



## Real World Research: Improving Patient Outcomes

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UK's policy: "no choice about me without me." Patient should be involved in care and care decisions.

While this is official policy, too often we pay lip service to it, without really communicating with patients, getting to know their needs and wants, and involving them in the care process.

Our communication with patients is really quite poor. For example, when patients get tested, they are often told NOTHING – no explanations, no instructions.

### Why this needs to change

Involving the patient is getting more critical as the UK (and European) population ages.

- UK already has more over 65s than under 16s
- In mid-2014, average age exceeded 40 for the first time
- From 2015 to 2020, the general population is expected to rise by 3%, but over 65 are expected to increase by 12% and over 85 by 18%
- By 2040, nearly one in 7 people is projected to be aged over 75

The medical implications are already showing themselves:

- The annual NHS cost of wound care rose from 1.3 billion pounds in 2009 to 5.3 billion pounds in 2015: quadrupling in 6 years
- In UK, 22,000 new pressure injuries annually, 28% of which are on the leg or foot
- 33%-41% of community nursing time spent on wound management



Challenges are numerous:

- Health resources
- Professional education
- Obesity
- Ageing population
- Diabetes
- Cost
- Resources
- Promoting self-care

**THE ONLY WAY THIS SITUATION CAN IMPROVE IS IF WE CAN DEEPLY UNDERSTAND OUR PATIENTS' WANTS AND NEEDS, KNOW WHAT WILL WORK FOR THEM, AND COMMUNICATE EFFECTIVELY WITH THEM.**

## Keep the patient at the heart of everything we do

We talk about core outcomes of what we need to study, but are we talking about what the patient needs out of our research?

Good wound care – from research to practice – should start with the patient's goal, not the doctor's or nurse's.

### **Do we actually know what the patient really wants?**

"I don't like lying in bed and I want to live life fully."

"I want to be able to sit through a performance."

"I want to have the ability to sit in a taxi and go somewhere."

- Patients want **quality of life** – and to each person that means something different.

"Should we heal the wound when treatment may be worse than the wound?"

"I don't care how quickly my wound heals. What's more important to me is that it doesn't leave a scar."



“Will my wound heal? If it may never heal, I want to know that.”

- Patients want honesty from their medical staff.

“I want to know what my options are.”

“I want to know what care I’m eligible for. What can I get access to?”

“I want to be involved in the planning.”

“I want to manage things independently as much as I can.”

- Patients want information and empowerment.

## Wound care of the future

The external situation does not look like it will improve:

- Professional education is being cut by 50% in the UK
- Obesity epidemic
- Aging population
- Diabetes and rheumatoid arthritis is on the rise

Wound treatments have become more advanced (and continue to progress), giving patients more choices and improved outcomes... but also often incurring more expenses.

The hope for the future is in increasing our ability to understand, reach and influence the patient where she is.

- Relate to her needs and wants
- Provide information and motivation
- Focus on prevention and maintaining quality of life
- Promote self-care and help the patient manage themselves

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