Seeing what we've never seen before: Strategic Tissue Viability intelligence through digital wound assessment at scale

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INTRODUCTION

Variation in wound assessment quality continues to drive delayed healing, missed deterioration and inconsistent antimicrobial stewardship across community services. National programmes such as the National Wound Care Strategy Programme (2023) and NHS England's Digital Clinical Safety Strategy (2021) emphasise the need for standardisation, digital maturity and improved governance. For Tissue Viability (TV) services, the ability to see the wound population at scale is essential for targeting specialist input, reducing unwarranted variation and strengthening organisational safety. This evaluation reports the strategic and clinical outcomes of implementing eKare inSight across South Warwickshire University NHS Foundation Trust (SWFT), demonstrating how digital wound assessment functions as a TV intelligence platform rather than a documentation tool.

METHOD

eKare inSight® was deployed across district nursing, urgent community response and specialist wound care services. Implementation focused on embedding digital assessment into routine workflows, supported by training in wound photography, structured assessment, infection recognition and escalation pathways. Routinely collected data were analysed pre- and post-implementation, including healing duration, infection trends, assessment timeliness, pressure ulcer categorisation accuracy and antimicrobial indicators. Digital intelligence was used to identify high-risk cohorts requiring targeted TV intervention.

CONCLUSION

Implementation of eKare inSight transformed wound care delivery across SWFT from a reactive model to one informed by real-time clinical intelligence. Improvements in healing duration, infection recognition, antimicrobial stewardship, pressure ulcer monitoring and governance demonstrate the strategic and clinical value of digital wound systems. DWA represents a clinical safety intervention capable of improving outcomes at scale across community services.

RESULTS

Healing improvement: Figure 1 demonstrates a clear downward trajectory in healing duration over eight consecutive quarters, reducing from 15.9 weeks to 8.4 weeks. This sustained improvement occurred despite increasing wound complexity, indicating that enhanced visibility and standardisation, not caseload changes, drove better outcomes.

Population-level intelligence: Digital visibility revealed previously unseen cohorts including hard-to-heal wounds, wounds demonstrating infection indicators, patients receiving daily dressings and patients requiring pathway review. These cohorts now inform targeted TV intervention and resource optimisation.

Specialist impact: Virtual TV review pathways improved prioritisation, escalation and specialist accessibility while reducing unnecessary face-to-face visits. Pressure ulcer categorisation accuracy strengthened through longitudinal photographic evidence, particularly in identifying SDTI evolution.

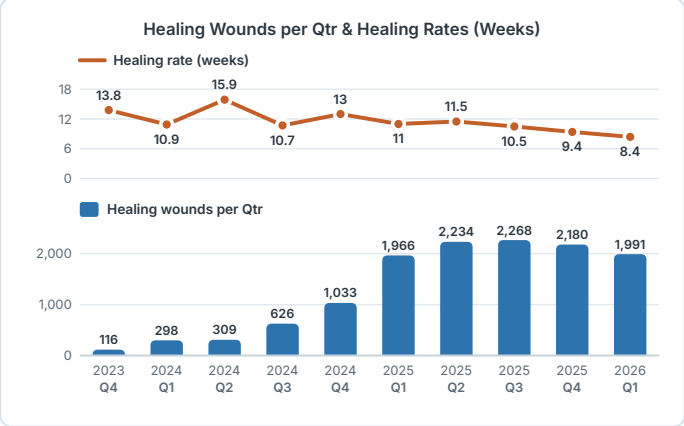


Figure 1. Healing Improvement

DISCUSSION

Digital wound assessment created a new layer of organisational intelligence for TV services, enabling proactive population-level management rather than reactive case-by-case review. The three graphs collectively demonstrate improved healing, strengthened infection vigilance and enhanced governance. Digital maturity supported workforce optimisation, reduced unwarranted variation and enabled specialist resources to be directed where they have greatest impact.

Infection recognition and antimicrobial stewardship: Following implementation, recorded wound infection rates increased. Figure 2 shows quarterly silver usage vs infection identification trends, highlighting improved recognition rather than deterioration in care quality.

In 2025 Q1, 69% of silver usage was flagged on non-infected wounds; by the end of Q4 2025 this was only 19%, with overall usage broadly static, meaning silver deployment was being used on the correct wounds.

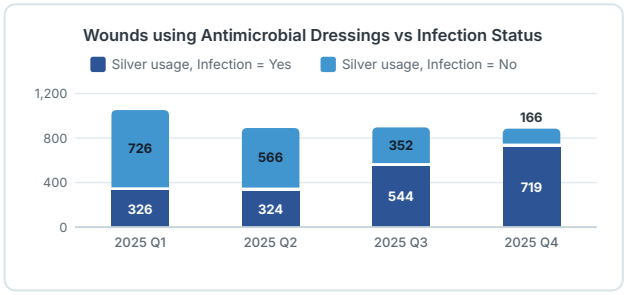


Figure 2. Wounds using Antimicrobial Dressings vs Infection Status

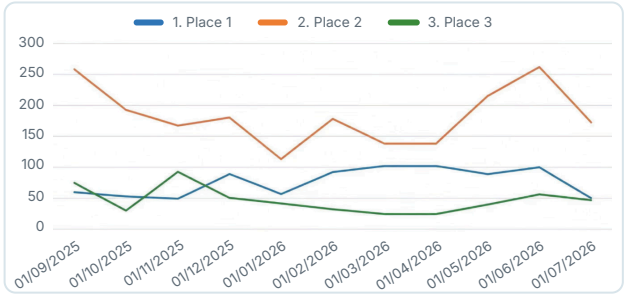


Figure 3. Overdue Assessments

Governance and assessment timeliness: Introduction of a new KPI, days since last wound assessment, enabled proactive governance. Figure 3 shows a marked reduction in overdue assessments across all localities, demonstrating improved compliance and earlier identification of deterioration risk.

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