Some notable changes, the importance of touch and the PU data capture

JACQUI FLETCHER
Clinical Editor, *Wounds UK*

It's been a busy start to the year and I can hardly believe that we are almost halfway through already! It feels like a time of great change in wound care as the National Wound Care Strategy (NWCSP) continues their work within the Pressure Ulcers, Lower Limb and Surgical wounds clinical streams.

Change is also happening at this journal and I am sorry to lose my long-time colleague and friend Karen Ousey from her post as Academic Editor — the Northern Mafia, which we were occasionally called, has been disbanded! I thank Karen for her great ideas, inspiration and commitment to the journal and conferences, and shall truly miss picking up the phone to *"have you just got a minute to talk about ....."* to discuss her latest great idea or concerns. These calls were rarely less than an hour as we got to grips with what was happening in the world of wounds. I have known and worked with Karen for longer than either of us care to mention — in many different guises and am delighted that she will be remaining on the editorial board to maintain her much-valued input.

I am equally delighted to welcome Sam(antha Holloway) as Karen's successor as Academic Editor. I've known and worked with Sam for a long time — both from a distance, through supporting the Cardiff University's Wounds Healing and Tissue Repair MSc, and directly, from my time at the Welsh Wound Innovation Centre (WWIC) — so I know that she will be a great asset to us.

ACUTE CARE — STRIKING A BALANCE

I've been through a difficult time recently, as well as the manic activity that went into organising the Pressure Ulcer Quality Audit, I experienced the acute side of health care for myself due to the illness of a close family member.

Sitting beside him, when he was either sedated or agitated and wired to more machines than I liked, unable to do or say anything, I thought about the importance of skin care and, most importantly, watching him trying to get comfortable made me question the mattresses that we all put so much faith in. I struggled to help avoid device-related pressure ulcers because these devices had to be taped and tucked out of the way to prevent them being pulled out or broken. The tension between maintaining patency of the devices and reducing the frustration of the patient with these annoying tubes was difficult to balance.

FINDING COMFORT IN SKIN CARE

There was really very little I could do, so I took comfort in providing skin care — moisturising arms and legs and watched as this fairly basic form of care seemed to soothe and calm (both of us it has to be said), reminding me of the therapeutic importance of touch. There is so much evidence to show that skin care is overlooked and underrated. It seems that clinicians generally focus on the prevention of moisture damage but there is equally good evidence showing its benefits in maintaining skin elasticity and hydration. I also became a witness of the benefits of touch, which should not be overestimated, and saw first hand how painful incontinence-associated disease (IAD) can be; especially when combined with an uncomfortable mattress that a fidgety patient could get stuck in. I wonder how clinical staff manage this level of complexity on a daily basis? Five weeks in and I don't think my relative has had a good night's sleep — how is this affecting the wound healing? Have 5-weeks enteral feeding giving him a better chance of healing than his sometimes rather poor diet? Have the two balanced each other out?

THE CHALLENGES OF DOCUMENTATION

In and amongst all of this, I have watched staff document everything (often twice); originally on an electronic system and more recently, when we transferred hospitals, on a paper system. Yet it seems that the documentation is so complex, it's hard to

follow the flow of care. Everything is fragmented in risk assessments and different care plans.

THE PRESSURE ULCER DATA CAPTURE

This also became evident during the Pressure Ulcer Data Capture. I did 2 days and I don't ever want to have to go through these notes again — I am in awe of some of our commercial colleagues who completed all 8 days of the audit. The purpose of this data capture was two-fold: We wanted to count and verify the number of pressure ulcers and moisture lesions but, more importantly, we also wanted to look at the bundle of care provided for patients at risk of or with skin damage. Therefore, the questions were all farmed around the ASSKING framework and, where possible, mapped against existing national standards. This was a monumental piece of work for the staff involved, the data capture form consisted of two pages (plus an extra one if there was a wound). I know many people struggled to capture the information, however, an equal number didn't and it was heartening to see how much care and effort some staff put into their forms and also how proud they were of the care they delivered. Personally, my two days showed me how difficult documentation is but it also showed me the difference good ward leadership makes — wards that had organised folders also tended to have better completed and clearer documentation, other wards just had bits of paper randomly rammed into folders — these really were not easy to follow.

As data came in, my initial assessment was that, once again, we found a significant amount of damage unreported, mirroring previous data capture findings. We also found a staggering amount of moisture-associated skin damage — although I guess many people are also finding this out as they start to report in line with the 'Pressure ulcers: revised definition and measurement framework' (NHS Improvement, 2018).

It also gave me great faith that the world of tissue viability is prepared to take on these difficult tasks — teams were brought together and staff worked, in some cases, very long days to complete this. I am sure we will see other large scale attempts at data capture as we start to try and quantify in more details what the actual problems are, whether that be Lower Limb Wounds, Pressure Ulcers or Surgical Wounds.

THANKING OUR INDUSTRY PARTNERS

I should also take this opportunity to thank our commercial colleagues particularly those at Medstrom and Arjo without whom this would never have happened, their expertise and generous supply of staff really made the difference.

Thanks also to Acelity/KCI, BBI, Coloplast, ConvaTec, Direct Healthcare Group, Drive DeVilbis, Essity, Frontier and Mölnlycke who volunteered staff to assist in data capture — I hope they found the experience interesting and look forward to presenting the result at Harrogate in November.

All long-term plans are now focused on supporting patients through the care journey, so we have to get better at this. It is going to be a period of great change, much of the individuality we hold dear may be about to be stripped away — for all the right reasons, we might start to see reductions in the postcode lottery our patients face and this may result in much better care for patients and, I hope, much greater satisfaction for clinicians as they see the care they deliver having beneficial outcomes.

I'm feeling optimistic that things can only get better — so hoping you all have a good summer — it's time to start thinking about Harrogate and oh, what are you doing for Stop the Pressure day this year? WUK

REFERENCE

NHS Improvement (2018) *Pressure Ulcers: Revised Definition and Measurement*. Available at: https://improvement.nhs.uk/resources/pressure-ulcers-revised-definition-and-measurement-framework/ (accessed 21.05.2019)