


**Aetiology-specific versions of the T.I.M.E. clinical decision support tool (CDST) enhanced confidence, encouraged evidence-based decisions and supported wound assessment for non-specialists managing wounds**

Blackburn J, Ousey K, Stephenson J. Reviewing the use the aetiology-specific T.I.M.E. Clinical Decision Support Tools to promote consistent holistic wound management and eliminate variation in practice. *Wounds International*. 2022;13(1):48–55.

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

**Key points**

With use of the aetiology-specific T.I.M.E. CDSTs by non-specialists:



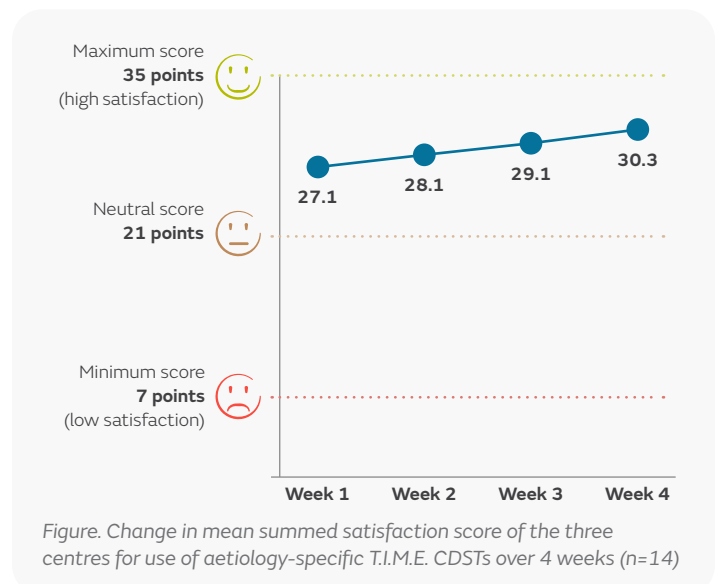
- Most respondents agreed or strongly agreed that the tool was **useful for all evaluated assessment criteria**
- Mean satisfaction score** was high and improved over 4 weeks
- Respondents considered the tool most useful for aiding **identification of tissue type** (all 4 weeks)

**Overview**

- A survey of wound care practitioners treating patients with chronic wounds guided by aetiology-specific T.I.M.E. CDSTs at three centres (the Netherlands, Malaysia and the USA)
- Participants completed a questionnaire weekly for four weeks evaluating the impact of the tool on seven criteria: user confidence, need for assistance, consistency of formulary use, identification of tissue type, identification of infection, identification of exudate and identification of epithelialisation
- The questionnaire utilised a 5-point Likert-style scale, with a minimum score of 7 points up to a maximum score of 35 points (consistently neutral responses would yield a score of 21)
- Wound management of 16 patients with diabetic foot ulcers, pressure injuries, dehisced surgical wounds or venous leg ulcers was assessed; most respondents treated only one patient
  - Full data sets were available for 14 patients

**Results**

- Over the 4-week evaluation period, user responses were generally positive about use of the aetiology-specific T.I.M.E. CDSTs
- Mean summed score of the three centres, indicating level of satisfaction with the tool, was high and increased from 27.1 points at week 1 to 30.3 at week 4 (Figure)
- Over 4 weeks, most participants agreed or strongly agreed ( $\geq 79\%$  of recorded responses) that the tool was useful and improved wound management for all seven assessment criteria
- Most frequently reported positive responses to the impact of the aetiology-specific T.I.M.E. CDSTs were for aiding identification of tissue type (3 of 4 weeks)
- Clinicians treating diabetic foot ulcers gave the most positive feedback to the aetiology-specific T.I.M.E. CDSTs over 4 weeks of use



**Conclusions**

Overall, use of the aetiology-specific T.I.M.E. CDSTs facilitated decision-making and provided guidance for non-specialists in the absence of a specialist, which helped to provide holistic and consistent wound care across the evaluated wound types.

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.