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# Tissue viability — can you define the role or the service?



KAREN OUSEY  
Clinical Editor, Wounds UK

Welcome to the September edition of *Wounds UK*. 2014 has been an exciting year in many ways, including a successful Commonwealth games in Glasgow that has showcased the skills of athletes from the four countries of the UK; the World Cup was held in Brazil (perhaps better to forget that!); and remembrance of the many ordinary men and women who became the heroes of WWI.

Perhaps this is the time to reflect on the role of the tissue viability nurse (TVN) and tissue viability services (TVS) that are provided across Great Britain. As healthcare practitioners who all plan, implement, evaluate and diagnose a plethora of issues in tissue viability, you, the reader, know and appreciate the importance of being able to offer a service that effectively:

- ▶ Meets the needs of a diverse patient group
- ▶ Fulfills the requirements of patients' partners, carers and families
- ▶ Provides interventions that are based on the most up-to-date research and evidence
- ▶ Delivers a cost-effective service.

However, the service itself is expensive if one factors in staffing costs, clinics, wound dressings, pressure redistribution equipment, diagnostic tests, diagnostic equipment, management of wound infection and community visits — to name but a few. How, as clinical practitioners, do you measure the effectiveness of your service? Do you measure all aspects of your service or just those areas that require mandatory reporting, e.g., pressure ulcer incidence, surgical site infection and leg ulceration healing rates? If we do not have measurable outcomes for all aspects of the service, how can practitioners claim that the service is improving care outcomes, reducing harm and improving health-related quality of life outcomes for service users?

Is the measurement of health outcomes and production of business plans an integral role of the TVN or should this be the role of the

manager/business manager? Indeed, what is the role of the TVN? Even a search through existing literature leaves things uncertain (Flanagan, 1998a and b; Fox, 2001; White, 2008); there is very little clarity as to the exact role and no recognised national guidance that provides a framework for developing the role.

Although the National Association of Tissue Viability Nurses Scotland does have a competency framework (Finnie, 2003), it is not used for the remaining three countries of the UK. Job descriptions vary within the healthcare areas with a variety of job titles being afforded to the role, e.g. TVN, Tissue Viability Nurse Specialist, Consultant Nurse Tissue Viability, TV and Infection Control Specialist and Wound Care Nurse, to name but a few. Similarly, pay bands vary between healthcare settings. The specialist-to-patient ratio is also incredibly diverse — as minimum-staff-to-patient ratios is currently high on the political agenda; perhaps this is the right time to address this issue.

As a TVN or a practitioner involved in tissue viability, can you effectively describe the role of the TVN and the service succinctly or do you indeed know what the TVN role is across the UK? The debate section in this edition (pages 10–14) aims to help with the investigation into this role. You will also find on the *WUK* website a link to a survey monkey questionnaire that explores these issues (see: <http://svy.mk/1vl6qli>). Please take a couple of minutes to complete this survey.

In addition, a team of researchers and myself will be inviting people to be interviewed regarding the TVN role during the national conference in Harrogate — if you would like to be interviewed to share your views please contact me to arrange a date and time ([k.j.ousey@hud.ac.uk](mailto:k.j.ousey@hud.ac.uk)). This is an exciting time for tissue viability, but we must provide clear guidance as to what we offer, and why this service is so important and integral to providing quality patient care. 

## Another kind of celebration in Wales



JACQUI FLETCHER  
Clinical Editor, Wounds UK

September is an exciting month for wound care in Wales — it sees a 3-day celebration of wound care for Wales; the opening of the Wound Innovation Centre (WIC). This is the first national wound healing centre in the world. Although other countries may have research initiatives none have a national initiative which draws together clinical, academic and commercial aspects of wounds. According to Professor Keith Harding, Medical Director of the Welsh Wound Innovation Initiative and Head of the Wound Healing Research Unit at Cardiff University:

*“The new centre will act as a focus for research, clinical and commercial excellence in wound prevention and treatment. This will position Wales in a global leadership position in addressing this growing healthcare issue.”*

Welsh Wound Innovation Initiative is an exciting collaboration, which draws together all seven integrated Welsh Health Boards, multiple Welsh higher education establishments and a number of existing Welsh companies, attracting inward investment from several global firms. The Welsh Wound Innovation Initiative is fortunate to have a unique building — WIC — from which it will operate. This well-specified facility provides the necessary

resources to achieve a nationally coordinated approach offering well-appointed clinical space, a customised education facility, as well as office space.

There is a huge amount of support at a strategic level, most notably from the Director General and Chief Executive of the NHS in Wales, Dr Andrew Goodall, the Chief Nurse, Professor Jean White and her team, and also Minister for Health and Social Services Mark Drakeford. Of equal importance is the good working relationships with existing groups, such as the All Wales Tissue Viability Nurses and the Welsh Wound network who are very aware of the key clinical issues and have been active in developing many initiatives on top of their ‘day jobs’ to improve wound healing for patients across the whole of Wales.

This is a real opportunity to improve the care for patients with wounds of whatever aetiology; to ensure that they are all receiving optimal care at the earliest opportunity, by working in a prudent way to ensure the best use of resources. It is also an amazing opportunity for collaboration and support, and for clinicians to develop and improve their knowledge and skills by working together. 

### Writing for *Wounds UK*

*Wounds UK* welcomes a range of articles relating to the clinical, professional, and educational aspects of wound care. If you have written an article for publication or if you are interested in writing for us and would like to discuss an idea for an article, please contact:

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