

How to organise the Wound Healing and Care Area

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Purpose: To improve prophylaxis and treatment of patients with all types of problem wounds. This is achieved during establishment of multi-disciplinary expert area, including wound healing centre based on standardised treatment protocols, patients guidelines, basic and clinical research and education. The expert area should be an integrated part of the national health care system.

Methods: The Health care system in Scandinavia is based on a socialised government paid health care system. The Copenhagen Wound Healing Center and The University Center of Wound Healing in Odense are established as a full-integrated hospital unit in the socialised government health care system of Denmark. The Centres consists of outpatient clinics and in-patient wards with beds only for patients with severe wounds of all ethnologies. The multi-disciplinary staffs contain medical doctors (surgeons, dermatologists), nurses (specialised), podiatrists, physiotherapists, researchers etc. Continuous advisory visits by internal medicine- and microbiology doctors are established. All patients should be registered in a database containing all relevant wound information.

Results: The treatment strategy is both surgical and conservative orientated. However, the severe problem wounds treated in this

type of centres will in most cases need a surgical intervention of a kind. The most modern wound care products and treatment techniques are used according to standardised treatment plans. Beside clinical work the Centres provide different types of educational services like congresses, meetings, courses and pre- and postgraduate educational programs for nurses and medical doctors. Basic and clinical research is done separately or in collaboration with national or international researchers. In- and out-patient functions for prevention and treatment of problem wounds have been established. The structure of a future national system for wound treatment and care has been prepared and is presently negotiated in the relevant and involved medical speciality societies in order to be accepted as a multidisciplinary expert area. Evidence of improvements have been shown for different area, but in the future the registrations in the database will provide a more complete picture of the usability of the wound expert area function.

Conclusion: To establish Wound Healing Centres with both out- and in facilities seems to be the optimal way to organise the wound healing and care area. These centres should be integrated part of an accepted national expert function of wound healing. This concept, with minor adjustments, may be applicable for both industrialised and developing countries.

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