Evidence in focus

Publication summary

Swanson T, et al. *Wounds International* (2019)*

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Use of the T.I.M.E. clinical decision support tool (CDST) helped to guide wound bed preparation, dressing selection and wound management in a case series of chronic wounds

Nurse confidence with decision-making, ability to identify wound infections and ability to manage exudate appropriately, were all enhanced by use of the T.I.M.E. CDST

Study overview

- The first of four case series evaluating use of the T.I.M.E. CDST (Figure) in clinical practice to help guide wound bed preparation, dressing selection and ongoing management of various chronic wounds
- Five patients were monitored and reviewed for up to one month at the Cambourne Clinic in Australia, by two practice nurses who were not wound specialists, but were familiar with T.I.M.E. principles
- Nurses were provided with information on wound management and dressings, and a folder including a weekly T.I.M.E. CDST form, a T.I.M.E. CDST poster, nurse reflection and perception forms and patient consent forms
- Nurses were also given instructions on how to document assessments, photograph wounds and gain consent from patients as well as consent for publication from primary care physicians and practice managers

Key results

- Clinical outcomes for the five patient cases where the T.I.M.E. CDST was applied in a real-world setting alongside local clinical pathways are summarised below (Table)
- Use of T.I.M.E. CDST in these five chronic wounds helped to:
  - Effectively support and direct wound management
  - Optimise wound care delivery
  - Identify and address underlying conditions, as well as patient barriers to healing
- Non-wound specialist practice nurses who used the T.I.M.E. CDST reported that it enhanced:
  - Confidence in wound management decision-making, especially for atypical wounds
  - Ability to identify wound infections
  - Ability to manage exudate appropriately

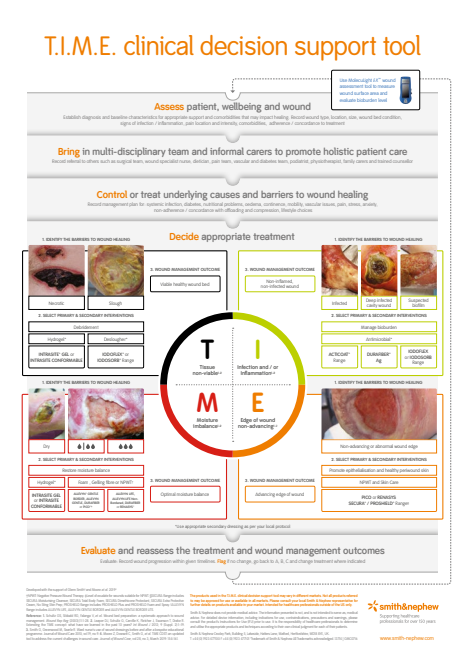

Figure. T.I.M.E. CDST – including product suggestions

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Evidence in focus (continued)

Key results (cont.)

Patient case/wound type	Clinical outcome applying T.I.M.E.
Case 1 Buruli ulcer (atypical wound)	After +28 days, a buruli ulcer had been identified and the patient was referred to a dermatologist
Case 2 Skin tear (hypergranulation)	After +30 days, the wound was on a healing trajectory with use of cleansing, debridement, antibiotics and compression
Case 3 Venous leg ulcer (infected; sideroderma)	After 25 days, cleansing, debridement and antibiotics resulted in a superficial wound on a healing trajectory with visible granulation tissue
Case 4 Skin tear (itchy; signs of cellulitis)	After 14 days, the wound had healed in a timely manner using a combination of cleansing, antibiotics and patient education
Case 5 Venous leg ulcer (trauma related)	After +28 days, a healthy viable wound bed was achieved, with pink, perfused wound edges using antibiotics, appropriate dressing selection and compression

Table. Treatment outcomes of five patient case studies managed using the T.I.M.E. CDST

Conclusion

Use of the T.I.M.E. CDST provided a structured approach to wound management and enhanced nurse confidence with decision-making, ability to identify wound infections and ability to manage exudate appropriately in this chronic wound case series.

Considerations

- Practice/community nurses were invited to participate in the study using the T.I.M.E. CDST as a treatment guide for non-specialists in wound care via social media

Study citation

*Swanson T, Duynhoven K, Johnstone D. Using the new T.I.M.E. Clinical Decision Support Tool to promote consistent holistic wound management and to eliminate variation in practice in Victoria, Australia: Part 1. *Wounds International*. 2019;10(2):38–47.

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Advanced Wound Management, Smith & Nephew, Medical Ltd, 101 Hessle Road, Hull HU3 2BN, UK