T.I.M.E. is Tissue : Get a good start with a Clinical Decision Support Tool

Terry Swanson Nurse Practitioner Wound Management MHSc, FAWMA, FMACNP Warrnambool Victoria Australia swansonterry7@gmail.com







T.I.M.E.

- Id RG, Falanga V, et al. Wound bed preparation: a ach to wound management. Wound Repair Regen ()51-538. o D, Romanelli M, Claxton K. Wound healing and its and scientific applications. Wound Repair Supplications. Wound Repair
- sp[]:St=St1. G., Carville, K., Fletcher, J., Swanson, T., & inding the TIME concept: what have we years?. International wound journal, 9, 1-19 id bed preparation of difficult wounds: an ciples of TIME. Int Wound J 4: 21-9Lim et al,
- ndsUK. Best Practice Statement: holisticmanagement of wrige ulcention. London: WoundsUK. 2016. Available at: woundsuk. Com 14. Buckaz, Conde Montero E, Cutting K, Montatt, C, Probat, anelli M, Schultz SS, Tettadad W. Implementing TIMERS: the agains that of behaviounds. J Wound Care 2019; 25(spp)
- 2015⁴ TIME H including holistic 2015⁴ TIME (s) appearance of skin 2019⁴ TIMERS including repair and regeneration and skin 2020: Evolving

• T = Nonviable or deficient tissue

• T = Tissue, nonviable or deficient • I = Infection or inflammation

• E = Edge of wound, non-advancing or undermined

2012³
 Still relevant especially with biofilm in wounds but view and assess the whole patient

M = Moisture imbalance

• I = Infection or inflammation • M = Moisture imbalance • E = Non-migration

2003¹

2005²



_				
_				
-				







































Study details

- Study commenced in February 2019 and concluded in March 2019
- Each patient signed a consent form for involvement, collection of data and publication of their photos and data
- 2 Practice nurses familiar with T.I.M.E concept and > 10 years experience
- Consent by GPs and Practice Manager at the clinic

		Patient Consent Form
	Documentation	Clinical Evaluation Form
		 Initial Assessment (date and nurse)
	T.I.M.E. CDST	Pt information:
		demographics, medication and medical history
		 Wound information: diagnosis, how and when, location and size
		 Wound History: previous interventions, concordance, assessment tools previously used, referrals
		Photographs

Clinical survey

2-page document completed weekly on each patient Questions exploring perception using the tool

- Enabled more consistent use of dressing formulary
- Improved ability to assess tissue type
- Improved ability to identify infection
- Improved ability to identify level of exudate
- Improved ability to identify healing or non-healing
- How you used the tool to select your intervention? How easy or difficult was the tool to use? How long have you worked in health care?

How the tool impacted on your week?

How did it help you feel more confident?

• What type of wounds do you treat?

Patient 1

- Assess patient, wellbeing and wound
- 51 yo male with a history of DVT and PE
- Wound 6 weeks duration just above the medial right knee
- Bring in the MD team
- Wound culture/PCR
- Control or treat underlying causes and barriers to
- wound healing
- Decide appropriate treatment
- E using wound assessments conducted using the T.I.M.E. CDST tool





12.2.19 Medial right knee

Patient 1 (1)

Initial Assessment : • 0.5 x 0.5cm

- T = Non-viable with 90% fibrous slough
 I = Yes
- I = Ves
 M = Cry, low level
 E = Non-advancing and rolled edges
 Treatment:
 CSWD
 Cleansing with a surfactant antiseptic
 cleanser
 telender of formation formation

 - Alginogel and Foam secondary dressing









Patient 3

- 80 yo female
- Multiple comorbidities
- DX: VLU Left lateral (started from trauma due to pruritus from scleroderma and scratching)
 Duration 3 months on admission
- Decreased size from 11 x 6mm to 3 x 2mm by week 4
- Pain decreased from 5/10 to 0
- Difficulty with compliance for compression due to showering limitation and warm weather
- No specialist required

Patient 3(1)



T.I.M.E. CDST

- Tool helped identify infection
- Dressings chosen based on level of exudate and tissue type
- The information on the tool was easy to understand
- Helped with my decision making but didn't cover everything

T.I.M.E. CDST Assisted with assessment of tissue type, moisture level and dressing required Triaged this patient, proactive from day one 76 yo Male Complex health history with many co-morbidities DX: Infected skin tear 6 days old on admission Pain: 1/10 Right lower leg: 4.5 2 cm healed by week 2

Patient 5

- 83 yo female
- Several co-morbidities
- Dx: Traumatic wound with venous insufficiency 4 months in duration.
- R lower leg: 11 x 6mm on admission and 8 x 5mm at week 4
- Pain: 0 to 1/10
- Referral to wound specialist



Agree that the tool assisted in their confidence and decision making The tool helped assist in improving knowledge in identifying: Tissue type Identification of infection Exudate level Advancing edge "Following the T.I.M.E. tool made sequencing treatment and assessment easy"



Clinician responses after 4 weeks of using tool Using the new T.I.M.E. Clinical Decision Support Tool to promote consistent holistic wound management and eliminate variation in practice: Part 5, survey feedback from non-specialists Authors: Dr Joanna Blackburn, Professor Karen Ousey and Dr John Stephenson 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% Strongly dis agree Cisagree Neither agree nor disagree Agree Sto Wounds International 2019 | Vol 10 Issue 4 | © Wounds International 2019 | www.woundsinternational.com



References

- Blackburn J, Ousey K and Stephenson J (2019) Using the new T.I.M.E. Clinical Decision Support Tool to promote consistent holistic wound management and eliminate variation in practice: Part 5, survey feedback from non-specialists. Wounds International 2019 | Vol 10 Issue 4
- trom non-specialists. Wounds international 2019 | Voi 10 Usue 4 Carville K, showball G, Westmorland L et al (2019) Using the new T.I.M.E. Clinical Decision Support Tool to promote consistent holistic wound management and eliminate variation in practice: Part 4 at the Silver Chain, Perth, Australia. Wounds International 10(4): 32–9.
 Jelnes R, Halim AA, Mujaković A et al (2019) Using the new T.I.M.E. Clinical Decision Support Tool to promote consistent holistic wound management and eliminate variation in practice: Part 2 at the Sygehus Sonderylhand Hospital, Sonderborg, Demmark. Wounds International 10(2): 38–45
- Moore Z, Dowsett C, Smith G et al (2019) T.I.M.E. CDST: an updated tool to address the current challenges in wound care. J Wound Care 28: 154-61 Swanson T, Duphoven K, Johnstone D (2019) Using the new T.I.M.E. Clinical Decision Support Tool to promote consistent holistic wound management and eliminate variation in practice at the Cambourne Medical Clinic, Australia: Part I. Wounds International 10(2): 38-47
- Woo K (2019) Using the new T.I.M.E. Clinical Decision Support Tool to promote consistent holistic wound management and eliminate variation in practice: Part 3 at the West Park Healthcare Centre, Chronic Care and Rehabilitation Hospital,

Thank you

Evolving T.I.M.E. to help improve consistency in practice and patient outcomes

T.I.M.E every time