Development of a patient-centred wound management pictorial care plan for use within a mental health setting

KEY WORDS
- Improved wound healing
- Mental health
- Patient engagement
- Pictorial care plan

This article outlines the reasons and processes for the development of a pictorial care plan within a complex mental health care setting and its potential benefits, key aspects of which include patient engagement, consistent and evidence-based interventions, planned evaluation and measured reviews. The author also identifies its broader use and relevance in achieving patient concordance and improved healing outcomes.

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Tissue Viability has not traditionally been a priority for mental health and learning disability providers. Northumberland, Tyne and Wear NHS Foundation Trust (NTW) identified that it is an integral part of our holistic care to clients. They often present with complex healthcare needs. As such, we needed to offer some kind of visual support tool to assist staff with the assessment, management, treatment and monitoring of complex wounds. The Trust recognises that most clinical staff working in this care setting have little or no formal 'acute care' experience. Our aspiration was to ensure that care of wounds optimises evidence-based practice, promotes clinical competency and optimises client concordance. To achieve this, we used a combination of unit-based teaching sessions, competency-based training and e-learning modules. Moving forward we are hoping to use the Tissue Viability Leading Change (TVLC) competency framework to build upon (Ousey et al, 2016). The TVLC is a multifactorial tissue viability competency framework that is structured around the core aspects of wound care and prevention. This article focuses on the introduction of pictorial care plans as an adjunct to help staff care for our patients with complex wounds.

CARE PLANNING

Traditional care planning relies on reader interpretation of written instructions and leaves a lot of 'guesswork' for clinicians lacking experience and skills in reviewing, monitoring and managing a wound. Care plans generally don't provide a visual reference to assist and support the review and practical aspects of treating a wound. This leaves the wound management open to clinical inconsistencies and excludes patients from understanding and contributing to their wound care.

Care planning can also be impersonal and leave patients out of the process rather than them being central to it. In complex care settings, engaging the patients in managing their wounds — particularly with regard to factitious or self-inflicted wounds — is a clinical priority to ensure consistency and concordance. We hoped that pictorial care plans would help engage the patients and their clinicians, allowing consistent application of wound care treatment regimens and a more accurate review of the outcomes.

CARE PLANNING STRUCTURE

The pictorial care plan incorporates elements to inform and instruct the user in its application. The first element identifies the products to be used and depending on whether it is a routine stock item relevant order codes. This is to aid staff in ensuring consistency in product use and application. The second element identifies the wound assessment process using TIME (Tissue, Infection/Inflammation, Moisture balance, Edge of wound) to review and describe the wound presentation compared to the pictorial baseline picture. The third element describes the clinical intervention and application process with an observational guide using pictures to break down the individual elements. The final element is to prompt staff to accurately monitor and record the prescribed intervention.

PICTORIAL CARE PLANNING

Benefits for patients

Pictorial care planning engages patients first and foremost by involving them in identifying their wound. It is empowering to patients to engage in their own wound management and allows them to query and challenge if they observe interventions outside of the pictorial plans. Most importantly, it improves the engagement and concordance of the client. Patients have actively participated in the formulation of wound specific plans retaining copies for their personal reference. They have used their plans to also prompt staff to ensure they are adhered to. Relatives have also expressed their approval of the plans as they can, where appropriate, review interventions and appreciate changes in a visual way. Plans have also allowed relatives to implement some interventions during a patient's planned leave (relatives are provided with the necessary instruction and training where relevant).

Since developing the plans, we have broadened their use Trustwide. One such example is expanding use into our Children's and Young Persons Services to support the management of self-harm injuries. We see their use as an adjunct to a whole person package of care for the client so at times it may or may not be useful depending on where the client is in relation to their mental health needs. Clearly with clients that self-harm the priority needs to be about identifying triggers that prompt and maintain the harming behaviours and enabling coping strategies that negate the need for self-wounding. This is a long-term goal and interim measures to manage the wounds is paramount.

Benefits for caregivers

The pictorial plan empowers clinicians by providing a visual baseline and reference of the wound and clear instructions for its management. The pictorial plan is also 'fluid' in that it can be easily amended to reflect changes in the wound, helping to reduce clinician anxiety around what to use and when. The frequency of wound intervention/evaluation dates alongside the provision of product-specific advice provides the best foundation for a robust review and evaluation strategy. Currently, the pictorial care plans are formulated and amended solely by the Tissue Viability Nurses (TVNs) to ensure all interventions are managed and easily monitored.

From a governance perspective, this ensures that only specialist nurses direct local interventions, which removes the potential for 'tweaking' by lay expert practitioners. However, it is hoped that as our network of link practitioners expands and their confidence and competency increases, some interventions can be handed over at a local level. It is acknowledged that this is often challenging due to staff turn over and duty rosters.

The pictorial care plan allows a visual reference of wound baseline *(Figure 1)* that allows caregivers to identify and react appropriately to both positive and negative changes in the wound. The team have noticed that building consistency in our approach has resulted in improved wound outcomes. The Tissue Viability Team are seeing shortened TVN interventions and reduction in resources but most importantly improved healing rates for those patients remaining within the service long enough for this to be measured.

Implementation of the pictorial plans improves nursing practice as it is a working adjunct to the development of tissue viability link practitioners within wards. It is never implemented without supportive education (stand-alone sessions: topic-specific, study days and e-learning) and instructions from the TVNs. Its use has also encouraged staff to mentor others and appreciate the need for consistent, evidence-based care. Nurses report feeling more confident and less frightened of wound management despite lacking formal training.

The most interesting element, and what we believe drives learning the most, is the reflective element of plans allowing visual reflection on changes in the wound. Staff sharing both good and bad experiences of managing often complex clients has resulted in some excellent interventions and positive outcomes for clients as well as timely alerts where negative changes have occurred. Staff have access to a pictorial wound specific plan (paper-based and electronic version). This has improved clinical compliance, streamlined approaches and ensured consistency of intervention. Staff report feeling less anxious about undertaking procedures and are better able to evaluate the wound in a planned and sequential way, using TIME (Shultz et al, 2003) as a framework for this assessment. For some staff, this has been a catalyst to seeking further training and becoming the ward's Tissue Viability Link Person.

Organisational benefits

The Trust has invested heavily in identifying core clinical needs within mental health, learning disability and other specialist care settings and sees effective management of wounds as integral to a holistic management of complex clients. On balance, we are seeing more consistency in this approach and excellent outcomes for clients. Although many patients in our care setting do not remain with us for long periods of time, healed or improving wounds are consistently recorded in the service's data monitoring of healing rates.

Using pictorial care plans does introduce issues around confidentiality and storage of clinical images; however, this can be managed with consent forms/policy and in our case, only the TVNs being responsible for taking the pictures and devising the plans. Once completed (using Microsoft Publisher) plans are saved in a PDF format to prevent any unauthorised amendments without discussion/consultation with the TVN. This ensures only dated contemporary plans are used.

Organisational benefits have been a consistent approach to wound care and better governance with respect to the interventions being delivered for the patient. It is hoped increased continuity of care will reduce potential incidences of harm and increase positive patient outcomes resulting in shorter admissions as well as reduced waste.

The Tissue Viability Team have noted that introducing the pictorial plans has:

- Increased engagement with clinicians and patients
- Allowed formal opportunity for instruction, education and updating of evidence-based care
- Provided effective handovers to other agencies with respect to continuity of care during planned discharges into community settings.

Having trained, competent and less anxious staff means limited resources can be effectively used whilst reducing waste. Staff treating wounds in a more planned and reflective way has improved healing times and again reduced waste. Staff are more effective in assessing the patient's needs and timely in providing appropriate interventions that reduce the risk of injury and delayed healing. It is hoped that over time we will benefit from reduced hospital stays and the potential for litigation should decrease.

In the short-term, these benefits are often intangible. However, as the skills base of the core nursing team develops and familiarity with the use of pictorial care plan develops, this will hopefully be shared with colleagues and other members of the multidisciplinary team. Applying the quote 'Assess the whole person not just the hole in the person' (Sibbald, 2000), pictorial care plans will make a difference even if the ultimate outcome is not a healed wound.

NEXT STEPS

Currently, the pictorial care plans are managed and devised by the TVNs. It is hoped as the core clinical competencies and experience of the designated link practitioners increases that they will be the next group taught to complete the plans. There are some governance issues relating to this, from a responsibility and accountability perspective, as well as the question of clinical expertise and delivery of evidence-based best practice. We are also exploring with our colleagues in informatics the potential to have the plans designed and built within our existing patient electronic records, but this is complex and will require significant testing to ensure user compatibility and functionality.

CONCLUSION

At present, the pictorial care plan is used for complex and difficult to manage wounds and user feedback is very positive, from clients, staff and relatives. We hope to formally evaluate its use using qualitative research methodology with both staff and patient groups soon. We are currently using some of these as case studies in the development of our link practitioner forums as part of our educational materials. The care plans enable structured discussions about care and reflection around positive and negative changes in the wounds.

Looking to the future, we can see the potential benefits of pictorial care plans being implemented in other care settings, supporting the transition of care from one care setting to another, providing visual referencing to agency and district nursing teams and, importantly, allowing visual reference to patients to allow them to gauge improvements and deteriorations in their own wounds. This, we hope, will promote patient engagement but also prompt timely alerts to perceived negative changes and most importantly improve healing outcomes. WUK

REFERENCES

Ousey KJ, Stephenson J, Carter B (2016) Tissue Viability Leading Change competency framework: Preliminary analysis of use *Wounds UK* 12(3): 30–35

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Sibbald RG, Williamson D, Orsted HL et al (2000) Preparing the wound bed: debridement, bacterial balance and moisture balance. *Ostomy Wound Manage* 46(11): 14-35

Figure 1. Example of a pictorial wound care plan

Nape of Neck - Cyst Wound [Dressing Plan March 25th 2015)

Equipment required:

- Sterile wound pack [**1**](Size to suit person doing the dressing)
- Saline solution [**2**] (Irripod, Normasol or equivalent)
- Aquacel Extra—Hydrofiber dressing - Cut strip as shown in [**3**]
- Aquacel Foam Adhesive (8x8cm) [**4**]

Procedure

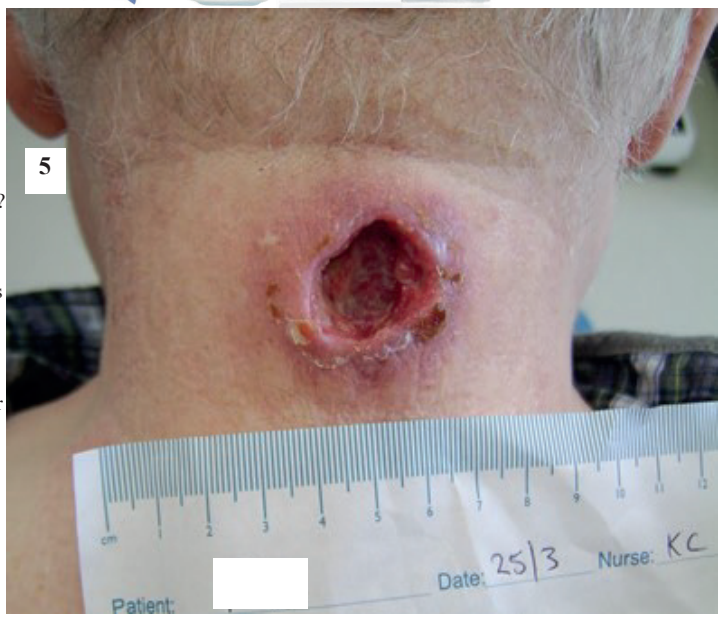
Dressing must be completed using a Aseptic None Touch Technique

1) Remove any old dressings [**6**] observing for amount of strikethrough.
2) Pre Application view [**5**]
3) Wound can be cleansed with Warm tap water, if staff prefer a saline can be used. [**2**].
4) Note presentation of wound [**5**]- size, shape, depth, colour, odour using the **T.I.M.E** elements below inc Peri-wound skin condition.

- **T** = Tissue, what's the colour of the wound, is there slough or exu-dates? If so, what colour , how does the peri-wound skin appear, is it 'normal', purple, bruised, red / hot, where granulation tissue is present is it a healthy pink light red or purple and angry etc?
- **I** = Infection / inflammation. Is there signs of infection? Is there red-ness around the wound beyond ulcer (see photo for baseline) How far does the redness extend, is the wound hot? Is there any exudates? If so what is its colour, volume and smell. Does patient have a temperature, feel unwell or have pain?
- **M** = Moisture, is the wound or peri-wound skin macerated / wet, white or soggy?
- **E** = Edge. Is the wound edge more pronounced, swollen or bleeding?

(Refer to Rio care plan for actions)

5) Using sterile scissors staff should cut one 2x5cm strip off the main 'aquacel hydrofiber sheet' (See picture 7) Gently pack the wound, staff can use a sterile gloved finger to gently insert the packing, concertina it into the wound, until it is packed to the outer edge.



Only Staff competent to do so should review and change the dressing

If staff don't feel confident to do this use sterile forceps but taking care not to traumatise the wound bed or over pack. If one strip does not fill the hole then cut a second and trim any excess. (Note in Rio amount used in cms)

6) If staff have to use the 10x10cm sheet of hydrofiber, cut one 2x7cm length and pack as described. If using the 5x5cm sheets you may need two pieces. Important note: Do not over pack the wound.

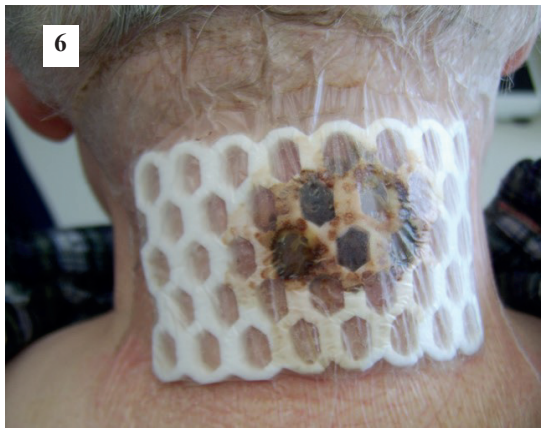
7) Cover the packing with a Aquacel Foam dressing (8x8cm) Should this lift, if packing remains leave in place otherwise redo packing. If the Aquacel fails to stick, use either the post op dressing or CosmoporE. If you use the CosmoporE take care removing as it can strip the skin due to strong adhesive. ('Appeel' Adhesive remover can assist this process)

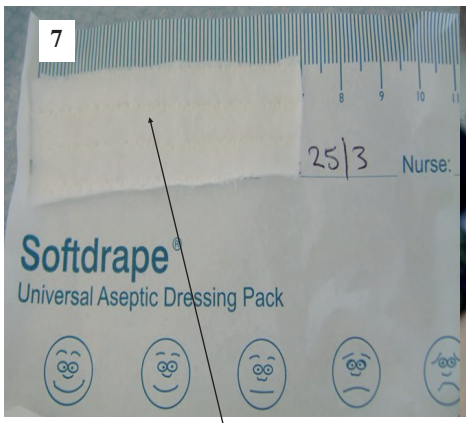
8) Staff should be vigilant for any signs of active infection bearing in mind that some redness around the edge of the wound may be a normal inflammatory process and not necessarily infection.

However should the wound bed change (From that shown in picture 5, or if the wound begins to smell or exudate is purulent then arrange review by ward medic or TVN asap. Should this occur implement monitoring of clients temperature and react as clinically indicated.

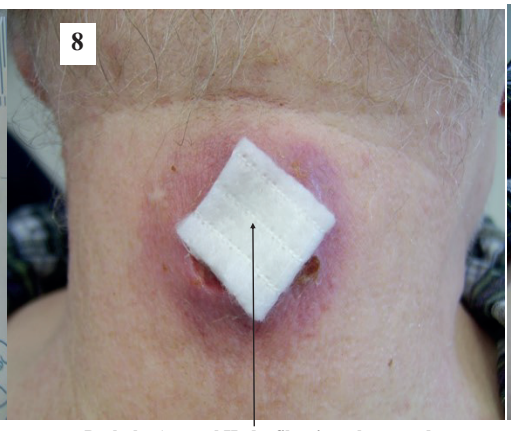
9) Record intervention and observations in RiO.

10) Alert ward medical team or TVN (xxxxx xxxxxx) if concerned.

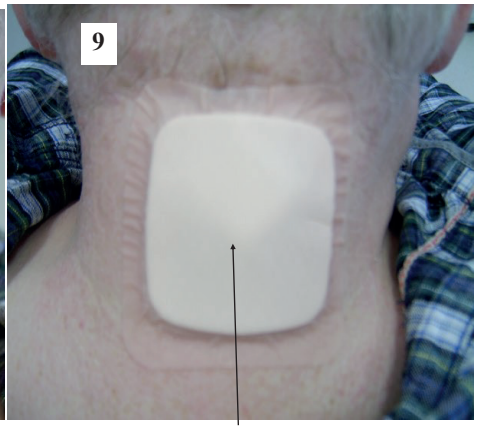




Cut Aquacel Hydrofiber to either 10x10cm sheet - One times 2x7cm or 5x5cm sheet - One times 2x5cm (Check if enough) Add 0ne 2x2cm if needed.



Pack the Aquacel Hydrofiber into the wound bed in a concertina.



Cover with Aquacel foam Adhesive.