



International Wound Infection Institute

International Wound Infection Institute (IWII) Wound Infection in Clinical Practice. Wounds International. 2022.

Table 7: Person-centred wound assessment and management models

| Care model | Model aims | Key model features |
|---|---|---|
| Wounds UK Best Practice Statement on improving holistic assessment¹ | To encourage wide-ranging assessment that considers the impact of all aspects of the person's health and wellbeing on the healing process. | Each best practice statement is emphasised by an accompanying 'Patient Expectation' that indicates what people with wounds can expect in their care. |
| The Infection Management Pathway² incorporating the T.I.M.E. Clinical Decision Support Tool³ | <ul style="list-style-type: none"> To promote comprehensive assessment and care continuity. To facilitate clinical decision making and best practice among non-wound care specialists. To support antimicrobial stewardship. | Uses the mnemonic A-B-C-D-E: <ul style="list-style-type: none"> Assess the person, and their wound. Bring in a multi-disciplinary team. Control underlying barriers to healing. Decide appropriate treatment. Evaluate outcomes and reassess goals. |
| The Adult Burns Patient Concerns Inventory⁴ | To improve wound clinician-patient-family communication and empower people to identify their concerns, facilitating delivery of a targeted patient-centred clinical encounter. | <ul style="list-style-type: none"> A 58-item, holistic assessment tool for outpatient use. Domains include physical and functional wellbeing; psychological, emotional and spiritual wellbeing; social care and social wellbeing; and treatment-related concerns. |
| Wound Healing Strategies to Improve Palliation⁵ | To provide a palliative approach to assessment and care re-evaluation that meets the needs of a person with a chronic wound. | When complete healing is not feasible, use the mnemonic S-P-E-C-I-A-L: <ul style="list-style-type: none"> Stabilizing the wound Preventing new wounds Eliminate odour Control pain Infection prophylaxis Advanced, absorbent wound dressings Lessen dressing change |
| Universal Model for the Team Approach to Wound Care⁶ | To promote patient advocacy that facilitates delivery of a management and care plan that encompasses the person's perceived needs, goals of care and appropriate healthcare services. | <ul style="list-style-type: none"> Includes essential elements for an interdisciplinary wound care service. The person with a wound forms the focus but relies on the expertise of a wound navigator to organise wound care via established referral mechanisms. The wound navigator and multidisciplinary team explore beneficial healthcare system options to meet the needs of the person with a wound. |
| TIMERS: expanding wound care beyond the focus of the wound⁷ | Outlines a 10-step pathway for managing a wound, including treatment of palliative wounds in a maintenance fashion. | <ul style="list-style-type: none"> Tissue (nonviable or deficient) Infection/inflammation Moisture imbalance Edge of wound (non-advancing or undermined) Regeneration/repair of tissue Social factors affecting wound healing trajectory. |
| Wound Bed Preparation 2021⁸ | To facilitate a person-centered wound assessment that establishes goals of wound care as healing, maintenance, or palliation. | <ul style="list-style-type: none"> Treatment of the cause Patient-centered concerns Assess ability to heal regularly Local wound care, including debridement as appropriate and with pain control Assess and treat wound infection Moisture management Evaluate the rate of healing Edge effect Organisational support |

Table 07 References

1. Wounds UK, *Best Practice Statement: Improving holistic assessment of chronic wounds*. 2018, London: Wounds UK.
2. Dowsett C, Bellingeri A, Carville K, Garten A, and Woo K, A route to more effective infection management: The Infection Management Pathway. *Wounds Int*, 2020. 11(3): p. 50-7.
3. Moore Z, Dowsett C, Smith G, Atkin L, Bain M, Lahmann NA, Schultz GS, Swanson T, Vowden P, Weir D, Zmuda A, and Jaimes H, TIME CDST: An updated tool to address the current challenges in wound care. *J Wound Care*, 2019. 28(3): p. 154-61.
4. Gibson JAG, Yarrow J, Brown L, Evans J, Rogers SN, Spencer S, and Shokrollahi K, Identifying patient concerns during consultations in tertiary burns services: Development of the Adult Burns Patient Concerns Inventory. *BMJ Open*, 2019. 9(12): p. e032785.
5. Alvarez OM, Kalinski C, Nusbaum J, Hernandez L, Pappous E, Kyriannis C, Parker R, Chrzanowski G, and Comfort CP, Incorporating wound healing strategies to improve palliation (symptom management) in patients with chronic wounds. *J Palliat Med*, 2007. 10(5): p. 1161-89.
6. Moore Z, Butcher G, Corbett L, McGuinness W, Synder R, and van Acker K, Managing wounds as a team. *J Wound Care*, 2014. 23(5 Suppl): p. S1-38.
7. Atkin L and Tettelbach W, TIMERS: Expanding wound care beyond the focus of the wound. *Br J Nurs*, 2019. 28(20): p. S34-S7.
8. Sibbald RG, Elliott JA, Persaud-Jaimangal R, Goodman L, Armstrong DG, Harley C, Coelho S, Xi N, Evans R, Mayer DO, Zhao X, Heil J, Kotru B, Delmore B, LeBlanc K, Ayello EA, Smart H, Tariq G, Alavi A, and Somayaji R, Wound bed preparation 2021. *Adv Skin Wound Care*, 2021. 34(4): p. 183-95.