



University of HUDDERSFIELD

University of Huddersfield Repository

Fletcher, Jacqui and Ousey, Karen

Re-evaluating how care is delivered: Time for a new focus

Original Citation

Fletcher, Jacqui and Ousey, Karen (2013) Re-evaluating how care is delivered: Time for a new focus. *Wounds UK*, 9 (3). pp. 6-7. ISSN 1746-6814

This version is available at <http://eprints.hud.ac.uk/id/eprint/18993/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

Re-evaluating how care is delivered: Time for a new focus



JACQUI FLETCHER
Clinical Editor, Wounds UK



KAREN OUSEY
Clinical Editor, Wounds UK

It is more than halfway through the year and for university staff it is the end of the academic year. Up until now, 2013 has seen care, care interventions, quality of care, and failure of care making the headlines in the general media and health-related publications. Particularly prominent was the publication of the Francis Report (Mid Staffordshire NHS Foundation Trust, 2013) and, more recently, stories relating to the University Hospitals of Morecambe Bay NHS Foundation Trust.

However, at the end of 2012 we saw the publication of *Compassion in Practice* (Department of Health [DH], 2012), which identified the six Cs. These are:

- » Care.
- » Compassion.
- » Competence.
- » Communication.
- » Courage.
- » Commitment.

How have we, as wound care, tissue viability, leg ulcer, and vascular specialists, ensured that these six Cs are embedded in care interventions and evaluated? Indeed, have we actually embraced this philosophy and, if so, how do we measure the difference?

We believe tissue viability and wound care have made great advances in meeting these challenges. Advances in terms of each of the six Cs are summarised below:

Care. Has been enhanced through effective assessment and planning of skin integrity, measured through pressure ulcer free days. Surgical site infection is being measured and healthcare facilities are using skin bundles that are audited and reviewed on a regular basis.

Compassion. We are seeing more service users being encouraged and involved in research and evaluation projects to ensure their voice is heard and that research underpins practice, but more importantly, research that reflects the challenges of clinical practice.

Competence. Attendance at study days, conferences, the reading of journals, and undertaking credit-bearing courses are resources available for all healthcare staff to access. The attendance at recent Wounds UK events and EWMA is testament that clinicians are accessing high-quality education and are hopefully taking this new knowledge base and skills back to their workplace. Our industry partners also recognise the importance of clinicians being able to access educational opportunities and have provided a range of online education on their own websites for people to access free of charge.

Communication. Tissue viability and wound care are truly multi- and interdisciplinary with nurses, podiatrists, dieticians, pain teams, physiotherapy, occupational therapy, medical staff, GPs, counsellors, psychologists, palliative care teams, and others working together to ensure that the patient has a seamless treatment journey.

Courage. The DH (2012; 2013) stated that clinicians should have the personal strength and vision to innovate and to embrace new ways of working. We have certainly seen this in tissue viability and wound care: new dressings are used, pressure-redistributing equipment ordered and used following individual patient assessment, wound care clinics being held in community areas to allow patients easy access, and many other innovative ways of working. These have all been evidenced in publications and the many excellent posters and presentations that clinicians showcase at local, national, and international events.

Commitment. Clinicians are committed to constantly evaluating and improving care interventions and we are sure that much of this commitment will be shared during the Wounds UK event at Harrogate in November.

Hot off the press in England is the Berwick Report (National Advisory Group of Patient Safety in England, 2013), which focuses on how we can move forward from the bad news stories earlier in 2013 and contains some really positive

messages, but also highlights some crucial issues. The take home messages are encapsulated in three quotations, the first two amazingly positive and directional, the third, longer section perhaps a note of caution around the time and effort we are spending on counting:

- ▶ “Nothing has impressed me more than you” – Don Berwick’s letter to staff.
- ▶ “Lead with a vision. Avoid the rhetoric of blame. Rely on pride not fear”
- ▶ “Use quantitative targets with caution, goals in the form of such targets can have an important role en route to progress but should never displace the primary goal of better care. When the pursuit of targets and prudence... becomes the overriding priority the people may focus too narrowly. Financial goals require special caution; they reflect proper stewardship but are only a means to support the mission of the NHS: healing. While ‘zero harm’ is a bold and worthy aspiration the scientifically correct goal is ‘continual reduction.’”

It is perhaps now time to encourage clinicians to reflect on what they do and why they do it. How many can truly say that they can provide evidence that what they do positively influences the patient’s journey and outcomes? Likewise, how many know that the time and effort staff put into data collection genuinely has an impact on how care is delivered? Resources – both in terms of staff and otherwise – are limited and we are duty bound to make the best use of them possible, so next time you design an audit – ask yourself what are you going to do with the results, what actual difference will it make to the patients and staff? If the answer is “I don’t know”, then please, don’t do it! 

REFERENCES

- Department of Health (2012) *Compassion in Practice. Nursing, Midwifery and Care Staff: Our Vision and Strategy*. DH, London. Available at: <http://bit.ly/Y1hXDN> (accessed 07.08.2013)
- Mid Staffordshire NHS Foundation Trust (2013) *Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. The Mid Staffordshire NHS Foundation Trust, Stafford. Available at: <http://bit.ly/XVfeSa> (accessed 07.08.2013)
- National Advisory Group of Patient Safety in England (2013) *A Promise to Learn – A Commitment to Act. Improving the Safety of Patients in England*. Department of Health, London. Available at: <http://bit.ly/15ExijU> (accessed 07.08.2013)

made
easy

LIVE 2013

A Made Easy event brought to you by Wounds UK

Wounds UK

ELIMINATING AVOIDABLE PRESSURE ULCERS IN THE REAL WORLD: SOLUTIONS AND STRATEGIES



THIS CONFERENCE IS AIMED AT:
TISSUE VIABILITY SPECIALISTS,
DISTRICT NURSES,
LINK NURSES,
NURSING HOME NURSES,
PODIATRISTS,
PRACTICE NURSES,
STAFF NURSES

BOOK YOUR
COMPLIMENTARY
PLACE TODAY!

THURSDAY 03
OCTOBER 2013
BRIGHTON

Book online now for your complimentary place! Please visit

WWW.WOUNDS-UK.COM