

Resource Link – Use of PICO™ to improve clinical and economic outcomes in hard-to-heal wounds

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Wounds impose a substantial economic burden on healthcare systems^{1,2} and have a significant impact on patients' quality of life. Vital to reducing the costs associated with wound care is identification and treatment of hard-to-heal wounds. Failure to recognise when a wound is not progressing to healing increases the cost of treatment and risk of complications, is more challenging for clinicians and significantly impacts patient quality of life. A recent evaluation of the impact of PICO™ using a defined pathway showed the importance of early intervention in hard-to-heal wounds and the role of advanced therapies in progressing a wound towards healing. Implementing the PICO pathway resulted in statistically significant improvements in the healing trajectory of stalled wounds, both during and after use. It resulted in a 33.1% (£50,000) cost reduction and released 119 days of nursing time over 26 weeks in the treatment of 52 patients.

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Globally, a significant proportion of healthcare budget is spent on treatment of wounds. For example, the cost of wound care and comorbidities in the UK in 2012/13 was estimated at between £4.5bn and £5.1bn¹. Healing time, frequency of dressing change and incidence of complications are the three main cost drivers² that impact the overall health economy. Some £3.2bn is spent on treating hard-to-heal wounds, which account for 39% of the total number of wounds^{1,4}.

Wound management is a predominantly nurse-led activity⁵, with the majority of care delivered in the community. Some 80% of hard-to-heal wounds are treated in the community⁶; consequently, it is the community that bears most (66%) of the costs of treating these wounds⁴.

Early discharge targets are putting greater pressure on community care, moving treatment and other associated costs from one setting to another. It can often result in increased re-admissions which, in turn, push up total system costs and can result in poor patient outcomes and experience.

This is a dilemma faced by many health systems in Europe; even in countries where an acute trust would cover the cost of care for a recently discharged patient, the reality of increased cost across the system remains.

Impact on patients
Hard-to-heal wounds represent a complex clinical problem that can take weeks or months to resolve, and are costly for both the patient and the health economy¹.

This cycle is often exacerbated by delays in assessment, failure to treat underlying cause or seek timely advice. Balancing costs and effective care requires good communication between all stakeholders, and implementing available technologies that are easy to use, promote faster healing, improve patient satisfaction and free up clinical time.

The negative impact on patient quality of life and wellbeing of chronic wounds is comparable to that of other major chronic diseases. It is important that a comprehensive, chronic disease management approach is adopted in order to deliver patient-centred, multidisciplinary care aimed at achieving positive outcomes in both clinical and quality-of-life terms⁶.

Hard-to-heal wounds
Breaking the cycle of hard-to-heal wounds has never been more important. To do so requires clinicians to take a proactive approach to recognising those wounds that are not healing at 4 weeks despite best practice interventions. Inappropriate or delayed treatment has a detrimental effect on the healing trajectory, as well as impacting patient quality of life⁶.

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