POSTER ABSTRACT

Integrative care model in complex wounds.

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Introduction: The project arises from the need to make healthcare systems more efficient, at the same time respond to the population suffering from complex wounds, through a new integrative care model in complex wounds of interdisciplinary clinical care delivery units.

After analysing the existing models to address this kind of problem, of a designed structure that seeks to define an optimized model characterized by patient centralization, integrated care, efficient management practices, multidisciplinary competence team and; the resulting model would be designed with the active involvement of stakeholders and policy makers with the objective of guaranteeing the widest possible applicability.

Complex wounds are a relevant problem within the existing population in the different levels of care. It is important to note, that it is a multifactorial problem. The approach of these wounds is a great challenge for healthcare teams.

Main Objective: Define an innovative integrative care model in complex wounds by interdisciplinary units and management models.

Secondary Objectives: Analyse the efficiency of this model, the approach and management of patients with hard-to-heal wounds.

Method: The differential diagnosis is the first key in this process. Complex wound units perform accurate filtering of each case, and can make referrals to the indicated specialist, but controlling patients, from its entry into the system until the resolution of the problem. In this way the possible drawbacks or jamming that could arise in the circuit may be detected.

The established care plan is agreed and adapted to the individual needs of each patient, always supported by a skilled professional. The empowerment of patients in their health care is the second key to not abandon the plan of care.

The team of specialists includes different disciplines, such as: Plastic and Reconstructive Surgery, Vascular Surgery and Angiology, Internal and Infectious Medicine, Dermatology, Nutritionist and Expert Nursing Team.

Results: This Project began in February 2013 closing the year with 325 patient visits (n: 44) data that was exceeded in 2014 with 738 visits (n: 81). In September of the current year,
we’ve already reached 900 visits. The average time of evolution of the lesions on arrival to the system (retiring three cases that broke the norm with 15, 9 and 8) were around 12 months, while the average problem resolution time ranged from 2 months.

In 2013 we managed to resolve 68% of cases, while 2014 ended with 81% of cases resolved. There were several correlated variables that could be of interest in this part of the study very motivating for future studies

**DISCUSSION**: It’s important to have a clinically effective and cost-effective allocation of health resources, decisions on treatment and prevention of wounds as a result.

Reduce length of patient hospital stays.

Promote preventive measures that allow reducing the prevalence.

The scope of the parameters to be considered, favours the development of an archetype with a high transfer potential to other unit types.

Streamline demand improving hospital and primary healthcare.

Offer support to care centres so that they can become self-sufficient.

Reduce queries of specialized patients derived incorrectly.

Nursing plays a new role (in Spain): "Advanced Nursing" may require changes in legislation and regulations to eliminate barriers in the practice.

This model of integrated care, works in several fields. A horizontal integration between health services, social services and other providers and a vertical integration model, which includes primary care, community, hospital and geriatrics.

This experience has been through some obstacles.

Economic: It has been implemented in a time of crisis and budget cuts, which has fought with an internal restructuring of the team that has led to a professional and human effort.

Resistance to change: The lack of predisposition to the collaboration of other medical equipment has been a problem that has been waning as was demonstrating the efficiency and professionalism.

Professional barrier: A nursing coordinator has the need to interact with other leaderships of higher professional range (mostly medical). Has been created close relations between different disciplines.

Distrust to a new management model: Has been increased the effort and steady work, which has generated well results and a special interest in its diffusion.

**Conclusion**: There is the need to develop basic lines of work in different fields.

It’s necessary to carry out more studies to prove that interdisciplinary wounds units are suitable and a need required by society and expected from the health care system: a low cost, the best possible management and excellent quality of care.

**Keywords**: integrative care; complex wound; hard-to-heal wounds; wound units; wound management