

A research roundup of recent papers relevant to wound care

This section brings together information found online and published in other journals about wound healing research. The aim of this roundup is to provide an overview, rather than a detailed summary and critique of the papers selected.

PRESSURE ULCER AND WOUNDS REPORTING IN NHS HOSPITALS IN ENGLAND PART 2: SURVEY OF MONITORING SYSTEMS

Coleman S, Smith IL, Nixon J et al (2016) *J Tissue Viability* 25(1):16–25

This second paper focuses on the survey that explores differences in the implementation of pressure ulcer adverse event monitoring systems in 24 NHS hospital Trusts in England. The survey questionnaire comprised 41 items, incorporating single- and multiple-response options, and free-text items and was completed by the Pressure Ulcer/Wound Audit (PUWA) Trust, lead in liaison with key people in the organisation. All 24 (100%) Trusts returned the questionnaire, with high levels of data completeness (99.1%). The questionnaire results showed variation between Trusts in relation to the recording of pressure ulcers and their reporting as part of NHS prevalence and incident monitoring systems and to Trust boards and healthcare commissioners, and included device ulcers, unstageable ulcers, deep tissue injury, combined pressure ulcers/incontinence associated dermatitis, category I or category II ulcers, inherited ulcers, acquired ulcers, avoidable and unavoidable ulcers and 'present on admission'. These fundamental differences in reporting preclude Trust-to-Trust comparisons of pressure ulcers prevalence and incident reporting and monitoring systems due to variation in local application and data collection methods. The results of this work and the PUWA led to the development of recommendations for pressure ulcers monitoring practice, many of which are internationally relevant. The paper makes several recommendations to improve reporting systems, with a focus on collaboration across healthcare systems to standardise the approaches used and explore methods to improve data capture and

accurate reporting; the benefits of monitoring patient harm and; the use of data to incentivise reductions in harm.

Implications for Practice

Most tissue viability nurses are aware of local, national and regional variations in reporting methods. This also applies to prevalence, incidence and safety thermometer data. We seem data rich but lack comparable information. Data cannot be easily set side by side, yet comparisons are being made despite denominator differences. Data currently available is meaningless without additional analysis. Clinicians in the field of tissue viability and healthcare providers must agree a data set and consistently report against it to establish a meaningful reliable baseline incidence and prevalence.

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PREVENTION OF HEEL PRESSURE ULCERS AMONG OLDER PATIENTS – FROM AMBULANCE CARE TO HOSPITAL DISCHARGE: A MULTI-CENTRE RANDOMIZED CONTROLLED TRIAL

Bååth C, Engström M, Gunningberg L, Muntlin Athlin Å (2016) 30:170–5 doi: 10.1016/j.apnr.2015.10.003

Reduction of pressure ulcers is a global healthcare issue; the heel is the second most frequently reported area of damage. Preventive nursing interventions starting during the ambulance care and used across the acute care setting and discharge are often difficult to implement and as such achieving consistency is problematic. This study investigated the effect of early intervention to suspend the heels of patient age 70+ using a suspension device boot, on the incidence of heel pressure ulcers. A multi-centre randomized control study design was used. Five ambulance stations, two emergency departments and 16 wards at two Swedish hospitals participated. Altogether, 183 patients were transferred by ambulance to the emergency department and were thereafter admitted to one of the participating

wards. Significantly fewer patients in the intervention group (n=15 of 103; 14.6%) than the control group (n=24 of 80; 30%) developed heel pressure ulcers during their hospital stay ($p=0.017$). The researchers conclude that pressure ulcer prevention should start early in the acute care delivery chain to increase patient safety. Clinically it appears a simple solution to an ongoing problem, however, agreeing funding for such initiatives is often the initial stumbling block. It is hoped that highlighting the results of this study offer hope to business cases for similar initiatives.

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LEG ULCERS IN OLDER PEOPLE: A NATIONAL STUDY ADDRESSING VARIATION IN DIAGNOSIS, PAIN AND SLEEP DISTURBANCE

Hellström A, Nilsson C, Nilsson A, Fagerström C. *BMC Geriatr* (2016) 16:25 doi: 10.1186/s12877-016-0198-1

Hard-to-heal leg ulcers are a common problem affecting older people that affects the health economy and are often associated with a negative impact on patient quality of life. Diagnosis is widely accepted as the key to providing successful intervention. Pain and sleep disturbance are commonly reported consequences of ulceration. This study aimed to explore if there was any correlation between pain, sleep disturbance and ulcer aetiology. The study used a cross-sectional design, data was collected from the Swedish registry of ulcer treatment between 2009 and 2013, 1824 were included, 64.9% were women, the mean age was 83.4 (SD8.8). Pain was measured using a numeric rating scale and sleep disturbance was assessed dichotomously by way of yes/no. Pain intensity was ≥ 5 in 34.8% of the sample, perhaps unsurprisingly the results show a statistically

significant association between pain intensity and the number of ulcers present. Sleep disturbance was experienced by 58.8% of the sample, not all patients were asked, but interestingly more patients were asked about sleep than pain. Unsurprisingly, sleep disturbance was associated with higher pain scores. Aetiological differences did not significantly affect reported pain scores, however arterial and venous arterial ulcers were associated with sleep disturbances and higher pain scores. Limitations of use of the real world data is acknowledged, the sample size may offset this, as the heterogeneous population is reflective of the true demographic in Sweden. The authors recommend further study into sleep disturbance characteristics, frequency, severity and duration. Sleep disturbance in the registry is an adjunctive question that is prompted if the patient has pain, the authors suggest that other studies report anxiety and nocturia as additional potential causes in elderly respondents with or without pain and this also warrants further research. The use of a Likert scale to assess pain in elderly patients is also questioned in terms of specificity and sensitivity in relation to both the age of the participants and that responses are only recorded on the day of assessment as opposed to being collated in a patient diary that allows reporting over time, at different times of the day and the impact that pain has on daily life is required. The paper does not give a definition of a hard to heal ulcer but states that the registry was set up to capture data on this patient group. Future studies to examine the impact of pain, and sleep disturbance on ulcer chronicity are suggested.

Implications for Practice

The study suggests that ulcer pain and sleep disturbance appears to receive less attention than ulcer management, and that this implies that individual needs might not be satisfactorily met. Clinicians are urged to re-evaluate local and national guidance to ensure that pain, sleep disturbance and discomfort is assessed at base line and throughout treatment to ensure that these elements are adequately addressed. **WUK**