

Guide to Wound Care Therapies Magazine Articles

There are 3 "e" versions of recent issues of Wound Care Therapies (WCT) Magazine in this section.

I think that this magazine has a unique potential to get important information out to grass-roots wound healers, so I am going to write, and encourage others to write, articles that need to be written to fill in the many gaps in the literature regarding day-to-day wound healing problems and challenges, including strategies for engaging the PCP world in more acute and chronic community wound patient educational initiatives for themselves and their nursing staffs.

Ultimately, I envision a new level of communication between the primary care and wound specialist communities, developing an evidence-based, best practice referral protocol for advanced wound diagnosis and treatments, including proper application of wound products and devices. With this new level of education and communication, one achievable outcome could be earlier wound diagnosis, proper wound staging, and early determination of the proper level of wound caregiver expertise and location of care, i.e., home, SNF, LTC facility, LTAC, wound center or in-patient hospital. These concepts are discussed in the companion papers described below in the Summer issue of WCT Magazine.

The first, **Spring issue** "e" version of WCT Magazine, has information for review on pages 7 and 40-44.

The **Summer issue** "e" version of Wound Care Therapies Magazine begins with a letter from the Associate Publisher entitled "The Right Course of Action," on page 6, and a "Letter from the Medical Director," about international mission work in wound healing, on page 8.

Also in this issue of WCT Magazine, I wrote an update on the World Walk Foundation, our international wound healing foundation (501(c)(3)), so I think this (cover) article (page 20) will fill you in, as well as about the wound telemedicine smart-phone app (see below) being incorporated into the PCP-Surgeon model for our international wound diagnostic and treatment model.

As I mentioned above, the World Walk model is on page 20. Since the article was submitted for publication in early June, the invitation to us to set up a home base and center-of-excellence (COE) at the University of Technology in Kingston, Jamaica, has been complemented by another invite to build a wound healing curriculum into a new medical school at The Caribbean University for Medical Sciences, also in Kingston. Note the potential impact of wound telemedicine in the model.

We are excited about the possibilities for residents and attending physicians, nurses, PA's, NP's, physical therapists, and diabetic educators, to participate in wound healing curriculum development for the new Jamaican medical school, as well as to participate in Caribbean and Central American missions, based out of Kingston, including classroom, clinic and OR education.

We are also developing a U.S. and international volunteer mission team program model open to all interested wound caregivers, including MD's, DO's, DPM's, RN's, NP's, PA's and PT's, as well as other specialists such as diabetic educators, orthotists and prosthetists, to create tailored mission teams based on the particular need of a hospital, region and/or country.

Also In the Summer Issue is an article "Future Wound Care: Mobile Health Telemedicine for Wound Management," about the WoundTool, co-authored with David Brock, PhD, from M.I.T., on page 40.

We are planning a pilot study for the WoundTool in a Philadelphia skilled nursing facility (SNF), an in-patient hospital wound population, and with a home wound care agency in 2015. The same technology that we are using in SNF's, hospitals, and home care in the U.S., will be used in pilots in the Caribbean, Central America, Ghana, in West Africa, and in Malaysia.

Rapid Data Entry template fields, as well as those for the "e" Management Plan, which will be sent back to the point of care from the wound expert, are being built into this smart-phone app. Dragon-type (voice-to-text) technology may be used to facilitate both data management elements (input and output) of the WoundTool, described above.

One of the most intriguing possible elements being developed as an element in the app is the "2D" and "3D" surface area and geometric and "volumetric" wound measurement functions, which may be able to create an accurate measurement within a fraction of a square millimeter and cubic millimeter, respectively (Figure 3., page 47). It is interesting to think about the contribution this 2D and 3D capability could have, both in the clinical and research environments.

The **Fall issue** "e" version of Wound Care Therapies Magazine contains a "Letter from the Medical Director, 'Optimizing the Impact,'" (page 10) and the 2 companion papers on pages 28 (Cover article) and 36.

The first of these two companion papers is "Referral Patterns of Primary Care Physicians for Acute and Chronic Wounds in the US. Would Educational Tools be Helpful?" (page 28 in WCT Magazine). We are developing a survey for Primary Care Physicians (PCP's) regarding their opinions about their continuing education needs and those of their PA's, NP's, and RN's, both in their offices, as well as in their SNF's, LTC facilities, LTAC's, hospital and home patient wound care. The background on this survey project, including the pool of questions from which the survey questions will be developed, can be found in this paper. The opinion of PCP's and their staffs will be very valuable for an on-going dialogue on this subject, including their opinion on the fine tuning of the final survey questions, which will be distributed to PCP's around the U.S, and published later in 2015.

The second of the two companion papers is "Comprehensive community limb preservation program and team, 'Having a Plan for Healing.'" (page 36 in WCT Magazine). This paper describes the concept of a "comprehensive community" limb preservation program and team, as well as the idea of "having a plan for healing," both of which are significantly underserved in the literature.

I feel that the information and concepts in this paper are important as we develop a new and unique concept of "comprehensive, seamless community-wide limb preservation team, composed of not just hospital surgical wound caregivers, but essentially all medical and surgical physicians, including, but not limited to, the PCP, Cardiologist, Nephrologist, Physiatrist, Neurologist, Orthopedist, Endocrinologist, Emergency Medicine Physician, ID specialist, Interventional Radiologist, and Interventional Cardiologist, as well as PA's, RN's, NP's, PT's, and diabetic educators.

In other words this new "community" team model is represented by all those caregivers who contact wound patients in all venues, again, including the hospital, home, wound center, SNF, LTC and LTAC facilities. The potential powerful role of all wound caregivers in a given community participating in this new model cannot be underestimated; not only for early diagnosis and healing of common wounds but also for identification and early treatment for the limb-at-high risk for amputation, e.g., in the diabetic patient.

Neil M. Donohue, DPM, FACFAS

(C) 610-909-7365

globalpod@gmail.com

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