, so what does being a wound care partner truly mean? For Mölnlycke Health Care it means **taking the time to understand each customer individually** and help them meet the challenges that they are facing so that the quality of care that a patient receives remains best in class. We don't believe that one size fits all, we believe that all of our customers should be treated uniquely so that that they can receive the right level and type of support needed. By understanding the rapidly changing market and

our customers challenges we aim to help them meet their objectives with the best in value and quality products, initiatives and programmes.

We listen to those who can contribute to our insight and knowledge. We also use our experience to analyse complex problems and understand a condition, a diagnosis or type of wound.

The prevailing pressure ulcer crisis – our solution

Globally, pressure ulcers affect 15.3% of patients, across a variety of care settings^{3,4,5,6,7}. 20-25% of beds are occupied each day by patients with pressure ulcers⁸ 60-80% of these are hospital acquired⁸. The cost to treat an individual ulcer ranges from £1,064-£1,551⁹. Pressure ulcers cost the NHS an estimated £1.4bn-£2.1bn annually (4% of total expenditure)⁹.

We recently decided to help address this problem by developing a solution to help reduce the risk of avoidable pressure ulcers occurring. Prof. Nick Santamaria's RCT shows a 76% fall in incidence of hospital acquired pressure ulcers when using dressing in prevention¹⁰.

Our dressing Mepilex®Border Sacrum has been demonstrated to impact four extrinsic factors that can contribute to developing pressure ulcers; these being to redistribute shear, redistribute pressure, reduce friction, and to maintain an optimal microclimate^{11,12,13}.

Harnessing the expertise of individuals to facilitate best practice in wound care

Clinicians who treat patients with wounds need access to the resources that will enable them to deliver the best and most appropriate treatments. Education is an increasingly important issue and we try to fulfil the demand for training

and provide clear, comprehensive outcomes to educational objectives with a wide range of courses, seminars and online learning. A significant number of our field staff are clinically trained with registered nurse status. We share our clinical expertise by giving advice and our best practice to our customers. Continuously creating and delivering clinical education and evidence is one of the most important ways of securing that the products we offer are both safe and efficient.

Additionally we run a Wound Care Academy whereby we produce a library of educational materials and best practice documents through the working of Special Advisory Groups. We aim to disseminate these to healthcare professionals engaged in wound care across the UK. As part of the academy every year we present a series of awards and scholarships to health care professionals which aim to celebrate innovation in patient care, whether through a patient case study or service improvement. These awards recognise some great developments in advanced wound care and by rewarding the winner with a bursary and providing mentorship through the academy enables them to carry out personal and professional development.

Helen's story, 2014 Scholarship Winner

(Helen Mountford, Staff Nurse, Acorns Children's Hospice, Walsall)

Acorns Children's Hospice in the Black Country provides both palliative and end of life care, and offers short breaks for families in the hospice and at home. We support children aged from birth to 18 years, covering a large geographical area within the west midlands.

As a staff nurse at Acorns I feel very rewarded and satisfied as each day is different, offering new opportunities for learning, using new skills, facing new challenges and developing new therapeutic relationships with families and children. Care at the hospice is given to the

highest standards and staff work together to ensure that individualised care plans are formulated for each child and family, recognising individual diverse needs and differences.

I have been able to focus and draw upon my interest and experience in tissue viability (TV), which I believe is essential during palliative/end of life care for children. Not only does it ensure that the child is as comfortable and as pain free as possible, but it also encompasses children's dignity and respect. As part of my role, I develop and update TV services which are evidenced based and current. This drive stems from witnessing poor care and prevention of pressure ulcers in children and seeing how a lack of care, knowledge and understanding prevented or delayed the healing process or caused unnecessary discomfort.

I entered for the Mölnlycke Scholarship to raise the profile of TV within paediatrics, particularly in palliative care, as I discovered that there is limited evidence, information and research within this field. I also wanted support from the specialists within the Academy network to help me develop both from a clinical and theoretical basis.

I was extremely pleased (yet stunned) to win and have already achieved success in many of the areas I had identified initially, and made advances in other areas. The objectives for the coming year include:

- *To provide a specialist TV trolley for staff to use in-house and in the community; this will facilitate assessment, monitoring and evaluation of individuals, choice of treatment, therapy or dressing for the child, contact details for help and guidance;*
- *To develop a new information leaflet to give to all parents and carers, outlining why TV care is*

so essential and who to ask for help and advice if they have any concerns;

- *To ensure all staff are trained to a high standard using evidence based research;*
- *To ensure the organisation and all staff recognise and prioritise TV;*
- *For all staff to know who to ask for help both within Acorns and externally.*

I am hopeful that this year will be the basis for setting up the foundation and culture for the future where TV will be no longer an adjunct to care, but totally encompassed with generic care of the individual child.

Aiming to provide the most cost effective wound management

With economic constraints on health care budgets, meeting financial objectives has become increasingly tough. We aim to provide our customers with the most cost effective wound management and when considering the cost of wound care it is important to consider all aspects of the patient pathway and not simply the cost of dressing products. It is important to realise that 'least costly dressings' are not necessarily those with the 'lowest price'¹⁴. Dressings only account for 15-20% of the total costs of woundcare management¹⁵.

NICE and the National Prescribing Centre support the use of 'least costly dressings'; **they recognise that the costs of dressings are dwarfed by the wider costs of caring for people with wounds.** Assessing the costs incurred across the whole pathway is probably the best way to deliver best value for money. The English QIPP wound care comparator (net ingredient cost per item) focuses on 'least costly dressings' not solely 'price' – recognising that more frequent dressing

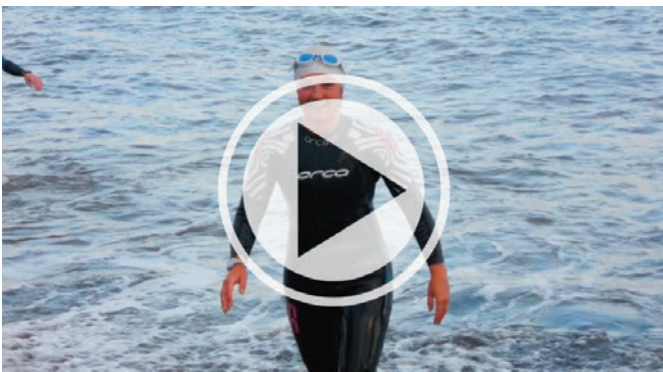
changes and wastage have a larger impact on costs. Our range of dressings with Safetac® Technology aim to reduce pain at dressing change reducing the need for analgesia and deliver a longer wear time compared to traditional dressings; reducing staff time and costs. This may help the NHS to deliver both improvements in quality and productivity through a range of innovative products.

Innovation is part of our DNA and we will continue to invest in the future of wound care to keep delivering new cost effective solutions.

To ensure that expected efficiencies are being actualised, Mölnlycke Health Care use an analytical computer programme for comparing existing product usage against alternative products from the Mölnlycke Health Care range and highlighting potential savings. The reports produced clearly show; pricing, the exact products that have been compared and use a traffic light system to flag any direct alternatives, those with minor differences or those that are not direct replacements.

Being proud of the end result

Helen Taylor, triathlon enthusiast and business woman, shares her experience of living with a cavity wound following cancer surgery and the positive difference Negative Pressure Wound Therapy with Avance® Solo made to her day-to-day life and wound management.



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Lucy Beddoes

Marketing Communications Manager, UK

Tel: 01582 676149

Email: lucy.beddoes@molnlycke.com

www.molnlycke.co.uk

Working 'smart' in wound care

Salla Seppänen, President of the European Wound Management Association discusses the challenges faced in wound care...

Wounds are a major problem to patients and health care systems. A single chronic wound can cost between €6,650 and €10,000 to treat, and it is estimated that around 1-1.5% of the EU-population has one or more of such wounds. Of the total healthcare expenditure in the EU, wound management alone is estimated to make up 2-4%¹. Ultimately, it is the patients who suffer when they have a wound; therefore, ensuring that they receive proper care is important. A major challenge in wound care, however, is the lack of united services aimed at addressing all the health care needs of individuals with wounds².

Demand for healthcare is growing at a rate corresponding to an increasingly elderly population and an increase in the number of individuals with chronic disease, which is likely to grow further in future; it is obvious that the systems are under pressure. A look at the growth in healthcare costs over the past decades bear witness to this^{3,4}. In other words, in order to prevent a future breakdown of the healthcare sector, especially in light of the recent recession, it is pivotal to find ways to cut costs.

These health economic considerations are already causing a drive towards an earlier discharge of hospitalised patients. As a consequence, more patients suffering from complex pathological conditions, including those with wounds, are being treated at home^{5,6}. In essence, what we are observing is a shift in the location of service delivery, e.g. wound care, from secondary care to primary and community care. This development makes it even more important that social and health care professionals communicate effectively with each other and that well-defined care pathways integrating specialised and primary care services according to the patients' condition and needs exist. Wound care in the community requires educated professionals and multi-

professional co-operation to ensure that individuals with wounds receive proper care.

Evidence-based practice and education

With resources being limited and the demand on service delivery increasing, the success of the health service is dependent on choosing the most appropriate treatment available. The prevention of avoidable health-related complications, such as pressure ulcers, is more important than ever, and one of the means to increase the value for money is to implement evidence-based practice and guidelines in everyday care delivery by health professionals⁷. However, to be able to meet clinical demands from evidence-based guidelines, health professionals who take care of individuals with wounds need to have access to education and training. This is the only way they can develop and maintain the required competences in wound prevention and management and make well-informed decisions about wound care.

The team approach

In 2 newly released publications by the European Wound Management Association^{8,9}, it is argued that a multidisciplinary team approach to wound care is fundamental to maximising health and social gains. No profession has all the skills required to address the complex needs of individuals with wounds, and therefore health professionals, social caregivers, and family members should be included in the care team with the patient at the centre of all decision-making. In fact, well-orchestrated interdisciplinary care increases the chances that patients do not experience unnecessary and often harmful complications and inconveniences like amputation, pain, and malodour; circumstances that can lead to social isolation and in the worst cases, death¹⁰. Collaborating across professional borders with the patient and family members in focus

also requires that wound specialists develop the right skills for teamwork and communication. Part of the challenge is to inform and educate the patient and caregivers about the condition, and provide information such as how to use a specific dressing and how frequently it should be changed. It is also crucial that everyone in the team is aware of when to consult a specialist if, for example, the wound is deteriorating. Other challenges are patient compliance and making information about the patient and the treatment available to everyone in the team.

Communication and new technologies

A new and promising development is the use of telemedicine that enables the exchange of information about the patient condition and treatment choices between patients and professionals, and between different groups of professionals and care providers. By providing distance expert evaluation and guidance from wound specialists to home care nurses and thereby possibly reducing risks of insufficient/wrong treatment and care, patient visits to outpatient clinics and hospitalisations, the implementation of these technologies in wound care may provide opportunities to improve patient care and save health care costs. However, recurring issues with data security and exchange of personal information pose a challenge. Telemedicine and other eHealth solutions for wound care are still not generally implemented throughout Europe and the benefits are still being evaluated; currently, 2 large-scale, EU-supported projects: the Renewing Health project (www.renewinghealth.eu/en/) and the United4health project (www.united4health.eu) in which EWMA participates as a partner organisation, are examining the potential effects for different disease areas.

Conclusion

The number of people with wounds and the demand for health services will continue to increase due to changing demographics and an expected rise in the number of people with chronic diseases. As a consequence, healthcare systems are facing a major challenge. Investments in education and the development of strategies

for implementation of communication pathways and evidence-based guidelines are necessary to enable prevention of wounds as well as in making well-informed decisions in wound management. The team approach is focused on enhancing outcomes for individuals with wounds and a high degree of self-management. New technologies are helpful tools in realising effective wound care across professional borders, but we are still faced with the challenge of making relevant data available to everyone involved in the care team.

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Salla Seppänen

President

European Wound Management Association
www.ewma.org



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