Why, why why?

JACQUI FLETCHER
Clinical Editor, *Wounds UK*

It seems we are spending more time investigating than doing, so perhaps it is time to ask 'why'? Why are we still carrying out so many investigations into pressure ulcer occurrence? Why are we still seeing poor healing rates despite wound assessments being part of the Commissioning for Quality and Innovation (CQUIN) targets?

Is it because we are not inquiring enough? Perhaps the reason the wound doesn't heal is that we deal much more with the symptoms than the causes? We are so focused on symptoms, for example exudate, that we clamour for products that are more and more absorbent, which the manufacturers respond to by providing more and more products that are more and more absorbent. But do we ever stop to ask whether we really need them?

Perhaps we are merely continuing to 'feed the beast' of the 'me-too' dressing industry and need to think in a more in-depth way about what we are assessing? We do need to manage the obvious causes by applying compression or offloading, but we also need to investigate the underlying physiological processes.

It's only in the last 10 years that we considered biofilm in chronic wounds as a cause for stalled healing or prolonged inflammation. But what if it's not biofilm? What else could be imbalanced? We currently lack the diagnostic tools to fully assess other biomarkers but we are increasingly seeing products come to market that will address those.

Going back to pressure ulcer investigations, a lot of work has been done to standardise reporting, yet we know there are still variations and discrepancies. Once again, the topic of this issue's debate centres on categorising a pressure ulcer — what improved outcomes does it achieve? It makes me wonder whether we are actually getting to the root of the problem — are we asking 'why' enough? If we find out 'why' a series of pressure ulcers occurred and do what is necessary to prevent that happening again, we shouldn't be seeing the same factors cited as the root cause in subsequent investigations. But I suspect we are. The usual culprits — poor communication, need for education, patient non-concordance and lack of equipment — still seem to come up on a regular basis, so what are we doing wrong? I can't tell you how many people report to me that they have flooded their organisation with education: they run study days, workshops, deliver 1:1, do trolley dashes and deliver know-how in increasingly innovative and creative ways — but we still hear that staff need more education. How can this be? Maybe yet more education isn't the answer. In the same way that the amount of exudate may not be the right thing to assess when carrying out a wound assessment. Maybe a list of comorbidities and medications are just distractors when we are assessing and attempting to manage risk. Does flagging that the patient has diabetes encourage staff to focus on maintaining appropriate blood glucose? Important, yes, but perhaps not in the immediate term in relation to risk of a pressure ulcer? Or does it make them think, OK the patient has diabetes, it's highly likely they will have poor blood flow to their feet and a lack of or altered sensation… which would be much more relevant for an appropriate preventative action? Equally, if we discussed the importance of poor blood supply in pressure ulcer prevention, we wouldn't need to have a long list of comorbidities, as nurses would be focused on the actual symptom of the disease that creates risk. Maybe we need to focus on fewer things but on those that are more important. Staff are increasingly pressured by high vacancy factors, full to overflowing caseloads/bed occupancy, therefore, and need to look at how we can reduce their load, pare away some documentation so they can concentrate on care delivery, communication and getting to know their patients better.

In the Year of the Nurse/Midwife, we should be looking at what we can do to support our (generally) amazing staff and celebrating the excellent practice that is happening frequently out there. It would be great to see a focus this year on what staff/organisations ARE achieving rather than what they are not. So, let's focus on the 96.45% of patients who did not develop a pressure ulcer but still do what we need to do to get things right. WUK

Learning from Excellence

Positive inspiration for 2020 comes from this YouTube video in which the team for Patient Safety at the Birmingham Children's Hospital explain their thinking behind a new approach, Learning from Excellence, capturing the things that have gone right. Please watch and be inspired. https://www.youtube.com/watch?v=LPPu_m0hBjQ