The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	24 June 2013
Title:	Tissue Viability update
Executive Summary:	RWT is undertaking a number of quality improvements in support of tissue viability across the health economy The incidence of avoidable health acquired pressure ulcers in the Trust has declined The focus of tissue viability is to improve wound healing and support the project to reduce chronic wounds across the health economy.
Action Requested:	To note the content of the report
Report of:	Ms Cheryl Etches, Chief Nursing Officer
Author: **Contact Details:**	Ms Charlotte Hall Deputy Chief Nurse Tel 01902 695962 Email charlotte.hall6@nhs.net
Resource Implications:	Changes to how wound care in the broadest sense is managed across predominantly community services
Public or Private: **(with reasons if private)**	Public Session
References: **(eg from/to other committees)**	CQC, NHSLA
Appendices/ **References/** **Background Reading**	Quality & Safety Committee **(June 2013 Paper)** 2020 Vision – Focusing on the Future of District Nursing **(Queens Nursing Institute 2009)** Pressure Ulcer Prevalence Monitoring and Interpretation of Safety Thermometer Data A Briefing Paper for Commissioners and NHS Trusts **(Tissue Viability Society May 2013)** Chronic Wounds Toolkit **(NHS West Midlands 2010)**
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background Details

1	The Tissue Viability service is a nurse led service which provides specialist advice and care to patients with, or at risk of, developing wounds. This is achieved by the provision of specialist advice, training and equipment.

Typically the service supports staff who are involved in the management of complex wounds e.g. pressure ulcers, surgical wounds; leg ulcers and equipment needs of wound care patients both in hospital and out in the community.

The service is also now commissioned to provide a tissue viability service to nursing homes within Wolverhampton. The aim of this is to improve outcomes for those residents and to improve the management of overall wound care. This not only benefits the residents but also potentially reduces the risks of infection and pain which often lead to admission to hospital. The Tissue Viability team run a clinic three times a week from the Phoenix Health Centre where they see complex wounds. The team also see patients referred to them from nursing homes and district nurses through domiciliary visits.

There are a number of booked wound care clinics run in the community staffed by the district nursing team including one that is run 7 days a week. Here the district nursing team will see ambulant patients who remain on their case load. This service has been in place for a number of years having developed in response to the lack of wound care service provided within general practice. Nationally, this service would normally be delivered within the practice by Practice Nurses with support for complex care commissioned from Tissue Viability which is usually managed within the host provider. This then enables the district nurses to maintain capacity to see housebound patients only.

2 **Chronic Wounds**

Chronic wounds have been identified as the source of infection for as many as 40% of MRSA Bacteraemia cases within West Midlands, the impact of chronic wounds is not only debilitating for patients but also a considerable drain on resources. It is estimated that venous leg ulcers alone cost the NHS £168 – 198m per year (NHS West Midlands 2010). The Trust is therefore quantifying the burden of chronic wounds using the Chronic Wounds Toolkit with a project team managed through the Infection Prevention team, also the author of the toolkit.

The project team provide monthly updates to the Tissue Viability Strategy Group. A chronic wound classification is a wound that remains unhealed after 6 weeks. Some patients seen in the community by district nurses have had wounds for over two years and beyond. This places significant burden on the community resources to manage increasing capacity as patients with complex comorbidities are expected to be managed at home with the appropriate support in place. Practice nurses have also received up skilling to enable them to manage the ambulant patients who do not require visits at home from the community nurses or in clinic where they have traditionally been seen by both the tissue viability team and community nurses. They have undertaken education in wound infection, compression training and hosiery training. This will be formally evaluated as part of the chronic wound project.

A database of all patients with a chronic wound is maintained by the chronic wound team, each patient is reviewed four weekly who advise and instigate new plans to promote healing. Wound management continues to be carried out by predominantly the community nurses or practice nurses. The project outcomes will be reported on separately however successes are already apparent:

A proportion of wounds have now healed due to changes to management of the wound including appropriate referral to other specialists ie. vascular or dermatology services. Changes to contemporary innovative chronic wound management systems have also demonstrated improvement. The implementation of a chronic wound pathway has also helped to standardise practice and this is now being implemented across district nursing services in conjunction with the tissue viability service.

3 **Pressure Ulcers**

In the last two years there has been a considerable increase in the demand to, quite rightly, reduce the burden of pressure ulcer development and management. Of significance is understanding if the pressure ulcer was caused during the patient's care in our services and

if so this is called health acquired as opposed to 'inherited' from elsewhere and if acquired here, was it avoidable, meaning we could have done more to have prevented it.

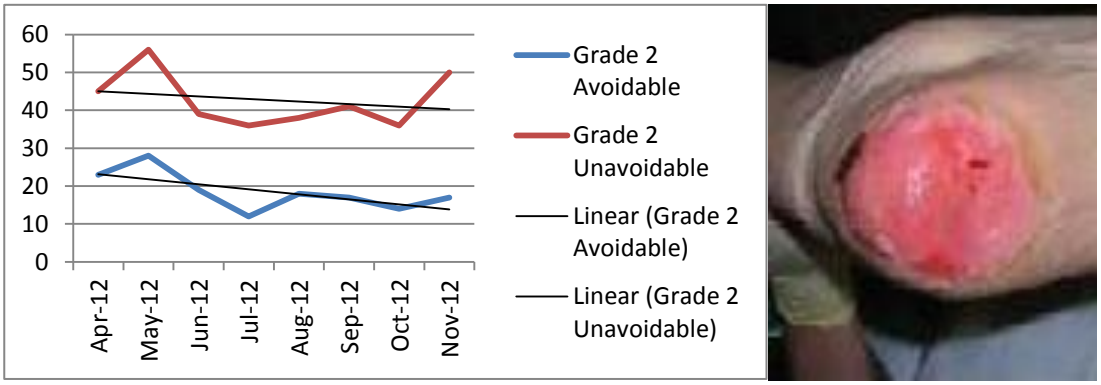
The Trust has participated in a significant national project to 'Stop the Pressure' and reduce incidence and prevalence of pressure ulcers. This has resulted in a change in how the Trust's nurse leaders expect nurses to provide care

- Focus on more robust and timely assessment of the patient's risks of developing pressure ulcers through personalised care
- Improved access and standardisation with education around equipment across hospital and home
- More emphasis on how nursing is delivered; the use of 'comfort rounds' to ensure patients are comfortable, repositioned to stop the pressure, have access to a drink and the call bell system.
- Non-acceptance of mediocre or absent documentation of what the nurse did to the patient during their shift: If it is not documented it didn't happen: E.g. absence of evidence in the comfort round document indicates a pressure ulcer could have developed because of an omission in care resulting in an avoidable harm. The nurse on duty who omitted this is held to account.
- Real focus on accountability when a pressure ulcer has been detected and reported, with true scrutiny at the highest level to ascertain whether nurses could have changed the outcome if they had provided care differently.

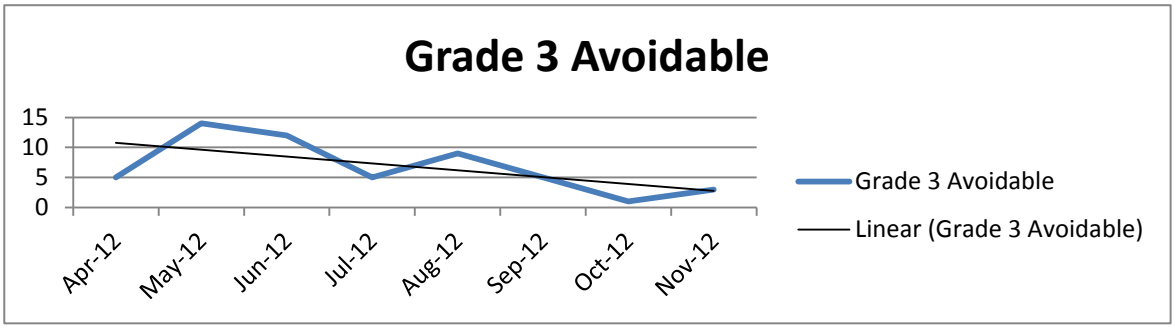
3.1 **Pressure Ulcer numbers – an improvement**

The results have demonstrated a reduction in **grade 2 pressure ulcers** both unavoidable and, most importantly, avoidable demonstrated in the graph and picture

Grade 2 Ulcers

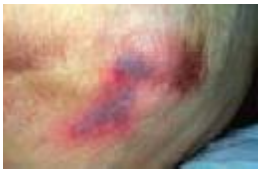


However of significance is the reduction in **Grade 3 pressure ulcers: avoidable** which have reduced thus demonstrating improvements in risk assessment, continuous evaluation and interventions to reduce the risk of deterioration to Grade 3.



The number of **Grade 3 unavoidable** pressure ulcers has risen and we believe this to be a combination of re categorisation of Suspected Deep Tissue Injuries (*Figure 1*) now classified as Grade 3 ulcers and the continuing complexity of patients admitted to either community caseloads or hospital who are older and whose skin is in a poor condition.

Figure 1 Suspected Deep Tissue Injury (SDTI) which can re perfuse with intervention



The category of unavoidable ulcers is as mentioned very closely scrutinised and staff must be very clear that they are able to demonstrate there was either nothing could be done further to prevent deterioration, for example end of life patients who are deteriorating rapidly, admitted from nursing homes where pressure ulcer may not have been optimum or the patient has suffered significant vascular events that have resulted in poorly perfused tissue resulting in significant skin damage.

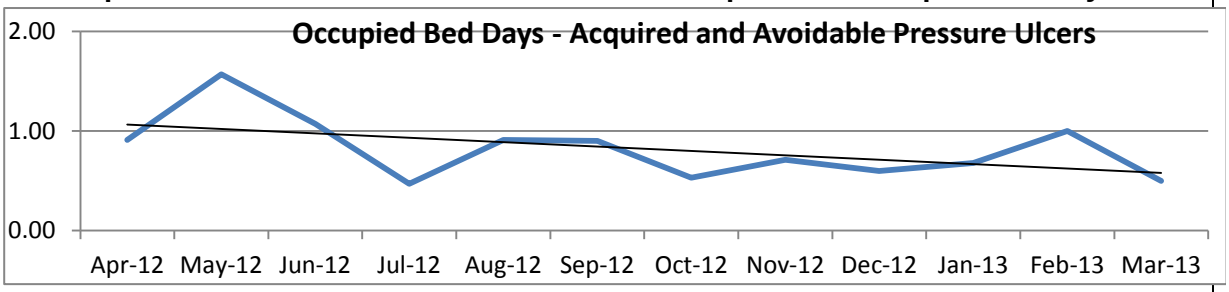
4 **Accountability meetings**

The accountability meetings have regionally earned RWT the reputation that we take pressure ulceration extremely seriously and view it as an indicator of nursing care when we say the ulcer could have been avoided. This however does mean that we report both internally and externally in a very transparent manner, providing numbers and detail that may not be provided by other Trusts. Every Trust's information is shared through a national tool called the Safety Thermometer which whilst a useful tool to 'test the burden of harm' across a number of organisations needs to be used with caution because the information circulated lacks clear reliable data collection methodology across Trusts (Tissue Viability Society May 2013)

5 **Conclusion**

The incidence of pressure ulcers that have developed whilst in our care (health acquired) and could have been prevented (avoidable) has reduced across RWT which supports the interventions we are making are taking effect. By identifying pressure ulcers as acquired and avoidable allows us to monitor how we are doing in terms of activity as evidenced in the graph below

April 2012 – March 2013: Number of incidents per 1000 occupied bed days



There is more emphasis to be placed around the management of chronic wounds and this is an exciting project for the future because it will not only improve patient's long term outcomes but also increase the capacity of our district nursing services to take on more complex patients from hospital who could be nursed at home. The support for maintaining healed wounds will be proactively managed by public health funded initiatives, Well Leg Clubs etc. In the long term the tissue viability team will move from the widespread education in general wound management and pressure ulcer classification to more proactive wound care support of complex and specialist wounds with a focus on identifying chronic wounds that would benefit from specialist review.
