Embedding the quality agenda into tissue viability and wound care

Karen Ousey, Richard White

Abstract

The vision for the NHS over the next 5 years is to go from 'good to great', with the government's 5-year plan mapping the journey for the NHS while focusing on improving quality and productivity, using innovation and prevention to drive and connect them. The Department of Health's 2010 report *Frontline Care. Report of the Prime Minister's Commission on the Future of Nursing and Midwifery in England* **identified the need to develop national nursing indicators that measure nurse quality and their impact on patient outcomes and satisfaction. This article explores the impact that the quality agenda will have on tissue viability and wound care, and discusses the development of effective and achievable metrics. The importance of the multidisciplinary team working together to develop metrics and achieve quality outcomes for patients is further identified and discussed.**

Key words: Quality agenda ■ Metrics ■ Tissue viability ■ Wound care ■ Multidisciplinary team ■ Education

The quality agenda has been debated, discussed and developed over the past 12 months and is being embedded in the healthcare arena. The publication of 'QIPP – Quality, innovation, productivity and prevention' (Farrar, 2009), *High-Quality Care for All: NHS Next Stage Review Final Report* (Department of Health (DH), 2008), *Implementing the Next Stage Review Visions: the Quality and Productivity Challenge* (Nicholson, 2009) and *NHS 2010–2015: from Good to Great. Preventative, People-centred, Productive* (DH, 2009a) are of particular importance and relevance to the delivery of tissue viability services both in the primary and secondary healthcare sectors (Ousey and Shorney, 2009; Ousey and White, 2009a,b; White et al, 2010).

Dowsett and White (2010) remarked that the vision for the NHS over the next 5 years is to go from 'good to great', with the 5-year plan mapping the journey for the NHS while focusing on improving quality (DH, 2009a) and productivity, using innovation and prevention to drive and connect them (Farrar, 2009).

The publication of *Frontline Care. Report of the Prime Minister's Commission on the Future of Nursing and Midwifery in England* (DH, 2010) identified there was a need to develop national nursing indicators that measure nurse quality and their impact on patient outcomes and satisfaction.

Dr Karen Ousey is Principal Lecturer, Department of Nursing and Health Studies, University of Huddersfield, and Dr Richard White is Professor of Tissue Viability, Institute of Health and Society, University of Worcester

Accepted for publication: May 2010

Tissue viability and wound care

Most pressure ulcers are preventable through a risk assessment and the implementation of pressure-relieving measures, such as moving immobile patients (DH, 2009a). The Department of Health embarked on an ambition to eliminate all avoidable pressure ulcers in NHS-provided care. This would significantly reduce the amount an average district general hospital spends on treating pressure ulcers, currently estimated in *High Impact Actions for Nursing and Midwifery* at £600,000–£3 million each year (NHS Institute for Innovation and Improvement, 2009). The importance of delivering high-quality care has been further emphasized by the Department of Health (2009a) clearly stating that the tariff payment system will not reward poor quality or unsafe care, which means enabling Primary Care Trusts to withdraw payments when care does not meet the minimum standards patients can expect. The Department of Health (2009a) refers to 'never events', offering examples of unsafe care such as wrong site surgery, and that in the future these events may include pressure ulcers. Additionally, the Chief Nursing Officer (DH, 2009b) identified the importance of meeting the quality and productivity challenge by highlighting the project, *Quality and Productivity: Establishing the Evidence*, that aims to collate all of the available evidence for how to improve quality and productivity, and to develop new evidence to fill gaps.

It is important that all those involved in the delivery of tissue viability/wound care services understand this agenda and can develop and implement clear and achievable metrics or measures of care that measure performance on a range of aspects of care. Metrics are indicators that measure performance on a range of aspects of care that aim to generate meaningful information to enable and motivate nurses to change their practice to improve patient outcomes (Ousey and White, 2009b).

Seven general nursing care indicators were identified in a review of clinical records and assessment processes by Hinchliffe (2009):

- Falls assessment
- Food and nutrition
- Pressure area care
- Pain management
- Patient observations
- Infection prevention and control
- Medicine prescribing and administration.

All relate to tissue viability/wound management and can form a template for the development of achievable and relevant metrics. One essential metric has been identified as feedback from patients, known as patient-related outcome measures (PROMs). PROMs are measures of a patient's health status or health-related quality of life and are a means of assessing effectiveness of care from the patient's perspective (DH, 2009c). The health status information collected from patients by way of PROMs questionnaires before and after an intervention will provide an indication of the outcomes or quality of care delivered to NHS patients. This information can be used in a variety of ways to assess the quality of care delivered to these patients by providers. Furthermore, the Department of Health (2009c) referred its publication, *High-Quality Care For All: NHS Next Stage Review Final Report*, (DH, 2008) indicating the intention to link payments to PROMs data:

> **'First, we will make payments to hospitals conditional on the quality of care given to patients as well as the volume. A range of quality measures covering safety (including cleanliness and infection rates), clinical outcomes, patient experience and patients' views about the success of their treatment (known as patient-reported outcome measures or PROMs) will be used.'**

Indeed, the Department of Health (2009a) stated that they will link a significant proportion of provider income to patient experience and satisfaction; additionally, over time, up to 10% of Trusts' income could be dependent on patient experience and satisfaction.

It is vital that metrics are developed so that practitioners understand them and that they can be implemented and evaluated easily.

Examples of metrics

The National Nursing Research Unit (NNRU, 2008, p2) identified that a measuring system was needed, with a set of indicators that can:

- Quantify trends and characteristics
- Describe performance in achieving health service goals (in this case, elements to which nursing strongly contributes)
- Provide information to improve nursing care.

Moreover, the NNRU suggests that quality indicators can be derived from known or widely presumed links between nurse-sensitive outcomes and nursing interventions (NNRU, 2008, p6). They use the example of a nutritional risk assessment that may be used as an indicator of quality because it is identified as a nursing intervention leading to improved outcomes.

It is not only care interventions that the NNRU referred to as quality indicators, but also workforce variables such as staff satisfaction or skill mix, as these provide patient outcomes that can be related to PROMs.

Practitioners already use metrics in their work, including:

- Prevalence and incidence monitoring
- Risk assessment tools including pressure ulceration 'at risk' scores, for example the Waterlow Score (2005) and Braden Scale (Braden and Bergstrom, 1987)
- Pain assessment
- Risk of falls
- Nutritional assessment
- Adverse incidence reporting
- Reporting of infection rates and audit.

Extended and unnecessary length of stay is another metric that may be developed for those individuals who develop pressure ulceration or a wound infection. Patients who develop a hospital-acquired pressure ulcer or wound infection will have their length of stay increased; this is an added expense to the healthcare services and also affects patients' quality of life. Pressure ulceration has been estimated to cost the NHS £1.4–£2.1 billion a year (Bennett et al, 2004), and this cost may be added to by litigation; the cost of wound care to the NHS has been estimated to be £2.3–£3.1 billion a year (Posnett and Franks, 2007). Clear measures should be developed to measure these risks, including auditing of infection rates, incidence of pressure ulceration, length of stay, quality of life indicators and PROMs.

The track-and-trigger systems, as recommended by the National Confidential Enquiry into Patient Outcomes and Death (2005), identified that patients who did not survive often showed signs that their condition was deteriorating long before they died. It recommended that hospitals should pay more attention to physiological signs of decline. They should put in place 'track-and-trigger systems' for all patients, which is linked to a response team skilled in managing acute clinical problems. The track-and-trigger system could be used to identify those patients who are at risk of developing a pressure ulcer or wound infection at an early stage, enabling the timely intervention of preventative measures.

Education

Education of all practitioners is vital if metrics are to be developed and effectively embedded into practice. Education is often viewed as an effective method of facilitating change in clinical practice (Gibson and McAloon, 2006). Developing a strong knowledge base in the tissue viability and wound care setting is essential to ensure evidence-based practice is maintained and delivered. Harding (2000) argued that it is the application of this knowledge into everyday practice that is of utmost importance.

Attendance at mandatory study sessions delivered by the local healthcare authority will support an up-to-date knowledge base of relevant policies, procedures and guidelines, such as prevention of infection, tissue viability updates and health and safety. Furthermore, attendance at institutions of higher education to undertake specialist courses will develop evidence-based knowledge and skills that can be integrated into practice and used to enhance the knowledge and skills base of other practitioners in the healthcare setting.

As well as attending formal teaching and learning sessions, knowledge can be maintained and skills developed through:

- Accessing relevant journals and books that relate to specialist practice
- Working with members of the multidisciplinary team to understand and appreciate individual roles in tissue viability and wound care, and
- Importantly, to reflect on these activities and to integrate the knowledge and skills into clinical practice.

The Nursing and Midwifery Council (NMC, 2008) acknowledge and encourage practitioners to maintain and update knowledge and skills through appropriate learning and practice activities that maintain and develop competence and performance. Furthermore, they recommend that these activities should be undertaken throughout the working life of the practitioner.

Inclusion of the multidisciplinary team

The development and implementation of metrics is a multidisciplinary team responsibility, and the inclusion of all professions allied to medicine is integral to its achievement. For example, when developing metrics relevant to tissue viability and wound care, numerous members of the multidisciplinary team will need to be involved (*Table 1)*. The NMC (2008) maintain that working cooperatively within teams and respecting their skills, expertise and contributions is essential. Additionally, a practitioner must be willing to share skills and experience for the benefit of colleagues.

Table 1. Multidisciplinary involvement in tissue viability and wound care

Intervention	Member of the multidisciplinary team
Mobility	Physiotherapists, occupational therapists, nurses
Appropriate choice of wound dressings	Nurses, tissue viability specialists, medical staff
Pain management strategies	Pain management team, medical staff
Infection prevention measures	Infection prevention team, microbiologists
Relief of pressure	Tissue viability specialists, nurses
Medication	Medical staff, pharmacists
Off-loading	Podiatrists, orthotists, physiotherapists, occupational therapists
Nutrition	Dieticians

KEY POINTS

- The vision for the NHS over the next 5 years is to go from 'good to great', with the 5-year plan mapping the journey for the NHS while focusing on improving quality and productivity, using innovation and prevention to drive and connect them.
- It is important that all those involved in the delivery of tissue viability/wound care services understand this agenda and can develop and implement clear and achievable metrics or measures of care that measure performance on a range of aspects of care.
- The health status information collected from patients by way of patient-related outcome measures (PROMs) questionnaires before and after an intervention will provide an indication of the outcomes or quality of care delivered to NHS patients. This can be used in a variety of ways to assess the quality of care delivered to these patients by providers.
- The Department of Health (2009a) refer to 'never events', offering examples of unsafe care such as wrong site surgery, and suggest that in the future these events may include pressure ulcers.
- Education of all practitioners is vital if metrics are to be developed and effectively embedded into practice.
- The development and implementation of metrics is a multidisciplinary team responsibility, and the inclusion of all professions allied to medicine is integral to achievement

Conclusion

The quality agenda will become a part of all practitioners' clinical practice over the next 5 years, with the importance of audit and evaluation being an essential aspect of documentation. It is important that within wound care and tissue viability achievable metrics are developed, implemented and evaluated to allow high-quality care to be demonstrated to patients, their family and carers, clinical staff, managers and the Department of Health. BJN

Bennett G, Dealey C, Posnett J (2004) The cost of pressure ulcers in the UK. *Age Ageing* **33**: 230–5

Braden B, Bergstrom B (1987) A conceptual schema for the study of the aetiology of pressure sores. *Rehabil Nurs* **12**: 8–16

Department of Health (2008) *High-Quality Care For All: NHS Next Stage Review Final Report*. CM7432. DoH, London

Department of Health (2009a) *NHS 2010–2015: From Good to Great. Preventative, People-Centred, Productive.* DoH, London

Department of Health (2009b) *The Chief Nursing Officer Bulletin*. DoH, London

Department of Health (2009c) *Guidance on the Routine Collection of Patient-Reported Outcome Measures (PROMS)*. DoH, London. Available at http://tiny.cc/x5c9i [Accessed 25 May 2010]

Department of Health (2010) *Frontline Care. Report of the Prime Minister's Commission on the Future of Nursing and Midwifery in England*. DoH, London. Available at: http://tiny.cc/0z5x4 [Accessed 25 May 2010]

Dowsett C, White R (2010) Developing high-quality and high-impact actions. *Br J Healthcare Manage* **16**(2): 92–3

Farrar M (2009) QIPP – quality, innovation, productivity and prevention. *Health Serv J* 10 September 2009. http://tiny.cc/lqvyw [Accessed 25 May 2010]

Gibson L, McAloon M (2006) How do nurses perceive the role of the TVNS? *Wounds UK* **2**(4): 36–48

Harding K (2000) Evidence and wound care: what is it? *J Wound Care* **9**(4): 188–9

Hinchliffe S (2009) Implementing quality care indicators and presenting results to engage frontline staff. *Nurs Times* **105**(25) http://tiny.cc/3cru4 [Accessed 25 May 2010]

National Confidential Enquiry into Patient Outcomes and Death (2005) *An Acute Problem?* Available at: www.ncepod.org.uk/2005aap.htm [Accessed 25 May 2010]

National Nursing Research Unit (2008) *State-of-the-Art Metrics for Nursing: a Rapid Appraisal*. Kings College London http://www.kcl.ac.uk/content/1/c6/04/32/19/Metricsfinalreport.pdf [Accessed 25 May 2010]

NHS Institute for Innovation and Improvement (2009) *High Impact Actions for Nursing and Midwifery*. Led by the chief nurses from the ten strategic health authorities in collaboration with the Royal College of Midwives, Royal College of Nursing, the Nursing and Midwifery Council, the NHS Institute for Innovation and Improvement and the DoH. Available at: www.institute.nhs.uk/building_capability/general/aims [Accessed 25 May 2010]

Nicholson D (2009) *Implementing the Next Stage Review Visions: the Quality and Productivity Challenge*. DoH, London http://tiny.cc/e7g2a [Accessed 25 May 2010]

Nursing and Midwifery Council (2008) *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives*. Available at: http://www.nmc-uk.org/aArticle.aspx?ArticleID=3056#2 [Accessed 25 May 2010]

Ousey K, Shorney R (2009) What are the quality indicators in wound care? *Wounds UK* **5**(2): 53–5

Ousey K, White R (2009a) Quality accounts, quality indicators, QIPP and tissue viability: time to act. *Wounds UK* **5**(1): 10–12

Ousey K, White R (2009b) Tissue viability and the quality accounts agenda: quality indicators and metrics. *Br J Nurs* **18**(20): S3 (tissue viability suppl)

Posnett J, Franks PJ (2007) The costs of skin breakdown and ulceration in the UK. In: *Skin Breakdown: The Silent Epidemic*. Smith and Nephew Foundation, London

Waterlow J (2005) *Waterlow Score*. http://www.judy-waterlow.co.uk/waterlow_score.htm [Accessed 28 May 2010]

White R, Ousey K, Hinchliffe S (2010) Implementing the quality accounts agenda in tissue viability. *Nurs Stand* **24**(24): 66–72