

Wound management services in the community

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Introduction

- Most wounds are managed in the community – out of hospital
- The community-based practitioner often has the opportunity to follow the person through
- However the community is often not recognised as a source of wound management expertise
- Community resources are under-funded

Community services

- [Outpatient departments – link acute & community]
- Domiciliary nursing services
- General practitioners
- Clinic services
- Residential aged care facilities
- Private medical practitioners
- Private nursing practitioners
- Private allied health practitioners
- Pharmacists / Pharmacy assistants

Community wound services

- Level of expertise in wound management in the community varies enormously
 - Few dedicated wound specialists
 - Mostly general roles as part of a much broader scope of practice
- Management of complex wounds and complex persons can sometimes require specialised skills and knowledge
- Need to be able to identify when outside scope of involved practitioners and refer on

Disclaimer

- These service providers discussed are a guide only
- There may be other service providers offering wound management services not stated in this presentation
- **Inclusion of a service provider is not an endorsement of the service nor are the quality of wound management services guaranteed**

Overview

- Community wound management services:
- **Nursing based:**
 - **Government funded independent**
 - eg Metro Home Link
 - **Government funded hospital/health service linked**
 - Hospital at Home, Some rural and remote services
 - **Not for profit**
 - eg RDNS
 - **Private**
 - eg CNSS, Home Nurses

Overview

- Community wound management services:
- **Medical / Allied Health based**
 - **General Practitioners**
 - Practice Nurses
 - **Medical practitioners in private practice**
 - Specialists
 - **Allied health practitioners and private clinics**
 - eg Lymphoedema clinic, Podiatrists

Services

Services will vary according to:

- Funding arrangements
- Community characteristics
 - Metropolitan, rural, remote
- Target population and characteristics
- Available expertise
- Local protocols

Govt funded independent nursing

- **Metro Home Link**
- Government funded hospital avoidance program
- Contracted provider: Home Nurses
- Short term service link post hospital discharge or to avoid hospital admission
- Domiciliary and residential aged care
- Fast response
- Some consultancy visits for wound management
- For continuing care referral to other services necessary
- www.homenurses.com.au

Govt funded hospital / health service linked - nursing

- **Hospital at Home**
- Coordinated and managed by hospital
- Care included in DRG
- Short term – several weeks
- General nurses – for specialist wound services hospital resources used
- Services vary between hospitals

Govt funded hospital / health service linked - nursing

- **Non metropolitan services**
- Many rural services are linked to the local hospital or community health service
- Contact local health service for further details
- Practitioners working in rural settings can utilise email and phone to discuss difficult cases with metropolitan wound specialists

Govt funded hospital / health service linked - nursing

- Example of specialised wound service
 - **Lucky Legs Club**
 - Adelaide Hills community health service
 - For specialist management of venous leg ulcers and support for those with healed ulcers
 - Care is delivered in a non clinical setting on a 'drop in' basis
 - Contact Kathy Rutledge (P 8393 1833)

Not for profit nursing

- **RDNS**
- Largest community nursing organisation in SA
- Covers metropolitan Adelaide
- Non government not for profit HACCC funded
- Primarily adult service for over 65s
- GP referral not required (can self refer)
- Predominantly home visits
- Several clinics



Focus Healthcare

- **Focus Healthcare** is the private division of RDNS – fee for service business
- Includes:
 - Nursing
 - Occupational Therapy Services
 - Home Support Services
 - Domiciliary Care
- Primarily services:
 - Department of Veteran's Affairs (DVA) clients
 - Persons with private health insurance
 - WorkCover

Wound management: RDNS / Focus

- One designated wound specialist nurse
 - Clinical consults in RDNS
 - Fee for service consultancy to other providers
 - Many RDNS nurses are highly skilled in caring for persons with wounds
- Comprehensive range of dressing products
- RDNS provides a range of dressing products to current clients free of charge
 - RDNS must be providing direct care

Wound management: RDNS / Focus

- Able to undertake specialist assessments and treatments
 - eg Assessment, ABPI, compression bandaging, Conservative Sharp Wound Debridement, Topical Negative Pressure Therapy
- Work within a collaborative multidisciplinary framework as autonomous practitioners
- RDNS promotes current best practice

Private nursing services

- Clinical Nursing Specialist Services (CNSS)
 - Specialist wound and stomal therapy services
 - www.cnss.com.au
- Home Nurses
 - Work very closely with referring medical practitioner to deliver in home nursing services
 - www.homenurses.com.au
- Australian Restorative Care Services (ARCS)
 - Broad general nursing, home support and other services
 - www.arcs.net.au

Private nursing services

- WoundHeal Australia
 - Single practitioner company – Tal Ellis
 - Focus on wound management for the older person in residential care
 - Also provides training programs
 - www.woundhealaustralia.com.au
- Clinical Care Professionals
 - No website
 - P 8298 8344

Medical services

- **General Practitioners**
 - Wound management Medicare item numbers
 - Majority of care delivered by Practice Nurses
 - Wound training and education varies significantly – many have very little knowledge
 - Some dressings might be supplied but are often charged to the patient – this limits access to specialised products
 - Care sometimes delivered in conjunction with a domiciliary nursing service (eg RDNS)

Medical services

- **General Practitioners**
 - Pivotal role in community wound management
 - Often first point of contact for person with wound
 - Pathology requests – wound swabs
 - Antibiotics
 - Analgesics and other medications
 - Control of other health conditions
 - Investigations
 - Coordination and communication
 - Referral to other practitioners – particularly when healing does not occur in a timely manner

Medical services

- **Private medical practitioners**
 - Referral required from GP
 - Need to choose right practitioner for the wound
 - Wound management not primary specialty
 - Some do not have nursing support – ‘don’t do dressings’
 - Plastic surgeon
 - Dermatologist
 - Vascular surgeon
 - Microbiologist
 - Consultant physician

Allied health practitioners

- Persons with a chronic illness can access up to five allied health practitioner visits per year via GP
- **Podiatrist**
 - Usually provide general podiatry in private practice
- **Lymphoedema specialist**
 - Often physiotherapists
 - Usually only in private practice
- **Dietitian**
 - Very limited - usually hospital OPD based

Beware

- Internet information
- Products with unsubstantiated claims
 - Even if provided by a health practitioner
- There is no 'miracle' product or treatment
 - Failure to heal may not be due to the dressing
- Using products or treatments in a manner not intended
- Use evidence to support practice

Taking action

- Consider referral to another practitioner if:
 - You are not satisfied with the treatment a wound is receiving
 - There is lack of wound progress
 - You believe more could be done
- When considering referral:
 - Be articulate, clear and comprehensive
 - State facts using accepted terminology
 - Be clear regarding the referral / service request

For further information...

Contact:

RDNS: Ph 1300 364 264

SAWMA: www.sawma.org.au

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