JWC AWARDS 2019

The Award Winners 2019

Banking Hall, London
1 March 2019

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JWC
journal of wound care

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Journal of Wound Care (JWC) is the world's leading peer-reviewed publication for tissue viability specialists. An official partner of both the World Union of Wound Management Societies (WUWHS) and the European Wound Management Association (EWMA), ***JWC*** provides a trusted evidence base to inform advanced clinical knowledge and skills.

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Foreword

On Friday 1st March 2019 we held the seventh annual *Journal of Wound Care* (*JWC*) awards in London, to celebrate and pay tribute to innovation and excellence in wound care research and practice worldwide. After last year's snow-hindered ceremony, with some nominees from the UK, in particular, getting snowed in, this year's more clement weather meant a packed hall once again. The ceremony, held at the Banking Hall for the fourth year — we love the place — was a great success.

For all of the 13 categories in this year's awards we had a large number of entries, and for each category the top three — or in some cases, where the judging was so close — four entrants were shortlisted with the help of judges from the *JWC* editorial board and other wound care experts. We had shortlisted nominees from far and wide including France, Italy, Abu Dhabi, Australia, Canada, the US, as well as many different parts of the UK. This years host for the evening was comedian Sean Collins, who got the show underway after dinner.

Congratulations to all the well-deserved winners on the night and also to those shortlisted among such strong competition. This showcase of wound care practice and research initiatives gives an opportunity to share experiences and achievements. This *JWC* Awards supplement contains details of the work of the winners as well as those who came the second and third. The hard work that nurses, clinicians, scientists and researchers contribute to improving the lives of patients with wounds, and their dedication and enthusiasm towards their work is inspirational.

Unfortunately, we will not be holding the JWC Awards in 2020. Instead, as part of the World Union of Wound Healing Societies (WUWHS) conference, in Abu Dhabi 8–12 March 2020, we will be holding the second JWC WUWHS Awards. The Olympics of wound care, these awards will celebrate work carried out over the last four years. Those shortlisted will be invited to the ceremony, to be held on the 10 March 2020. Details can be found at https://www.jwcwuwhsawards.com/

I hope you find the work presented here inspiring and who knows, maybe you will be on the podium at the JWC-WUWHS awards 2020!

Dr Rachel Webb
Editor, *Journal of Wound Care*

Compression Therapy for Venous and Lymphatic D

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Jane Fox

Marketing Director, L&R Medical UK

Why did you support this award?

L&R had the amazing opportunity to sponsor the *JWC* Compression Therapy for Venous and Lymphatic Disorders Award this year. One of the main reasons we made the decision to support this award is to increase awareness and understanding of the impact lower limb conditions have on patients' lives, as well as how it affects health professionals time to care.

What do you think defines excellence in wound care?

Excellence in wound care is ensuring that health professionals are delivering high standard, consistent and evidenced-based wound care. As well as empowering patients to be involved with their own care and ensuring patients are at heart of what they do is true excellence.

Why is it important for the *JWC* to recognise excellence through this award?

The prevention and management of leg ulceration is sub optimal for many patients across the UK and with a staggering £1.94 billion being spent on managing leg ulcers each year, the NHS needs a solution. Unwarranted variations when managing leg ulcers can have an impact on higher associated costs and longer treatment times. Therefore, it is extremely important for the *JWC* to recognise excellence through this award to highlight the nurses who are implementing best practice to improve outcomes.

What do you think the biggest challenges are in wound care right now?

The NHS Long Term plan set out a service model to address concerns about funding, staffing, increasing inequalities and pressures from a growing and ageing population. All of these challenges have a huge impact on the management of wounds. That's why at L&R we are passionate about supporting the implementation of best practice and evidenced-based care to release nursing time to care.

WINNER

Southern Health Tissue Viability Team

The Southern Health Tissue Viability team are so proud to have been nominated and win this award. We have worked together for a few years to achieve work to improve our patient outcomes with management of the lower limb and increase and improve staff's confidence, knowledge and competency on leg ulcer management and how they can achieve the best treatment plans and outcomes for their patients.

The Southern Health Tissue Viability team produced a leg ulcer pathway that was colour coded, based around the Best Practice statement and developed further into a user-friendly leg ulcer guideline with 'how to' inserts in the back. As part of this work we redesigned the two-day leg ulcer face-to-face training with additional printed leg ulcer course workbook and a hosiery guideline book for all trust staff and practice nurses within the area.

Winning this award has focused the team on our priorities and goals, and allowed us to drive this excellent work forward to achieve staff competencies and compliance with the pathway and guidelines to further improve our area patient outcomes for the lower limb.

As a team we have been amazed by the response to winning the award and how proud our community teams and senior management within our organisation are of the team. This award has ratified the standard of work we produce, with the patient at the centre. At a recent conference, many different areas were asking for access to our leg ulcer suite of training products, pathways and guidelines, which is also an honour.

The most important aspect of this work is delivering this to all clinical staff and ensuring understanding and competency so this gold standard management can be delivered to all Southern Health patients and carers, but this is also our biggest challenge—to deliver this within the current fluctuating staffing levels.

The whole team are passionate about management of the lower limb and achieving excellence in standards of treatment and working closely with our community wound clinics to achieve continuity of care.

SECOND PLACE

Solihull Primary Care Leg Ulcer Assessment Hubs

We have a nurse led, primary care service for patients to obtain fast access to holistic wound assessment and compression therapy. Our four hubs serve a population of patients from across the borough who have a lower limb wound. Each hub is led by dedicated and passionate nurse specialists. Patients are seen and assessed and, if appropriate, commenced on compression therapy. The patients are always seen by a small team of nurses which ensures continuity of care. This has demonstrated cost-effective, high-quality care with excellent outcomes and patient satisfaction.

THIRD PLACE

Tissue Viability and Lymphoedema Services

Rotherham, Doncaster and South Humber NHS Foundation Trust

At first appointment patients receive information and instruction on skin care, exercise and healthy weight management through a healthy diet. Patients leave the appointment with a fitted garment. We introduced LymphTouch to assist with manual lymph drainage and a loan library of Lymph Assist which patients can take home to continue treatment.

Innovation in Surgical Site Infection Award

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essity

Rod Hulme

Global Product Manager, AcWC,
Global Brand Innovation, Essity

Why did you support this award?

Surgical site infections (SSI) are among the most common health-care-associated infections and can be extremely problematic for patients, families and health-care systems. The consequences are not only physical but emotional, social and economic as well. With the increasing threat of antimicrobial resistance when dealing with SSI's, the importance of implementing best practice prevention and management within antimicrobial stewardship programmes is getting more and more attention worldwide.

Essity is a global health and hygiene company with a long history in wound care and are very proud to sponsor the Innovation in Surgical Site Infection Award again. We believe that it is vital to support and recognise the ongoing concerted efforts of health professionals to advance global best practice, implement effective antimicrobial stewardship programmes and reduce SSIs.

Why is it important for the *JWC* to recognise excellence through this award?

SSIs are a global challenge and antimicrobial resistance is becoming one of the world's most pressing health-care problems. To tackle the problem quickly, it is very important that advances in research and best practice are reviewed and recognised for their impact to allow health-care to advance. With the increasing global reach of the *JWC*, it is important that we all help raise the profile of the issues and continuously adapt to use best practices. The Awards play an important role in raising the awareness.

How do you think this award will impact practice and research in wound care?

This year's award entries were on diverse topics from research and practice from across the world. This reflects both the global nature and the importance of diverse approaches that are required to build effective antimicrobial stewardship programmes to tackle surgical site infections. Our congratulations go to Ilene and her team, of course, but we also highly commend the work of Kylie, Mark and all the other entrants, researchers and practitioners who continue to seek advances in practice and share the approaches.

The recognition of the diverse and successful approaches must encourage us all to keep sharing, implementing and advancing best practice in new ways for the benefit of others. That's innovation.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?

Challenge yourself to make a difference, learn from others and collaborate.

There are many hurdles on the way of change, but leaps of faith and building on the experiences and results of others can bring about coordinated change. We are in this together.

WINNER

Ilene Paglinawan

Barts Health NHS Trust

Please describe the work you have done which resulted in you winning a *JWC* Award?
When Barts Health NHS Trust started submitting cardiac surgical site infection (SSI) surveillance data to Public Health England in 2016, we learned that our SSI incidence rate was above the national target of 5%. We sought to address this head-on to ensure we are delivering the very best patient care as well as minimising the financial implication for the Trust. As a result, we have been actively engaging in quality improvement schemes to address the problem. Photo at Discharge (PaD) is an example of this. PaD gives the user and the multidisciplinary team a comparable benchmark for assessing wound healing, even after the patient has been discharged. It is in line with NICE guidance aimed at reducing SSI through early detection of wound infection.

How do you think winning this award will affect your work in the future?
This award will help our team to strengthen its ambition to roll out this initiative to other surgical units across Barts Health NHS Trust, underpinning the importance of ensuring all patients being discharged from hospital have a PaD. I also hope it will encourage core members of the cardiac SSI network across the UK to apply our robust approach in providing patient information for wound care post-discharge.

How has winning this award changed people's perception of your role?
Leadership comes in different forms. Leading this initiative has given me an opportunity to showcase a different side to ward management, specifically around quality improvement. The award highlights the importance of using evidence-based practice throughout our care processes.

What are the main challenges you face and why?
The project is mainly collaborative. Staff training outside our unit has been quite challenging. We have limited control as to when the training can take place, hence, some patients were discharged from specialist units, like intensive care and high dependency units, without the appropriate information to support the care of surgical wound. We've also encountered challenges in technology because not all members of staff are tech savvy. Again, training is really an essential element.

SECOND PLACE

Dr Kylie Sandy-Hodgetts

St John of God Hospital Midland, Australia and Curtin University

We developed and prospectively validated a surgical wound dehiscence risk assessment tool in a 'real world' clinical setting. This risk tool, with a predictive power of 71%, allows the clinician to identify and stratify the risk level of their patient. The use of the Perth Surgical Wound Dehiscence Risk Assessment Tool yielded high inter rater reliability and is easy to use during initial surgical consultation with patients. Further multicentre validations of the risk tool are ongoing.

THIRD PLACE

Mark Granick

Rutgers New Jersey Medical School

Myself and Jeffrey Kaplan, PhD would like to thank the *JWC* for acknowledging our paper. In our porcine study enzymes potentiated the clearance of biofilm on the skin when used in conjunction with typical pre-operative skin prep solutions. During surgery, the resident skin biofilm may release bacteria into the open wound increasing the risk of SSIs. Enzymes which degrade biofilm matrix can disrupt resident skin biofilm before surgery, allowing the skin prep solutions to then clear the field of far more bacteria, thereby reducing the risk of SSI in longer surgeries.

Innovation Award

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William H. Tettelbach

Associate Chief Medical Officer, MiMedx

Why did you support this award?
MiMedx enthusiastically supported this award to express its appreciation and give recognition to clinicians who have diligently devoted themselves to developing innovative solutions to improve the lives of their wound care patients.

What do you think defines excellence in wound care?
Excellence in wound care can be defined by the specialty itself in that wound care is multidisciplinary. One cannot excel in just one discipline and expect to be considered an outstanding wound care clinician. Instead, excellence in wound care is defined by the quality of excelling not just clinically, but while concurrently striving to improve the quality/standards by which we practice on multiple levels. Such influences could be through evidence-based contributions (research), dedication to teaching, development of care process models, administrative institutional guidance, as well as shaping regulatory policy development on a central level. This is the type of dedication to excellence that ultimately leads to a higher quality of patient care and improved outcomes.

Why is it important for the *JWC* to recognise excellence through this award?
There are multiple reasons for the *JWC* to continue to recognise excellence through this award. Presently, clinicians actively practicing wound care are involved in a specialty that typically does not garner the recognition/respect it warrants, both administratively within many health-care institutions or trusts, as well as from other well-established medical subspecialties. This type of award allows for peer-to-peer recognition in innovation which, overall, leads to increased engagement between innovators within the wound care specialty, provides a forum to help develop new and reaffirm already established networks while simultaneously providing motivation through recognition to clinicians who have tirelessly and unselfishly dedicated themselves to the needs of their wound care patients.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?
To achieve long-term success, one must consciously use a balance of both intrinsic and extrinsic motivation while communicating a shared purpose to unite, mobilise and call people to take action.

WINNER

Wound Care Service

The Wound Care In-reach Model

Please describe the work you have done which resulted in you winning a *JWC* award.
The Bristol Community health wound care service developed a new model of working where specialist nurses from the service work regularly with clinicians to proactively share their expertise to enhance positive patient outcomes. The model has improved the assessment and treatment planning for patients, reduced the number of patients waiting for a Doppler assessment and reduced the pressure ulcer incidence, thereby improving patient experiences. Community nurses have reported that this close liaison has increased their wound care knowledge and made specialist advice more accessible to them. The vision was that the specialist nurse would build a good relationship with each of their teams by being a friendly, knowledgeable and supportive wound care 'buddy'

How has winning this award changed people's perception of your role?
Winning the award has given the team confidence and a recognition that they are making a difference within their role. The other specialist teams have taken on a similar way of working with the community teams but tweaking the model to fit their specialities. The wider organisation now has a better understanding of what we are doing while working with the community nursing teams as well.

What is the most important aspect of your work and why?
The most important aspect is that the patient will benefit from improved treatment plans, and a more knowledgeable community nurse in the area of tissue viability.

SECOND PLACE

Legs Matter

Leg and foot problems are one of the biggest health challenges of our time, but a challenge that can be solved. Every day, thousands of people's quality of life is devastated by the lack of support and advice on the prevention of lower leg and foot conditions and the failure to correctly diagnose and treat them. Legs Matter is determined to change this. The Legs Matter campaigners are a coalition of not-for-profit health-care organisations/charities that have come together to make sure that anyone with a lower leg or foot problem has a right to good-quality care that promotes healing and reduces the risk of harm.
By providing a central source of information through our website legsmatter.org, Legs Matter aims to raise awareness, understanding and treatment of lower leg and foot conditions, and influence changes to the way leg and foot services are currently delivered.

THIRD PLACE

Margaret Connolly, Heather Hodgson and Frances Paton

NHS Greater Glasgow and Clyde

Developed a care quality indicator dashboard that can be viewed from board-wide/hospital site, down to individual ward level. The dashboard allows the ward staff to own their data and use it in relation to improving the quality of patient care.

THIRD PLACE

Skin Integrity Team

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

A Trust-wide lower leg audit was undertaken. The results enabled the Trust's lower leg profile to be explored in detail. Following this, we have enhanced the existing skin tear pathway, while including an innovative approach for first-line compression.

Best Diabetic Foot Intervention Award

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IIWCG

Gulnaz Tarqi

President elect World Union of Wound Healing Societies (WUWHS), President International Inter-Professional Wound Care Group (IIWCG)

Why did you support this award?
We at IIWCG, believe in acknowledging and recognising the determination and hard work of wound care clinicians as well as their perseverance in the field. It is highly necessary to identify and award them for their exemplary performance in using evidence-based clinical processes that are shown to improve foot care for people with diabetes: prevention of complications and treatment.

What do you think defines excellence in wound care?
Education and prevention define excellence in wound healing.

Why is it important for the *JWC* to recognise excellence through this award?
Recognising excellence awards are intended to recognise and reward wound care clinicians and *JWC* is doing a phenomenal job in putting together a platform which not only serves recognition of health professionals in the field but motivates and supports their exceptional performances, which encourages them to work harder to make a difference.

What do you think will have the biggest impact on practice and research in wound care in this area future?
It is understood by clinicians that wound care is a complex matter that consists of many aspects and processes. Integrating research methodology in wound care practice can streamline many of these processes, which include wound assessment, planning, and provision of treatment, outcome (wound size) evaluation and wound evaluation documentation. Each of these processes can benefit from the use of research methodology in the future.

What do you think the biggest challenges are in wound care right now?
Despite the considerable progress that has been made over recent years, wound healing remains a challenge to many clinicians regardless of professional discipline or experience. There is a lack of implementation of evidence-based wound management, wound care research is badly designed, resulting in a lack of good quality research findings to underpin clinical practice. Many barriers exist preventing effective implementation of evidence. These need to be removed to improve the use of evidence-based wound care.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?
While new technologies are an exciting prospect for the future of wound management, there can be no substitute for good wound care. In the interest of optimum wound management and patient care, health professionals have a duty to find ways to improve patients' quality of life.

WINNER

David Armstrong

Professor of Surgery and Director, Southwestern Academic Limb Salvage Alliance (SALSA) at Keck School of Medicine, USC

Please describe the work you have done which resulted in you winning a *JWC* award.

Every 1.2 seconds someone around the world develops a diabetic foot ulcer (DFU) and every 20 seconds, someone around the world receives an amputation, generally speaking, as a result of that ulcer. We say that time is up for these problems, there is so much work to do.

There is this perception that this is a problem that only affects poor people, people of colour or those in areas and regions where there is a lack of resources. While that is absolutely true, what we also see is that, remarkable, individual clinicians can make a difference. We see that when we look at postal codes, not just in the UK and US, but all over the world. We see up to 10-fold differences between adjacent areas, often with the very same sociodemographic characteristics, that led us to wanting to create this 'HOT foot line'. This interdisciplinary team that could be summoned as needed. To go after these feet just as we would go after a heart attack or stroke.

The 'Hot Foot Line' is where all diabetic foot complications presenting to the emergency room or inpatient wards were triaged to one single system. Once engaged, the interdisciplinary team, including podiatric surgeons, vascular surgeons, physical therapists, nurse specialists and other clinicians rapidly assess and internally triage the patient. The within-team primary attending surgeon depends on whether the patient's problem involves infection, ischaemia or a combination of both. Our team includes leadership from vascular surgery, podiatric surgery, physical therapy, nursing and emergency physicians. With this foundation in place, this easily accessible phone-line drastically reduced diabetic foot infections and wounds that lead to amputation. Tracking these outcomes now directly affect quality, efficiency, and patient centeredness of care.

This wonderful award from the *JWC* brings further attention to this 'HOT foot line' and gives us the backing and imprimatur that we need to further the mission. Not only in LA and for the 10 million people of LA county and the 20 million people in southern California. But, frankly, for people around the world.

I cannot be more grateful to the committee for acknowledging our team for that. So, here is to making a difference wherever we happen to be. Here is to keeping a few more legs, on a few more bodies. That is what we all deserve, whether we have diabetes or not. No matter what our health and our age.

SECOND PLACE

Graham Bowen

Solent NHS Trust

With the MDT Team at Southampton, we recognised the need for effective offloading. We evaluated the clinical outcomes and potential cost of using a removable cast walker within the framework of best practice on 20 patients for up to eight weeks. Of the wounds 45% (n=9) healed within the time period with improvement observed in the remaining patients. This evaluation provides information on an essential device to support best practice. It gives clinicians information to support a business case to the Clinical Commissioning Group, to allow access to effective equipment that can prevent amputation in an at risk group.

THIRD PLACE

Shahriar Mirpour and Sara Fathollah

Eindhoven University of Technology and Amirkabir University of Technology

We present a novel treatment, atmospheric pressure plasma, which shows efficient solution for diabetic foot ulcers. It is fast, cost-effective and safe. Since we found this method is effective *in vivo* in clinical trials, for first time, we hope that we can introduce this method as an efficient and effective treatment approach for diabetic foot ulcer wound healing.

Research in Amniotic Tissues and Skin Substitutes

Sponsored by

wound care alliance UK
moving forward together

Jackie Stephen-Haynes

Chair Wound Care Alliance UK

Why did you support this award?

The Wound Care Alliance (WCAUK) remains firmly committed to the provision of education and educational resources to support the delivery of high-quality, evidence-based clinical care. New, original and more efficient and effective ways of delivering care should always be sought and this is what innovation is all about. This is particularly important in relation to lower leg care and, specifically, leg ulceration. The development of new innovations and evidence-proven approaches is fundamental to the ongoing development of research-based provision of care. The WCAUK is delighted to support an award that recognises excellence through innovation.

What do you think defines excellence in wound care?

Excellence in wound care is defined by the delivery of the latest evidence-based care, particularly where this is related to patient pathways. These should focus on the areas of prevention, assessment, management and maintenance. It is well known that the most significant aspect is GIRFT, 'getting it right first time', and excellence comes from delivering high-quality appropriate care at presentation for all patients. Excellence is also driven by patient and public awareness of what pathways they should be on in terms of their care. This is really important if we are going to reduce the amount of chronic wounds.

Why is it important for the *JWC* to recognise excellence through this award?

The *JWC* is the pinnacle of publication within tissue viability and wound care. It is at the forefront of disseminating evidence and the latest thinking to enhance research publications and, ultimately, deliver quality. It is wholly appropriate and indeed important for the *JWC* to recognise excellence. The increasing knowledge of the multicentre, randomised control trial of the efficacy of dehydrated human amnion/chorion membrane (dHACM) allograft for the treatment of venous leg ulcers provides a new opportunity for patients with lower leg wounds as well as promoting further research in this area.

What do you think will have the biggest impact on practice and research in wound care in this area in future?

There are three areas that will have an impact on practice and research. Understanding the delivery of fundamentals of lower ulcer care, the development of evidenced-based advanced adjunctive care, and the increase in patient and public awareness which will drive demand for better care.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?

Be astute, bold and embrace new evidence. It is particularly important to seek full support from senior management and, where possible, focus on an area or seek alignment with an area where there is already a drive for change. Develop and exploit the ability to articulate clearly the clinical and financial outcomes that can be achieved. Share and celebrate the small successes, these can inspire others to work with you.

WINNER

Christian Bianchi

Loma Linda University, California

Please describe the work you have done which resulted in you winning a *JWC* award.
As a national principal investigator, we designed a randomised, multicentre, control trial that successfully tested the hypothesis that dehydrated amniotic tissue, in addition to bilayer compression therapy, increased overall complete wound healing and decreased time-to-heal in chronic venous leg ulcers.

How do you think winning this award will affect your work in the future?
Academic notoriety always gives you momentum for new initiatives.

How has winning this award changed people's perception of your role?
Probably a better question for other people, I feel that this award has a positive impact.

What is the most important aspect of your work and why?
My role in the team is to develop strategy and coordinate an ambitious clinical research agenda.

What do you most enjoy about your work?
The responsibility to maintain an energetic, positive and highly reliable clinical program.

What are your main challenges you face?
Working on constant self-improvement.

What advice would you give to wound-care practitioners and researchers aspiring to achieve positive change within the field?
Devote yourself and find an unmet clinical need for your patients, develop a registry and learn from your own experience, validate your experience with the literature, and network. Try to answer that unmet clinical need and you are going to truly contribute to the field.

SECOND PLACE

William Tettelbach

MiMedx, Inc.

The results of amniotic tissue-based research projects we performed have positively impacted wound care on a global stage by providing patients and clinicians with evidence-based wound healing solutions that safely and effectively close hard-to-heal wounds. Our passion in medicine has been dedicated to not only improving patient outcomes, but we strived to enhance health-care delivery, reduce medical error and, foremostly, bring needed guidance to the specialty of advanced wound care.

THIRD PLACE

Matthew G. Garoufalis

Jesse Brown VA Medical Center, Chicago, IL

Our purpose was to describe our experience with using dHACM to treat non-healing wounds of various aetiologies. We conducted a retrospective review of de-identified data from 117 consecutive patients, with wounds of various aetiologies over two years old, treated in an outpatient clinic with dHACM allografts. Complete healing occurred in 91.1% of treated patients. In addition to wounds of diabetic origin, dHACM can significantly expedite healing in refractory wounds of varying aetiologies.

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Most Innovative Product Award

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Samantha Westgate

CEO, Perfectus Biomed

Why did you support this award?
The *JWC* awards represent an annual celebration of excellence within wound care. Perfectus Biomed are proud to sponsor these awards.

Why is it important for the *JWC* to recognise excellence through this award?
Chronic wounds present many challenges to patients and clinicians. The sector encourages innovation aimed at addressing these challenges, and the *JWC* awards provide an opportunity to celebrate innovative ideas and products.

What do you think defines excellence in wound care?
Clinicians within the wound care sector strive to support their patients with chronic wounds and other comorbidities. Clinicians who regularly attend CPD courses and conferences in order to better understand the aetiology of chronic wounds, continually increase their understanding and offer their patients the best chance to improve their quality of life, using new innovative methods and products.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?
Learning and adopting best practices yourself will achieve positive change, capturing that learning and adopting this within the professional education of others will multiply the impact. As such, armed with new and better insight, assisting in the education of others, in new methods, technologies and products, may be the most effective way to achieve positive change.

WINNER

UrgoStart Plus

Serge Bohbot Urgo Medical

Please describe the work you have done which resulted in you winning a *JWC* award.
I was part of the team inventing the TLC-NOSF healing matrix and as the former Director of the Clinical Research Department, I have conceived and followed-up with my team, the two clinical studies about UrgoStart Plus, a local treatment combining TLC-NOSF matrix and poly-absorbent fibers dedicated to chronic wounds.

How has winning this award changed people's perception of your role?
Winning this award is an additional recognition that gives more credibility and visibility to the work we are doing at Urgo Medical and it opens us new perspectives to keep innovating and partnering with health professionals.

What is the most important aspect of your work and why?
The most important aspect of my work today, as the Global Medical Affairs Director, is to promote the clinical evidence documented through our clinical research (our last double-blind RCT was published in the Lancet Diabetes& Endocrinology) and thus, looking for the acknowledgement of our products by the different Health Authorities and Medical Societies, all over the world. As an example, UrgoStart received in 2018 from the HAS (French Health Care Authorities), the highest level of recognition even given to a dressing (through an ASA 3 level), and more recently, The National Institute for Health and Care Excellence (NICE) published a positive Guidance in DFU and VLU management.

What do you most enjoy about your work?
I enjoy searching for innovative procedures, giving orientations for the medical strategy and managing multiple projects in different fields in the arena of wound care and of course I enjoy meeting very diverse and talented people.

What advice would you give to wound-care practitioners and researchers aspiring to achieve positive change within the field?
With the Explorer RCT we have shown that it is possible to establish high-level clinical evidence in wound care field. I would advise wound care practitioners to build robust clinical trials to provide patients with evidence-based solutions that will positively impact their daily lives. Furthermore, in a context of increasing health-care costs, health economics studies should also be a priority to make sure that new wound care procedures are cost-effective.

SECOND PLACE

GPC Systems

Huw Morgan

Our application includes novel approaches including the ability to accurately measure depth and volume from a single image and the ability to monitor changes over time. Providing the application on multiple platforms ensures the cost of starting to use the application is lower than other technologies.
The application is integrated with clinical systems allowing clinicians to use the benefits of 3D technology without having to change systems or heavily invest. The application notifies users of change, both positive and negative to promote faster intervention and is also used to support clinical trials of other wound care medicines.

THIRD PLACE

Biotec BetaGlucans

Ingrid Skjæveland

Woulgan Bioactive Beta-Glucan has a genuinely unique mode of action. The Beta-Glucan component targets the key immune cells, enhancing their functionality and by targeting the leading cell in the healing process, the sub-processes and imbalances in the wound bed are corrected. Work has also focused on further building additional UK-based clinical documentation of effectiveness in a community setting, resulting in a publication (Hunt et al. *Journal of Wound Care* 2018) which showed a 92% complete healing rate at 24 weeks of an initial eight weeks treatment with Bioactive Beta-Glucan and a doubling of the healing rate of the control (standard care).

Best Clinical or Preclinical Research Award

WINNER

Julie Cummings

Essity

Karen Ousey

University of Huddersfield

Hannah Thomas, Samantha Westgate

Perfectus Biomed

Please describe the work you have done which resulted in you winning a *JWC* award.

Perfectus Biomed, Essity and the University of Huddersfield developed an *in vitro* test method that assesses the fluid handling properties of superabsorbent dressings (SAP) within an exuding wound model. We designed and validated an *in vitro* test method capable of differentiating the efficacy of these products. Wound care companies who commission the test can test their products using a validated method that mimics real life, thereby providing data to clinicians with confidence in clinical product performance.

The work resulted from discussions surrounding SAPs and their ability to absorb exudate, highlighting that most available *in vitro* tests for assessing SAPs did not closely reflect a 'real life' wound situation. We decided that this required investigation and as such, applied for, and were awarded, a £100,000 Innovate UK grant.

How do you think winning this award will affect your work in the future?

Winning this award shows that innovation should be applied to *in vitro* tests that are often quoted by industry and rarely reflect the dressing's 'real life' capacity. The project also fostered strong working relationships between the partners involved, which we are looking to develop during exciting future projects.

How has winning this award changed people's perception of your role?

Winning this award has highlighted the importance of inter-professional collaborations in developing the evidence base. It has raised the profile of all partners involved for their ability to tackle issues within the sector and develop independent, reliable and trustworthy tests for clinicians and industry.

SECOND PLACE

Kimberly LeBlanc and Kevin Woo

Faculty of Health Sciences, Western University and Queen's University

We have led the development and validation of the ISTAP skin tear classification system and have partnered with global researchers to translate, culturally adapt and validate the system. Their work has led to an increased global awareness and understanding of how these wounds affect vulnerable populations.

THIRD PLACE

Jemell Geraghty

Royal Free Hospital, NHS Foundation Trust

I completed a Doctorate in Health Research (2018) exploring the experience of injecting drug users (IDUs) living with leg ulceration: a qualitative study. This research contributes to science and practice by understanding the lives of IDUs living with leg ulceration. It provides a platform from which to engage both generalists and specialists who care for these patients and has the potential to influence medical and social policy-making and clinical practice in this field.

Pressure Care Award

WINNER

Maarit Ahtiala

Turku University Hospital, Turku, Finland

Please describe the work you have done which resulted in you winning a *JWC* award.

A research program in Turku University Hospital intensive care unit (ICU) was launched in 2010 to examine risk indicators of pressure ulcer (PU) development and to reduce ICU-acquired PUs. The initial step was to introduce a PU risk assessment scale—modified Jackson/Cubbin (mJ/C) risk scale—into clinical use. Simultaneously, a continuous training of all nursing staff to use the mJ/C scale and learn to identify PUs as well as prevent PUs. Risk assessment results are downloaded into the clinical database which in addition contains the clinical data of all the patients. This enables the monitoring of patient risk factors for PU development and periodic reviews of PU prevalence and incidence. Since 2010, the PU incidence in the Unit has been reduced from 11.1 % to about 3.5% in 2016, and the incidence figures are thereafter maintained at that low level. I have published six original articles.

How do you think winning this award will affect your work in the future?

This award is for all my lovely colleagues in ICU. It has reinforced my goals to continue on this path, and my colleagues and the management have been very supportive. The health professionals from other ICUs from Finland have contacted me and asked for help in PU prevention.

What is the most important aspect of your work and why?

As an ICU and an authorised wound care nurse, I can help critically ill patients daily in many ways. I bring the newest information to colleagues about PU prevention and educate the unit. I also give lectures in other units, so the patients' PU prevention would continue in the treatment chain.

What advice would you give to wound-care practitioners and researchers aspiring to achieve positive change within the field?

You need to have a clear goal of what needs to be achieved and work hard to achieve it. The support from management is crucial and every unit should have a team whose responsibility it is to make the goals reality. From a PU prevention point of view, individuals should get through the treatment chain from acute care to home without PUs. Health professionals need to improve the PU prevention protocols in every unit.

SECOND PLACE

Ana Lúcia Martins de Oliveira

Royal College of Surgeons, Ireland

Our research showed the clinical benefit of using a new diagnostic method, sub-epidermal moisture (SEM), as it identified changes in the underlying tissue among individuals undergoing surgery not visible by other methods. Accurate diagnosis of early, yet often reversible PU presence enables a more targeted approach to PU prevention in this population. By using SEM measurement health professionals can implement truly person-centred preventative measures.

THIRD PLACE

Sue Harris and Bibiana Baumgart

Ashford & St Peter's Hospitals NHS Foundation Trust

Analysis of hospital-acquired pressure damage showed the heel was the site with the highest number of PUs. The common causative factor was lack of heel elevation. We set out to reduce hospital-acquired heel pressure damage. The team developed and launched the Heel S.O.S. (Strictly off Surface) campaign. Heel S.O.S. successfully achieved a 35% reduction in hospital-acquired heel damage in the year following its launch.

Innovation in Chronic Wound Healing

Sponsored by

University of HUDDERSFIELD
Skin Integrity and Infection Prevention (ISIaIP)

Karen Ousey

Skin Integrity and Infection Prevention Institute, University of Huddesfield

Why did you support this award?
Effective, timely and evidence-based chronic wound management is essential to maintain and improve standards of care and patient outcomes. We supported this award to allow best practice to be showcased and shared.

What do you think defines excellence in wound care?
For me defining excellence means to assess, prevent, treat and evaluate wound care interventions using the evidence and research. It is essential that health professionals are able to measure outcomes of these interventions in a systematic manner, for example, reduction in wound infection, improved healing trajectory rates, improved quality of life outcomes for the patient and reduction in health professional visits.

Why is it important for the *JWC* to recognise excellence through this award?
Wound healing is complex and, as patients may have a range of complex comorbidities, there is always a risk of resulting chronic wounds. It is important for 'real life' interventions that have resulted in improved outcomes to be showcased and shared with others. This award allows for research, evidence and best practice to be shared.

What do you think will have the biggest impact on practice and research in wound care in this area future?
Advanced wound dressings, for example, skin substitutes and growth factors.

What do you think the biggest challenges are in wound care right now?
I think there are numerous challenges we are facing in wound care that require consideration and investigation:

- The ageing population
- People presenting with ever increasing complex conditions
- The need to ensure all interventions are cost-effective
- Tissue viability specialist teams—we need to review the nurse/patient ratio in relation to tissue viability ensuring that they are sufficient to provide evidence-based timely interventions.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?
Never give up! Keep up-to-date with current practices and new advances. Work in partnership with your local university to undertake research and discuss with academics and scientists what your challenges are—the academics will be able to explore solutions with you.

WINNER

Iulian Cioanta

Chief Science and Technology Officer at Sanuwave, Inc.

Please describe the work you have done which resulted in you winning a JWC award.
I studied the effects of shockwaves on renal tissue during lithotripsy for my doctoral studies. That opened the door for my work at Sanuwave. Our team and selected health professionals worked for over a decade to understand the effects of shockwaves on human tissue that was compromised by chronic conditions such as poor circulation, etc. Our dedicated and professional team succeeded in understanding the shockwave's mechanism of action, tested our hypotheses, built the technological approach, and made it a success.

How do you think winning this award will affect your work in the future?
The recognition that the *JWC* Award brings across our industry will stimulate the team to develop new treatments for chronic conditions produced by inflammation, ischaemia, bacterial infection and biofilms. We will continue to develop and design new treatments and adapt our technology for personalised therapies based on patients' comorbidities, life habits, and chronic conditions. We are looking for other technologies that can work with shockwaves to develop beneficial combination treatments for treating chronic conditions.

What is the most important aspect of your work and why?
The main aspect of my work is finding scientific and technological solutions for medical and non-medical challenges. This often involves creativity, openness, and staying up-to-date with technological advances. Being a team leader allows me to interact with different people and teams, bringing new challenges and opportunities every day. Finding solutions for work and personal challenges, while respecting each person's role, helps me and the others balance our skills and allows our team to be lean, flexible, and productive.

What are your main challenges you face?
Getting people to understand and adopt such a radically new and different technology can be difficult at times. However, we are committed to success and to learn how to efficiently and effectively operate, moving forward.

SECOND PLACE

Massimo Rivolo and Karen Staines

Accelerate CIC London

This retrospective analysis looked at healing rates of patients with leg ulcers who attended a complex treatment centre and received a multidisciplinary team (MDT) approach to their care. A total of 54 patients were seen during the 52-week study period with healing rates of 72% across a range of aetiology's; 35% were atypical e.g. Sickle Cell Disease and Pyoderma Gangrenosum. Due to ulcer duration, economic analysis demonstrated a saving of between £49,377 and £87,490 for patients that healed within the 52 weeks.

THIRD PLACE

Julie Sturges and Hannah Fulton

Buckinghamshire Healthcare NHS Trust

We recognised the need to offer support to ambulatory patients with lower limb ulcers. Following best practice, we have started five clinics/month to welcome and assess those with hard-to- heal ulcerations, with the view to initiate compression therapy in those suitable and empower patients to be active in self-care, managing their long-term condition, even when the active ulcer has healed. This is well attended and showing positive results, both from patient feedback and improvement in wound healing.

Patient Wellbeing Award

Sponsored by

LEG CLUB®
www.legclub.org
The Lindsay Leg Club Foundation
CRN 1111259

Ellie Lindsay OBE

Founder of The Lindsay Leg Club Foundation

Why did you support this award?
Person-centred care, quality of life and wellbeing is at the heart of the psychosocial Leg Club philosophy so we were naturally delighted to participate with Essity in the presentation of the 2019 *JWC* Patient Wellbeing Award.

What do you think defines excellence in wound care?
Being a lateral thinker, committed to using technical, research-based, clinical best practice in the delivery of person-centred care in ways that are innovative and able to transform delivery, in which success relates to an individual's personal experience of living with a wound and associated feelings of wellbeing.

Why is it important for the *JWC* to recognise excellence through this award?
The Wellbeing Award raises awareness of important and potentially person-centred care, enhancing contemporary developments to a wide professional audience. The annual *JWC* awards recognise all that is best in our nursing profession, in particular it places the emphasis firmly on person-centred outcomes, research and innovation that contribute through advancements in care, wellbeing and, ultimately, quality of life.

What do you think will have the biggest impact on practice and research in wound care in this area in future?
Social prescribing and collaborative working relationships addressing the importance of social support and connectedness, and defined psychological constructs essential in wellbeing. Clinicians will need to utilise research and informatics to demonstrate better healing rates, reduced treatment costs and, ultimately, a better overall outcome for individuals living with a wound.

What do you think the biggest challenges are in wound care right now?
A potential to not being able to provide the highest level of wound care to individuals due to a national shortage of staffing and lack of qualified nurses with wound expertise. The challenge therefore is to meet the new and ever-growing demands being made in an innovative and cost-effective way.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?
Implementing change is never easy and innovators will inevitably encounter resistance. The method of evaluation/critical reflection is important for continued development, and they must be prepared to persevere in the face of opposition, providing research and evidence-based arguments in support of their work. Clinicians need to be willing to do what it takes to incorporate a person-centred approach and this means giving our clients a voice, and being prepared to listen to what they have to say, and to act on this.

WINNER

Jemell Geraghty

Royal Free London, NHS Foundation Trust

Please describe the work you have done which resulted in you winning a JWC award.
Having been awarded a Doctorate in Health Research (DHRes) from the University of Hertfordshire in 2018, this part-time, long programme of study explored the experience of injecting drug users living with leg ulceration in London: a qualitative design using diaries and semi-structured interviews. The aim of the study was to capture the voice of people with a history of injecting drug use living with leg ulceration through their words by process of narrative inquiry.

I have worked closely with homeless patients and those with substance misuse living with wounds for many years; my study highlights the true wounded experience of those most vulnerable and marginalised in society and how clinicians can work to improve quality of life, patient experience and 'healing'.

The findings present the human face and relationships of those living with leg ulceration and addiction: the mother, son, husband and wife; their talents, hopes, characters, fears and dreams. Through this common thread of humanity, we can come to empathise and connect with those so often rejected and stigmatised. This study has made a unique contribution to patient experience through theory and practice. The description of the life lived and voiced by those affected in an undiluted manner was central to the design of this study, providing a unique contribution to current evidence.

How do you think winning this award will affect your work in the future?
It has already introduced my research to a wider national and international audience and will certainly facilitate further collaboration.

What advice would you give to wound-care practitioners and researchers aspiring to achieve positive change within the field?
Nowadays everyone wants to get to where they want to be quickly! What they do not realise is that it is the process of that journey that makes us good at what we do. Without this arduous journey there is no room for growth. My advice is keep reading research and revise anatomy and physiology, and in clinical practice never stop asking 'why'.

SECOND PLACE

David Armstrong

Southwestern Academic Limb Salvage Alliance (SALSA), Keck School of Medicine of University of Southern California

Our specialty has focused on wound healing — and rightly so — for generations. Within that space, we now have coined the term 'diabetic foot remission'. Our *New England Journal of Medicine* 'Diabetic foot ulcers and their recurrence', places the focus on identifying risk factors and practices to reduce the re-ulceration that occurs in over half of people with a diabetic foot ulcer, to extend remission and maximise activity-rich, hospital-free days.

THIRD PLACE

Suzanne Mollony

HidraMed Solutions Ltd

I founded HidraMed Solutions, as a chronic wound patient, with a deep understanding of patient needs in terms of effective wound management. Hidradenitis suppurativa (HS) is an incurable, lesion-forming skin disease affecting 1% of the general population. HidraWear is a three-part wound care kit that has been developed to meet the needs of the HS patient, and other chronic wound patients alike. It gives a sense of control, comfort and security to the patient, as well as providing effective care.

Cost-effective Wound Management Award

WINNER

WoundReference Team

WoundReference Inc, Newton Medical Center

Please describe the work you have done which resulted in your team winning a *JWC* award.

The multitude of dressings and limited evidence on their effectiveness makes dressing selection a challenging task for most clinicians. As a result, expensive products with uncertain effectiveness are purchased, other products are stockpiled and expire, resulting in waste and financial loss.

Local wound dressing formularies reinforce use of clinically appropriate and cost-effective products. However, the process of creating and maintaining a local wound dressing formulary is a multi-step approach that is time-consuming and discouraging to clinicians. Furthermore, the traditional intranet or print formats limit point-of-care access and interdepartmental dissemination. To promote cost-effective wound care, our team developed a free point-of-care solution within a clinical and reimbursement decision-support web application for wound care clinicians (WoundReference Clinical Decision Support Web App; Wound Reference, Inc, San Francisco, CA, https://woundreference.com). The WoundReference Formulary Module (FM) was built to streamline creation and management of wound care formularies. Content and tools of the FM which facilitate formulary decisions are based on internationally recognised clinical guidelines, systematic reviews and meta-analyses that are relevant to most countries.

The team implemented the FM module in a US hospital-based wound clinic (Newton Medical Center, Kansas). Implementation of the module translates into a 36% decrease in product number, inventory cost savings of 7% and increased staff efficiency.

How does your team think winning this award will affect your work in the future?

Receiving the *JWC* Cost-effective Wound Management Award was an inexpressible event. WoundReference is a self-funded, digital health start-up propelled by a passionate, multi-professional team whose mission is to empower wound care clinicians to achieve better outcomes more efficiently. Having our efforts acknowledged by the *JWC*, a world-renowned authority in disseminating leading edge information in wound management, is an honour for which we will be always thankful as we continue to pursue our mission. The *JWC* Award also opens doors to more collaboration opportunities with other highly motivated colleagues from all over the world, so that together we can continue to develop cutting-edge technologies in wound care and make a difference to people with wounds and those who care for them.

SECOND PLACE

Julie Sturges and Hannah Fulton

Buckinghamshire Healthcare NHS Trust

A key focus for us was to ensure pressure ulcer (PU) prevention was addressed within our acute trust. We have focused on the employment of a Band 4 HCA, upskilled in PU prevention, to provide support to our inpatient wards. Equipment is assessed on an individual basis and full skin assessments are carried out. A new PU prevention care plan has been launched which encompasses the aSSKINg acronym and all trolleys in ED have been upgraded with pressure-relieving mattress toppers.

THIRD PLACE

Sara Sandroni

Azienda USL Toscana Sudest Italy

The work presented represents a strategy aimed at redefining the best course of care in a public health company (13 hospitals and 13 district areas with 1500 patients a day) for the patient with skin lesions, with a view to improving the quality of care with the use of the best treatments that are clinically appropriate. A monitoring path, with defined steps, has allowed the improvement of the quality of assistance and cost containment with an important reduction in the cost of advanced dressings.

Professional Education Award

WINNER

Jane Wigg

Lymphoedema Training Academy

Please describe the work you have done which resulted in you winning a JWC award.
The Lymphoedema Training Academy (LTA) was established in 2002 and provides training to people who want to increase their knowledge and skills of lymphoedema and rehabilitation. This recognition is for the training of thousands of therapists in the UK and internationally. LTA (Jane Wigg) has introduced a new method of Manual Lymphatic Drainage, known as FG-MLD or 'Fill and Flush' into their training. This theory and research gained from our lymphofluoroscopy (LymphVision) patient clinics, has directed care and moved us to a new dimension of lymphoedema management. We have also established a monthly online 'in the clinic' forum, which provides the opportunity for clinicians to ask any questions that they may have regarding clinical cases, this provides ongoing clinical supervision.

What advice would you give to wound-care practitioners and researchers aspiring to achieve positive change within the field?
For lymphoedema: early intervention. The lymphatic system is largely ignored, and we consider that the lymphatics fail when in the majority of chronic cases the venous system fails causing an effect on the lymphatics. Early intervention, recognition, readily available treatment will reduce some of the problems anticipated with chronic disease management. So, my advice is 'get in early' and you will improve the lives of thousands of people.

For life: 'You never fail until you stop trying', so keep at it, keep going and know that the bottom-line is that we make a difference to someone every single day–no matter how small.

SECOND PLACE

Georgina Passmore

The Welsh Ambulance Services NHS Trust

In pre-hospital care there are factors that can increase a person's risk of developing pressure damage such as: extended period of time on the floor after a fall; long journey times; motion of the vehicle while in transit that can exacerbate the friction on the skin or extended waiting times in the back of an ambulance outside emergency departments. To raise awareness of this important issue, ambulance service personnel and tissue viability experts developed an eLearning package. The aim of this package is to educate ambulance staff on skin, pressure ulcers, categories, assessment and prevention techniques in the pre-hospital environment.

THIRD PLACE

Wound, Ostomy and Continence Institute (WOC)

Ottawa, ON Canada

Canada is geographically vast making access to advanced wound training difficult. The WOC institute has overcome this through unique programmes of competency-based distance wound education.

THIRD PLACE

Karen Ousey

University of Huddersfield

Tissue Viability Leading Change (TVLC): Business skills development Masters module arose as a result of research investigating the priorities of tissue viability nurses (TVN). The module contains the real skills that TVNs require to be able to successfully plan, write and deliver a business case that meets the needs of the NHS and their own service.

Best Research from a Developing Country Award

Sponsored by

World Union of Wound Healing Societies

Marco Romanelli

President World Union of Wound Healing Societies (WUWHS)

Why did you support this award?
The main theme of the World Union of Wound Healing Societies (WUWHS) is: 'One Vision, One Mission.' This is the principle behind this award and we would like to promote greater aggregation and integration within WUWHS. The main aim of our vision and mission is to promote shared projects and to build a long-term process of increased participation within the WUWHS, following the ideal of sharing original research.

Why is it important for the *JWC* to recognise excellence through this award?
We think that *JWC* is an excellent publication in the literature with scientific reference of worldwide importance, offering support and coordination to research on a global level. As well as creating synergistic connections for the activities of researchers and societies, both nationally and internationally, that make up the WUWHS, we have seen an increasing interest in the *JWC* activities from WUWHS fellows worldwide. The *JWC*/WUWHS supplement is now an established literature milestone and we count on it to increase the message delivered worldwide.

What do you think defines excellence in wound care?
Excellence in wound care means original research, a high-level of citation and also a passion and dedication to providing a high-quality of care. That mix of qualities is a unique challenge among professionals and young generations.

How do you think this award will impact practice and research in wound care
It will update advanced research and clinical skills in wound healing, as well as allow a comparison of cost-effectiveness of wound care among different countries and optimise a global concept of reimbursement. Collaboration among international representatives will be strengthened and cultural differences in wound care identified. An appropriate long-term plan for wound care societies collaboration will be designed in order to exchange effective prevention, treatment goals and best practice.

What advice would you give to clinicians and researchers aspiring to achieve positive change within their role?
To be persistent, following a well defined objective, never give up despite temporary failure. Network with others, understand limits and opportunities, and always compare personal achievements with worldwide standards.

WINNER

Amaravadi Sampath Kumar

Manipal Academy of Higher Education, Manipal

(accepted by Guido Ciprandi)

Please describe the work you have done which resulted in you winning a *JWC* award.
Diabetic peripheral neuropathy has been reported to be the most common manisfestation of diabetes that leads to various musculoskeletal complications. High plantar pressure and sensory deficit/loss has been reported to cause foot ulcers.

Minimising the plantar pressure and offloading have been the choice of treatment in diabetic foot ulcers which will help in reducing the risk of developing foot ulcers and amputations.

Photobiomodulation therapy has been effectively used as the treatment modality in ulcers and pain management. It increases the local blood supply and removes waste products that could promote healing at a higher pace.

From our work, we can suggest that low level laser therapy helps to promote diabetic wound healing at a greater pace. It should be used as a treatment modality in the clinical setting. In the given case report, we were able to save a limb from amputation with proper care and a focused treatment regimen. Therefore, effort should be made to use other therapeutic modalities in such cases where pharmacological agents fail to respond.

SECOND PLACE

Viviane Fernandes De Carvalho

Plastic Surgery Division, Faculdade de Medicina da Universidade de São Paulo, Universidade Guarulhos, SP, Brazil

Brazil is the fourth country with the most significant number of diabetics in the world, 2.5 million. I have worked hard with diabetic patients who do not yet have foot wounds, in order to identify and monitor the involvement of nerve fibres, and to implement actions to prevent ulcerations and amputations.

THIRD PLACE

Dr Basavraj Nagoba, Dr Rajan Gandhi, Dr Arunkumar Rao

MIMSR Medical College, Latur, India

We have been working on wound infections caused by antibiotic-resistant bacteria. Our results show that a citric acid-based wound dressing has the potential to control multiplication of bacteria including multiple antibiotic resistant strains and the properties to enhance wound healing.

CONGRATULATION TO ALL OUR WINNERS

The JWC WUWHS awards 2020, the Olympics of wound care held every four years, will take place as part of the World Union of Wound Healing Societies conference in Abu Dhabi on 10 March 2020. Will you be a winner?

For full details go to www.jwcwuwhsawards.com

For sponsorship please contact Anthony Kerr on +44 (0)20 7501 6726/+44 (0)7979 520828, or email anthony.kerr@markallengroup.com

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