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<p>‣ TIME to treat</p> <p style="text-align: right;">Page 1</p>	<p style="text-align: center;">—Editorial—</p> <p>November already so clocks back but looking forward to Harrogate on 12 - 14th which this year is set to be bigger than ever with Continence and Dermatology programmes joining the established Wounds UK event. Bringing these events together means more choice for you at no extra cost, so why not check out the programmes on: www.continence-uk/harrogate_programme.shtml and www.dermatology-uk.com/conferences.shtml#programme.</p> <p>You might like to try for example the Continence UK programme at 9.40 Tuesday 13th for the session 'Could combined Continence Ostomy and Wound Care Services be a reality for the UK', or also on Tuesday as part of the Dermatology UK programme at 11.05 'Current therapies for itch management'. I look forward to seeing you all at the Harrogate International Centre, safe travelling everyone.</p> <p>Andrew Kingsley Editor Email: andrew.kingsley@wounds-uk.com</p>	<p>‣ Product News</p> <p style="text-align: right;">Page 5</p>
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‣ **TIME to treat**

In the UK approximately £229.2 million is spent on dressing products alone. This does not reflect litigation costs that result from complications or indeed the hidden costs to the patients such as pain, depression and social isolation. A considerable number of dressings are available for use and it is often confusing and difficult for clinicians to make choices. In order to address these issues and ensure appropriate dressing selection many areas have developed wound care formularies.

The TIME framework was used to develop a wound care formulary in one London trust, to ensure appropriate wound care treatments based on the problems identified at the wound bed. It was developed as a joint formulary between primary and secondary care to ensure continuity of care between health care settings.

The development process involved

- **Auditing the products that were at the time being used**
- **Reviewing the literature on the available evidence**
- **Consideration of the cost of products**
- **Matching products to wound care problems within the TIME framework**

Following consultation and approval the formulary was launched in May 2006. Posters were printed for all the wards and departments and diary-sized laminated versions were made for the community nurses. A recent audit of the formulary shows 80% concordance. New products that are not on the formulary continue to be evaluated and considered for inclusion when the formulary is reviewed in 2008.

Using TIME as the framework for the formulary has ensured correct and appropriate use of wound products. It has also been useful in terms of providing prompt solutions to nurses at the bedside when deciding treatment interventions.

The formulary is attached for information and can be used as a template for those in the process of developing a formulary.

To download go to:

http://www.woundsuk.co.uk/woundcare/downloads/Wound_Care_formulary.pdf

Caroline Dowsett

Chair, National TIME Advisory Board

➤ **Johnny Random's column**

At last, a use for the appendix, well a theory worth considering anyway! *The Journal of Theoretical Biology*, carries a paper suggesting that the appendix is a 'good' bacteria reservoir. The scientists say its function seems to be related

to regulating the massive amounts of bacteria populating the human digestive system. When infectious diarrhoea diseases clear the gut of useful bacteria, the appendix reboots the digestive system. So not everything that glisters is gold and neither everything that is dull is decrepit!

Medscape (2007) Appendix protects good germs. In the news. 8th Oct 2007.
<http://www.medscape.com/viewarticle/563872?sssdmh=dm1.308482&src=nlpatient>

▸ Journal peripherique

The British Journal of Dermatology have an on-line early article on the microbiological epidemiology of furuncles (boils) and impetigo. If you read, as I did, with interest Beer and Fears' article on the Panton-Valentine Leukocidin (PVL) toxin producing strain of *Staphylococcus aureus*, this article shows how close to home this potentially lethal strain can be found. Looking at nasal samples positive for *S. aureus*, from November 2004 - August 2005, 64 of 121 patients with furuncles or impetigo carried the strain. The report reads '*Panton-Valentine leukocidin (PVL) genes were present in 13 of 31 (42%) isolates from furuncles and were associated with epidemic furunculosis. Exfoliative toxin genes were present in 10 of 10 (100%) and 12 of 21 (57%) bullous and nonbullous impetigo isolates, respectively. Nasal carriage of S. aureus was found in 58% of patients overall. It was strongly associated with chronic furunculosis but not with simple furuncles (88% vs. 29%, P < 0.007)..... Methicillin-resistant S. aureus accounted for four of 64 (6%) positive skin cultures.*'

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➤ Company News

Talley Group expand UK manufacturing facility

Talley Group Ltd has increased its Romsey head office and manufacturing facility to 60,000 sq ft to cope with increased demand for its Negative Pressure Wound therapy and Pressure relieving mattress products. Chris Evans C.E.O of the Talley Group, said: "For more than 50 years, we have always demonstrated our commitment to UK manufacturing, focusing on quality, value, and innovation which allows us to give our customers state-of-the-art, cost effective products".

This increased capacity follows investment earlier in the year on a new CNC Static Cutting System operated by CAD (Computer Aided Design) technology, and 3 new Injection Moulding machines that create intricate plastic components for use in the production of the air supply units. The increased space will also mean the creation of additional jobs at the site. Talley Group's Operations Manager Kevin Mearns said: "Everything here is under one roof, so we have total control throughout the process of design, manufacture, production and quality". "By retaining this control we can respond to our customers needs quickly and efficiently, whilst keeping prices competitive for the NHS and private facilities alike."

For more information please contact:

Kevin Mearns

Operations Manager

kmearns@talleygroup.com

Activa Healthcare Chronic Oedema Study Days

There are still opportunities to come and explore the assessment and management of chronic oedema with Professor Christine Moffatt and other UK experts at:-

The Inchyra Grange Hotel, Falkirk – 6th November

The Hilton Templepatrick Hotel, Belfast – 8th November

Call Activa Customer Care on 08450 606707

BSN Medical Wound Infection Management Roadshows

BSN Medical with Wounds UK are holding two free study days in December entitled 'How to Manage Infected Wounds Clinically and Cost-effectively without Silver'. The days will explore the patient and societal implications of wound infection including health economics, and how to clinically manage the problem. A new non-antimicrobial method of managing this problem will be discussed and the evidence to support it shared.

University of Worcester, Cotswold Suite – 5th December

City of Manchester Stadium (Eastlands) – 6th December

Book your place by calling 01482 670132 or email to

advancedwoundcare@bsnmedical.com

▸ **Product News**

Sorbion Wound Care

Sorbion sachet S will be available on Drug Tariff from Dec 1 2007. It is a sterile hydroactive wound dressing for the treatment of moderate to highly exuding wounds. It functions by absorbing and retaining chronic wound exudate, including the high levels of protease enzymes (MMPs) postulated to impair wound healing. The sachet is a hypoallergenic fleece envelope, containing super-absorbent (water-binding polymers included in a cellulose matrix) with reputedly highly efficient liquid-uptake and retention properties, even under compression, ensuring long wear time and hence cost effectiveness.

The interim results of a multicentre 30 patients clinical evaluation (Cutting et al 2007) provides details of the ability to absorb (when required) copious volume of exudate, the reduction in frequency of dressing change, patient acceptance of the dressing, improved quality of life together with and associated cost benefit. The full trial results will be available next month at Harrogate 2007.

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‣ **WWW - Wonderful Website World**

Ever come across a wound that you thought might have a suspicious aetiology, then the wounds section on <http://www.forensicmed.co.uk/index.htm> might be a useful site providing lots of insight on definitions of common traumatic wound terms and how they can be produced.

‣ **Statistics to go**

Correlation coefficient

I recently had occasion to revisit a key wound infection paper on the identification of signs and symptoms (Cutting et al 2005). The researchers gathered a multidisciplinary team of expert clinicians from around the world and placed them into groups to consider the signs and symptoms of infection related to different types of wound. Communication was entirely by email and members of the group remained anonymous to each other at all times during the Delphi process to ensure unbiased decision making from each individual panel member. The Delphi process is a method of gaining consensus and involves ranking and re-ranking statements over a number of rounds until the best consensus available is achieved. In the study the researchers used the term 'correlation coefficient'. What is correlation coefficient and what are the important values?

A correlation co-efficient test checks to see if there is a relationship and what the strength of that relationship is between the two variables. When both variables are plotted on an X and Y axis graph (called a scatter diagram) they might appear to form in an approximately linear (line-like) fashion suggesting the possibility of a correlation, or be randomly spread out suggesting there is no relationship. There is also the possibility of a u-shaped or curvilinear relationship, but let's leave that for another day! The test checks to see if any correlation exists and whether it is in a positive or negative direction. A

positive relationship means that as one variable increases in value or frequency the other correlated variable does too, A hypothetical example of this for patients with wound infection could be as C-reactive protein values rise so too does the body temperature . A negative (or inverse) relationship means that as one variable increases, the other decreases. A perfect positive correlation has a score of +1.00, no correlation is indicated by 0.00, and a perfect negative correlation scores -1.00. Pearson's correlation coefficient (denoted by the letter 'r'), shortened from its full name the Pearson product moment correlation coefficient, is used when the variables are suitable for analysis using parametric statistics (i.e., both the variables have interval and continuous level data). Spearman's rank correlation test (given the letters 'rho') is used instead of Pearson's test when the level of measurement of the data is ordinal). The strength of the 'r' scores is not affected by the direction of the relationship (positive or negative), if

$r = .00 - .25$ there is little if any relationship between the two variables

$r = .26 - .49$ a low relationship

$r = .50 - .69$ moderate

$r = .70 - .89$ high

$r = .90 - 1.00$ very high

In the wound infection study signs or symptoms that correlated with a score of $r = > +0.7$ were merged as they were considered to be so similar as to be clinically indistinct. This process removed dual terminology and enabled the experts to then re-rank the combined sign or symptom, finally producing a rank ordered list such that the most powerful sign or symptom regarded by the expert clinicians was placed at the head of the list which then proceeded down in order of priority. The lists of rank ordered signs and symptoms for each of the different wound types considered are listed in the article.

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