

The structured rollout of Negative Pressure Wound Therapy across Community Health Services in Country South Australia.

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Negative Pressure Wound Therapy (NPWT) is recognised in the literature and best practice guidelines that recommend NPWT as cost effective therapy for managing complex wounds.^{1,2} NPWT has been demonstrated to be cost effective in the long term as it reduces the number of dressing changes, allows the management of more complex wounds safely in an out of hospital environment thus reducing bed days and improves healing times; significantly improving the client out comes.

Background

NPWT is used on an ad hoc basis across Community Health Services in Country South Australia; its use is dependent upon the local expertise, discharge plans from a Metro service and the ability to finance the cost of the daily rental charges. The daily rental of the machines varies from \$55 -\$75 per day. This daily rental can be a significant barrier to sites being able to access NPWT on a consistent basis. In order to address this barrier and to have consistent access to NPWT Country Health South Australia (CHSA) purchased 12 NPWT devices to be used across its 6 rural regions. The devices are held centrally in each region.

Methods

Prior to the service commencing, guidelines for the use of NPWT and documentation were developed to be used across all sites. A series of outcome measures were designed that included wound dimensions including depth, percentage reduction in wound area, time to healing, number of dressing changes, number of days NPWT used, costs of consumables, in patient bed days saved.

A structured education and training program was delivered in each region before their devices were allocated

Discussion

The roll out of the NPWT service has provided the incentive to standardise the treatment and documentation of wounds. It will ensure that best practice wound management is available across Country South Australia.

References:

1. NPWT in everyday practice made easy :Henderson V, Timmons J, Hurd, T, Deroo K, Maloney S, Sabo S. Wounds international Volume 1, issue 5: www.woundsinternational.com.
2. Apelqvist J, Armstrong DG, Lavery LA, Boulton AJ. Resource utilization and economic costs of care based on a randomized trial of vacuum-assisted closure therapy in the treatment of diabetic foot wounds. Am J Surg 2008; 195(6): 782-8

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