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Challenges facing tissue viability in 2010

Tissue viability is a speciality that truly encompasses the holistic needs of individuals with a wound. As practitioners involved in tissue viability it is not just the wound that requires assessment, treatment and prevention strategies, but also the assessment of nutrition, pain, stress, mobility, altered body image and any underlying disease process prior to choosing the most appropriate dressing and pressure-redistributing devices. Additionally, tissue viability practitioners are expected to develop business cases to support the speciality, and to liaise with members of the multidisciplinary team who are involved in the care of the patient. Although tissue viability tends to be nurse-led, there are numerous professional groups that will also be involved in this care, including healthcare assistants, podiatrists, physiotherapists, medical staff, occupational therapists and dieticians. It is therefore important that all those involved in tissue viability understand the importance of the quality agenda that will affect their day to day delivery of care.

The National Patient Safety Agency (NPSA) (2010) announced plans to reduce levels of harm in ten high risk safety areas, and included in these is reducing pressure ulcers. The NPSA state that correct patient position, adequate nutrition and hydration, and effective monitoring and assessment are recognized as being vital to the prevention of pressure ulcers. The Department of Health (DH) (2008; 2009a) has already highlighted the importance of developing and maintaining quality with reference to the reduction and eradication of hospital-acquired pressure ulcers. Indeed the DH (2009a) had previously remarked that the majority of pressure ulcers are preventable through effective risk assessment and the implementation of pressure-reducing activities, such as moving immobile patients. The DH (2009a) have an ambition to eliminate all avoidable pressure ulcers in NHS-provided care that, they claim, will significantly reduce the amount spent on treating pressure ulcers. It is therefore vital that practitioners develop and implement achievable metrics to meet these targets. However, are all pressure ulcers avoidable?

We have to consider those individuals that have sustained a fall away from the hospital environment and have been immobile for a number of hours prior to their admission; individuals who are non-concordant with education – if a pressure ulcer develops could it have been avoided in these situations? Perhaps not, but accurate and timely skin assessments of all patients admitted will identify if the skin was damaged prior to admission. Clear documentation regarding assessment and interventions that have been put in

place will provide clear evidence that every effort was made to prevent pressure ulcer development.

Specialist nurses can help by ensuring that practitioners understand the quality agenda and are able to develop and implement metrics that provide guidance for evidence based care. However, the *Nursing Times* (11th May 2010) reported that a member of the Prime Minister's Commission on the Future of Nursing and Midwifery will start to reduce the number of specialist nurses at her Trust. One of the commission's recommendations had been to regulate advanced nurse practitioners, which the *Nursing Times* suggested may mean reducing some specialist nurse roles. It is hoped that the tissue viability specialist will not be one of these roles. The post is pivotal in ensuring that holistic care is delivered to patients and if the quality agenda is to be met, especially as pressure ulcer prevention has been highlighted by the DH, High Impact Actions and the NPSA. Tissue viability practitioners must stand up and be heard, and must listen to the patient's experience of their care. The DH (2009b) has been very clear that the patients' experience and satisfaction will be analysed through the use of Patient Reported Outcomes Measures (PROMs) and that through the results of PROMs up to 10% of income will be dependant on these measures of success in the future. We must ensure that tissue viability is recognized as a valued speciality and that a reduction in budgets does not equate to a reduction in specialist nurse roles. **BJN**

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