Invigorating discussions prompting quiet reflections and effective actions

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I have been very fortunate to attend two international meetings in the last 2 weeks, both of which have given me plenty to think about. At the first, I was surprised to hear that the World Health Organization (WHO) are producing guidelines on managing surgical incisions, which are due to be published on 1st September. How did I have no idea they were doing this? In fairness, surgical wounds are not my first love, but still I am impressed that the WHO are doing something that relates to our practice. The second meeting was smaller — but much more up my street — focusing on pressure ulcer (PU) prevention. It was great to have detailed conversations with an equally PU enthusiastic group of colleagues from around the world (and it came as no surprise that they are facing many of the same challenges as we are in the UK). The discussions ranged from myriad topics such as risk assessment tools, costs of prevention, psychological care of patients with PUs, and managing heel ulcers, to the role bed frames play in causation — my favourite irritation.

IT ISN'T A LACK OF KNOWLEDGE

What was interesting were some of my colleagues' observations — a very astute German colleague was desperate for us to stop calling risk tools 'scales' and to call them 'instruments' instead, to assist decision-making by switching the focus from a rating system to an object that triggers action. This led to a long discussion on whether or not we got the focus wrong? How much time are we spending trying to get things that might have no impact on care right (e.g. grading PUs, chasing Safety Thermometer data, completing paperwork for the SSKIN bundle) rather than implementing focused prevention strategies that actually make a difference. He was also keen to point out that in the field we don't suffer from a lack of 'knowledge' – but from a lack of 'doing.' Obviously, this does not mean clinicians are lazy or disinclined to do the right things; the problems arise from organisational barriers, particularly when trying to implement complex interventions for complex patients in a complex settings (Turner et al, 2016). We talked a great deal about simplifying procedures, streamlining decision-making, and reducing complexity to allow staff to focus on clinical interventions.

WHAT IS THE COST OF PREVENTION?

Putting a cost on prevention was a particularly challenging topic. What value do health professionals place on achieving a negative outcome, such as preventing the development of a pressure ulcer, and should we equate costs relating to nursing time? I think we concluded that we shouldn't, because noone wants to sack a nurse. That aside, we came to the conclusion that if we couldn't include the time it took a nurse to reposition a patient, apply a dressing, change a mattress, then equally, when costing the implementation of new interventions, we shouldn't include any nursing time unless additional staff had to be brought in.

FEELING REFRESHED

All of these discussions were very invigorating, we left each other full of enthusiasm to do joint work, find information and share best practices — I hope this can be sustained in our day-to-day employment. Most importantly, the meetings reminded me that it's good to step back and look at things from a different perspective; to quote the old adage: 'if you always do what you always did, you'll always get what you always got.'

It's important to take time out for exactly this kind of activity, however busy the day-to-day work is, because sometimes, just sometimes, these discussions trigger real changes in practice — improving the lot of both the patient and the clinician. I wish I'd been to these two meetings before I needed to do my reflective accounts for my NMC revalidation (although it isn't as painful as it looks, as long as you set aside a little time to do it). I would have had much better reflections to discuss with my verifier — so as soon as I get home I'm going to remember to write them up – then in 3 years time, when I'm next due to do it, I'll at least have a good start. WUK

REFERENCES

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