

The development of wound care specialist services in the Middle East over the last decade



Madeleine Flanagan



Gulnaz Tariq

Wound care data from the Gulf States indicates high rates of hospitalisation related to motor vehicle accidents, construction and industrial injuries^[1]. These injuries are often associated with complex wounds that require intervention by specialist services. The management of chronic wounds, including diabetic foot ulcers, surgical site infection, pressure ulcers, venous and arterial leg ulcers, represents a growing burden for patients and healthcare organisations as they have a profound impact on the health and quality of life of patients.

In response to the rising population in the Middle East, there has been serious and sustained investment in both government-funded institutions and other private health service organisations to improve facilities and treatment technologies, health information systems, and research and education of healthcare professionals. In addition, investment in infrastructure, professional licensing, and health insurance policies have recently been developed, driven by a desire to improve patient care. In the last 10 years, the adoption of approaches to service delivery that emphasise evidence-based practice and interprofessional team working have begun to be introduced in the region, and are making a difference.

Recent data indicate a high and rising prevalence of diabetes in the Gulf Cooperation Council (GCC) countries, thought to be related to genetics, rapid urbanisation and lifestyle habits such as lack of exercise, smoking, and obesity^[2,3].

As a result, healthcare facilities across the region report increased demand for diabetes services, which in some areas is estimated to be as high as 40%^[4]. Chronic wounds are closely associated with chronic diseases and morbidity and are expected to become more widespread given demographic trends in the region^[3,5].

The long-term consequences of delayed healing have important implications for health professionals and healthcare administrators as wound care is labour-intensive and time consuming.

Wounds have been identified as a major cause of preventable hospital admissions and extended hospital stays, diverting valuable clinical resources from other healthcare priorities^[6,7]. Yet

provision of wound care services is a complex and fragmented challenge that cuts across traditional healthcare sectors (primary and secondary care) and clinical disciplines (nurses, doctors, podiatrists etc.). Clinicians who manage wounds work in a diverse range of healthcare environments and may not have the specialist skills to effectively manage patients with skin integrity problems. This is often compounded by a lack of interdisciplinary cooperation and specialist centres. It is well documented that effective wound management services demand clear leadership from healthcare administrators and organisational awareness of the importance of prevention and management of wounds and skin integrity^[8,9].

There is, therefore, an urgent need in the Gulf States to expand the development of specialist services and interprofessional teams to improve management of patients with wounds and compromised skin integrity. A growing body of research confirms that the cost of chronic wounds to healthcare organisations is already high and can be expected to grow, making the case for improving wound care services compelling^[8].

Prominent themes in health service strategies of GCC countries include aspirations to ensure availability of specialist services and high quality care, promote healthy lifestyles and public health, develop community-based primary care and improve health promotion and patient follow-up^[10,11]. However, to achieve these goals in relation to wound management, a diversity of clinical and organisational obstacles must be overcome to improve standards. These include inadequate reporting systems where there may be limited wound care data on key indicators such as wound prevalence, duration, infection rates, healing times and treatment costs^[7]. Wound assessment may be inadequate and not applied consistently across the organisation. Some wound care practices may be out-dated or not supported by an evidence base and there may be a lack of clearly defined clinical pathways or protocols across the organisation. In addition, clinical approaches to wound care may be fragmented or uncoordinated across different clinical areas disciplines leading to inefficiencies, duplication and inappropriate use of resources^[9,12]. These issues are compounded by inadequate wound management education resulting in staff

Madeleine Flanagan,
*Principal Lecturer,
Postgraduate Medicine for
School of Life and Medical
Sciences, University of
Hertfordshire, UK.*

**Gulnaz Tariq, Wound Care
Manager for Sheikh Khalifa
Medical City, IIWCC Course
Coordinator UAE,
Abu Dhabi, United Arab
Emirates**

that lack the necessary knowledge and skills to provide optimal wound care.

Educational initiatives such as the International Interdisciplinary Wound Care Course (IIWCC) first introduced by Toronto University and the Wound Care Academy (University of Hertfordshire, UK) in 2007 have helped to develop best wound care practice in the region, emphasising the benefits of interprofessional collaboration, development of specialist practice and patient-centered care. Student projects have provided impetus for the development of a wide range of practice developments, including introduction of clinical guidelines/care pathways to standardise wound care, rationalisation of dressing products and advanced treatment modalities, implementation of specialist assessment procedures, collection of centralised audit data and improvements in health promotion and patient information. One of the biggest impacts of specialist education in the last decade has been to foster the development of professional networks across the Middle East, which has helped to establish a growing number of key opinion leaders who are driving practice developments across primary, secondary and tertiary care. The University of Hertfordshire has now registered a number of specialist practitioners onto its masters programme on skin integrity, which further supports this work in the region.

In recent years, some success has been achieved in GCC countries, such as the UAE, Oman, Saudi Arabia, developing integrated wound care services that are concerned with the prevention and maintenance of skin integrity. Specialist wound centres are developing in which clinicians

from different disciplines work in cohesive, multidisciplinary teams. This emphasis on service integration maximises limited resources and makes the best use of available expertise to improve patient outcomes as well as acting as a model for others to adopt.

The goal for any health organisation is to help clinicians acquire and develop advanced knowledge and skills to effectively promote and maintain skin integrity, in patients of all ages, based on the best available evidence. This supports the global health agenda by building and supporting a skilled workforce with the aim of maintaining and improving health within a knowledge-based, patient-centred healthcare system.

The global wound care community is a tight knit group of dedicated and enthusiastic health professionals who are keen to share their knowledge and experience to improve the lives of patients with wounds. This community is growing year on year as practitioners, researchers and healthcare industry gain knowledge and push the boundaries about what is possible to improve the lives of patients with non-healing wounds. The emergence of specialist wound care practitioners in the Middle East over the last decade is an exciting development as they have much to contribute to local and international best practice.

References

1. Bener A, Abdul Rahman YS, Abdel Aleem EY, Khalid MK. Trends and characteristics of injuries in the State of Qatar. *Int J Inj Contr Saf Promot* 2012; 19(4): 368–72
2. Ahmed AA, Elsharief E, Alsharief A. The diabetic foot in the Arab world. *Journal of Diabetic Foot Complications* 2011; 3(3): 55–61
3. Sriyani KA, Wasalathanthri S, Hettiarachchi P, Prathapan S. Predictors of diabetic foot and leg ulcers in a developing country with a rapid increase in the prevalence of diabetes mellitus. *PLOS One* 2013; 8(11): e80856.
4. Manda V, Sreedharan J, Muttappallymyalil J et al. Foot ulcers and risk factors among diabetic patients visiting surgery department in a university teaching hospital in Ajman, UAE. *Int J Med Public Health* 2012; 2(3): 34–8
5. Al-Maskari F, El-Sadig M. Prevalence of risk factors for diabetic foot complications. *BMC Fam Pract* 2007; 8: 59
6. Drew P, Posnett J, Rusling L. The cost of wound care for a local population in England. *Int Wound J* 2007; 4: 149–55
7. Hurd T. Reducing wound care costs and improving standards. In: Flanagan M (ed) *Wound Healing and Skin Integrity*. Wiley-Blackwell, Chichester, 2013
8. Gottrup, F. A specialized wound-healing center concept: importance of a multidisciplinary department structure and surgical treatment facilities in the treatment of chronic wounds. *Am J Surg* 2004; 187(5 Suppl): 38–43
9. Kim PJ, Evans KK, Steinberg JS et al. Critical elements to building an effective wound care center. *J Vasc Surg* 2013; 57(6): 1703–9
10. Ministry of Health. *United Arab Emirates: Annual Report*. Preventive Medicine Sector, UAE, 2011
11. Qatar Supreme Council of Health. About us. Available from: <http://bit.ly/1h8bayB> (accessed 27.05.2014)
12. Flanagan, M. Barriers to the implementation of best practice in wound care. *Wounds UK* 2005; 1(3): 74–82

“The long-term consequences of delayed healing have important implications for health professionals and healthcare administrators as wound care is labour-intensive and time consuming.”



Figure 1 (a) and (b). Interactive educational sessions help support clinicians by encouraging discussion and sharing of experiences.