

# JWIC AWARDS 2018

## The Award Winners 2018



The Banking Hall, London  
2 March 2018

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# The peer-reviewed, international journal for 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 2nd March 2018, we held the sixth annual *Journal of Wound Care (JWC)* awards in London, to celebrate innovation and excellence in wound care research and practice worldwide. Yet again, we had more nominations and these were of an exceptional standard, making the judges' decisions harder than ever. This can be seen in this year's supplement where we have several joint second and third place winners.

This year's ceremony was held at the prestigious Banking Hall in London. However, it wasn't all smooth running as 'the beast from the east' (a cold weather front bringing lots of snow) made its presence felt, making it difficult for some people to attend the ceremony. Thankfully, the majority of people made the awards, with the night attended by tissue viability nurses, clinicians, scientists and academics, travelling from countries all over the world including the US, Malaysia, Abu Dhabi, Poland, Ireland and Canada.

For the 14 categories in this year's awards we received a record number of entries, and for each category the top three (or in some cases four) entrants were shortlisted with the help of judges from the *JWC* editorial board and other wound care experts. Undeterred by the weather, glamorous outfits filled the majestic surroundings of the Banking Hall, with the evening expertly hosted by comedian Tom Ward.

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 and, for the first time, this year's special *JWC* Awards supplement contains details of the second and third place winners. 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. We hope that by reading these pages you will be inspired and, who knows, maybe you will be on the podium at the *JWC* Awards 2019.

I hope to see you all there.

**Dr Rachel Webb**  
Editor, *Journal of Wound Care*



# Innovation Award

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## Robin Nicholson

NHS Partnership Manager, Urgo Medical UK



Why did you support this award?

Urgo Medical is keen to support innovation within the field of tissue viability as it is important for patients, clinicians and the health economy that current practices evolve to deliver improved outcomes.

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

Tissue viability is often overlooked, so a platform is needed where the best ideas can be celebrated, which in turn can provide excellent networking opportunities for projects to be scaled up across the UK and the globe.

What do you think defines excellence in wound care?

The delivery of outstanding care and outcomes for the patient.

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

This award will raise the profile of tissue viability in the world of health care

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

Don't give up! Without you, without your ideas, without your commitment wound care will fail to progress/evolve and the outcomes for the patient, and for the clinical environment will fail to improve.

## WINNER

# Michael Miller

Miller Care Group



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

As a long-term, full-time, wound care specialist, my greatest concern has been the use of amputation as a substitute for the short-sighted perception that healing is not possible. My own experiences showed that, in far too many cases, amputation was the de facto end point when healing was elusive. Unfortunately, the multifactorial failure of care resulted in only the patient being punished. My co-authors and I feel that decisions regarding amputation are made even before a robust attempt at healing has been made. MENACE was created to give providers and patients a definitively objective set of criteria in order to provide a unique way to assess the appropriateness of lower extremity amputation at any given time.

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

The ultimate effect of MENACE will be based on the receptivity of the medical community to recognise what the paper strived to bring attention to. We hope to create a major paradigm shift. Moving the focus of something so controversial, from provider-centered to the more appropriate patient-centered, will unquestionably result in some sort of schism between those who are evidence-based versus those whose practices are based solely on anecdotal recollections. If this results in one amputation being avoided due to a provider's reconsideration based on MENACE, then we have achieved our goal.

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

I don't know that it has changed any perceptions but hopefully it will put the focus on the bigger picture. Simply healing a presenting wound or resolving a related condition cannot be the sole focus of any treatment effort. Long-term prevention, mitigation of exacerbating factors and maximising healing potential is clearly where the money and energy must be spent. If perceptions change to a more comprehensive overview of the patient, then that would be a very welcome change in how we create care scenarios. The patient must remain the sole focus of the evaluation, treatment and overall care regardless of the skill, or lack of, especially when amputation is a consideration.

## SECOND PLACE

Nottingham University Hospitals NHS Trust  
Adult Critical Care Tissue Viability Team

*Making Moisture Manageable: Introducing a Moisture Lesion Prescription Sticker across Adult Critical Care.*

The skin of patients in critical care is often vulnerable to a moisture lesion, which can lead to further tissue deterioration. Having identified that there were variations in treatment, a Moisture Lesion Prescription Sticker was designed to standardise current, best practice. Since its introduction there has been a sustained decline in moisture lesion incidents. Although not a preventative tool, the guidance the sticker provides, alongside ongoing education, may be a significant factor for the positive results being seen. The sticker has been adapted to enhance its application to be used across other health-care settings.

## THIRD PLACE

Wound Reference Team

Wound Reference, Inc. is a self-funded startup created to address the urgent need to deliver better outcomes more efficiently in wound care and hyperbaric oxygen therapy.

In early 2018 we launched the first modules of WoundReference Web-app, a convenient decision support platform that empowers experienced and new wound care specialists to save time and resources. Through unbiased content and tools, clinicians can quickly be apprised of the latest evidence and reimbursement data at the point-of-care, expedite workflow and patient care (<https://woundreference.com>). A free version is now available, and new innovative solutions will be launched soon.

# Innovation in Surgical Site Infection

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## Tina Osborne Senior Product Manager



Why did you support this award?

Surgical site infections (SSIs) are among the most common health-care-associated infections. An SSI can be extremely problematic for both patients and health-care systems. There are many physical, emotional and social consequences for patients, and further antibiotic treatment is often required which, along with patient dissatisfaction, lead to extra costs experienced by the health-care system. BSN medical feel that it is an area which hasn't had as much attention as others within wound care and are very keen to provide as much support as we can to help reduce the scale of the problem, for both patients and clinicians, as well as the financial burden for health-care systems across the world.

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

There is some fantastic work being done, both in the UK and across the globe, with various clinical trials, surveillance and clinicians aiming to help reduce SSI within their clinical speciality. BSN medical feel it is vitally important for this great work to be recognised, to ensure that best practice and success is shared, which will hopefully result in new ways of working and improved standards in care being delivered to patients.

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

At BSN medical we hope that SSI will feature higher on the agenda for health-care systems and clinicians, and see this as an opportunity for clinicians to challenge what they are currently doing. We have already seen that in a number of the studies carried out, a small change in practice or a small change in intervention can make a big difference, dramatically reducing the incidence of SSI.

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

Challenge yourself to make a difference. There are a lot of hurdles in the way of change, but take a leap of faith, learn from experiences and results in other areas, and actively try something new. BSN medical are happy to support you in this journey!!!



## WINNER

### Charmaine Childs

Sheffield Hallam University



Winning the award for 'Innovation in Surgical Site Infection' is a great honour, not only for myself but also for the research team. The award gives recognition for the novelty of our wound technology innovation, and the impetus and confidence to continue our research to produce a new device with use and benefit for patients. The team have worked diligently to deliver our innovation to completion and now we see the fulfilment of our work in the presentation of our award.

Now, four years on from raising a hypothesis about the wound signature in the infrared spectrum and its associated biology, we have reached the point where our concept has been tested clinically, and our ability to stratify patients at high risk of surgical site infection (SSI), within just 48 hours after surgery, has produced promising results in the clinic. We still have much to do, but we are determined to continue, together.

Winning the award provides us the acknowledgement from peers and scholars of our robust approach to the application of science to clinical care; the important underpinning to applied clinical research. The team have a genuine ambition to bring health improvements to vulnerable groups of patients, and to circumvent the morbidity associated with wound breakdown and surgical site infection. Our multidisciplinary team have enjoyed the accolade that winning this JWC award brings and hope that this will be recognised as a testament to the ambition, drive and accomplishment of the research team.

On a personal level, my role as a professor of clinical science brings opportunities to close the gap between patient care needs and improvements in health outcomes. The application of science to practice, particularly with opportunity to invent new technologies, is the ultimate challenge but also the ultimate satisfaction. To achieve change, we need to be brave in our thinking, determined in our approach, and mindful of the rewards and challenges of working together across different disciplines.

## SECOND PLACE

### David Leaper

University of Huddersfield



Professor Leaper's surgical interests were in general and emergency surgery with research interests in SSI and wound healing. He is a past president of the Surgical Infection Society of Europe, the European Wound Management Association, and was Chair of the NICE guideline on SSI and a member of the Antimicrobial Resistance and Healthcare Associated Infection advisory committee. He has published extensive research and textbook material on SSI, particularly in relation to prevention (warming and antibacterial sutures), biofilms and management of surgical wound dehiscence and debridement.

## THIRD PLACE

### Kylie Sandy-Hodgetts

University of Western Australia and Joondalup Hospital, Perth



Kylie's research has called for a paradigm shift in how we view and predict surgical wound dehiscence (SWD) in patients before surgery. SWD is considered part of SSI, however, it also occurs without infection, and a definition and classification system reflective of this is needed. Kylie's published a new taxonomy for the grading of SWD, and proposes a universal standard for recording and documenting SWD as a major consideration in the field — her research is attempting to address this conundrum. Her work has led to the development of an international WUWHs consensus document — 'SWD: improving prevention and outcomes'.

# Innovation in Chronic Wound Healing

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## Chris Lindsay

Negative Pressure Wound Therapy Global Product Manager



Why did you support this award?

ConvaTec is committed to working with clinicians to improve the lives of people with chronic conditions. The management of chronic wounds is one of the biggest challenges today and in the future. Health-care systems are faced with the social and financial burden of delayed wound healing which consumes significant resource. For patients, the reality of living with the pain, odour and exudate from a chronic wound has a restrictive impact on day-to-day activity and quality of life. It is therefore important to recognise the achievements of health professionals and academics who work to innovate and excel in this area to raise clinical practice and patient care. ConvaTec is proud to support clinicians in chronic wound healing through Hydrofiber Technology within AQUACEL dressings, and now within the Avelle Negative Pressure Wound Therapy system.

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

In a challenging economic climate, where health-care systems and budgets are squeezed and the demands upon clinicians increase, it is key to reward advancements in chronic wound healing. In this instance, the work by Paul Browning to raise the profile of wound care, leading to a debate at the House of Lords, showed outstanding effort and deserved special recognition.

What do you think defines excellence in wound care?

Excellence in wound care starts with appropriate education and knowledge for both clinician and patient. Correct wound assessment and diagnosis should then lead towards positive wound progression and a successful outcome. The patient should be at the heart of everything we do, and evidence-based practice is key to ensuring the right product for the right patient at the right time.

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

The award recognises success, innovation and excellence, and inspires both the current and the next generation of clinicians and academics to face the global challenge of delayed healing presented by chronic wounds.

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

Identify and focus on the outcome of which your positive change will deliver. Be sure to create a clear and compelling argument to support your desired change. Don't be afraid to challenge your peers or superiors on historical processes or behaviours. Work collaboratively and lead the movement towards continuous improvement in patient outcomes.

## WINNER

### Paul Browning

Surgical Dressings Manufacturers Association



Please describe the work you have done which resulted in you winning a JWC award.  
Through prior engagement with Parliament from my PhD studies, I was able to take my learning into practice when I became aware of a meeting between NHS Supply Chain, the Department of Health and a number of nursing staff to generate a Generics Wound Product Programme. Alongside other criteria, this stated that 80 per cent of wound dressings needed to be effective. I found this to be ethically unacceptable and began to research and make contact with politicians, most notably Lord Hunt of Kings Heath, who understood the issues surrounding patient care. He tabled a number of written questions in the House of Lords which changed the scope of the project overnight. A number of meetings later, it was concluded that a National Wound Care Programme was required. Continuous lobbying resulted in Lord Hunt securing an oral debate in November 2017. Since then, the concept of a National Wound Strategy has escalated and received political and public attention, including a Radio 4 broadcast. The Surgical Dressings Manufacturers Association (SDMA) has been key in assisting and coordinating the planned activities, so I am indebted to their support.

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

The ability to make strong, trusting relationships with politicians from both Houses, along with key government ministers. There needs to be the assurance that the voices they hear are from a collection of professionals concerned with the quality and impact of patient care. Winning this award has helped to fuel the momentum and brought others into the debate – all with the same agenda – to improve patient outcomes.

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

It has taken a significant amount of work to get Parliament and Government to listen to our concerns. We all need to ensure we 'keep the pressure on' (pun intended!) and ensure we keep the momentum going. There is a significant amount of excellent work being performed, and the JWC awards are a testament to this. We need to learn from each other and challenge our practices to ensure that, as a country, we use best practice to improve patient outcomes.

## SECOND PLACE

### Massimo Rivolo,

Accelerate CIC Mile End Hospital



It is estimated that sickle cell disease (SCD) affects approximately 100,000 Americans and it is the fastest-growing genetic disease in the UK. Leg ulcers are chronic complications in patients with SCD, they are complicated to heal and they severely disrupt quality of life.

I have developed the S.I.C.K.L.E. Holistic Approach, which stands for: Skin assessment and management; Infection control; Compression; Keep moving; Local strapping and Shaping; and Endless support, as a method to successfully treat patients with chronic leg ulcers. S.I.C.K.L.E. is a safe and helpful therapeutic pathway to improve quality of life and increase healing rates.

## THIRD PLACE

### Michael Stacey

McMaster University, Canada

Michael is shortlisted for his work to address the clinical need for a biomarker that can accurately assess whether a chronic wound is in a healing or non-healing state. He has identified two biomarkers, both of which have a very high accuracy for discriminating between healing and non-healing chronic venous leg ulcers.

# The Compression Therapy for Venous and Lymphatic Disorders Award

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People.Health.Care.

## Jane Fox Marketing Director



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 reasons we made the decision to support this award is the work of Guest and colleagues on cost-effectiveness which has reinforced the fact that there are over 730,000 people living with a leg ulcer in the UK in any one given year, with only 16% of these patients receiving an ankle-brachial pressure index (ABPI). Different thinking is needed to make a change to this growing problem, as leg ulcers continue to have a huge impact on people's lives and on the NHS.

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

A staggering two million patients are treated for wounds every year in the UK at a cost of more than £5 billion, and the overwhelming majority of this figure goes towards nursing care costs. Leg ulcers take up a large percentage of the overall cost of wound care with recent reports showing that as little as 9% have healing rates at six months and infection rates are as high as 58%. Patients are suffering and the cost of non-healing wounds is having a massive impact on the NHS. It is so important for the *JWC* to recognise this award to highlight the nurses who are implementing best practice to improve these national statistics.

What do you think defines excellence in wound care?

Excellence in wound care is ensuring that health professionals are getting it right first time. This starts with making sure patients get a full holistic assessment, enabling the correct treatment to be put in place to improve patient outcomes. Putting patients at the heart of what they do, by getting them involved with their own care and empowering patients to be involved in best practice, is true excellence.

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

Compression therapy is a vital component for patients with venous and lymphatic disorders and all of the nominees for this category have shown how implementing best practice into their trusts can have better patient outcomes. Recognising these clinicians will hopefully inspire others to implement clinical pathways and better evidence-based care.

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

Collaborative working with specialists, networking with other services and working with industry can really be a benefit to patients, and provide you with the support you need to make a positive change. We would also encourage sharing best practice as this will inspire and motivate other clinicians in your field.

## WINNER

### Leanne Atkin

Mid Yorks NHS Trust and University of Huddersfield

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

I was co-author of a leg ulcer treatment algorithm. A pilot audit, following its introduction, has shown an increase in healing rates as well as seeing a reduction in appointments for leg ulcer patients. I am now supporting other organisations to adopt this approach.



What are your main challenges you face?

The main challenge is lack of awareness of lower limb disease/ulceration; patients are treated as having simple wound for months without someone stepping back to think of the underlying cause. We need to challenge this and increase awareness of lower limb conditions.

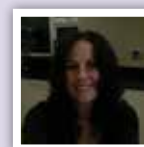
What do you most enjoy about your work?

I love making a difference, putting patients at ease, ensuring they feel they are in the best hands. The greatest reward as a nurse is a simple thank you.

## SECOND PLACE

### Julie Mullings and the Wythenshawe Tissue Viability Team

Manchester University Foundation Trust



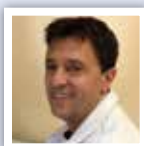
Wythenshawe South, are proud to receive recognition in the development and success of our leg ulcer pathway. We have been able to demonstrate an improvement in healing outcomes through a structured person-centred approach. Through correct product placement and selection of

appropriate compression therapy we have shown that patients on the pathway heal 44% sooner than patients not on the pathway. We feel that this is a significant step to reducing costs associated to wound care in our local area while improving patient outcomes.

## THIRD PLACE

### Wilfried Jungkunz

Dermatologist and Lymphologist,  
Friedberg, Germany

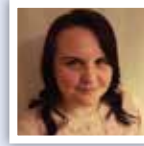


By using high-frequency ultrasonic records, Dr Jungkunz, a dermatologist and phlebologist, has shown that compression is effective in preventing deterioration with time (particularly with inserts for additional pressure), and can even reverse the changes. His team includes pharmacists, expert nurses for fitting and ordering hosiery, and patient education. Compliance is high; patients see the effect of therapy on their skin thicknesses over time, as well as clinical improvement.

## THIRD PLACE

### Justine Tansley

Torbay and South Devon NHS  
Foundation Trust



Working across both podiatry and a specialist leg ulcer service, I recognised that lymphovenous disease/ulceration is a significant problem in the foot. However, it is not widely documented, often missed and mismanaged. Feedback from educating my podiatry colleagues led to an article in *Podiatry Now* with the aim of educating podiatrists nationally about the impact of venous disease on the foot, and possible management options/compression therapy for the feet and toes.



# The Infection and Biofilm Award

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## Oliver Schuster

Business Development Manager Europe



Why did you support this award?

The *JWC* award is an excellent platform to say 'Thank You' and highlight the efforts of individuals that try to improve wound care in a complex environment. Therefore it is an honour for us to support *JWC* in recognising research and researchers in wound care, as it helps to improve processes and also our product development, which will ultimately improve patient wellbeing.

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

Research has been the basis for progress in all medical fields, and research means the future. This is demonstrated, in dressing change clinics, through the skills and knowledge of tissue viability nurses, doctors and university researchers. However, outcomes, as well as the researchers are often not recognised, as they should be. For that reason the *JWC* award is a great opportunity to make all the efforts of researchers visible and to say thank you to them.

What do you think defines excellence in wound care?

Besides the daily efforts and investments in improving patients' health, it is the standardisation of wound care in order to improve the quality of care for patients. New diagnostic devices, such as cameras to detect bacteria or blood flux, will help to get the right diagnosis, and the right product choice to improve wound care.

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

Medline believes that the award will foster and increase research, giving the motivational boost, which is sometimes required to get things started.

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

Patience and a positive attitude will lead to success and change. 'Little strokes fell big oaks'.

## WINNER

### Devendra Dusane

The Ohio State University



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

My research involves detection and control of biofilms in implant-associated infections.

Biofilm detection: we use methods to detect biofilms that are associated with orthopaedic implant materials. Along with microscopic and molecular techniques, we use a novel agar encasement method to detect biofilms associated with implant materials. These techniques are extremely helpful in mapping the location and identification of biofilm bacteria associated with orthopaedic infections.

Biofilm control: antibiotic loaded cements are commonly used in the treatment of orthopaedic infections. The antibiotic release and influence of body fluids was unknown. We recently modelled the antibiotic diffusion from antibiotic loaded cement using an *in vitro* agar-based system that closely mimics the infected site. In this study, we have shown the importance of antibiotic loading density, carrier material type and influence of body fluids on release and efficacy of antibiotics against planktonic and biofilm bacteria. This research has improved the understanding and application of antibiotic delivery for efficient infection management.

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

Understanding the potential of our research in wound care, I have broadened my research area and recently started focusing on topics related to controlling biofilms associated with wound infections. Winning this award has further provided the platform and recognition among wound care professionals and scientific communities, and has given the necessary boost to keep progressing in this direction.

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

The important aspect of my work is that it allows detection and effective management of infectious biofilms. Infection control is an essential component of care and better diagnosis of biofilm associated bacteria causing infection is essential for accurate treatment strategy.

## SECOND PLACE

### Ojan Assadian

Vienna



In the past, many antimicrobial compounds have been used as 'cleaning agents' in the health-care environment, although they could also have been used topically on intact skin or open skin lesions. Two decades ago, the view prevailed that bacterial infection must be treated with either topical or systemic administration of antibiotic. Assadian and team's work include establishment of standardised laboratory testing protocols, experimental research and clinical trials investigating the effectiveness of wound antiseptics. Their results contributed to a better understanding of the role of bacteria in wounds, the mechanisms of action of topical antiseptics for prevention of wound infection, and the use of antiseptics in wound care.

## THIRD PLACE

### Vicky Forknall and Anita Kilroy Findley

Leicestershire Partnership NHS Trust



The third place winners designed a programme to provide a consistent approach to managing static chronic wounds that are granulating, sloughy or infected. Providing training and a biofilm passport, to make sure the protocol is followed, has resulted in wound healing progress over a 4–12 week period in wounds that had been static for months or years.









JWC  
2018

Recognising innovation and excellence  
in research and practice

Patient Wellbeing

winner

Michael Miller  
Miller Care

# Best Diabetic Foot Intervention Award

## WINNER

### Kevin Woo

Queen's University, Canada

Please describe the work you have done which resulted in you winning a JWC award. The timely diagnosis, treatment and effective management of diabetic foot ulcers (DFUs) is one of the biggest challenges facing health systems across the globe. The major concern is ensuring good quality patient outcomes; the impact of a DFU on a patient's quality of life, including physically, mentally and financially, cannot be underestimated, and for many patients can result in lower limb amputation.

Key to ensuring the best outcomes for our patients and improving their quality of life is understanding the factors which affect patient treatment and outcomes, including the systems and services within which their care pathway is set. Our project examined patient characteristics, at an aggregate level, describing the sociodemographic, clinical and surgical characteristics of patients with diabetes who undergo lower limb amputation in an acute care facility in Canada. The study also examined the morbidity and mortality among patients with diabetes who undergo lower limb amputation.

The results of this study provides insight into the health services use pattern among patients with diabetes who had undergone amputation. The findings can be used to inform policy development to address health disparities and promote optimal diabetes foot care across various health care settings, with the ultimate aim of improving outcomes for patients with foot ulcers.



## SECOND PLACE

### Idevania Costa

School of Nursing, Queen's University, Canada



While DFU can be managed by pharmacological and non-pharmacological treatment, little attention has been given to non-pharmacological approaches, such as self-care management (SCM). Following grounded theory, my doctoral work addressed that gap by developing a substantive theory to explain the process of engagement in SCM and influencing factors for individuals with DFU, and uncovers inadequacies in diabetes knowledge and inequalities in access for this vulnerable population. The findings can guide improvements in diabetes education in order to reduce the risk of developing DFUs in the first place, and ultimately, to improve SCM of DFU.

## THIRD PLACE

### Aoife Ward

Royal College of Surgeons in Ireland

Aoife undertook research to establish the nutritional status of men and women with, or at risk of, diabetic foot ulcers (DFU), using a quantitative, observational design to examine current nutritional assessment tools' ability to identify malnutrition in this population. Results showed that the majority of participants were mild-to-moderately malnourished and that not all malnutrition assessment tools are suitable for identification of malnutrition in DFU patients. Aoife's research is hoped to improve the identification of malnutrition in the DFU population, and contribute to the development of a DFU specific malnutrition screening tool.



# The Cost-effective Wound Management Award

## WINNER

**Julie Stanton**

Healogics



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

The UK National Health Service (NHS) needs to improve productivity and eliminate waste while maintaining a quality service. There is a recognised lack of a structured approach to wound care with patients complaining that they do not receive continuity of care or access to specialist advice. In many areas of primary care, nurses find it difficult to maintain the skills and competences required to deliver a safe and effective service, while tissue viability services are overstretched.

In a bid to improve wound care in a cost-effective manner and reduce pressure, a local clinical commissioning group set up a pilot project in conjunction with specialist input from the wound care service Healogics and the use of the TELER wound software. The patients were referred to the service if they had non-healing wounds. Of 54 patients triaged, 28 patients have healed within an average duration of three months. The average duration of the wounds treated were over six months with the majority being mixed aetiology leg ulcers. The cost of providing the specialist tissue viability nurse (TVN) input was an estimated average of £289 per patient healing with an average of three reviews per patient. This service shows that there are alternative ways of approaching wound care with a TVN being able to treat, in conjunction with community and practice nurses, a greater number of patients safely and more cost-effectively leading to improved outcomes.

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

I am hoping that it will encourage more specialist nurses to 'bite the bullet' and innovate.

What are your main challenges you face?

There were many difficulties to overcome with the biggest obstacle being continuity of care within the primary care. We need to look at the specialist nurse and general nurse roles, and try to resolve the skills and knowledge deficit that has developed within the NHS.

## SECOND PLACE

**Melissa Blow**

and the Vascular Team, Aneurin Bevan Health Board

The Podiatry Department and Vascular Services at Aneurin Bevan University Health Board successfully implemented a collaborative approach to the management of patients with complex wounds and diabetic foot disease. Co-production resulted in improving patient pathways and safer clinical transfer from tertiary to primary care. Combined clinics and ward rounds facilitated early discharge, improved follow-up for complex diabetic foot disease in line with national guidelines, and use of advance wound therapies resulted in a significant cost saving.

## THIRD PLACE

**Suzana Aron**

Federal University of São Paulo  
UNIFESP



A simplified and practical tool was created to calculate cost-effectiveness of venous ulcers interventions, from the perspective of a health institution. Using Microsoft Excel, a tool was created to compare cost-effectiveness of two types of venous ulcer treatments to be selected by the user. The tool collects information on the health institution, patients, study characteristics, resources consumed, and treatment outcome, and calculates cost-effectiveness based on information provided by the user. Cost-effectiveness results are compared and categorised as dominant, dominated, more effective and more costly, and less effective and less costly.

# The Professional Education Award

Sponsored by



## Jackie Stephen-Haynes

Chair of the 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. Challenging existing practice in a clear, constructive way is essential for the development of modern care delivery. The WCAUK is delighted to support an award that recognises excellence through innovation.

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

The *JWC* is the leading journal in tissue viability and wound care, and is at the forefront of disseminating evidence and the latest thinking to enhance care delivery. Thus, it is important for the *JWC* to recognise excellence.

What do you think defines excellence in wound care?

Excellence in wound care is defined by four areas: prevention, assessment, management and maintenance. The most significant aspect is GIRFT... getting it right first time. In wound care we know that gaining access to the right care is essential, particularly if we are going to reduce the amount of chronic wounds, and the detrimental effects they have on people and their lives.

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

The increasing knowledge of the difference wound care makes to people and their carers leads the drive for more clinically and financially effective outcomes. Increased patient awareness will encourage people to demand more effective preventative care and treatments.

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

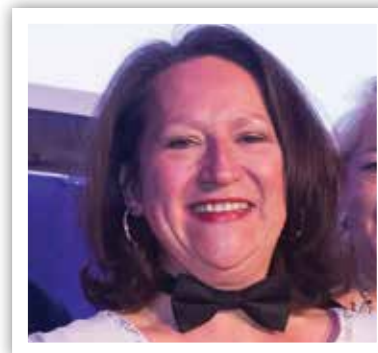
Garner support and be politically, professionally, people-aware and focused. It is particularly important to seek full support from senior management and, where possible, focus on an area or seek alignment of an area where there is already a drive for change.

Develop and exploit the ability to articulate clearly what positive change can achieve and how this feeds into a Trust strategic plan. Be bold and try to embrace new people and new thoughts, it is tempting to work with others who agree with us, but a bolder approach is those who will constructively challenge. A briefing paper might also be needed and, if necessary, get support with this. Share and celebrate the small successes, these can inspire others to work with you.

## WINNER

### Justine Whittaker

Northern Lymphology Ltd



Please describe the work you have done which resulted in you winning a *JWC* award.  
Being a clinical specialist in a field where little is known about the subject, I felt it only right to share my knowledge and expertise in the area of lymphology. I approached the University of Central Lancashire (Uclan), in the early noughties (2000's) to set up a course in managing lymphoedema. This has run for over 15 years and is at level six, where students gain an Advanced Certificate. I have taught hundreds of students in that time, and many have gone on to set up well needed services in their area. This is education in the UK, abroad I have run courses in China, the Middle East, and presented in the US and many countries in Europe.

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

Winning the award is very timely as I am just writing a course that will be available globally on delivering negative pressure lymph drainage (NPLD). This will certainly help as it will assure prospective students both at the university and for the NPLD course that their lecturer is of a calibre deemed fit to win such a prestigious award in education. I am also working within a research team at the university so this confirms my expertise in my field, giving what I do more credence. I will work hard to live up to this and enjoy doing so.

What do you most enjoy about your work?

Oh without doubt, the challenges I face everyday, both from patients and students. I like nothing better than to feel I have contributed to making someones day/life a little easier.

What are your main challenges you face?

The main challenges I face personally are trying to find more hours in a day and more days in a week. I love to try and balance my work/life aspect and have many things outside work that I enjoy doing. So the biggest challenge is doing my work to the best of my ability and still have time to enjoy playing out at the end of it.

## SECOND PLACE

### Vera Santos

School of Nursing, University of São Paulo



Vera is the pioneer in Brazil establishing the enterostomal therapy nursing specialty through coordination of a training programme in 1990. This was her first of many contributions to research and public health policy. This work has since expanded to 18 national courses and supported the development of courses across other Latin American countries.

## THIRD PLACE

### Andrea Pokorná

Masaryk University, Faculty of Medicine, Department of Nursing



The European Wound Management Association is working on a series of curricula for nurses, aiming to address the different levels of vocational qualifications in Europe. Andrea Pokorná was the key contributor to this curriculum, which was developed by a working group representing different European countries and providers of education. Andrea was also part of a working group which prepared wound healing curriculum for physicians, which was adopted by the European Union of Medical Specialists. She is involved in several other educational activities focusing on wound care for both health professional and lay caregivers.

# The Pressure Care Award

## WINNER

### Heather Hodgson

NHS Greater Glasgow and Clyde



Please describe the work you have done which resulted in you winning a *JWC* award.  
In Greater Glasgow and Clyde we have developed a pressure ulcer prevention package which contains a daily risk assessment — Pressure Ulcer Daily Risk Assessment (PUDRA) — an interventional care plan which is individualised for each patient, and guidance on how often pressure ulcer prevention interventions should be delivered. This is underpinned by the SSKIN (S) care bundle (Glasgow added another ‘S’ for self care)

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

This award is not just for the tissue viability team, but for every individual member of staff who is striving to reduce the number of hospital acquired pressure ulcers. I would like to think that all these health-care employees will be encouraged that the difference they are making has been recognised by such a prestigious award.

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

As a tissue viability nurse, ensuring that patients are given the correct assessment, diagnosis and treatment to heal their wounds is the most important aspect of my work because you have a duty of care to get it right! Getting it right will heal wounds quicker and give patients their quality of life back.

What do you most enjoy about your work?

I am often heard saying that I have the best job in the NHS and I truly mean that. I love the variety of patients you see with differing wounds and comorbidities, the constant changes in the speciality, the opportunities afforded, and the chance you are given to make a difference through education and research.

## SECOND PLACE

### Deborah Wickens and the Multi-incident Pressure Ulcer Group, Harold Hill Health Centre

The team at Harold Hill Health Centre have created a new approach to pressure ulcer root cause investigation. A multidisciplinary project has invited clinicians to join a panel of experts to discuss cases in detail. A key theme that emerged from this is the need for families and carers to be empowered to understand and react to risk of pressure ulceration. The approach has resulted in a 45% drop in serious pressure ulceration incidents.

## THIRD PLACE

### Melanie Stephens and Carol Bartley

University of Salford



Commissioned by the Tissue Viability Society in 2016, Carol and Melanie updated their clinical practice guidelines for seating and pressure ulcers. Using NICE key principles for developing guidelines methodological rigour was ensured. The unique element for the production of the 2017 version was a specific focus on the inclusion of lay members and stakeholder consultation. The new guidelines provide a current evidence base in static seating, and pressure ulcer prevention and management. All stakeholders are integrated into the guidelines, including the strong end user voice; written by and for people who remain seated for extended periods of time.

# The Best Clinical Research Award



## WINNER

### Kylie Sandy-Hodgetts

University of Western Australia and Joondalup Hospital, Perth



Describe the work you have done which resulted in you winning a JWC award.

Surgical wound dehiscence (SWD) is a postoperative complication that affects a portion of the population and is most likely under-reported. The impact of SWD is considerable with the patient suffering from pain, discomfort and delayed healing. Moreover, extended hospital stays and the community nursing resources required to manage the condition following discharge impact on clinical time, budget and resources in the wider health-care setting. I received this award from the doctoral work I have completed in development and validation of a risk assessment tool for SWD. This risk assessment tool has contributed to the clinician's armamentarium of identifying those at risk in the preoperative setting. Furthermore, the work has created an awareness of the issue in the wider health-care setting through the development of a grading system for SWD and has led to the publication of an international consensus document on improving prevention and outcomes for those at risk of SWD. More importantly, the use of the risk assessment tool can assist clinicians in identifying those at risk and help to prevent this serious postoperative complication.

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

One of the more important aspects of the work is to increase the awareness of SWD which can impact on clinical practice. Defining and classifying SWD in a format that is easy for clinicians to use is halfway towards improving patient outcomes. The correct diagnosis and classification of SWD is key for implementing effective patient management. Moreover, the identification of patients at risk in the preoperative setting with the SWD risk assessment tool can provide the clinician with the opportunity to implement preventative strategies or manage modifiable risk factors which may lead to a reduced incidence of SWD.

## SECOND PLACE

### Kimberley Le Blanc

Chair of the Canadian Association for Enterostomal Therapists (CAET) Scientific Academy



This study demonstrated skin tear (ST) prevalence of 20.8% and an incidence of 18.9% among individuals residing in aged homes. Predictors of STs included history of a previous ST, increased comorbidities, requiring assistance with activities of daily living and resisting care. The study results provide much needed Canadian data for benchmarking the burden of STs in the long-term care population.

## SECOND PLACE

Queensland University of Technology and University of Huddersfield



Patients in ICU settings are known to be at high risk of pressure ulcers (PU). We established a consistent and reliable method for evaluating PU-related measures based on tissue reperfusion, and related it to levels of patient acuity, BMI and other characteristics to facilitate identification of sub-groups of patients at greatest risk of PU occurrence. The demonstration that data collection from patients with a range of conditions and BMI values is feasible promotes this method as a potentially reliable indicator of assessing prevalence of PU.

## THIRD PLACE

### Michael Stacey

McMaster University and Hamilton Health Sciences

Michael's research has identified two biomarkers — GM-CSF and MMP-13, that have a high accuracy for discriminating between healing and non-healing chronic venous leg ulcers, the work is now being extended to develop a point of care test that can be used in the clinic to determine the healing status.



# The Patient Wellbeing Award

Sponsored by



## Ellie Lindsay

Founder of The Lindsay Leg Club



Why did you support this award?

As a third sector organisation supporting the 2018 JWC Patient Wellbeing Award it is an outstanding opportunity to participate in recognising all that is best in the clinical and research profession with the finalists demonstrating everything modern global health-care is aiming to be.

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

These awards acknowledge researchers and clinicians who are continuously developing new and innovative ways to deliver evidence-based practice in partnership with their patient/client group, with the aim of reducing healing times and/or amputations leading to improved wellbeing.

What do you think defines excellence in wound care?

The importance of recognising and acknowledging patient wellbeing in wound management is vital to enhance patient care and psychological wellbeing of those experiencing living with a wound. Medical technology in wound management is continually evolving, and there are currently new and progressing ways in which leg ulcers can be managed. But, an entrepreneurial approach to wound management relies on researchers and clinicians working collaboratively to ensure standards and improvement in quality of wound management, and wellbeing is a high priority. Also, being fully aware of major challenge in societies today and the need to create meaningful pathways for individuals, regardless of age living with a comorbidity.

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

Historically, the mainstay of leg ulcer management has been dressing and bandaging, but through research, technology and innovative procedures there is increasing evidence that surgical intervention can cure a certain proportion of leg ulcers and problems related to the lower limb. Therefore, development of new and effective interventions in wound care through new generation dressings, compression therapy and surgical intervention remains an area of intense research. However, the term 'research' to an individual requiring health-care intervention can invoke images of complex, expensive solutions, yet the reality is often very different.

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

There is pioneering research and practice innovations currently being undertaken, demonstrating the effectiveness of new therapeutic technology and, as professionals, working in partnership with various disciplines and research organisations is essential. The challenge for clinicians and researchers now is to bring together the new and ever-growing technology in an innovative, creative and cost-effective way which keeps individuals experiencing life with comorbidity at functional levels of wellness within their normal social environment.

## WINNER

### Michael Miller

Miller Care Group



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

My co-authors and I feel that decisions regarding amputation are made even before an attempt at healing has been robustly attempted. MENACE was created to give providers and patients a definitively objective set of criteria to provide a unique way to assess the appropriateness of lower extremity amputation at any given time.

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

The most gratifying part is when I see a patient whose condition is eminently healable but for any number of reasons (most of them ludicrously simple to resolve) has simply failed to move towards healing. I created and teach, to student, providers, patients and anyone interested, several simple, basic concepts I have affectionately named 'Miller's Rules'. These are humorous, insightful and intellectually sound tenets for medical decision making in general, and for wound care specifically.

What are your main challenges you face?

The lack of consistency of care across all spectrums of wound care, as well as the lack of continuum across the many care entities, has resulted in the current disjointed, haphazard scenarios. The many wound care certifications have provided far too many pieces of paper on which the documentation of expertise is short lived after the day of the examination has passed. The ongoing acceptance by far too many hospitals and nursing care facilities of 'part-time' wound care participation is something not seen in any other medical speciality. Until wound care achieves definitive status as an accepted medical specialty, instead of something that is used to staying even with the competition, that inconsistency, poor outcomes and longevity of patient suffering will be the rule instead of the exception.

## SECOND PLACE

### Luxmi Mohamud

Central and North West London  
NHS Foundation Trust



#### STOP THE PRESSURE CAMPAIGN

We are: working with care home staff, teaching and educating in care homes and inpatient units, maintaining the momentum by providing refresher sessions and weekly catch-ups with the pressure ulcer (PU) champion.

Our success: total number of PU-free days, as at March 2018, nursing homes: 11/15 over 250 days free of PU, one care home >365 days free.

Our motto: PUs are everybody's business. simple things can save lives.

## THIRD PLACE

### Georgina Gethin

and Alliance for Research and  
Innovation in Wounds, NUI Galway



Our mission is to strive to improve the lives of people impacted by wounds, and champion evidence-based, innovative care. Our vision is to address the challenges for everyone affected by wounds, through collaboration, pioneering research and innovation.

We held our first Public Patient Event to bring together the expert voice of the patient with that of clinicians, engineers, physicists and researchers. This event was a significant step in developing a partnership approach to the advancement of wound care and it is planned to continue this initiative.

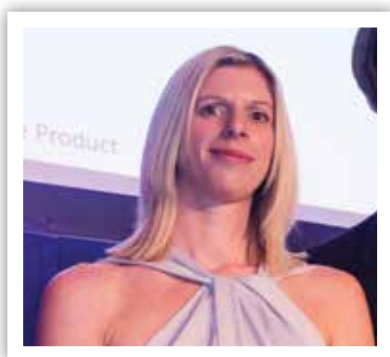
# Most Innovative Product Award

Sponsored by



## 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.

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.

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

While 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, when you are armed with new and better insight, assisting in the professional education of others may often be the most effective way to achieve positive change.

## WINNER

### Bruin Biometrics

Describe the work/application/evidence which has resulted in this product winning the award.

The SEM Scanner is the first hand-held, portable wound assessment device to detect early-stage pressure ulcers and deep tissue injury (DTI).

The scanner assesses changes in sub-epidermal moisture (SEM), a biophysical marker associated with localised oedema in the inflammatory phase. It has been found to indicate tissue damage five days (median) before visual skin damage or ulceration.

To date, there are 11 peer reviewed publications on the concept of SEM and the efficacy of the SEM Scanner, and 18 conference poster presentations describing the implementation of the SEM Scanner in the real world, and the impact on patient safety with regards to pressure ulcer prevention.

The SEM Scanner has now won seven awards, including the *JWC* Most Innovative Product award and the Health Service Journal Partnership Award Best Innovation in Medical Technology award in 2018.

How will winning the award influence the future direction of your work?

To be chosen as a winner in the *JWC* Awards by such an eminent group of judges is a real honour for BBI (Europe) Ltd. As a team, we at BBI, believe this confirms the importance of innovation to support multidisciplinary teams across all health-care settings, enabling them to continue to support quality improvement initiatives, especially with a focus on the reduction of the incidence of pressure ulcers.



## SECOND PLACE

### Don Chapman,

Executive Chairman, Kent Imaging

Kent Imaging, a leading innovator in medical imaging, designs, manufactures, and markets technology to improve understanding and treatment of wounds. Kent's FDA and Health Canada-cleared device enables an instant assessment of tissue oxygenation, providing critical information to help identify at-risk tissue and guide treatments to optimise patient outcomes. As a handheld, it provides rapid visualisation of tissue viability without the need for patient contact or injectable dyes. Health-care providers can track and compare the same patient throughout their care and assess patients in many different settings from the emergency room to the long term care setting.

## THIRD PLACE

### TIVITA

Diaspective Vision GmbH, Germany



Diaspective Vision offers solutions for difficulties in wound diagnostics, in particular for complex wounds. Wounds that are documented faster, more easily and non-invasively can be monitored more rapidly and effectively. This results in shorter treatment times for patients and less costs. TIVITA, an hyperspectral camera system, investigates the superficial oxygenation, tissue haemoglobin index, NIR perfusion index and tissue water index in the wound. By combining the various pieces of information, the physician can get a holistic picture of the condition of wounds, giving real-time support in choosing treatment options, as well as then monitoring their effect.

# The Best Research from a Developing Country Award

Sponsored by



## Marco Romanelli President, 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 be an element that promotes greater aggregation and integration within WUWHS. The main aim of our vision and mission is to promote shared projects, developed during the award approach and assignment in order 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 a strategic element of orientation in the literature and a scientific reference of worldwide importance, offering support and coordination to research on a global level, and creating synergistic connections for the activities of researchers and societies, both nationally and internationally, that make up the WUWHS.

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.

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 to 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 and 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. Understand limits and opportunities and always compare personal achievements with worldwide standards.



## WINNER

### Kshitij Shankhdhar

L.K. Diabetes Centre, Lucknow, India



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

Diabetes leads to one amputation every 20 seconds. Offloading the foot is the most important part of the management of plantar diabetic foot lesions. My original research work, the Samadhan System of offloading, invented in the year 2000, has proved to be a boon for the people in developing countries because it is a simple method which needs no special training for its manufacture and use, it is economical (it costs just 1 USD) and is effective. In the past 17 years, this method has been used in various parts of the world and colleagues have written to me expressing their successes in amputation prevention. I have received emails from Kenya, India, Russia, Australia and various other parts of the world in which they have shared pictures of the device being manufactured by them and how they used it to heal a diabetic foot lesion. This economical offloading method has prevented thousands of major and minor diabetic foot amputations in different countries. This work has been selected for oral presentation in over 25 international conferences across the globe.

#### Diabetes education through mobi-films

At L.K. Diabetes Centre, we use the Samadhan System of Diabetes Education. The word samadhan means 'solution' in the Hindi language. Conventionally, health education is rendered through literature and lectures, which are often boring and ineffective. Different diabetes patients need different education. We at L.K. Diabetes Centre produce different sets of films. We display them in the waiting room of our diabetes centre, during diabetes camps and distribute among doctors through diabetes associations. We make these films using mobile phones (mobi-films) so that we may forward these education films as MMS (multimedia messaging service) from one mobile phone to another. We organise workshops where we train colleagues in making mobi-films. Doctors make mobi-films to educate patients and colleagues. Patients make mobi-films to record their activities (self insulin administration at home/diet intake etc.) and show them to the doctor/educator during their visit so that mistakes can be corrected.

## SECOND PLACE

### Basavraj Nagoba, Dr Arunkumar Rao and Dr Bharat Wadher

MIMSR Medical College, Latur



Our team has successfully developed a newer treatment modality for a variety of infected wounds such as diabetic foot infections, leprosy ulcers, burn infections, and non-healing ulcers, using citric acid ointment (prepared using petroleum jelly as a base) as a sole topical antimicrobial agent. The results confirmed that citric acid-based wound dressing has the potential to control growth and multiplication of bacterial pathogens including multiple antibiotic resistant strains and the essential functional properties required to enhance wound healing.

## THIRD PLACE

### Moses Murandu

University of Wolverhampton



Being nominated as a finalist for the second year running is a great personal honour. The work of managing necrotic wounds with granulated sugar started in February 2009 as a pilot study and later a randomised controlled trial. The results were plausible, therefore a trial using telemedicine to help informal carers manage their relatives' wounds in Botswana, Lesotho and Zimbabwe is ongoing. The method is user-friendly, can be applied by either professionals or informal carers. Training and wound progress is done and monitored easily via telemedicine in the UK.

# The Best Laboratory/Preclinical Study Award

## WINNER

### Natascia Mennini and Department of Chemistry University of Florence



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

The work involves identification of the tests able to evaluate, *in vitro*, the quality and the performance of advanced wound dressings used for the treatment of cutaneous ulcers. This enables health workers to have guaranteed quality products available for their patients. In the end, it will reduce both healing time and health costs.

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

This award will encourage our team to proceed towards the second step of the project, which focuses on the development of specific laboratory tests for the assessment of the antimicrobial activity of the dressings. Moreover, this will make it easier to gain the funds necessary for the continuation of the study.

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

The use of a multidisciplinary approach as it enables us to address, in a deep and complete way, the study, thanks to the involvement of different professionals (i.e. chemists, doctors, nurses and pharmacists).

What are the main challenges you face?

The major challenge is to develop tests that are easy to perform *in vitro*, with low realisation costs and which are non-time consuming, while simulating as much as possible the real conditions in clinical use. This approach allows obtaining a good prediction of the dressings performance *in vivo*. Another challenge is to find a common language to communicate with professionals having different work backgrounds.

## SECOND PLACE

### Dana Egozi Kaplan Medical Center, Israel



Engineering vascularised tissue flap for reconstruction of the abdominal wall: poly L-lactic acid/poly lactic-co-glycolic acid scaffolds were seeded with a combination of endothelial cells, fibroblasts and myoblasts. The graft was then implanted around femoral vessels. Vascularisation and perfusion were achieved. This flap was then transferred to reconstruct a full-thickness abdominal wall defect.

Developing a novel dressing material from hybrid (synthetic-natural) structures as wound dressings: the lower spongy layer is designed to absorb exudate, smoothly adhere to the wet wound bed and accommodate newly formed tissue. We studied the effectiveness of the hybrid structures using an animal model.

## THIRD PLACE

### Devendra Dusane The Ohio State University



Bacteria growing as biofilm are known to infect most of the bodily tissues, and may lead to chronic infections and non-healing wounds. In the US alone, around 16 million biofilm-based infections are diagnosed every year. As a biofilm treatment strategy, we have developed an electroceutical wound dressing that significantly reduces biofilms. We have shown that electroceutical wound dressings powered with mild current significantly reduces bacterial biofilms. This study highlights a novel contribution of powered wound dressings for wound care, and a great future for electroceutical based wound dressings in the treatment of wound infections.



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# The Award Winners 2018

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