

**+ Evidence in focus**

Shared wound care can help nurses manage their chronic wound case loads and improve patient-reported outcomes

**Chronic wounds are a growing problem**



Nurses managing chronic wounds are facing **mounting pressures** that may negatively impact patient care and quality of life<sup>1</sup>



Healthcare bodies are calling for approaches that **enhance efficiencies**, like **shared wound care**<sup>2</sup>

**What is shared wound care?**



A collaborative approach between patients and nurses that **empowers patients with tools and knowledge** to be more involved in **monitoring their wound and changing dressings**. Patients are supported by healthcare professionals, often remotely and using telecommunications<sup>2-5</sup>



Shared care has been an **established practice** in incontinence care and stoma management for >10 years and is growing in chronic wound care.<sup>1,4,6</sup>

Healthcare professionals (HCPs) reported **26%** of chronic wound patients are already fully involved in their care, but **45%** could benefit from shared wound care<sup>7</sup>

(n=511 HCPs who treat chronic wounds in a community setting)

**How could shared wound care benefit my practice?**

**Patient benefits**

**Nurse-guided care** combined with **patient empowerment** through education can lead to enhanced treatment **compliance**<sup>3,7,8</sup>

Improved **quality of life** and **pain** compared with standard care<sup>2,5</sup>

**Increased independence** through the ability to carry out care at a convenient time<sup>8</sup>

An independent systematic literature review (SLR) on shared wound care commissioned by EWMA found:<sup>2</sup>

Significant **improvements** in **patient wound care knowledge, pain and self-care behaviours** compared with standard care (n=3,149; p<0.05)



**Nurse and provider benefits**

Empowered patients exhibit increased **engagement with treatment**, which may help promote **wound healing**<sup>5,8</sup>

**Collaboration**, leading to **improved patient satisfaction** and nurse-patient **relationships**<sup>2,9</sup>

**Time freed up** to manage patients with more complex needs, and **cost savings** associated with fewer clinically unnecessary or shorter homecare visits<sup>9</sup>

Compared with previous care, implementation of shared wound care at a UK community trust for 28 patients\* led to:<sup>4</sup>

**47%** reduction in nurse visits

**Similar wound healing rates** as would be expected with a standard care pathway

\*11 of the 28 patients were formally evaluated



**Scan the QR code to access shared wound care resources**

The Shared Wound Care Discussion Guide to help you identify suitable patients and guidance for implementing a shared wound care clinical pathway

Long-wear advanced foam dressings, like ALLEVYN® LIFE Foam Dressing, can help enable shared wound care approaches.<sup>1,3</sup>

**Turn to the next page to learn more**

ALLEVYN<sup>®</sup> LIFE Foam Dressings can help enable shared wound care approaches

**ALLEVYN LIFE Dressings**



**EXUMASK<sup>®</sup>**  
Change Indicator

- **Clear visual guide** for when the dressings should be changed<sup>10,11</sup>
- **Masks** visual impact of strikethrough<sup>10,11</sup>



**EXULOCK<sup>®</sup>**  
Advanced Lock-in Technology

- **Hyperabsorbent**<sup>10,12</sup>
- Helps **minimise leakage**<sup>10,12</sup>
- Helps **control** wound **malodour**<sup>10,12,13</sup>



- Retention**
- **Stays in place**<sup>14,15</sup>
  - **Showerproof**<sup>16</sup>

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

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**A growing body of evidence supports the benefits of ALLEVYN LIFE Dressings for wound management**



**17 publications support ALLEVYN LIFE Dressings for wound management** (peer-reviewed manuscripts and conference abstracts)<sup>\*1,3,10-12,14,17-27</sup>

**Combining ALLEVYN LIFE Dressings with shared wound care approaches:**

Demonstrated the potential to release **10.8%** of nursing hours globally per year<sup>1</sup>

(in a mathematical modelling study<sup>1</sup>)



Led to enhanced **independence** and **empowerment**, as reported by patients<sup>3</sup>



Led clinicians to **avoid clinically unnecessary visits** while maintaining regular communication with patients<sup>3</sup>

(in a clinical case series of 10 patients and five nurses)<sup>3</sup>

**Compared with previous dressings, ALLEVYN LIFE Dressings following clinician education on the product and change practice, have been shown to help:**

**Promote undisturbed wound healing by enhancing wear times<sup>17</sup>**

A meta-analysis of clinical studies revealed use of ALLEVYN LIFE Dressings was associated with:<sup>17</sup>

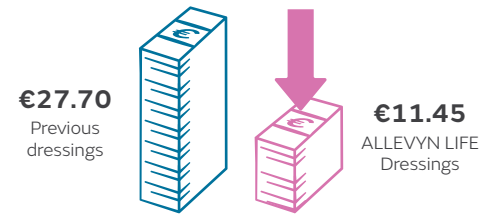
Up to **34%** reduction in dressing change frequency, resulting in longer wear times (p<0.029)



**Reduce clinically unnecessary dressing changes, visits and associated costs<sup>10,18-20</sup>**

A study of 94 patients in a community setting found:<sup>10</sup>

**59%** reduction in costs (mean weekly dressing costs per patient; p<0.001)

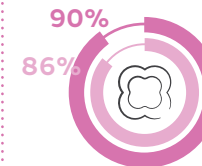


**Result in high patient satisfaction and confidence to be involved in their care<sup>10,12,22</sup>**

In a study of 190 nurses, ALLEVYN LIFE Dressings helped:<sup>22</sup>



**Empower** patients or carers to **share** wound care



Nurses reported ALLEVYN LIFE Dressings helped:

- **Remotely train patients** on dressing changes
- **Empower** patients or carers to share wound care

\*As of May 2023. †Data from the 3.5 billion hour model<sup>1</sup> revealed that 4,011,188,929 hours are spent on dressing changes in the community globally per year, and using ALLEVYN LIFE Dressings with a shared wound care approach has the potential to release 10.8% (433,208,404) of these hours.<sup>1,10-12,19</sup> **References:** 1. Moore Z, et al. *Wounds International*. 2022;13(2):32-38. 2. Gethin G, et al. *J Wound Care*. 2020;29(Sup9b):S1-S22. 3. Elsinga B, et al. *Wounds International*. Available at: <http://bit.ly/wS7m>. Accessed 27 February, 2023. 4. Poole C, et al. *Prim Health Care*. 2016;26(7):24-30. 5. Vahdat S, et al. *Iran Red Cross Med J*. 2014;16(1):e12454. 6. Moore Z, et al. *Wounds International*. 2021;12(3), 86-92. 7. Moore Z, Coggins T. *Wounds International*. 2021;12(1): 48-53. 8. Loney A, Moore Z. *Wounds International*. 2023. Available at: <https://bit.ly/42KrXQs>. 9. Loney A, Milne C. *Wounds International*. 2023;14(1):10-17. 10. Tiscar-González V, et al. *Adv Skin Wound Care*. 2021;34(1):23-30. 11. Simon D, et al. *Wounds UK*. 2014;10(3):80-87. 12. Rossington A, et al. *Wounds UK*. 2013;9(4):91-95. 13. Smith+Nephew 2012. Internal report DS/12/127/DOF. 14. Clarke R. Poster presented at: CAET National Conference, 2013; Toronto, Canada. 15. Lisco C. Paper presented at: WOCN, 2013; Seattle, USA. 16. Smith+Nephew 2016. Internal report (HVT080) GMCA-DOF/08. 17. Hurd T, et al. Poster presented at: 33rd conference of the EWMA, 2023; Milan, Italy. 18. Stephen-Haynes J, et al. *J Comm Nurs*. 2013;27(5):50-59. 19. Joy H, et al. *J Wound Care*. 2015;24(7):312,314-317. 20. Krönert G-T, et al. *EMWA Journal*. 2016;16(2):7-12. 21. Hurd T, Murdoch J. *J Comm Nurs*. 2023;37(2):38-44. 22. Scalise A, et al. *J Wound Care*. 2023;32(2):68-73. 23. Davies A, et al. *Wounds UK*. 2015;11(3):54-61. 24. Harrison T. *Br J Nurs*. 2013;22(12a):18-23. 25. Pardoe A. *Br J Nurs*. 2013;22(12a):18-23. 26. Costa B, et al. Poster presented at: 33rd conference of the EWMA, 2023; Milan, Italy. 27. Mofatt C, et al. *Int Wound J*. 2017;14(6):1305-1312.