

Increasing accountability: are you up to the challenge?

Courtney Lyder

It is a great honour to provide the first guest editorial for wound care's new journal. Last year, I had the pleasure of providing the keynote lecture for the Wounds UK 2004 Conference in Harrogate. There I met numerous tissue viability nurses and other health care providers from across the UK who were motivated to improve their wound-care skill set. Moreover, they attended this conference to keep on the 'cutting edge' of acute and chronic wound care.

The birth of any new journal provides yet another opportunity to disseminate wound care knowledge to a growing number of health care providers and consumers. It is another opportunity to get it right. No wound care journal speaks to all readers. If that were the case, then all health care providers would be providing evidence-based wound care. Further, all health care providers would be incorporating the plethora of national guidelines and latest research findings into their practice, truly moving the discipline of wound care to the next level.

So why is the dissemination of wound care knowledge so vitally important? It is evident that health care providers are increasingly under public scrutiny and held ever-more accountable for their failure to deliver quality wound care services.

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The failure to provide evidence-based wound care can now lead to sanctions and financial penalties for both health care providers and health care institutions. One US retrospective study investigating jury awards in pressure ulcer cases found financial awards from \$5,000 to \$82,000,000, with a median award of approximately \$250,000 (Bennett et al, 2000). Moreover, throughout the US, plaintiff attorneys place ads on billboards, newspapers, and television seeking pressure ulcer cases.

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Although the UK remains less litigious than the US, patients and/or families pursuing litigation are on a steady rise. Plaintiff verdicts of £3,500 to £12,500 have been awarded, with a few cases receiving damages in excess of £100,000 (Bennett et al, 2000). So, what is the bottom line? The lack of wound care knowledge or reluctance to acquire it can significantly impact on the livelihood of both health care providers and health care institutions alike. I believe that public scrutiny of, and demand for quality wound care services from, health care providers is only going to increase on both sides of the Atlantic.

One way to decrease exposure to litigation is through careful and thoughtful documentation that reflects the care

provided for both wound prevention and/or treatment. This is the goal standard for wound care professionals. It is also important to remember that most cases which are reviewed for improper care are done so years after the event. Thus the magistrate or expert consultants have to depend on documentation in order to make a decision. The more documentation follows national standards for wound care and current literature, the less likely it is that the health practitioner will be exposed to litigation. Simply put, we owe it to ourselves as health professionals to keep informed of what's new and accepted as good wound care. One important way of validating our assumptions of what good wound care practices are, is to read and challenge ourselves. This is what good journals are for, and as health care professionals we have a professional responsibility to continuously challenge our clinical assumptions.

So, do we really need another wound care journal? I would say unequivocally yes, if that journal can provide cutting-edge, quality empirical and clinically-based data for health care professionals to digest quickly and easily. Until all health care providers are practising evidence-based wound care, there will always be a need. After all, we are accountable not only to the public, but to our respective disciplines, and to each other. **WUK**

1. Bennett RG, O'Sullivan J, DeVito EM, Rensberg R (2000) The increasing medical malpractice risk related to pressure ulcers in the United States. *J Am Geriatr Soc* **48**(1): 73–81