

## STANDARD 2: COLLABORATIVE PRACTICE

**Wound prevention and management are delivered using a collaborative approach between the individual, their family carers and the multidisciplinary team.**

### Rationale

Collaborative practice in wound prevention and management is associated with optimal outcomes, including wound-related outcomes, quality of life outcomes, participation in care and more efficient and effective care delivery from the multidisciplinary team and health care system.<sup>1-7</sup>

### Criteria for wound care practitioners

To meet the criteria for the *Collaborative Practice Standard*, the wound care practitioner:

#### **2.1. Empowers the individual and their family carers to participate in wound care decisions and wound management.**

##### Evidence Criteria

- 2.1.1. Recognises the individual's wishes with respect to involvement of family carers in wound care.<sup>8</sup>
- 2.1.2. Recognise the importance of family, community, partnership and collaboration in the wound care decision-making of Aboriginal and/or Torres Strait Islander peoples.<sup>9-11</sup>
- 2.1.3. Communicates in a manner that is consistent with the individual's values, preferences, language and health literacy.<sup>9, 11-14</sup>
- 2.1.4. Assesses the health literacy of the individual and their family carers, including their capacity to engage in informed decision making.<sup>2, 9, 14</sup>
- 2.1.5. Provides relevant information, education and support to the individual and their family carer to enable informed participation in wound care planning and delivery.<sup>2-4, 13-19</sup>
- 2.1.6. Provides individuals with non-concordant behaviours with education, support and respect that will guide future care directives and access to service delivery.<sup>2, 15</sup>

#### **2.2. Practises person-centred wound care.**

##### Evidence Criteria

- 2.2.1. Partners with individuals and their family carers in planning, delivery and evaluation of wound care.<sup>1, 15, 16, 20, 23</sup>
- 2.2.2. Discusses and respects the care goals, beliefs, practices and preferences the individual and their family carers.<sup>9, 2, 3, 12, 14, 20, 21</sup>

- 2.2.3. Discusses and assesses skills, knowledge, willingness to participate in care decisions, and self-care skills with the individual and their family carers.<sup>2, 6, 18, 22</sup>
- 2.2.4. Uses information received from the individual and their family carers in planning and delivering wound care, including decisions on responsibility for different aspects of care.<sup>2, 9, 12, 14, 18, 23, 24</sup>

**2.3. Works collaboratively with the multidisciplinary team with respect to wound care.**

Evidence Criteria

- 2.3.1. Uses a multidisciplinary approach to wound assessment, planning, delivery and evaluation.<sup>1-3, 5, 12, 13, 18, 22, 25-29</sup>
- 2.3.2. Makes appropriate referrals to other multidisciplinary team members.<sup>1-3, 9, 13, 16, 24, 25, 27</sup>
- 2.3.3. Supports the ongoing professional development of the multidisciplinary team.<sup>12, 13</sup>

**2.4. Communicates in a way that facilitates collaborative delivery of wound care.**

Evidence Criteria

- 2.4.1. Creates a positive and safe environment that respects the diversity of individuals, their family carer and the multidisciplinary team to promote effective collaboration.<sup>9, 14, 21</sup>
- 2.4.2. Regularly communicates with the individual and their family carer regarding wound care.<sup>9, 12, 21</sup>
- 2.4.3. Regularly communicates with the multidisciplinary team regarding care planning, delivery and evaluation.<sup>1, 8, 9, 12</sup>
- 2.4.4. Engages in timely communication when there are changes that impact on the individual, their wound and/or their wound healing environment.<sup>8, 9, 30</sup>

## Criteria for wound service providers

To meet the criteria for the *Collaborative Practice Standard*, the wound service provider:

**2.5. Promotes person-centred care models in wound care.**

Evidence criteria

- 2.5.1. Outlines mission, goals and/or philosophy that focus on improving the experience of the individual.<sup>15, 20</sup>
- 2.5.2. Communicates with individuals and their family carers in ways that support engagement in wound care.<sup>20</sup>

**2.6. Implements and supports a wound service delivery model based on multidisciplinary care.**

Evidence criteria

- 2.6.1. Ensures access to services from a range of health disciplines.<sup>1, 3, 17, 23, 31</sup>

2.6.2. Implements structures that support multidisciplinary interaction and communication.<sup>1-3, 17, 30</sup>

## 2.7. Facilitates and supports a wound service environment of mutual respect.

### Evidence criteria

2.7.1. Recognises the importance of family, community, partnership and collaboration in the wound care decision-making of Aboriginal and/or Torres Strait Islander peoples.<sup>9, 10, 15, 32, 33</sup>

2.7.2. Promotes an environment that accepts diversity among staff, individuals and family carers.<sup>16, 33</sup>

2.7.3. Promotes an environment and culture that focuses on satisfaction of staff, individuals and family carers.<sup>1, 15, 21</sup>

## Related resources

Australian Commission on Safety and Quality in Health Care. (2021). The National Safety and Quality Health Service (NSQHS) Standards: Partnering with Consumers Standard. ACSQHC: <a href="https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard">https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard</a>	S
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Moore, Z., Butcher, G., Corbett, L., McGuinness, W., Synder, R. and van Acker, K. Managing wounds as a team. <i>J Wound Care</i> , 2014. <b>23</b> (5 Suppl): p. S1-38.	C
Wu, T., R.A. Chaer, and N.L. Salvo. Building effective partnerships between vascular surgeons and podiatric physicians in the effective management of diabetic foot ulcers. <i>J Am Podiatr Med Assoc</i> , 2016. <b>106</b> (4): p. 308-11.	R

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## Background and Context

### Collaborative care

Adopting a collaborative approach to care delivery is recognised as a core component of professional practice across health disciplines and clinical settings.<sup>23, 34, 35</sup> A collaborative approach to wound care that includes wound care practitioners from a range of disciplines, the individual and their family carers is considered to be a gold standard for wound care and is fundamental to patient-centred care models.<sup>1, 36</sup>

A collaborative and multidisciplinary approach to wound care is associated with improved outcomes for individuals with and at risk of all types of wound. Multidisciplinary collaboration is associated with:<sup>1-7, 24, 37, 38</sup>

- decreased incidence of preventable wounds,
- improved wound healing times,
- reduction in amputation rates,
- increased adherence to management plans,
- improved health-related quality of life, and
- cost-effective care delivery.

Wound care is a multifactorial clinical issue that encompasses the scope of practice of numerous health disciplines. Wound care practitioners in a range of health disciplines have the expertise to contribute to the assessment, prevention and management of wounds and related comorbidities.<sup>39</sup> Evidence-based wound management guidelines highlight that collaboration between the individual, multidisciplinary team and family carers is as an essential component of high quality care.<sup>7, 17, 18, 40</sup>

Collaborative wound management promotes integration into care of complementary perspectives, philosophies and strategies derived from expertise from a range of professional and clinical backgrounds.<sup>25</sup> This includes timely and appropriate address of intrinsic and extrinsic factors that influence an individual's wound healing, early consideration of risk indicators and wound deterioration, prompt referral, and comprehensive documentation.<sup>41</sup> Significant direct and indirect cost savings have been noted, particularly when multidisciplinary care is co-located, and referrals are streamlined.<sup>37</sup>

### Working as a team

Successful collaboration requires individuals to work together as a group within and across health care disciplines and settings. Effective communication requires team members to make appropriate and timely referrals, share information; negotiate, plan and act; give and receive feedback; respect one another; and resolve conflict in order to achieve identified mutual goals and optimum outcomes for the individual with or at risk of a wound.<sup>1, 42</sup>

Personal characteristics including clinical expertise, communication and leadership skills, and self-reflection are core facilitators to collaborative team work.<sup>43, 44</sup> Having a thorough appreciation and acknowledgement of the scope of practice and skills set of other multidisciplinary team members is a fundamental principle of successful collaboration.<sup>25, 45</sup> Supporting other members of the team in their professional development (e.g. through sharing of educational opportunities, discussing research or supporting opportunity to engage in professional development activities) is a part of successful collaboration.

Wound service providers play a significant role in supporting collaborative wound care. The model of care supported within the service drives the level of multidisciplinary input to care.<sup>31</sup> Bringing together wound care practitioners from a range of disciplines can be supported via recruitment policies, service delivery models, strategic partnerships, outreach programs and co-location arrangements.<sup>31</sup> Strong collaborative care requires an investment by the wound service provider in administrative systems to support communications, referrals, clinical care meetings and inter-discipline education.

### **Empowering individuals**

The right of individuals to independence, choice, and control over their health care are enshrined in quality standards for acute care, sub-acute care, aged care and community-based care in Australia.<sup>20, 46, 47</sup> A person-centred approach to care requires the multidisciplinary team to maintain respect for individuals and support and promote engagement in their own care. In order to make choices about their wound management, to contribute to goal and care planning and to actively engage in self-care activities individuals require an appropriate level of health literacy, education and support. Promoting quality care involves key strategies at a system, service, team and individual level.<sup>15, 46</sup> These strategies include (but are not limited to):<sup>15, 20, 48</sup>

- recognising and promoting roles and responsibilities within the wound service,
- developing service policies that promote partnerships with the individual and family carers,
- assessing the individual's ability to engage in care decisions and self-care activities,
- providing education and support to allow individuals and family carers to develop decision-making and self-care skills, and
- recognising the diverse backgrounds of individuals with or at risk of a wound.

Cultural awareness is recognised as a prerequisite for a strong multidisciplinary team and service delivery of holistic care.<sup>33, 49</sup> Cultural awareness and partnerships are associated with improved perceptions of health services by people from culturally and linguistically diverse backgrounds, including Aboriginal and Torres Strait Islander people. Developing and implementing effective approaches to achieving cultural awareness in any health service requires an ongoing, planned strategic direction that is driven and modelled by all stakeholders.<sup>33, 49</sup>

Such a patient-centred approach is associated with improved preventive care, improved functional status, concordance in goals and wound care interventions, reduced complication rates and fewer adverse outcomes.<sup>15</sup>

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