

Reflections from a hospice: how to involve carers in skin management

KEY WORDS

- ▶ Carers
- ▶ End-of-life care
- ▶ Hospice
- ▶ Palliative care
- ▶ Skin care
- ▶ Wound care champions

Kirkwood Hospice in Huddersfield has appointed wound care champions to ensure that skin care and wound prevention is a priority among staff and carers of patients receiving end-of-life care. It has also developed a Share and Care venture that supports carers as well as teaching them about pressure ulcer prevention.

Kirkwood Hospice in Huddersfield manages patients with life-limiting conditions by controlling symptoms as well as providing terminal care. A change in patient profile has meant that it now receives patients at any stage of their illness, including those with a recent diagnosis. Interventions depend on the physical condition of the patient; however, all patients are assessed on admission for their risk of skin damage and appropriate preventive measures are initiated.

In 2011 more than 29 million (29,063,194) people died from diseases requiring palliative care worldwide, with the estimated number of people in need of end-of-life care estimated at 20.4 million (World Health Organization, 2014). The biggest proportion (94%) are adults; 69% are over 60 years old and 25% are aged 15–59 years. Only 6% of all people in need of palliative care are children (WHO, 2014).

WHO (2013) defined palliative care as being an approach that improves quality of life for patients and their families facing problems associated with life-threatening illnesses. Interventions should include pain and symptom control with respect to the patient's individual needs and spiritual and cultural preferences; facilitating open and inclusive conversations about decisions among staff, patients and their families; and providing practical and emotional support and resources throughout life-threatening illness and the dying process (American Academy of Hospice and Palliative Medicine, Center to Advance Palliative Care, Hospice and Palliative Nurses Association, Last Acts Partnership, National Hospice and Palliative Care Organization, 2004).

MANAGING SKIN INTEGRITY

As the global population continues to increase and age, effective management of skin integrity and

prevention of skin breakdown becomes more of a priority. People who require palliative care are at particular risk of skin breakdown. The goals of palliative wound care have been described by Neena (2011) as stabilisation of existing wounds, prevention of new wounds (if possible) and managing symptoms of complications to improve patient comfort, well-being and quality of life.

Although a fundamental aspect of care, managing skin integrity and wounds in a palliative care environment can often be challenging due to the associated comorbidities. Education and training for care staff are essential to provide skills and underpin the knowledge to deliver evidence-based interventions.

WOUND CARE CHAMPIONS

The introduction and support of wound care champions at Kirkwood Hospice has provided an effective way to put in place skin and wound care interventions for palliative care patients. The wound care champions attend regular wound care updates at the local trust where tissue viability nurses and other experts share their knowledge and expertise of wound and skin care. The champion returns to the hospice and uses link meetings to pass the information on to all staff members to ensure continuity of care.

Local policies have also been adapted and intentional rounding has been introduced, which is a structured approach to care where nurses check on patients at set times to assess and manage their care (Forde-Johnston, 2014). It has been used at the hospice to ensure that a skin assessment is undertaken regularly, including vulnerable areas such as heels, sacrum, elbows and behind the ears for those who are receiving oxygen therapy via

nasal cannula. Although no formal audit has been completed, the incidence of pressure ulcers has reduced since this was introduced. If a category one pressure ulcer is identified, it highlights the need for reassessment of all risk tools, including manual handling, Waterlow and nutritional assessments, and it may indicate a need to change mattresses and improve nutrition as well as turning the patient more frequently, prompting patients to do this independently if they are able.

PATIENTS, FAMILIES AND CARERS

Carers need to be involved in care decisions and are encouraged to remind the patient to change positions — for example, to stand up for a short period if they are sitting for a long time, or remind nurses to move them. More independent patients are encouraged to check their own skin, using a mirror if necessary. Anecdotal evidence has identified that most patients prefer two minutes of indignity while a nurse checks their sacrum than a debilitating pressure ulcer.

THE SHARE AND CARE VENTURE

Kirkwood Hospice implemented a 'Share and Care' collaboration between the inpatient and day care unit at Kirkwood Hospice and a local organisation, Carers Count. This service recognises the impact that being a carer can have on day-to-day life — emotionally, financially and physically. Carers Count focuses on the wellbeing of carers so they can continue to care and also have a life of their own by providing help and support, offering advice and information and providing an advocacy service and palliative care training.

The focus of the Share and Care group at the hospice is to offer help, support and information specifically to those faced with the challenge of being a carer for someone who has a life-limiting condition. The Share and Care group offers support and advice, education and new skills and helps carers to cope more effectively.

Carers are able to drop in to six 30-minute sessions on topics such as fatigue management, nutrition and how to protect vulnerable skin and prevent pressure ulcers. Invitations to attend these sessions are made by community palliative care teams, tissue viability nurses and also by word of mouth. An average of six people have attended each session to date. There are no set learning outcomes, instead the needs of the group are discussed at the beginning and the

information explored and discussed that will meet the needs of the attendees.

The session on how to protect vulnerable skin and prevent pressure ulcers offers an overview of causes of pressure ulcers, definitions of pressure ulcers, prevention strategies and protection of vulnerable areas. The sessions have encouraged and promoted discussion between the carers and hospice staff. During the sessions carers have identified that they had not realised the impact incontinence could have on skin integrity or the importance of moving position regularly to help prevent skin damage. Each session includes details of the various products that are available should skin integrity be compromised, topical preparations and dressings that are accessible on formulary. Participants are encouraged to handle and try an array of dressings and creams at each session.

Many of the participants at these sessions care for people in their own homes. They are encouraged to report any signs of skin damage to the district nurses immediately rather than waiting for them to visit.

DISCUSSION

The Share and Care group has been well received but not very well attended. There may be many reasons for this, but one is the difficulty for carers to have time away from home. Arranging alternative care is often difficult and may not be deemed a necessity. In view of this, alternative ways of sharing this information — such as a short DVD or a downloadable booklet — are under discussion. Essentially the focus of the group is to promote good practice and help carers to recognise and identify changes in skin integrity. Continued education by healthcare professionals in the community and inpatient facilities can aid this process. Pressure ulcers are not an inevitable part of palliation and patients and carers must realise the importance of good skin management so that pressure ulcers can be avoided.

CONCLUSION

The importance of involving carers in the management of skin needs cannot be over emphasised. Carers often want to be involved in end-of-life care decisions but many do not feel they understand how to deliver interventions. This can be developed through structured education and support and will hopefully reduce the misconception that skin damage is unavoidable.

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