



Leading the Way in Wound Management:
A Regional Collaborative



Latrobe Community Health Service

*in partnership with the Department of Health, Monash University,
HSA Global, Fujitsu and Gippsland participating agencies*



Introduction

- In April 2010, in collaboration with industry, professional and academic stakeholders, Latrobe Community Health Service (LCHS) commenced a multi-site wound management research project for Gippsland —‘Mobile Wound Care’ (MWC).
- MWC is a web-based program with the Gippsland Regional Wound Consultant (RWC) as the central referral point and the client at the centre of all care.
- The RWC has remote access to every client file and liaises directly with participating sites across Gippsland; a region of some 42,538 square kilometres. Advice is timely, clinical reviews are prioritised and unnecessary travel time avoided.



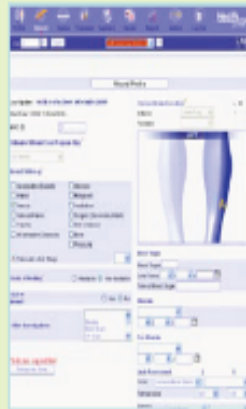
Introduction

- MWC also allows sites to collect baseline data including wound numbers, aetiologies, healing rates and costs.

Mobile Wound Care - Screen Shots

Wound profile

- MWC captures comprehensive wound data.
- Clinicians at participating sites update client information after each visit.



RWC Access

- Wound Consultant reviews wounds remotely and advises clinicians on treatment options.



Project Scope and Objectives

- The key project objectives were to:
 - Provide an effective way of delivering specialist wound care
 - Collect baseline data of wounds in Gippsland.
- The target population was all persons with wounds in Home and Community Care funded District Nursing Services and Public Sector Residential Aged Care Services.

Project Participation

- The following organisations participated in the research project:
 - LCHS – lead agency
 - Department of Health – funding body
 - Monash University Department of Rural and Indigenous Health – principle researcher
 - HSA Global – software provider
 - Fujitsu – software host
 - Home and Community Care District Nursing Services across three Gippsland hospitals and one community health service – participating agencies.

Project Rationale:

An Evidence-Informed Approach

- Chronic wound care costs the world healthcare system \$2.6 billion annually and is the second-most-billed Medicare item in Australia.
- In Gippsland, this is compounded by the impact of chronic disease, obesity and increasing age.
- MWC presented a unique opportunity to positively impact health outcomes of clients across the region, including those in isolated communities.

Project Planning and Implementation

- Business case prepared.
- Senior management commitment to the project.
- Approval for funding gained.
- Gippsland health services engaged.

Project Planning and Implementation

- Five-week implementation phase, including staff training.
- Project Advisory Group convened.
- Data collection occurred for 12 months.
- At the conclusion of Phase 1 of the research, the Department of Health approved a submission to extend the project for a further 12 months.

Results and Outcomes

- The first 12 months (April 2010 – April 2011) of the project has provided significant baseline data, particularly around wound numbers, aetiologies and cost:
 1. *Number of wounds:*
 - 1,227 wounds
 - This equated to 824 clients, several with multiple wounds
 - 12,775 assessments performed on 1,227 wounds.
 2. *Clinical wound aetiologies:*
 - 80.6% of wounds were classified into four aetiologies:
 - Acute (50.9%)
 - Leg ulcers (11.4%)
 - Pressure ulcers (9.7%)
 - Skin tears (8.6%).

Results and Outcomes

3. *Cost of individual episodes of care and treatment per aetiology:*
 - Comprehensive data captured
 - Analysis of data by aetiology undertaken:
 - The data provided a baseline platform for the cost of wound product consumables, healing time (days) and healing rates (mm²/day) per aetiology.

Results and Outcomes

- Phase 1 of the project has:
 - Provided information on factors affecting healing
 - Informed training requirements for regional clinicians addressing identified gaps in knowledge
 - Increased access to specialist care and support for clients and clinicians
 - Reduced product costs for clients and organisations
 - Influenced healing times
 - Decreased travel for clients and the RWC.

Results and Outcomes

- Apart from the valuable data that has been collected, the impact that MWC has on clients' family situations and lifestyles cannot be underestimated.
- The client and family are integral to the care team and are involved in all decision making and goal setting.
- MWC allows clients to remain under local care, receiving specialist support resulting in optimal treatment outcomes.

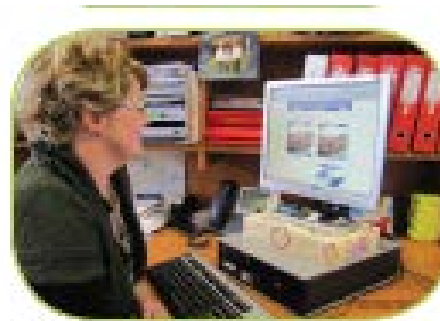
Case Study – Bert Smithers*



**Wound Management client,
Bert* pictured above**



**Bert's hand at time
of referral to
Gippsland RWC**



**RWC, Marianne
Cullen, consulting
remotely using
MWC**

Case Study



**Bert' and the RWC,
Marianne Cullen**



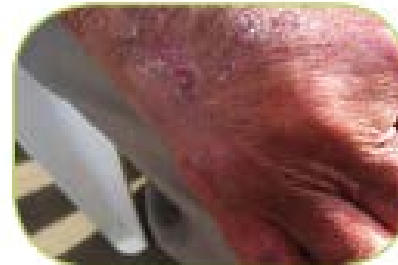
**RWC, Marianne Cullen
consulting with a staff member
at a remote site**



**Bert's hand at time
of referral to
Gippsland RWC**



**Bert's hand after
consultation and
implementation of a
Wound Management
Plan using MWC**



**Bert's hand fully
healed after six
weeks of treatment**

Collaboration - the Key to Better Health

- MWC is positioning Gippsland at the forefront of innovation in wound management.
- The RWC has remote access to every client file and liaises directly with the client's host site, providing timely advice and clinical review.
- The client receives access to specialist support while remaining local. Where vast distances reduce access to expertise, MWC provides a feasible option.
- MWC provided an extraordinary opportunity to undertake practical collaborative research using technology to implement best practice interventions.
- Most importantly, the MWC project represented an opportunity to improve the health outcomes for clients, as well as the efficiency and cost-effectiveness for service providers.

Contact Information

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