Virtual Eyes on Wounds: Expanding Tissue Viability Reach Through eKare

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BACKGROUND

Community teams are managing increasingly complex wounds across large geographical areas, while demand for specialist Tissue Viability (TV) services continues to increase. Traditional specialist review has relied heavily on face-to-face assessment, which, although essential for many patients, can be time-consuming and limit the number of patients a Tissue Viability Nurse (TVN) can support.

To improve access to specialist expertise, South Warwickshire University NHS Foundation Trust (SWFT) introduced eKare inSight®, a digital wound assessment and imaging application, to support virtual wound review. inSight enables community clinicians to capture standardised wound images, measurements and clinical assessment information, allowing TVNs to assess wounds remotely and determine the most appropriate level of specialist input.

The aim was not to replace face-to-face assessment, but to complement existing services, improve responsiveness and prioritise face-to-face capacity for patients with the greatest clinical need.

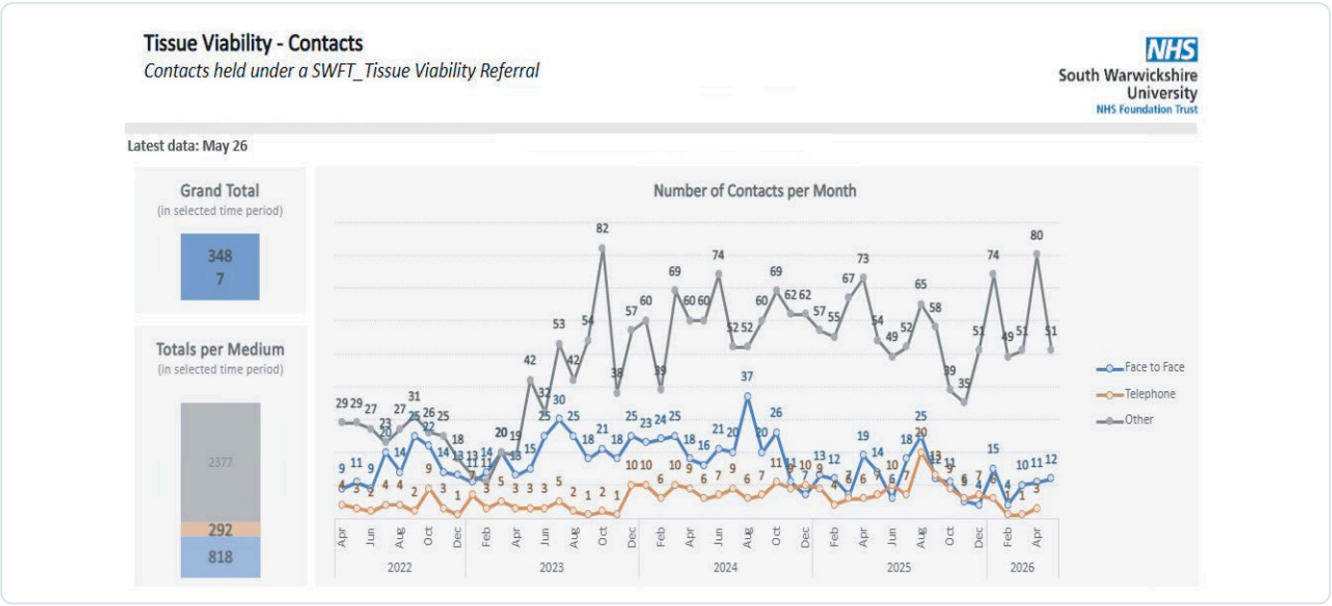
IMPLEMENTATION

inSight was introduced at SWFT in October 2023 through a phased rollout, with all District Nursing teams using the system by January 2025. Community clinicians received training in image capture, wound measurement and wound assessment. The existing Tissue Viability referral pathway remained unchanged, but inSight enabled TVNs to review clinical information remotely as part of triage.

Virtual reviews were used to assess wound characteristics and progress, review treatment response, provide specialist advice, support management decisions and identify patients requiring face-to-face assessment. Face-to-face review remained essential where detailed physical assessment, complex intervention or specialist procedures were required.

CASE EXAMPLE

A patient with a deteriorating pressure ulcer was assessed by a District Nurse using inSight. Images, measurements and the wound assessment were submitted to the TV service. The TVN reviewed the wound virtually on the same day and provided recommendations regarding dressing selection and the appropriate management pathway. Treatment was adjusted promptly without waiting for a face-to-face specialist appointment. Subsequent inSight assessments demonstrated improvement, allowing continued virtual oversight without requiring a face-to-face review.



IMPACT

Implementation of inSight changed how specialist TV support could be delivered across the community. Standardised wound assessment, photography and measurements provided consistent information to support remote clinical decision-making. This enabled appropriate referrals to be reviewed virtually, allowing TVNs to assess urgency, provide timely advice and determine when face-to-face assessment was required.

The graph demonstrates the changing method of specialist TV review within community referrals to SWFT. Following inSight implementation, virtual reviews, recorded as 'Other', became an increasingly important component of service delivery alongside face-to-face and telephone contacts.

This enabled a greater proportion of referred patients to receive specialist assessment virtually without requiring an initial face-to-face visit.

Virtual review also supported improved triage and prioritisation, allowing face-to-face capacity to be focused on patients with complex wounds, deterioration, diagnostic uncertainty or a need for hands-on intervention. It strengthened collaboration with community clinicians and provided opportunities for shared decision-making and learning. Serial digital images and measurements also supported monitoring of wound progression and continuity of care.

LEARNING AND CONCLUSION

Successful implementation required staff training, good-quality images, complete clinical information and clear criteria for escalation to face-to-face assessment. Virtual review should complement, rather than replace, clinical judgement.

eKare's inSight application has enabled SWFT to extend specialist Tissue Viability reach while making more effective use of specialist nursing time. By combining virtual and face-to-face assessment, the service can provide timely expert advice, prioritise patients requiring direct specialist intervention and deliver a more responsive, accessible and sustainable model of community Tissue Viability care.

FOR MORE INFORMATION

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