

Meeting CQUIN targets: Improving the assessment of wounds

The Commissioning for Quality and Innovation (CQUIN) framework aims to improve care delivery and healing rates, by introducing performance targets and new standards for documenting and sharing information. This includes a strong focus on thorough and holistic assessment in order to target treatment effectively. This will aim to reduce nurses' workloads, which are currently increasing due to the growing number of patients who need to be seen.

This 'how to guide' explains how registered nurses can improve assessment and documentation, in order to improve practice and meet CQUIN targets.

The Burden of Wounds study (Guest et al, 2015) gathered data from the Health Improvement Network (THIN) database in order to assess the landscape of wound care, cost and service delivery.

The study aimed:

- To estimate the prevalence and distribution of wounds managed by the NHS in an average year
- To determine the patterns of care and related resource use attributable to managing wounds in an average year
- To estimate the overall annual NHS cost of managing wounds in an average year.

LEARNING FROM THE BURDEN OF WOUNDS STUDY

Increasing prevalence of wounds is a significant, and growing, issue. This is due to low healing rates leading to growing numbers of non-healing chronic wounds, meaning that numbers of patients are constantly increasing and this also leads to increasing costs. The study highlighted that there is potential for better patient management that would improve outcomes.

Wound care is a nurse-led discipline and nurses are dealing with a huge number of wounds – nursing visits in total added up to approximately 30 million per year, and

prevalence is increasing. The total annual cost of managing wounds was £4.5–5.1 billion over 2.2 million patients. This figure was comparable to the NHS cost of dealing with obesity, which was approximately £5 billion (see Figure 1).

WHY HOLISTIC ASSESSMENT MATTERS

The Burden of Wounds study illustrated the lack of thorough, holistic assessment, and highlighted the crucial problems that this triggers from the start of treatment onwards. 'Holistic' assessment means that the wound should not be treated in isolation but in the context of the patient's overall wellbeing (Wounds International, 2012).

Currently, there are significant problems in assessment and diagnosis (see Figure 2). The study found that:

- 78% of patients thought to have a venous leg ulcer (VLU) did not receive a Doppler at assessment stage – 46% of these patients went on to be treated with compression therapy without having been assessed for arterial disease
- 85% of patients with an 'unspecified' ulcer did not receive a Doppler
- 95% of patients with a diabetic foot ulcer (DFU) did not receive a Doppler.

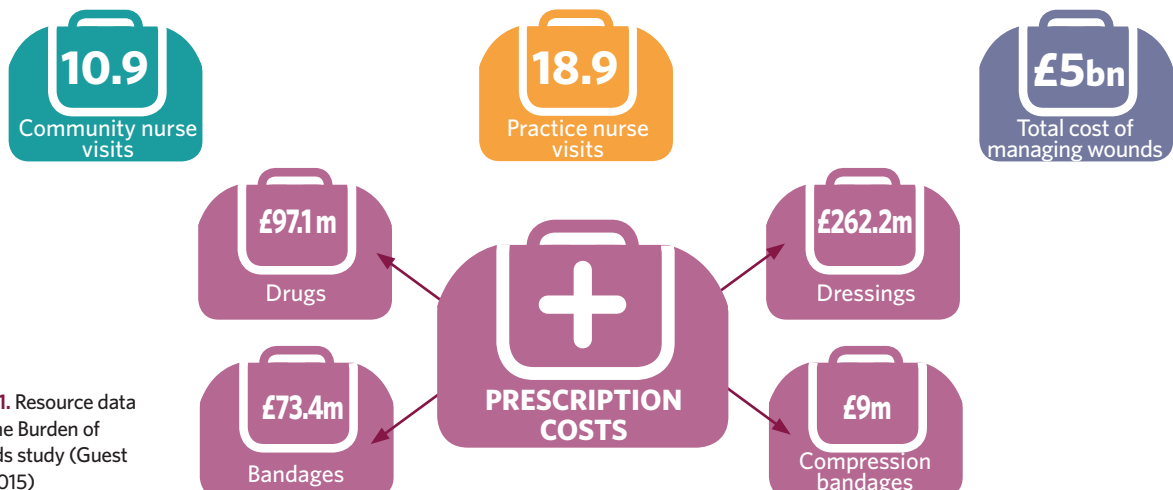


Figure 1. Resource data from the Burden of Wounds study (Guest et al, 2015)

Lack of thorough assessment caused further problems in correct diagnosis (and also highlighted serious gaps in documentation), as the study found that:

- 12% of wounds had no location or diagnosis
- 18% of wounds were recorded as 'leg wound', with no further information recorded
- 11% were simply recorded as 'open wound'.

Early intervention is key to a positive outcome in wound healing - if assessment is not properly carried out and an accurate diagnosis made, effective treatment cannot be started; this means that healing rates are low and numbers of wounds are constantly growing, and therefore so are the number of patients that need to be seen.

Less than 50% of chronic wounds healed within the study year, with lack of proper assessment and diagnosis pinpointed as the most significant problem. These cumulative figures highlight the need for change, as nurse workloads will continue to increase unless healing rates are improved.

Added to this is an ageing population with increased comorbidities, therefore correctly assessing wounds and optimising healing has been identified as a key factor in reducing the increasing burden (Vowden and Vowden, 2016).

THE WAY FORWARD: CQUIN

These recent data have highlighted the need for change. This has been put into practice with the development of the Commissioning for Quality and Innovation (CQUIN) framework, introduced by the Department of Health. CQUIN requires nurses to monitor and share information, in order to improve service delivery (Department of Health, 2010).

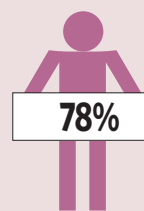
'Improving the assessment of wounds' has been specified as a key goal of the CQUIN scheme for 2017-2019 (NHS, 2016). Using CQUIN guidance and taking the time to conduct a full holistic assessment of the patient and their wound will save time and improve practice in the long term. Treatment will be more straightforward if targeted effectively and improved healing rates will cut the number of patients who need to be seen.

CQUIN works in practice by making a proportion of a healthcare service provider's income conditional on demonstrating improvements in care delivery. This is based around setting CQUIN targets, such as reducing the number of wounds that have failed to heal after 4 weeks of treatment, by focusing on wound assessment and documentation, and introducing targeted healing rates.

The number and type of CQUIN targets are agreed locally between commissioners and providers of services. The CQUINs will focus on three areas of quality: safety, effectiveness and patient experience, and should reflect innovation.

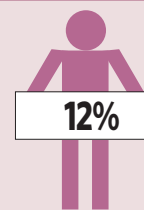
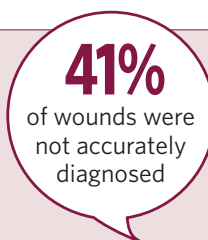
Lack of proper assessment

Figure 2. Assessment and diagnosis data from the Burden of Wounds study (Guest et al, 2015)



78% of patients with VLU did not receive Doppler

Lack of diagnosis



12% of wounds had no location or diagnosis

Each CQUIN is based around a treatment goal and an indicator, such as:

- The goal may be to improve overall healing rates and improve the lives of patients living with chronic wounds
- The indicator is a measure to show that this goal has been achieved. This may be to increase healing rates of patients with wounds per caseload by 10% during a given year.

CQUIN targets will be directly connected to funding for service providers. If CQUIN targets are achieved, the service provider will earn a CQUIN payment; if targets are not met, this will result in financial penalty/reduced income for the service provider (Department of Health, 2010). This means that, on an ongoing basis, all nurses will have to ensure that they can prove the service they deliver to patients is safe, effective and patient-centred, in line with the CQUIN framework.

In order to achieve this, demonstrable evidence of the following elements may be required:

- Education to ensure that the nursing workforce understand CQUIN targets and how to meet them
- Accurate assessment and diagnosis, including comprehensive documentation
- Collection of baseline data, in order to enable a comparison of data, year on year, to ensure that services are improving and CQUIN targets are achieved
- Provision of patient treatment plans that are clinically and cost-effective, as well as providing a good patient-centred experience
- Ability to recognise any changes in a patient's wound and respond to these changes in a timely manner, making sure that wound management plans remain effective (i.e. don't keep simply using the same dressing on a wound if it is not improving; reassess and consider treatment options at every stage when needed)
- Provision and monitoring of a local wound care formulary while optimising dressing use and nursing time

85%

85% of patients with 'unspecified' ulcer did not receive Doppler

95%

95% of patients with DFU did not receive Doppler

18%

18% recorded as 'leg wound' with no further information

11%

11% simply recorded as 'open wound'

- Utilising specialist services and other allied health professionals, encouraging a multi-disciplinary team (MDT) approach.

Documentation is key to ensuring that goals and targets can be demonstrated. This will include a focus on proper assessment and diagnosis triggering appropriate, timely and cost-effective treatment that will result in improved healing rates that meet CQUIN targets. A report must be submitted to commissioners to include an over-arching milestones plan, and detailed action plan with timelines for implementation.

PUTTING ASSESSMENT INTO PRACTICE

A proper holistic assessment should help to focus practice and make treatment more effective and simpler to carry out. Following a checklist to assess the patient and the wound will make assessment easier and save time later on. A structured assessment should look at three factors:

- **General assessment - to include the patient's full medical history, and any possible underlying factors affecting healing; as well as lifestyle and psychosocial issues**
- Cause of wound
- Wound assessment.

Proper assessment should lead to timely and effective treatment and management. As assessment is completed, treatment should be commenced for all patients, or patients should be referred on if necessary to access appropriate treatment, using an MDT approach. For example, when dealing with leg ulceration, best practice guidelines emphasise that any patient with a lower limb wound, regardless of duration, must be assessed for venous disease risk factors and treatment commenced as early as possible (Wounds UK, 2016).

At this stage, it is also vital to address and document the cause of the wound. The Burden of Wounds study found

that documentation was lacking and records did not generally detail the cause of the wound (Guest et al, 2015).

CHECKLISTS AND TOOLS FOR ASSESSMENT

A full and holistic structured assessment plan will make the process more efficient and save time (see suggested assessment checklist on back page).

The assessment checklist will facilitate appropriate diagnosis and ongoing treatment, for example selecting appropriate dressings and investigating advanced wound care options, or referring patients where appropriate.

In dealing specifically with leg ulcers, further diagnostic tools are needed in order to assess appropriately (Wounds UK, 2016). Doppler testing is the most common and is used to exclude arterial disease - it is crucial to interpret these results correctly, as a Doppler test is not intended to diagnose venous disease, but excluding arterial disease confirms that going on to treat the patient with compression therapy is safe.

Patients being managed with compression should undergo Doppler testing at 3-, 6-, or 12-month intervals depending on the individual patient and local guidelines (NICE, 2013).

SETTING TREATMENT GOALS

Assessment must be a practical trigger to kickstart treatment (Wounds UK, 2016). In order to correctly monitor treatment progress, setting realistic goals at the start of treatment - and documenting these goals - is vital.

While the ultimate aim is healing, wounds impact patients' physical, mental and social wellbeing (Vowden and Vowden, 2016). Listening to the individual and providing patient-centred care is key, and will also result in more effective treatment through improved compliance.

Therefore, while outcomes are most often measured in terms of wound progression (i.e. wound size reduction and progress towards full healing), patients may have other considerations that should be recorded and measured as treatment progresses. These may include:

- Reduction in pain
- Improvement of malodour
- Management and reduction in exudate levels
- Appearance of the wound.

These factors may also be related to lifestyle issues, rather than directly related to the wound. These may include:

- Improved mobility
- Improved sleep
- Ability to work or carry out activities of daily living
- Ability to wear everyday clothing or footwear
- Improved mood (where depression or social issues resulted from living with a chronic wound).

Treatment goals should be discussed with the patient, and comprehensively documented at the start of treatment, then referred to as treatment continues to be monitored.

SUPPORT IN MEETING TARGETS AND IMPROVING OUTCOMES

The BSN medical Educational Academies aim to help, by raising the standard of clinical education in line with CQUIN guidance and targets. The training available helps to link assessment to ongoing practice – selecting the correct advanced wound care options for the individual patient and their wound, based on thorough holistic assessment, as well as helping with documentation and advising on integrated therapy solutions. The training provided is modular-based, so can be tailored to your specific needs while being flexible to your busy schedule.

To access the BSN medical Educational Academy go to: www.bsnmedical.co.uk/education

For more information, please contact your local BSN Account Manager, or call our Concierge Service on 01482 670177

KEY LEARNING POINTS

1. Thorough and holistic assessment is vital to meeting CQUIN targets
2. Assessment must be comprehensively documented and treatment goals should be set at the point of assessment
3. Assessment must trigger appropriate treatment (or referral if necessary)

References

Department of Health (2010). Using the Commissioning for Quality and Innovation (CQUIN) payment framework – a summary guide. DH, London
 Guest JF et al (2015) *BMJ Open*; 5: e009283
 NHS (2016) Available online at: <http://bit.ly/2nbSEZL> (accessed 23.03.2017)
 NICE (2013) Available online at: <http://bit.ly/2ndkd5P> (accessed 22.03.2017)
 Vowden P, Vowden K (2016) *Wounds International* 7(2): 10-5
 Wounds International (2012) Available online at: <http://bit.ly/2nv4922> (accessed 23.03.2017)
 Wounds UK (2016) Available online at: <http://bit.ly/2nvgFyq> (accessed 22.03.2017)

ASSESSMENT CHECKLIST

General health - factors that may affect wound healing

- Full medical and surgical history
- Comorbidities and medications
- Previous treatment and achieved outcomes (e.g. where recurrence is an issue)
- Nutritional status and hydration
- Age
- General health

Lifestyle factors - working with the patient

- Mobility
- Whether the patient lives alone, works or has carers to help with treatment
- Smoking status
- Depression or quality of life issues
- Personal expectations of treatment
- Ability to comply with treatment and capacity for self-care where applicable in future

Cause of wound

- Whether the wound is due to trauma/injury, surgical incision, etc
- Underlying disease – e.g. arterial or venous insufficiency, conducting Doppler if necessary (see section on assessment tools for assessing cause/classifying leg ulcers), if diabetes is under control when dealing with DFUs

Lower limb assessment

- Swelling/oedema
- Limb size and shape
- Mobility
- Colour and condition of skin
- Skin temperature
- General skin integrity

Wound assessment

Structured assessment of wound (e.g. TIME):

- **Tissue type** – assess whether tissue is viable or non-viable. Consider debridement options for non-viable tissue. Use caution and refer when dealing with DFUs
- **Infection and inflammation** – treat any signs and symptoms of critical colonisation or infection
- **Moisture imbalance** – aim for a moist wound healing environment
- **Edge** – if epithelialisation is visible, continue treatment. If edges not advancing (e.g. undermining, rolled edges), reassess patient and wound

As no two wounds are the same, Cutimed® dressings (from BSN medical) are labelled with these icons, based on the cornerstones of wound assessment, to help simplify dressing choice and reduce wastage:

Tissue Type

- - Necrotic
- - Infected
- - Sloughy
- - Granulating
- - Epithelialising

Wound depth

- - Shallow
- - Deep
- - Shallow and deep

Exudate level

- - Low
- - Low to medium
- - Medium to high
- - High to very high

For more information or to enquire about booking a free educational session, please contact our Concierge Service on 01482 670177 or email advancedwoundcare.uk@bsnmedical.com