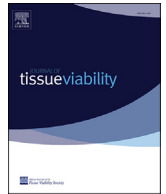




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## Development of a generic wound care assessment minimum data set

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 England's Leading Change Adding Value Framework

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### ABSTRACT

**Background:** At present there is no established national minimum data set (MDS) for generic wound assessment in England, which has led to a lack of standardisation and variable assessment criteria being used across the country. This hampers the quality and monitoring of wound healing progress and treatment.

**Aim:** To establish a generic wound assessment MDS to underpin clinical practice.

**Method:** The project comprised 1) a literature review to provide an overview of wound assessment best practice and identify potential assessment criteria for inclusion in the MDS and 2) a structured consensus study using an adapted Research and Development/University of California at Los Angeles Appropriateness method. This incorporated experts in the wound care field considering the evidence of a literature review and their experience to agree the assessment criteria to be included in the MDS.

**Results:** The literature review identified 24 papers that contained criteria which might be considered as part of generic wound assessment. From these papers 68 potential assessment items were identified and the expert group agreed that 37 (relating to general health information, baseline wound information, wound assessment parameters, wound symptoms and specialists) should be included in the MDS.

**Discussion:** Using a structured approach we have developed a generic wound assessment MDS to underpin wound assessment documentation and practice. It is anticipated that the MDS will facilitate a

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more consistent approach to generic wound assessment practice and support providers and commissioners of care to develop and re-focus services that promote improvements in wound care.

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### Abbreviations

MDS	Minimum Data Set
CQUIN	Commissioning for Quality and Innovation
NHS	National Health Service
ABPI	Ankle Brachial Pressure Index

## 1. Background

Chronic wounds, sometimes referred to as ‘difficult to heal’ wounds are usually defined in relation to wound duration with parameters of 4–12 weeks being used [1–4]. Chronic wounds, which commonly incorporate pressure ulcers, venous ulcers, arterial ulcers and diabetic ulcers represent a significant burden to patients and health care providers worldwide. It is estimated that almost 1% of the world’s population experiences difficult to heal wounds which are associated with negative quality of life [5]. In the United States, chronic wounds affect approximately 6.5 million patients with an estimated \$25 billion treatment cost per annum [6]. This is also reflected in the United Kingdom where recent information from the Health Improvement Network (THIN) Database which collects data from primary care, indicated 4.5% (2.2 million) of the adult population were estimated to have a wound (excluding surgical wounds that healed within 4 weeks of the procedure) in 2012/13, accounting for 40.6 million healthcare professional/patient visits, 97.1 million drug prescriptions, 344.6 million dressings/bandages and costing £4.5–5.1 billion [7]. The study also found that 12% of wounds had no recorded diagnosis and 56% of the wounds recorded as leg ulcers lacked a differential diagnosis, suggesting a lack of evidence-based wound care/assessment [7]. This is a substantial problem to the NHS and an important part of nursing practice.

At present there is no established national minimum data set (MDS) for generic wound assessment, which has led to a lack of standardisation and variable criteria being used across England. This is particularly important for difficult to heal or chronic wounds as the lack of standardisation hampers decision making about diagnosis and treatment as well as the quality and monitoring of wound healing progress. Work to establish an MDS for generic wound assessment was taken forward as part of NHS England’s Leading Change Adding Value Framework - Improving Wound Care Project. This aims to underpin wound assessment practice and to support commissioners and providers in developing and re-focussing services that promote improvements in wound care. The work is supported by a new quality indicator for improving the assessment of wounds as part of the 2017–19 Commissioning for Quality and Innovation (CQUIN) framework [8]. The Improving Wound Care Project is led by a Board (Fig. 1) which provides oversight for the development of the generic wound assessment MDS. The project incorporates:

1) A literature review to identify potential assessment criteria for the MDS and;

2) A structured consensus study to agree the assessment criteria to be included in the MDS to facilitate a standardised approach to wound assessment practice.

The Board is supported by a generic wound assessment MDS sub-group to provide focussed advice on this project, an ‘expert by experience group’ to provide the service-user and clinical user perspective and the consensus study expert group to agree the assessment criteria to be included in the MDS (Fig. 1).

## 2. Literature review

### 2.1. Method

A literature review was undertaken to identify potential assessment criteria to be included in the MDS. The review considered any literature relating to wound assessment criteria and was not limited by any particular study design and incorporated guidance papers [9]. A simple key word search (chronic wound, assessment, management, validity, reliability, guideline, documentation) of the MEDLINE database (Jan 1996–Aug 2016) was undertaken using Boolean operators ‘and’ ‘or’. Citations of relevant studies were also considered.

The abstracts of these papers were screened to identify those which potentially provided comprehensive information about criteria considered when conducting wound assessment. Papers considered potentially relevant were reviewed in full by the researcher (SC). The wound assessment criteria contained in relevant papers were extracted and mapped against wound assessment domains (key assessment areas) and sub-domains (detailed assessment concepts). The initial framework for the domains and sub-domains were informed by the generic wound assessment MDS sub-group (Fig. 1). These were amended as new concepts emerged from the literature review and the final domains and sub-domains were reviewed and agreed by the Improving Wound Care project Board.

### 2.2. Results

The search identified over 300 papers, of which 24 identified wound assessment domains and sub-domains incorporating the following papers types:

- 9 wound healing/monitoring instruments [10–18].
- 10 wound assessment guidance [19–28].
- 2 primary wound care studies [29,30].
- 2 literature/systematic review [31,32]. The systematic review provided citations for other wound assessment instruments included in this review.
- 1 wound care quality improvement initiative [33].

Table 1 provides a summary of findings indicating 6 key domains comprising general health information wound history/baseline information, wound assessment parameters, wound symptoms, infection and specialist information and an associated 69 sub-domains. Most of these sub-domains were considered potential assessment criteria in the subsequent consensus study.

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