University Hospitals Birmingham NHS Foundation Trust

The challenges of implementing new treatment regimes in a hospital setting.

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Introduction

There are many challenges in implementing new treatment regimens within a large acute Trust. The patients, staff and organisational issues must be taken into consideration if new and positive outcomes are to be gained. Expected challenges were identified and strategies were devised to deal with these.

Aims

To introduce a new, hydrobalanced biocellulose wound dressing containing 0.3% PHMB* to manage infection and associated symptoms. With the cost of treating wound infections and associated problems costing around £4-10,000 for each patient and the NHS around £1 billion every year it is vital that the most appropriate treatments, with the best patient outcomes, are in use and are used correctly.

To facilitate continuity between hospital and community care, to move toward the future vision for the NHS being less insular and fragmented, working much better across boundaries, including with local authorities and between hospitals and practices (DoH,2010).

To reduce the escalating use and costs of silver dressings without new evidence within the Trust.

Results

Successful outcomes with the dressing on three patients with complex pathologies led to more widespread use of the dressing on other patients where silver dressings had previously been first line management.

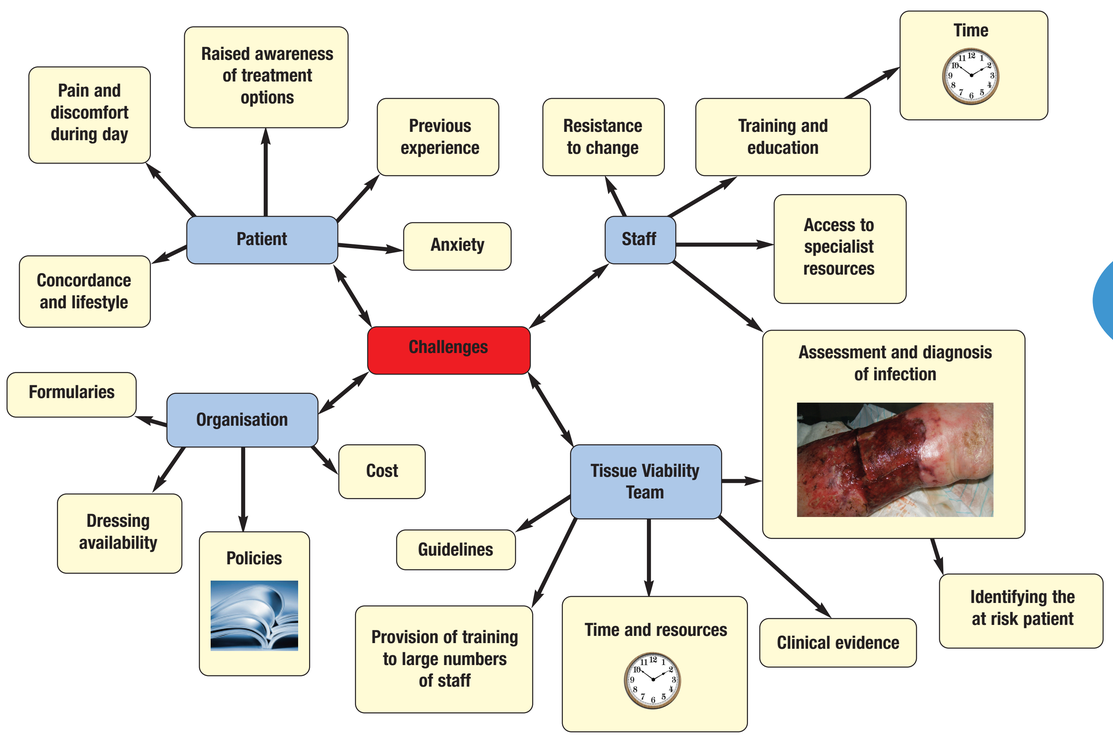
The authors demonstrated a cost saving with the new regime to the Medicine Management group.

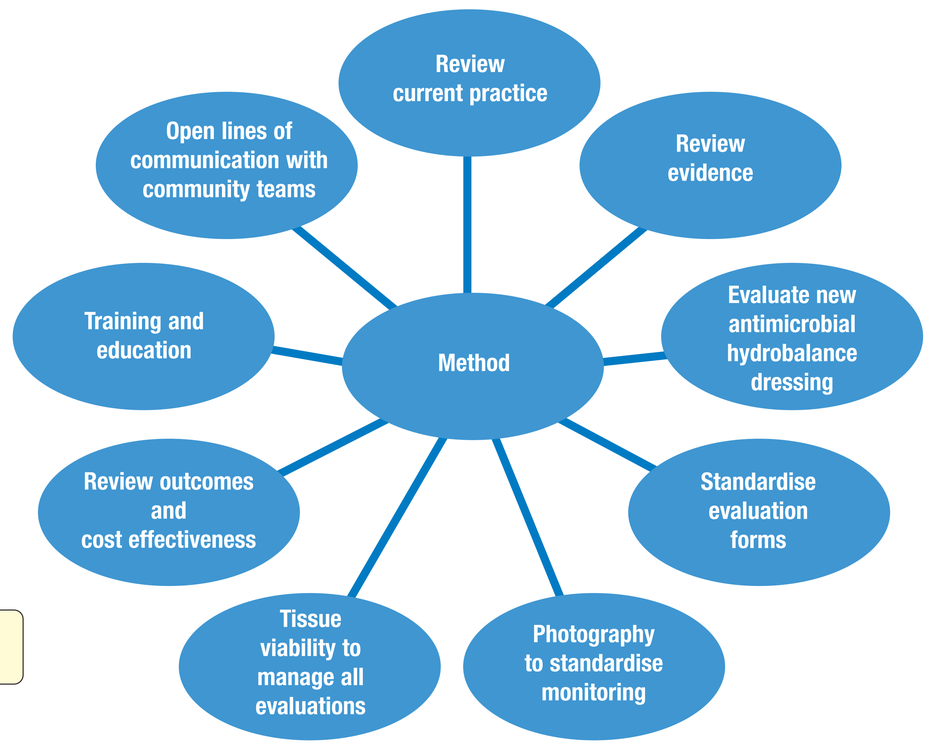
Conclusion

Treatment decisions are changing following the success of the dressing. Identifying each challenge of changing practice and having strategies to deal with those challenges prior to implementation improved success. The evaluation demonstrated the importance of the right clinician using the right product at the right time.

References

Department of Health (2010) Equity and excellence: Liberating the NHS
Department of Health (2001) Standard principles for preventing hospital acquired infection.





8/03/2010 – Dorsum right hand

8/03/2010 – Plantar right hand

15/03/2010 – Dorsum right hand

15/03/2010 – Plantar right hand

Dorsum of right hand

Plantar of right hand

Pre dressing trial **7 Days Post hydrobalanced wound dressing containing 0.3% PHMB application**

Case Study

Mr V. sustained a traumatic injury to right index finger leading to proximal interphalangean joint amputation and a non-healing wound. Past history included Type 1 diabetes, renal failure requiring haemodialysis, microangiopathy with sub optimal blood supply to right arm due to fistula steal syndrome, neuropathy, infection and pyoderma gangrenosum to right hand wound necessitating steroid therapy. A multi-disciplinary approach was taken involving plastic surgery, specialist hand surgery, dermatology and vascular teams. Advanced wound management products including topical negative pressure, silver and honey were used in conjunction with surgical debridement, with no obvious improvement in 7 months.

Mr V. was referred to Tissue Viability (TV), prior to which a sheet hydrogel dressing had been used to debride the devitalised tissue. The wound measured 9.5cm x 4.5 cm to dorsal aspect and 6.5cm x 2.5cm to plantar aspect with 50% devitased tissue, 30% poor quality granulation tissue and 20% tendon that was felt to be non viable.

Mr. V was very apprehensive about the sudden change of team monitoring and managing his wound. Being wheelchair dependent he was particularly anxious about the possibility of losing his hand, as this would be life changing in terms of his independence. It was felt that a new and innovative approach to his wound management was needed. Following a full assessment Mr V agreed to use a new, hydrobalanced biocellulose wound dressing containing 0.3% PHMB.

Results

At the first dressing change the wound was found to be very dry with no improvement. A dressing pad and bandage had been used to hold the dressing in place for 3 days. It was decided to use a film dressing to secure the primary layer in place, in order to improve moisture levels at the wound bed. This was left in place for 3-4 days. After 7 days all devitalised tissues appeared moist and loose to dorsal aspect, with a 0.5 x 0.5cm reduction in wound size to the plantar aspect.

The small improvement in wound size and the positive change in wound appearance led to an increase in Mr. V's confidence in the new team and, subsequently, with the new product. He began to take an active role in his treatment ensuring the dressing was kept in place, and was dry and clean. The dressing was easy to use and mould into the interweb, allowing a more secure fit. Mr V. felt it was conformable and comfortable. He could also still manage to use his wheelchair effectively.

Mr V. was happy to be discharged with district nurse support. Continued and significant wound improvement was reported by the district nurses 3 weeks post discharge.

Discussion

The use of this dressing had a significant impact on the reversible physiological causes of Mr V's chronic wounds and also effectively managed wound infection without systemic antibiotics. It encouraged and allowed a reduction in wound size and actively debrided devitalised tissues. However, its impact on pyoderma gangrenosum is unclear, as concomitant treatment with steroids was used 3 months prior to application of the dressing.

Conclusion

This hydrobalanced biocellulose dressing with PHMB is an advanced wound management product that responds well to wound infection and actively debrided devitalized tissue base in this case study.There were a number of positive outcomes to both the patient's wound and also on his outlook.

Using this new innovative product gave a very anxious patient, fearful of losing his hand, a renewed confidence to take part in his treatment and in the clinical practitioner managing his care.

* Suprasorb® X+PHMB from Activa Healthcare

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