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Quality Improvement Audit for hard-to-heal wounds using sNPWT

Aim

To evaluate the clinical effectiveness, patient-related benefits and economic impact of a -80mmHg single-use negative pressure wound therapy device (sNPWT)* in routine clinical practice for hard-to-heal wounds.

Background

Hard-to-heal wounds[1] are associated with delayed healing, increased healthcare resource utilisation and reduced patient quality of life[2]. sNPWT has been introduced as a practical solution to improve healing outcomes and reduce treatment burden in routine care[3].

Methods

- Quality Improvement Audit conducted in a specialised wound care centre in Germany
- Data collected between May and November 2025
- n = 29 patients with hard-to-heal wounds
- Data collection tool: SnapSurveys (Bristol, UK)[4]
- Wounds were assessed before initiation of sNPWT and weekly during therapy
  Data collection was limited to the treatment period
- sNPWT was discontinued when sufficient wound improvement or closure was achieved

Outcomes assessed:

- Wound healing progression
- Wound area reduction
- Dressing change frequency
- Patient comfort and mobility
- Staff satisfaction

*PICO◊ sNPWT. ◊Trademark of Smith+Nephew, Hull, UK. All Trademarks are acknowledged.

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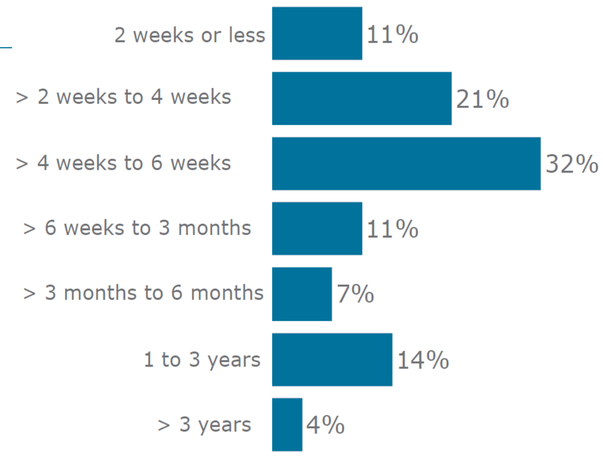
A total of 29 hard-to-heal wounds were included. Before sNPWT, wounds were predominantly stagnant or delayed in healing, with some showing clinical deterioration. Most wounds had been present for several weeks to months, indicating a predominantly chronic wound population [Fig.1].

Wound types: surgical wound dehiscence, diabetic foot ulcers, leg ulcers, haematomas.

Fig.1 Wound duration before sNPWT



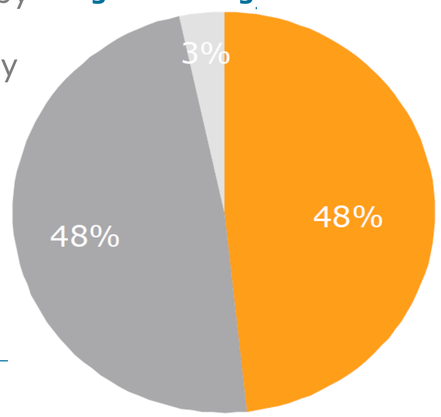
Results

Clinical outcomes

- 48% of wounds achieved complete healing
- 48% demonstrated wound area reduction
- 3% showed no response [Fig.2]

✓ 4 wounds healed within 4 weeks
✓ 6 additional wounds healed by 8 weeks
✓ A further 4 wounds healed by 12 weeks

Fig 2. Healing outcomes

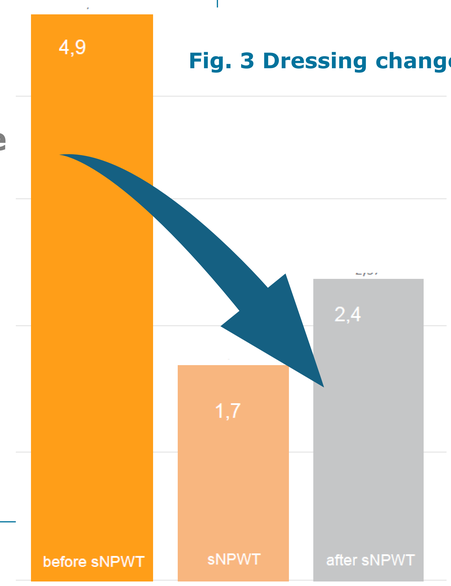


Resource utilisation

Dressing change frequency decreased from 4.9/week before sNPWT to 1.7/week during therapy with sNPWT (65% reduction); it then increased to 2.4/week after return to standard care [Fig.3]

Patient and staff experience
96.4% rated the therapy as good or very good.

Fig. 3 Dressing change frequency



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Conclusion

- In this real-world quality improvement audit, the use of sNPWT was associated with a clear shift from previously stagnant or delayed wounds towards healing.
- Clinical improvement was observed across a range of hard-to-heal wound types, supporting its use in routine practice. In addition, a reduction in dressing change frequency indicates a meaningful decrease in treatment burden in daily care.
- Overall, these findings highlight sNPWT as a practical and effective option for the management of hard-to-heal wounds in routine clinical settings.
- This initiative demonstrated the practical value of sNPWT in supporting healing and reducing treatment burden in everyday clinical practice.

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