20 PATIENT CLINICAL AND COST EFFICACY OBSERVATIONAL EVALUATION: EXUDATE MANAGEMENT PERFORMANCE OF A NEW CMC GELLING FIBRE DRESSING IN CLINICAL COMMUNITY SETTINGS WITHIN THE UK

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Introduction
In 2014, the annual cost of wound care was approximately £2,165 million and this figure has been predicted to rise by £221 million to £2,377 million by 2019 (Dowsett et al. 2014). In community settings, nurses commonly treat wounds including pressure ulcers which vary in exudate volume and this can be an expensive process (Morgan, 2015). There are many challenges that community nurses face when managing the levels of exudate from wounds. Managing exudate can be challenging and it is well documented in practice. One dressing range widely used as a contact dressing for its efficacy in exudate management and non-traumatic interaction with the wound bed is Carboxymethylcellulose (CMC). Considering unit price alone this is a more costly dressing choice depending clinical outcome and extension of dressing life a more favorable cost consideration measure. A new CMC potentially offering significant unit cost savings has been evaluated to assess its clinical efficacy and acceptability.

Method
Clinical Governance approval to undertake this 20 patient evaluation of a CMC dressing over a 4-week period was granted. Consent to partake in the evaluation and use photography for publication was obtained. Eligible for inclusion and participation in this evaluation are patients: Over the age of 18 years, Capacity to understand the nature of the evaluation and provide consent, deemed as suitable for inclusion under evaluators clinical judgment, has received previous CMC dressing treatment or be deemed suitable to receive CMC dressing treatment. Not eligible for participation or to be excluded from this evaluation are patients: Below the age of 18 years, Without capacity to understand the nature of the evaluation or provide consent, Deemed as unsuitable for inclusion for any other reason under evaluators clinical judgment, Wound type unsuitable for CMC dressing treatment.

Results
20 patients were recruited (n8) and female (n12) of ages ranging from 34-97 years (n8) had received other hydrofibre or gelling fibre dressings for >2weeks prior to the evaluation. Wound types (Fig 1) include pressure ulcers (n9), leg ulcers (n4), diabetic foot ulcer (n1), fungating (n2), burn (n1), bursa (n1) and traumatic, post-surgical and lymphatic compromised wounds (n2).

Wound age varied dramatically from 2 weeks to being present for seven years and (n2) wounds were recorded such as selecting the right choice dressing to control this level whilst ensuring the patients are comfortable with this selection (Morgan, 2014). Unit cost dressing, dressing efficacy, wear time, ease of use, ease of training are all significant factors influencing cost effectiveness.

End of evaluation rating
Ease of application in rate mostly 10 (excellent) (n14) rated 10, (n1) rated 9, (n6) rated 8 and (n1) rated 6. Ease of removal rated mostly 10 (excellent) (n11) rated 10, (n1) rated 9, (n6) rated 8, (n1) rated 7 and (n1) rated 6. Exudate changes rate mostly 10 (excellent) (n12) rated 8-10 (superior/excellent) (n7) rated 7-5 (good) and (n1) rated 3. 100% stated they would like to continue use of the new CMC (n1) did not complete the field in the data.

Discussion
KerraCel™ dressings effectively managed varied exudate volumes and viscosities in a wide range of wound anatomies. The secondary any change in type of CMC dressing used. It is also important to note that n20 of the (n12) patients were not receiving treatment with CMC prior to inclusion into this evaluation therefore the improvements noted are due to the introduction of CMC rather than a change in type of CMC dressing used. Primary and secondary outcomes have been drawn from this data and the end of evaluation feedback demonstrates acceptance from both patients and clinicians.

Conclusion
Managing wounds remains a clinical challenge and managing exudate is a key challenge. This 20 patient single clinical exudate management and clinical outcome in exudate with consideration to volume and viscosity. Positive patient outcomes in relation to application, removal, and wear time have been demonstrated. The evaluation has demonstrated the ease of KerraCel dressing material. KerraCel™ dressings were changed less frequently, which has significant implications for both patient convenience and cost of care. A conclusion is made that KerraCel™ is a cost-effective dressing for each evaluation patient sucked unmatched and viscosity.

References

Figure 1 – Wound Type

Figure 2 – Location

Figure 3 – Exudate Level

Figure 4 – Dressing Wear Days

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Figure 3 - Exudate Level

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