



Evaluation of the Wound Management Pilot

Final Evaluation Report

11 October 2022



Nous Group acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of country throughout Australia. We pay our respect to Elders past, present and emerging, who maintain their culture, country and spiritual connection to the land, sea and community.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities.

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Executive summary

Chronic wounds are a challenging and under-recognised public health issue in Australia and can have serious and/or long-term impacts on patients living with chronic wounds: pressure injuries, venous leg ulcers, diabetic foot ulcers, artery insufficiency ulcers and atypical wounds. Wound management in Australia is predominantly provided in community-based care, general practice and other related primary care settings. In Australia, patients can access wound care in various settings and through providers who may have different sources of funding e.g., state-funded nurse services and Commonwealth-funded general practice services.

There is a lack of current, reliable data on the prevalence of chronic wounds in Australia.¹ Based on data from studies carried out in several high-income countries, it has been estimated that there are about 400,000 cases of chronic wounds in hospital and residential care settings in Australia each year. Despite the availability of regularly updated clinical guidelines, many Australians do not receive best practice care.

In response to the need to improve implementation of evidence-based, best practice wound care, the Australian Department of Health and Aged Care (the Department) has made a targeted investment of \$1.998 million over three years from 2019-2021 for the Wounds Management Pilot (the pilot) and has a broader portfolio of wound management programs underway or planned. The intent of the pilot is to improve the management of chronic wounds in the primary care sector by designing and testing wound management models through Primary Health Networks (PHNs).

Three PHNs, Gold Coast PHN, Nepean Blue Mountains PHN, and Western Victoria PHN, were successful in their application to develop and implement regionally tailored models for the pilot. The Department also engaged Wounds Australia to provide clinical expertise to PHNs during the implementation of their pilot models.

The Department engaged Nous Group (Nous) to conduct an independent, national evaluation of the pilot. The evaluation of the pilot was conducted between January 2021 and September 2022. This final Evaluation Report includes findings from a synthesis of evaluation data and a set of recommendations and strategic considerations.

The overall aim of the evaluation is to determine the most appropriate evidence-based models for driving access to high quality, integrated care for the treatment and management of chronic wounds.

Six key evaluation questions (KEQs) guide and structure the evaluation (Table 1). The KEQs were developed in collaboration with the Department and representatives of each of the PHNs, and feedback from Wounds Australia.

Table 1 | High-level key evaluation questions

Overall evaluation question	What are the most appropriate evidence-based models for driving access to high quality, integrated care for the treatment and management of chronic wounds?
KEQ 1	What are the wound management pilot models and how well have they been designed and delivered across PHNs?
KEQ 2	How do the pilot models impact on quality of care for people living with chronic wounds?

KEQ 3	How do the pilot models impact the upskilling and experience of providers of wound treatment?
KEQ 4	How do the pilot models impact the management of wounds at a system level?
KEQ 5	How cost effective are the different pilot models for Government, providers, and patients?
KEQ 6	What lessons have been learned through the PHN pilots that could support scalability and further roll out?

Summary of findings

The evaluation findings are presented in Table 2 as they relate to each KEQ. Section 3 of this report provides the detail underpinning each finding.

Table 2 | Summary of evaluation findings by key evaluation question

What are the wound management pilot models and how well have they been designed and delivered across PHNs? (KEQ 1)

- PHNs implemented tailored, evidence-based approaches to the management of chronic wounds in response to specific regional needs
- Timeframes for grant writing and program design limited opportunities for co-design and integration, particularly with state-funded services
- Implementation was interrupted by COVID-19. In some PHNs, this was mitigated by building in continuous improvement into their pilot design.

How do the pilot models impact on quality of care for people living with chronic wounds? (KEQ 2)

- There are indications that the pilot has contributed to enhanced access to quality care and improved quality of life for some patients, carers and families
- Stakeholders highlighted opportunities for improved patient education and knowledge about wound management.

How do the pilot models impact the upskilling and experience of providers of wound treatment? (KEQ 3)

- Providers have improved their skills and confidence in delivering chronic wound care due to the education activities through the pilot
- Stakeholders highlighted a lack of time and logistical challenges in bringing diverse health professionals together as key barriers to effective upskilling in wound management throughout the pilot
- Stakeholders reported that guidance for wound management provided through the pilot was valuable for provider and patient education, particularly when tailored to specific care settings.