Improving patient outcomes through innovation
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An evaluation of Accel-Heal with patients whose chronic wounds have not responded to traditional treatments

Austerity – cut backs – cost effectiveness – and to make matters worse you have a wound that just won’t heal!

Introduction

Life with a chronic wound can have a severely debilitating effect on a patient’s life causing depression and anxiety (Walshe 1995). Wwelling up as a concept has been described to assist its positive and negative effects on wound healing (Frankel & Morgan 2003).

Chronic wound management is an issue for all clinicians in the field of wound care. Graham et al (2009) suggests the prevalence rates in the range of 1.2-3.2 per 1000 people, which equates to an estimated 200,000 patients suffering in the UK.

But what do we offer our patients when we have exhausted our local formulary?

This is an evaluation of a product which produces a micro-current across the wound bed to stimulate the immune cells in an attempt to move the wound through the normal healing continuum to closure and eventual healing.

Method

These patients were identified for the study from the clinical caseload of a district nursing team; under the guidance of the tissue viability clinical nurse specialist, to be treated with Accel-Heal micro-current wound stimulation device as part of an evaluation of care options. All patients had chronic wounds that had failed to respond to best practice care and standard wound care therapies.

The results also indicate approximately 3.7cm² reduction in size of the ulcerated wound reduced from 122.2cm² to 84cm² of any dressing change is that of the nurse’s visit.

The cost-effectiveness model by Guest et al (2012) suggests that, when used in conjunction with compression bandaging, Accel-Heal - specifically in the case of venous ulceration - has the potential to save the NHS in the UK up to 15% in costs over the first 5 months, and bring a 25% reduction in nurse visits in the same period, 4 days/100 patient visits.

Accel-Heal is available through the usual supply routes, except at present on prescription. There is a clinical argument for Accel-Heal to be used as soon as a wound shows signs of seneescence, which can be described as a halt in a cell’s power to divide and grow demonstrated by a stable wound site. Stephen Haynes et al (2011) reminds us that with correct assessment and correct choice of traditional dressing these is potential for cost effective wound care. This assumes that traditional treatments are used to their optimum as determined by their manufacturers. It should also become in mind that in the community setting, the majority of the cost of any dressing change is that of the nurse’s visit.

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Discussion

Within Powys Health Board the majority of leg ulcer management is via Lindsay Leg Clubs, which number >650 members across six clubs. There have been running for around eight years and since inception have demonstrated decreased healing times, reduction in re-occurrence and improved well-being in both patients and staff (Thompson 2012). Despite this, not all patients achieve wound closure.

By taking part in this evaluation, the patients were taking an active role within their care, reflecting this model of empowerment and self responsibility supported by the Lindsay Leg Club.

Alongside clinical outcomes, the financial implications of new therapies must be addressed, particularly in the current climate of austerity. Wound care specialists have to be aware of the multiple agendas faced by their local healthcare communities.

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Accel-Heal is available through the usual supply routes, except at present on prescription, which is expected to be available early in 2014. In Powys, previous research into wound healing and protocol development (Griffin 2007) has enabled us to purchase the Accel-Heal. Figure 1 illustrates how Accel-Heal could be brought into a treatment protocol. Powys Health Board is unique in that all services offered are within primary care. The estimated proportion of the population aged 65-84 years is 20.7%, and a further 3.2% aged ≥85 (Office for National Statistics, 2012). When presenting to nursing services, this population often has multiple comorbidities, further complicating wound management. Because of financial pressures and the need for the provision of the most cost-effective care near to the patients home, remissions of wound care are ongoing. Aims of the treatment of leg ulceration should also be borne in mind that in the community setting, the majority of the cost of any dressing change is that of the nurse’s visit.

Conclusion

The patients in this case series had long histories of leg ulceration and a range of comorbidities. Cannot be generalised to other populations due to the small sample size, but should also be borne in mind that in the community setting, the majority of the cost of any dressing change is that of the nurse’s visit.

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