

The Call to Wound Prevention and Care

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*You have not lived today
until you have done something for someone
who can never repay you.*
—John Bunyan

Objectives

The reader will be challenged to:

- Describe the importance and role of wound care specialists across all healthcare disciplines
- Appraise the opportunities and rewards of caring for people who are at risk for or have chronic wounds
- Identify resources you can use on the **Why Wound Care?** website

Why Wound Care?

Have you considered a career in wound care? Whether you're in the middle of your educational journey, just starting your career, or an experienced clinician, we are here to try and convince you to explore a specialty in wound care and introduce you to resources on the **Why Wound Care?** (WWC) website (www.whywoundcare.com) that can help you along the way.

Evidence and documentation about the care of wounded persons by nurses, physicians, surgeons, ulcer physicians (China), arrow-removers (India), and medicinal healers for impaired skin integrity spans thousands of years.^{1,2} Indeed, the history of wounds is as old as humanity itself, and their myriad is said to have created the stepping stones to one of man's greatest creations — the art of healing.¹ History also reminds us that optimal wound care always has, and always will, require an interdisciplinary approach. For example, during the Crimean War (1854–1856), surgeons did a credible job of treating war wounds, but the mortality rate and suffering of soldiers did not decrease until Florence Nightingale deployed a wide variety of strategies to improve their overall care and health.³ Healing is a complex process, and many intrinsic and extrinsic variables can make it go awry.⁴⁻⁶

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Healthcare professionals who are Called to Care⁷ for persons at risk for, or who have developed, chronic wounds combine their professional education and background with the in-depth wound care knowledge needed to help prevent complications and optimize a person's healing potential. It is well known that Florence Nightingale considered her desire to serve patients to be a Call from God.² Whatever your own personal motivation to be a healthcare professional, know that you join a special cohort whose **Call to Care** is the strong thread that binds us. In wound care, whether we are nurses, physicians, therapists, pharmacists, social workers, or dietitians, we comprise a special interprofessional team with a patient-centered focus. This is the *Call to Wound Care*.

Chronic Wound Prevention & Care

The focus of this book, the educational materials on the WWC website, and the emphasis on our Call to Care is chronic wounds. Preventing the development and providing expert care of existing chronic wounds may help reduce the immense toll that chronic wounds take on patients, caregivers, the healthcare system, and society. In the United States, chronic wounds affect an estimated 6.5 million people.⁸ For example, in 2011, the rate of pressure ulcer-related hospitalizations among Medicare enrollees was 1131.1 for every 100,000 enrollees,⁹ and between 2008 and 2012, 1.8% of patients admitted to an acute care facility had at least one pressure ulcer.¹⁰ Compared to patients without a pressure ulcer, these patients had significantly increased lengths of stay, mortality rates, and costs of care.^{10,11} Other types of wounds, such as lower leg ulcers or surgical or traumatic wounds, may also become problematic or slow-to-heal; for example, the rate of wound dehiscence following surgery ranges from 8.6% to 39%.¹² From the patient and caregiver perspective, chronic wounds may significantly impact quality of life, activities of daily living, and productivity.^{13,14} They may also be a source of anxiety, depression, pain, suffering, and even guilt.¹⁵

Thus, the focus of wound care specialists is not to “simply” prevent or treat wounds, but to care for the whole person and his/her circle of care.^{16,17} The person's circle of care includes all members of the patient unit, including family, significant others, caregivers, and other healthcare

professionals who may be external to the inter-professional wound care team.¹⁶

Last, but not least, wound care is not just about healing wounds. Healing a wound may not be the most important goal of care for some patients, and a significant percentage of wounds are non-healable due to the person's risk factors, comorbidities, and overall condition (ie, end-stage chronic illness, end-of-life). For example, results of a National Health System (NHS) clinical audit showed that 44% of patients with a reported pressure ulcer died within 8 weeks after the ulcer was reported.¹⁸ Palliative wound care, where the goal is comfort and relief of suffering (versus healing and cure), is a critical aspect of wound care practice today.¹⁷ Developing individualized plans of care for persons with non-healable wounds requires knowledge, skill, and expertise. See PLATES 1–6, page 342, for illustrations of common types of chronic wounds.

Why Wound Care Needs You

The need for healthcare professionals who can help optimize care for persons with, or at risk for, chronic wounds is great. In addition to current estimates about the size of the affected population, the number of persons at risk for these wounds is increasing daily across all age groups and the continuum of care because the number of persons with chronic health conditions that increase their risk for developing chronic wounds continues to rise.¹⁹ This includes older adults. By 2025, approximately 18% of the United States population is expected to be >65 years of age, with the number of persons in the oldest age group (>85 years) expected to increase from 5.9 million in 2012 to 8.9 million in 2030.²⁰ It also includes younger populations, such as those with diabetes mellitus, peripheral vascular disease, or spinal cord injury. With respect to the latter, the global prevalence of traumatic spinal cord injury (SCI) ranges from 250 per million in one region of France to 906 per million in the United States.²¹ In the U.S. in 2017, the number of persons alive with a SCI was 285,000, and every year an estimated 17,500 individuals sustain this type of injury.²² All are at high risk for developing chronic wounds. Indeed, in one study, pressure ulcers were the second most common reason for persons with a SCI to require readmission to a hospital.²³ Diabetes mellitus, and

related chronic foot wounds, are another global concern. Worldwide, the prevalence of diabetes among adults has increased from 4.7% in 1980 to 8.5% in 2014.²⁴ In the United States, an estimated 30.3 million people have diabetes mellitus.²⁵ However, the nationwide rate (9.4% of the population) may be very different in your area of practice, as it ranges geographically from 3.8% to 20.8% of the population.²⁵ Since the crude rate of lower-extremity amputations among persons with diabetes mellitus — usually as a direct result of a chronic foot wound²⁶ — is 5.0 per 1,000 persons, the need for experts to help prevent and heal wounds in this population alone is clear!

The above are just a few examples of factors responsible for the recent and projected increase in the number of people with chronic wounds. The number of wound specialists across all healthcare disciplines is not keeping pace with current and projected future demand. That's Why Wound Care needs You!

Wounds are ubiquitous. There are so many opportunities to practice wound prevention and care — from acute care to outpatient clinics and everything in between; from the Neonatal Intensive Care to Long-Term Care Facilities, and from curative to palliative. In addition, wound care specialists are needed, among others, to conduct much-needed research, develop and guide practice improvement programs, teach students in all healthcare disciplines, help companies develop products and services, provide insurance and reimbursement advice, and provide healthcare policy guidance.

The Why of the Why Wound Care? Website and Chronic Wound Care e-Book

We started the first chapter of this book by introducing you to the rewards and challenges of being a wound care specialist and provided some empiric data to illustrate the great need for wound care specialists in all healthcare disciplines. But you may be wondering about the purpose and content of the WWC website and why you are able to access all website resources and chapters of this book for free.

The WWC website was developed to 1) draw attention to the need for wound care specialists, 2) provide a one-stop resource for healthcare

professionals interested in obtaining wound care certification, attending a wound care conference or course, and/or becoming familiar with available wound care journals and resources, 3) help healthcare professionals, particularly students, learn more about specific chronic wound prevention and care topics, and 4) provide educational resources on wound prevention and care for educators.

The all-volunteer WWC advisory board developed multiple basic and advanced PowerPoint presentations and videos for you to view and use, free of charge. Similarly, access to all chapters of the Chronic Wound Care e-book are free, an attempt to help fill current knowledge-practice gaps. The application of evidence-based wound care practices remains limited. For example, dressings such as dry or moist gauze remain commonly used, even though their use has been associated with delayed healing, increased risk of infection, and increased pain²⁷⁻²⁹ when compared to moisture-retentive dressings. At the same time, and possibly related to persisting evidence-practice gaps, many healthcare professionals are not well prepared to care for at-risk or chronic wound patients. A 2014 survey among Canadian physicians showed that 80% of physicians rated their ability to recognize and manage a wound infection as “poor to fair,”³⁰ and in the U.S., medical residents’ pressure ulcer knowledge was found to be limited.³¹ In the United States, medical students receive an average of <5 hours of formal wound care training,⁸ and only seven U.S. medical schools offer a formal wound healing elective.³² Similarly, registered nurse surveys have shown that only 30% to 31% of nurses believe that the wound care education they received in their nursing program was sufficient.^{33,34} A qualitative analysis of registered nurse comments related to wound assessment and dressing selection showed that insecurity about their skills in this area was a common theme.³⁵ Curriculum, textbook, and clinical experience limitations may all add up to explain why many healthcare professionals do not feel well-prepared to care for these patients.^{31,36,37} Improvements take time, but healthcare professionals need more resources, and patients need optimal care now. We hope that making the WWC resources and *Chronic Wound Care* e-book available to all healthcare professionals will help

address some of the current needs in wound care education and support your efforts and commitment to lifelong learning.

The Call to Wound Prevention and Care

The number of healthcare professionals who are wound care specialists is not sufficient to meet current or predicted future patient needs, and curriculum demands in medical and nursing schools limit learning about the prevention and treatment of chronic wounds.

Providing access for people at risk for or who have chronic wounds to the comprehensive, evidence-based care and support they require will be the most pressing wound care-related challenge in the next decade.

We hope the WWC and Chronic Wound Care e-book resources will be useful for your current or future practice, educational, or teaching needs. We also hope you will accept the *Call to Wound Prevention & Care* and embrace these 7 tenets:

1. Respect for patients, caregivers, and patient preferences
2. Commitment to excellence and evidence-based care
3. Compassion
4. Sharing and caring
5. Patience and perseverance
6. Creativity
7. Lifelong learning

Embrace the Call to Wound Prevention and Care

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