

**Publication summary**

**Consistent holistic wound management and reduction of practice variation among non-specialists using the pressure injury (PI) aetiology-specific T.I.M.E. clinical decision support tool (CDST) in a homecare setting**

Phelps S, Smith W, Carney J, Houston T, Bounds J. Using the pressure injury aetiology-specific T.I.M.E. clinical decision support tool to promote consistent holistic wound management and eliminate variation in practice. *Wounds International*. 2021;12(4):46–53.

Available at: [Wounds International](https://www.woundsinternational.com) 

**Key points**

Use of the PI-specific T.I.M.E. CDST by non-specialists helped to:



**Enhance confidence**  
of non-specialist homecare nurses with woundcare decision making



Guide **appropriate consultations** with specialists



Facilitate **consistent use** of the formulary

**Overview**

- A case series of three patients whose PIs were managed using the aetiology-specific T.I.M.E. CDST by non-specialist nurses at a homecare service in the USA
- Eligible patients provided their consent to participate after a discussion with their nurses
- Nurses were educated on use of the aetiology-specific T.I.M.E. CDST and completion of the data collection forms
- Wound size, condition of wound bed, wound healing progression and achievement of wound management goals were recorded over 4 weeks

**Results**

- Use of the PI-specific T.I.M.E. CDST guided appropriate treatment decisions and identification of care plans (Table)
- It also helped to ease decision making and encourage consultation with the multidisciplinary team to promote holistic patient care

*Table. Barriers to healing identified using the PI-specific T.I.M.E. CDST and wound outcomes in patients with PIs*

Patient	Wound dimensions	Healing barrier identified	Outcome at 4 weeks
Male, aged 41 years <i>Stage 4 PI on left hip</i>	3.1cm (length) 3.1cm (width) 0.5cm (depth)	Non-viable tissue (slough and non-advancing wound edges)	<ul style="list-style-type: none"> <li>• Wound remained infection free</li> <li>• Wound reduced in size to 2.3cm (length), 2.6cm (width) and 0.1cm (depth)</li> </ul>
Female, aged 60 years <i>Unstageable sacral PI</i>	7.0cm (length) 7.0cm (width) 4.6cm (depth)	Non-viable tissue, infection, moisture imbalance and non-advancing wound edges	<ul style="list-style-type: none"> <li>• Wound reduced in size to 6.5cm (length), 6.5cm (width) and 3.0cm (depth)</li> </ul>
Male, aged 72 years <i>Stage 4 sacral PI</i>	4.0cm (length) 2.0cm (width) 3.0cm (depth)	Moisture imbalance associated with infection	<ul style="list-style-type: none"> <li>• Wound size reduced overall to 4.5cm (length), 1.5cm (width) and 1.0cm (depth)</li> </ul>

**Conclusions**

Use of the PI-specific T.I.M.E. CDST helped to enhance the confidence of non-specialists with decision making, guide appropriate consultation with specialists and facilitate consistent use of the formulary; it also has the potential to promote consistent holistic wound management and eliminate variation in practice.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.