Advanced paramedics and wound care: what is their role?

KEY WORDS

- Advanced paramedic
- Ambulance service
- Pressure ulcers
- Wound management
- Continuing practice development
- Multidisciplinary team
- Scope of practice

The role of the paramedic has evolved rapidly over the last five years. As a result of paramedic career development locally, Anglia Ruskin University in Cambridge has, and is, seeing paramedics joining the MSc in advanced practice pathway. The inclusion of paramedics to the wound management module has been a welcome addition, and has generated productive classroom discussions around their role and scope of practice within wound care. This article sets the context for a series of articles looking at the role of advanced paramedics in the following areas: assessment of patients with regard to their risk for PU development; which risk assessment tool to use; prevention of PUs in the ambulance; and the management of skin tears.

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The role of the paramedic has evolved rapidly over the last five years. This role was once limited to working on ambulances with a small number of emergency care practitioners (ECPs), who had been trained to provide extended skills for wound closure, catheterisation and treatment of minor infections with antibiotics. In 2013, a government commissioned review, the Keogh Review (NHS England, 2013), recognised that emergency and urgent care services needed to transform to become more integrated. The ambulance service was seen to be a key player in this transformation (NHS England, 2013). In this report, the service was criticised for failing to match its service delivery to the changing demographics of the patients being attended, for example, older patients with multiple comorbidities presenting with acute and/or chronic illness, rather than just an acute emergency. The report found that approximately 50% of patients attended by the ambulance service could be managed at the scene, but in general, ambulance services had not developed sufficiently skilled staff to do this. This resulted in many unnecessary hospital admissions (NHS England, 2013). The ambulance service responded to the Keogh Report by developing their paramedic staff.

General practice (GP) surgeries started to take on ECPs, primarily to do home visits and to run minor illness clinics alongside nurse practitioners. The college of paramedics outlined a nationally recognised career pathway (College of Paramedics, 2017), first published in 2015 and updated in 2017, for paramedics that outlined the differences in qualifications, training, and scope of practice for each stage of development. Paramedics can now progress to become a specialist paramedic (SP), advanced paramedic (AP) or a consultant paramedic (CP). The AP can specialise in either urgent care or critical care.

Currently, APs are used in different ways, depending which service they work for. For example, some APs work on a CCG commissioned vehicle and attend low acuity calls that are likely to benefit from assessment and treatment within the community. The aim of this role/service is to prevent unnecessary hospital admissions. Locally in the East of England Ambulance Service (EEAST), they are trying to develop this same model with their APs. In some ambulance services the role includes rotations through GP surgeries, urgent treatment centres and hospitals. An AP is required to have undertaken, or is working towards, a master's degree in a subject relevant to their practice.

As a result of paramedic career development locally, Anglia Ruskin University in Cambridge has seen paramedics joining the MSc in advanced practice pathway. This pathway has optional modules that students can choose to undertake; one such is the wound management module. In addition, paramedics can access this wound

management module as a standalone continuing practice development module at either level 6 or 7. The inclusion of paramedics to the wound management module has been a welcome addition, and has generated productive classroom discussions around their role and scope of practice within wound care.

Students undertaking the wound management module will complete an academic assessment of a critical review of their chosen topic relating to wound management. Initially, the paramedics who joined the wound management module were very focused on minor trauma injuries, particularly the management of skin tears. Skin tears were frequently witnessed by them when attending patients in their own homes, so this was a totally expected focus for them as a discipline and it resulted in several students exploring, for example, the validity of skin tear classification tools as a way of directing them in practice to managing the skin tear according to its classification.

After conversations with the paramedics on the module, it was becoming clear that their involvement in wound management was much broader than skin tear management alone. Another term frequently used by the paramedics in class was "wound closure", which seemed to encompass all elements of wound management. This concept of wound closure was explored in the various sessions during the taught element of the module, resulting in the attending paramedics having an awareness that wound management was not only about how to close a wound, but how to manage the wound and patient holistically.

Recently, the paramedic students undertaking the wound management module have started to explore their wound care role beyond minor trauma and the wound closure concept. After attending module sessions on prevention and management of PUs and their underlying pathophysiology, there followed interesting classroom discussions around PUs and that of PU prevention in particular. The paramedic students started to explore the consequences for patients at home who had experienced falls that resulted in a long lie before help arrived. The following discussions/questions around falls ensued within the classroom:

- What was the risk of a PU developing in the aftermath of a fall by a patient in their own home?
- What was the role of the paramedic in this situation to ensure the patient was risk assessed for potential PU development?
- If the patient is identified as at risk of PU development, what next?
- What preventative measures could be put in place by the paramedic team?

The discussions developed momentum within the group, with community nurses talking about how they need to be made aware that a patient from their area had sustained a fall within their own home, and that the attending paramedics had identified the patient to be at risk of PU development either because of the fall or their general condition. Was there a referral system from the paramedic team to the community team? If not, could this be easily put in place? It isn't solely about how the paramedic team managed PU risk within the patient's own home, but also the patient at risk of PU development who are to be transported to hospital; what PU prevention measures could easily be put in place in the ambulance? These classroom discussions motivated some of the paramedic students to explore these themes in their subsequent assignments.

One area the paramedic students were keen to explore further was that of the need for local referral pathways for better integrated care, for example to community nursing teams, where they could hand over the wound care or PU prevention plan that they have put in place during their call out to a patient with a wound in their own home. The proposal of more disciplines being involved in wound healing and PU prevention is an exciting prospect that can only improve patient care in the speciality of tissue viability. This was recently highlighted in a World Union of Wound Healing Societies (WUWHS; 2020) consensus document that looks at strategies to reduce practice variation in wound assessment and management. This consensus document details areas of importance in the campaign to prevent practice variation and they include the importance of both effective documentation and multidisciplinary working, while also acknowledging the role of education in the whole process.

CONCLUSION

Ambulance staff see a vast number of patients for acute problems. Many of these patients have significant comorbidities, including wounds, and, as such, they are ideally placed to identify and facilitate initial treatment for these wounds. Where there could be significant impact is in the prevention of PUs both in the patients' own home and in the ambulance, if they are to be transported to hospital. APs are ideally placed, when attending a call to a patient's home, to identify patients at risk of PU development. This article sets the context for a series of articles looking at the role of APs in the following areas:

- Assessment of patients with regard to their risk for PU development
- Which risk assessment tool to use
- Prevention of PUs in the ambulance, with a focus on the use of pressure redistributing equipment
- The management of skin tears.

It is hoped that these articles will generate discussion, encourage local initiatives that define the role of the AP in wound care and facilitate the development of local formal referral pathways from the AP to the community nursing team in their patch. These articles will also cover the role that the paramedics have taken in educating their colleagues regarding PU prevention and wound management back in their practice area. From a wound management educator's perspective, this is music to the ears!

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