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Making wound care research real

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‘Making wound care research real’

Dr Karen Ousey
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Where is Huddersfield?
My office!
Consider......

- Do nurses read research?
- Research is boring!
- Only undertaken by academics
- Clinicians don’t have time
- Does research impact on practice?
- Should all nurses be involved in research?
- Is research an integral part of a nurses role?
- Do nurses understand research?

Questions are guaranteed in life; Answers aren’t.
Why research?

- Patients who receive care based on evidence experience better care and better outcomes
- Provides a mechanism for determining the impact of nursing care
- Advances the science of nursing practice
What is Research?

- A systematic approach to gathering information for the purposes of answering questions and solving problems in the pursuit of creating new knowledge about nursing practice, education and policy. (Hek and Moule, 2006: 10)
• Research findings are often:
  – Not communicated to practitioners
  – Findings may not be directly applicable to daily practice
  – Results are often reported in terms that are not easily understood
  – Practitioners may lack the time and administrative support needed to conduct research
Without research……..

Egg whites and oxygen
Dry wound healing environment
Hydrogen peroxide to cleanse wounds
Cotton wool and gauze to clean wounds
Betadine soaked gauze
Proflavine packs
Doughnut cushions
Water filled gloves
Medically led
Sitting out of bed all day……….
• Treatment of pre tibial lacerations:
  – A & E
  – Community
• No consensus on the best practice for managing elderly patients with pre tibial lacerations
Aims of the Study

• To establish incidence of PTL’s in NHS District Hospitals

• To investigate the cause and progression of PTL’s

• To evaluate current practice in the management of PTL’s in the A&E Department and primary care

• To assess the clinical effectiveness of PTL treatments.
The Research Team

• Who was involved?
  – Academic staff
  – A & E consultant nurse
  – A & E nursing staff
  – A & E medical consultants
  – Tissue Viability Staff
  – Community staff
  – Service users
  – Medical student
What are pre tibial Lacerations?

- Lacerations of the skin anterior to the lower tibia

- Have been identified as being some of the most serious of such injuries, due to a remarkably common incidence

- Characteristically long healing time and often marked impact on the social welfare of patients subsequent to initial presentation
Working together

• Identify a clinical problem

• Develop clinical collaborative relationships

• Who do you involve:
  – Academia
  – Clinicians
  – Service Users
Pre Tibial Lacerations

- Working relationship with A & E
- Regular meetings with the consultant nurse
- Collaborative study between A & E, Calderdale and Huddersfield Foundation NHS Trust and University of Huddersfield
Further clinical questions

• Steri-strip or not?

• Soft-silicone dressing or other?

• Clinical effectiveness of standard practice guidance

• Cost effectiveness

• Plastic surgery referral for all?

Inspiring tomorrow’s professionals
Further Collaboration

- Joint application for research funding
- Joint publications
- Joint presentations
- Ensuring research informs practice
- Practice informs research
Example 2

- Quality of life experienced by patients undergoing negative pressure wound therapy as part of their wound care treatment compared to patients receiving standard wound care
Partners

- Tissue Viability specialist - South Tyneside Foundation Trust
- Vascular Nurse Specialist – Mid Yorkshire NHS Trust
- District Nurses
- Academics – University of Huddersfield
- Statistician - University of Huddersfield
Why Investigate QoL?

- The use of Negative Pressure Wound Therapy (NPWT) has been widely documented as a technique to help heal complex wounds.

- The ability to measure patient satisfaction has been discussed for many years.

- Difficulties associated with the accurate measurement of patient satisfaction with care.
Aim of Study

- To explore satisfaction and quality of life experienced by patients undergoing negative pressure wound therapy (NPWT) as part of their wound care treatment in comparison to that of patients with a wound using traditional (standard) wound care therapies.
Results

• Although there was no overall interaction between the therapies used for wound healing

• NPWT did have an effect on social life: during the first 2 weeks of the application of therapy

• Patients in the NPWT group reported an increase in the social life domain.
• Must develop collaborative working
• Make yourself known to academic or clinical staff
• Show an interest!
• Leads to:
  – Funding opportunities
  – Joint papers
  – Joint presentations
  – New friends!
We can:

- Change practice
- Promote research and evidence based practice
- Improve the patient experience
- Ensure a multi disciplinary approach to care interventions
- Cost effective interventions
- Keep the patient at the heart of all we do
- Share best practice
- Measure interventions