



Association for the Advancement of Wound Care (AAWC) Statement on Comprehensive Multidisciplinary Wound Care

A chronic wound is a manifestation of one or more underlying conditions that becomes visible on the skin. Included are wounds with the following etiologies: pressure, venous, arterial, diabetic, ischemic, non-healing surgical, cancer, end-of-life, and mixed etiologies (Krasner et al 2001). A chronic wound is assessed in the context of the patient's overall physical and psychosocial health (AHCPR 1994). As with any chronic disease process, a chronic wound requires intervention by multiple health care disciplines to address the many conditions and co-morbidities that impact wound healing (van Rijswijk 2001).

Since wound management is a multifactorial, multidisciplinary process, an interdisciplinary team approach is essential. Team members may include, but are not limited to: nurses, nutritionists, occupational therapists, orthotists & prosthetists, physical therapists, physicians, podiatrists, social workers and surgeons. Although team members may vary depending on a particular patient's needs and care setting, multidisciplinary wound care teams can be assembled in acute care settings, long term care facilities, home care agencies and outpatient clinics. (AHCPR 1992) Furthermore, since scientific findings are revolutionizing medical care so rapidly, the importance of communicating through an interdisciplinary approach is crucial to ensure patients are receiving care that is timely and that follows current evidence-based practice (Wallach, 2002). Synergy develops from cross disciplinary care resulting in improved outcomes.

For instance, an elderly patient with diabetes residing at home with a chronic heel pressure ulcer might require a *certified wound specialist* for debridement, dressing selection and patient education; an *orthotist* for pressure relief footwear; a *physical therapist* for gait training and home modification; a *nutritionist* to monitor diet and enhance overall nutritional status; a *vascular surgeon* to evaluate patency of blood vessels; a *primary care physician* to manage glycemic control and other co-morbidities; an *infectious disease specialist* for evaluation of osteomyelitis; a *podiatrist or plastic surgeon* for surgical intervention; and a *home care nurse* for periodic wound assessment and coordination of community services. Furthermore, wound case management requires clinical expertise in obtaining appropriate supplies and devices and knowledge of the contributions of each of the wound care team members. Without attention to pressure reduction, infection, necrotic tissue, tissue perfusion, nutrition, mobility, pain and psychosocial issues as a total package, chronic wounds do not heal.

There are substantial qualitative research studies demonstrating positive outcomes and the value of comprehensive, multidisciplinary wound care.

Effective pressure ulcer care depends on the coordinated efforts of multidisciplinary healthcare professionals in care settings across the continuum. (AHCPR 1992) (Clarke et al 2005). Support within and between disciplines is essential for comprehensive and coordinated wound care (AHCPR 1992, Baranoski 1992). Expert opinion states that cost-effective patient care cannot be achieved without continuous and multidisciplinary care (Kerstein et al 1998).

In a multidisciplinary leg ulcer clinic, ongoing interdisciplinary and intersectoral communication expedited the plan of care and referral process and resulted in more efficient and effective care (Lorimer 2004). The diabetic foot is a clinical problem that can be solved with a high degree of success when approached by a team, including specialists in infectious and vascular disease, podiatry and diabetology (Stirnemann et al 1998, Frykberg 1998).

The wound care literature abounds with research describing improved quantitative outcomes resulting from comprehensive, multidisciplinary care.

A one year evaluation study of a multidisciplinary leg ulcer clinic showed improved healing rates, decreased frequency of nursing visits and decreased supply costs (Harrison et al 2003). A multidisciplinary wound clinic eliminated duplication of service, enhanced patient compliance, and increased patient satisfaction and success. (Ratliff & Rodeheaver 1995). Improved healing rates and reduced recurrence rates were outcomes reported in a multidisciplinary diabetic foot ulcer center (Edmonds et al 1986).

A decentralized, multidisciplinary approach to wound care has been effective in reducing the incidence and prevalence of pressure ulcers in geriatric populations in long-term-care and acute care. (Kartes 1996, Granick 1998, Long & Granick 1998). In a three-year acute care hospital project, multi-disciplinary team interventions decreased the admission rate of patients with pressure, venous, arterial or diabetic foot ulcers from 95% to less than 5%, while improving healing outcomes, quality of life and mobility and reducing pain. (Jaramillo et al 1997).

Summary Statement

As the largest collegial multidisciplinary professional group in wound care, AAWC sets standards for care, educates wound professionals worldwide, and supports research efforts for scientific inquiry and evidence-based care. The nature of the chronic wound demands comprehensive, multidisciplinary care. Wound care professionals enhance the quality of their treatment and their value on the team with specialized training and board certification in wound care.

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