

Implementing a Wound Management Digital System into the Lower Limb Service within Wye Valley NHS Trust

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Background

The Wye Valley NHS Trust Lower Limb Service (LLS) cover a large, rural geography housing an aging population of mixed demographic. Clinically, focus is on wounds from the knee to ankle. The team wants to achieve the best outcomes for patients, whether this is to heal their leg ulcers quickly or enable them to feel confident enough to leave the house again.

This lower limb service became a first tranche site for the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations in 2020. This was the catalyst that started the work with eKare in the same year. A requirement of being a NWCSP first tranche site is the use of a wound management digital system (WMDS). The NWCSP identified the need to improve data and information to support clinical decision making and enable quality improvement.

Specifically, the needs include:



Streamline the admin requirements on clinicians



Provide access to live records at the point of care

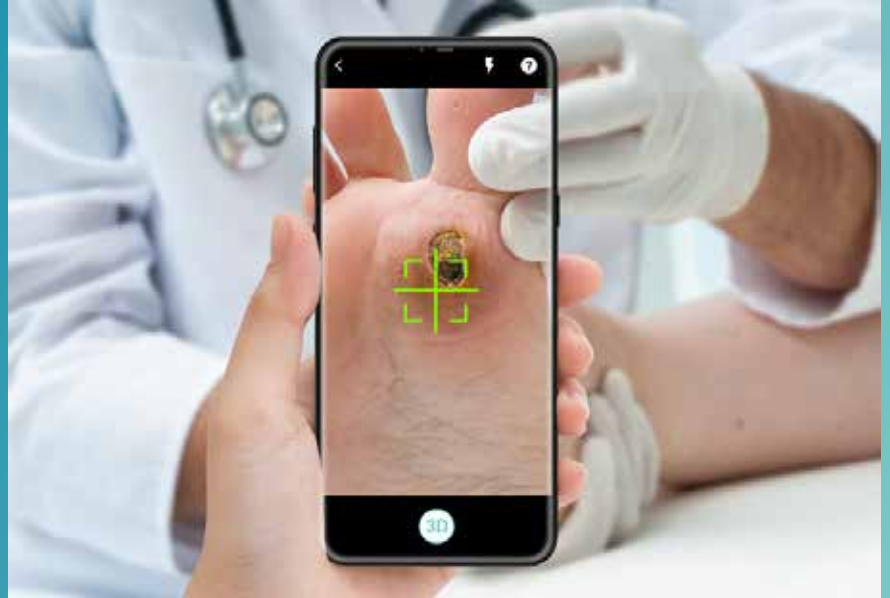


Create consistency from assessment to assessment by using a WMDS

The Solution

We chose to implement the eKare inSight® WMDS within our Lower Limb team. Clinicians can obtain standardized, accurate wound measurements, gain tissue composition information and complete digital wound assessments / treatment plans seconds at the point of care. The Data captured is aligned to the National Minimum data sets, the National Woundcare Strategy programme and CQUIN.

Prior to inSight® we captured information about the patient, noted it down and then transcribed to EMIS later. We also could not easily see what had happened with a wound previously. Wound images were not taken at every visit and viewing images was difficult, as was getting these to our EPR system. We would also see variation in wound measurement technique and accuracy.



Challenges

This project presented many challenges, some of which were somewhat expected due to the digital aspect of it. Key challenges fell into five distinct groups.



Resistance to change within team



IT set up and internet connectivity protocols



Varied level of digital and technology competency and confidence among staff



Awareness across stakeholders



Time, staffing levels and seasonal pressures

Change isn't easy especially when it involves technology, but the positivity of all involved, and their perseverance has paid off. I now firmly believe that the more you put into a WMDS, the more you get out on many levels.

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- Alison Barker, Lower Limb Team Leader, Wye Valley NHS Trust



Impact

eKare has been a great organisation to work with and inSight® is a terrific system which has had a big impact on the LLS. We are now able to capture data we have never had access to before. We have streamlined documentation and improved consistency, all at the point of care.

As a team we are certainly seeing the fruits of our labour and we can see the following benefits.

- ✓ As a Healthcare Organisation we have robust, defined data which has enabled accessible, meaningful reporting.
- ✓ From a system benefit perspective, using eKare inSight® quickly lead to us identifying that some foot wounds were being seen by the Lower Limb Service rather than being referred directly to podiatry. Patients with foot wounds now get seen by the most appropriate caregiver ASAP without delay. Likewise, it can show hot spots of practice and any areas that needs improving.
- ✓ We can see potential for self-care enabled by eKare on the future, through the eKare inSight® patient app.
- ✓ We have the full history of the episode of care at our fingertips when we are with the patient. Including simple visuals.
- ✓ Time is saved and variation removed because we all use the same simple, concise template in the app at each patient review/assessment
- ✓ It links to the requirements of the LL CQUIN and the NWCSP so we are able to run the necessary reports with ease.
- ✓ We can use the eKare document when making onward referrals or seeking opinion (e.g. Vascular and Dermatology)
- ✓ All health care professionals can view the data, either directly from eKare or from within our electronic patient record system (EMIS)
- ✓ It has helped us to engage better with patients.

After launch of the project an integration partnership was started with eKare and EMIS, our EPR system. This was completed quickly leading to two systems that now seamlessly interact to transfer patient demographics to inSight®. Data entered in eKare inSight® is transferred back the patient's EMIS record securely at the touch of a button. Key data is sent back to EMIS, along with its SNOMED code and filed in its relevant location. The rest of the data in inSight®, including images and graphs, is sent to EMIS as a PDF, accessible from the 'Consultation'. This additional functionality provides further benefits, and these are sure to be appreciated specifically by other organisations using EMIS.





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Wye Valley NHS Trust Lower Limb Service utilizes eKare inSight®

Mrs J.G., an 89-year-old female with a leg ulcer to the lower gaiter area of the left leg. The ulcer had been present for around 12 months prior to her coming to Lower Limb service within the Wye Valley NHS trust clinic. On presentation to us she was fully assessed, a Doppler done, and the necessary compression applied. Mrs J.G. did struggle with concordance to their compression treatment because they felt that it was not achieving any benefits or results. They weren't confident that their wound was improving. We began to use eKare inSight® to digitally document wound assessments, image and measure their wound.

eKare inSight® proved to be a great visual aid for both the health professional and patient. It allowed us to easily look back at photographs and treatment plans and adjust accordingly. We were able to share the relevant information with Mrs J.G. For the first time, Mrs J.G. was able to see a clear picture of the progress of their wound from the photos and the healing trajectory graphs. They were able to see that their ulcer was healing! This really improved their understanding, through pictures, of how compression does help to heal the ulcer. The patient became highly motivated to persevere with their compression treatment. They involved their partner who could also see the healing and understand the treatment rationale and provide support and encouragement. The ulcer healed within 6 months of presentation to the lower limb team and Mrs J.G. is now able to self-care applying her own cream and daily wrap.

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