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AMA submission to University of Western Australia – AMA Submission on Australian Standards for Wound Prevention and Management 2022

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Introduction

The AMA welcomes the opportunity to comment on the draft Australian Standards for Wound Prevention and Management 2022. Enhancing the provision of quality wound care is an important issue as the evidence indicates that approximately 450,000 Australians currently live with a chronic wound. This costs the health system around $3 billion a year, and many wound care providers and patients due to inadequate funding of the costs of care struggle to provide and access optimal care.[1,2,3]

General Comments

The Standards need to be renamed to make it clear that they are intended for the prevention and management of chronic wounds. The AMA would suggest a revised title could be: Chronic Wound Prevention and Management 2022.

The AMA acknowledges that the Standards are a comprehensive overview of best wound care practice across many clinical settings. However, to be implemented and supported by the AMA as something GPs may be expected to sign up to as prerequisite for access to any enhanced funding for wound care would require a more focused set of standards appropriate to general practice. The AMA suggests that the Australian Health Research Alliance work with the Royal Australian College of General Practitioners (RACGP) to ensure general practices wanting to access any enhanced funding for wound care can demonstrate they meet the standards for best practice wound care, whether this be via the RACGP Standards for General Practices or an additional module, such as exists for Medical Homes, After-Hours and Medical Deputising Services, Point-of-Care Testing, and for health services in the Australian Defence Force, immigration centres or prisons. The AMA notes that many of the principles such as cultural awareness and safety and patient centred care are already included and inherent in the RACGP Standards for General Practices. Such as:

- Core Standard 1: How practice provides timely and accurate communications that are patient-centred;

- Core Standard 1: Indicator C1.3 Informed Patient decisions; and
- Core Standard 2: Indicator C2.1A: Our practice, in providing patient healthcare, considers and respects patients' rights, identity, body diversity, beliefs, and their religious and cultural backgrounds.

Additionally, the AMA would also encourage the Western Australian Health Translation Network to develop education modules that cover the background and context and each of the standards. This would be useful for enhancing wound care practitioners understanding, application of, and adherence to the Standards. Such modules could be hosted on learning platforms such as doctorportal learning and if accredited as a Continuing Professional Development activity further support medical practitioner upskilling in providing quality wound care.

Standard 1 – Scope of Practice

One of the biggest issues for wound care providers, particularly within general practice is the cost of consumables involved in delivering evidence based wound care. This coupled with inadequate funding arrangements to support upskilling in, and provision of team-based, wound care adds financial pressures to practices which are faced with either absorbing the loss or asking the patient to contribute to the cost of care. As cited in the Report from the Wound Management Working Group, "with the current financial pressures to both practice and patient, GPs face a dilemma in either choosing more affordable, low quality dressings or higher quality dressings that may present a cost barrier to patients[4]." The affordability of higher quality and more appropriate dressings thus impacting wound treatment choices, healing times and patient outcomes.

This issue in some cases may make it very difficult for practices to adhere to the evidence criteria 1.5.3 which calls for providers to provide or facilitate access to the necessary resources for the implementation of cost effective, evidence-based practice in the care of individuals.

Standard 2: Collaborative Practice

The AMA suggests inserting at the start of 2.3.1 the words "Where appropriate" to make the standard less prescriptive and more targeted in its implementation. The standard should not perpetuate unnecessary access to healthcare. The standard should acknowledge that there may be stages of wound care or wound prevention where the involvement of other multidisciplinary team members outside of the patient's GP and their practice nurse would be premature. Predominantly the references used as evidence for adopting a multidisciplinary approach are focussed on wounds that are chronic or hard to heal. It is unclear whether the Standards are aiming to collectively be generally focussed on both acute and chronic wounds or chronic wounds alone. This needs to be clarified as per our opening general comment or better reflected within the individual standards.

Making the suggested amendment would also better align 2.3.1 with 2.3.2 which talks about making appropriate referrals.

The AMA is supportive of ensuring patients have equitable access to multidisciplinary healthcare services where required and, especially within an integrated medical home, such as the patient's

usual general practice. To enhance the capacity of general practices in this regard the AMA has called on the Government to lift caps on subsidies available under the Workforce Incentive Program to further support the employment of in-house health professionals as part of the multidisciplinary health care team.

Standard 3: Wound Assessment

The AMA supports this standard but notes that without appropriate funding arrangements in place to support GPs, as the primary wound care practitioner, with the comprehensive nature of a wound assessment, that adhering to this standard will not be cost effective and thus difficult to encourage.

The AMA notes the recommendation from the Report from the Wound Management Working Group (WMWG) for funding under the Medicare Benefits Schedule for a new item to support the initial wound assessment of patients with a chronic wound or wound at high risk of becoming chronic. A recommendation that would support the wound care upskilling and one which we supported in our supplementary submission to the WMWG with some suggested modifications around target groups and item structure.

Standard 4: Wound Prevention

While the intent of the evidence criteria 4.5.1 for Standard 4.5 is understood, the practical application and assessment against it would be largely subjective. For example, establishing a wound prevention program, which involves consideration of the factors within the facility that are contributing to preventable wounds and the establishment of process for assessing, reporting on, and responding to wound incidence and prevalence would be more measurable then maximising environmental safety.

Standard 5: Wound Management

The AMA believes that intent of the 3rd and 4th dot points under 5.8.3 could be made clearer if they were amended as follows:

- Performing appropriate and adequate wound cleansing
- Performing appropriate and adequate debridement

This provides leeway under the standard not to cleanse or debride when not appropriate to do so.

See https://www.nursingtimes.net/clinical-archive/tissue-viability/when-is-wound-cleansing-necessary-and-what-solution-should-be-used-20-08-2018/

Regarding 5.9.1, the AMA acknowledges the practicalities of the final two dot points addressing:

- accessibility and cost, and
- preferences of the individual.

However, it remains that because of these considerations patients may not receive optimal care. As, for example, cheaper dressings may not be the most cost effective in the long term if they delay wound healing. This undermines the aim of the Standards to promote high quality clinical practice that delivers good health outcomes for people with wounds or at risk of wounding. Ensuring that patients have affordable access to wound dressings is why the AMA has and continues to advocate for the Government to fund a wound care scheme which covers the costs of dressings provided in general practice for patients with hard-to-heal wounds, targeting initially concession and health care card holders.

Standard 6: Documentation

The AMA supports this standard, noting that the consent and record keeping processes are in line with existing legislative and regulatory requirements.

Standard 7: Knowledge, Education and Research

The AMA supports this standard, noting that additional Government funding to support new quality improvement measures for wound care through the Quality Improvement Incentive under the Practice Incentive Program (PIP) would further assist in promoting the objectives of this standard. With such funding, possible examples of appropriate improvement measures might be:

- Proportion of patients with a chronic wound who have received a wound assessment.
- Proportion of patients with a chronic wound who have wound care plan in place.
- Proportion pf patients with a chronic wound who have received wound-related education.

Any amendments to or expansion of the Improvement Measures and the PIP Eligible Data collected to inform these measures would need to be recommended by the PIP Advisory Group (PIPAG) Data Governance Sub-Committee and agreed to by PIPAG.

Standard 8: Digital Platforms and Technologies

The AMA supports this standard, and has nothing further to add.

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