Accepting accountability in pressure area care

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Recently, I found myself on a flight to Europe to discuss matters wound care. All seemed well as I arrived at the airport with time to spare. What could go wrong? I soon found out. Inexplicably, my flight ticket, which I was due to collect, had been cancelled. Next I was caught up in industrial action on the continent. Delayed flight plans threatened to ruin my chances of getting my connecting flight. However, everywhere I looked I found people eager to help. They rearranged tickets, sorted connections, and even escorted me through the airport to ensure that I got to my destination.

An apparent lack of ownership

How different this seems from the NHS I know and love. As a tissue viability nurse, I find myself constantly frustrated by our apparent lack of ownership and sense of responsibility. How often are we faced with the statement, 'he/she's not my patient'. Often my team is asked to review wound treatment and management for nurses who haven't had the time to look at the wound in question, or, who haven't been able to clarify previous treatment plans. Unfortunately, all too often, specialists end up trying to explain to trust solicitors that appropriate care was given, it just wasn't documented.

The fact is that for many of us, the standards of care we want to offer are compromised by the pressures exerted on us; too many deadlines and not enough resources. Its all too easy to forget we are held both responsible and accountable for our actions and, equally, our apparent inactions. Pressure ulcers are now an all-to-frequent outcome for our patients. It is estimated they affect 10–20% of patients in our hospitals and, goodness only knows how many in care homes or in the community. If you believe Hibbs, the majority are preventable and, according to the Government, their formation is an indicator of poor care (Department of Health, 1993). Yet in the twenty-first century, they remain a problem, and we haven't even worked out if we're getting any better at preventing and treating them.

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I know that generally the care and service we give to our patients is at least equal to that given in the airline industry. We work to ever-increasingly tight deadlines and expectations, yet it is all too often hard to see because basic issues are frequently overlooked. We get caught up in Government-based targets and forget, or simply choose to ignore, the basic issues — that patients have a right to good quality care. We must ensure that we do not lose sight of the patient in our rush for star ratings.

The loss of caring

You may be forgiven for thinking I've got it in for nursing, that I've sold out and simply want to attack my own profession. This isn't true. Every day I see dedicated nurses working hard to improve the lot of their patients. I see managers working under extreme pressure to protect care standards, but somewhere we have lost something; the caring edge that is nursing. Unlike some of our political lords and masters, I don't believe in 'going back to basics', instead I believe in integrating those 'basics' in the development of care and nursing. The *Essence of Care* document (Department of Health, 2001) highlighted tissue viability, or, more precisely, pressure ulcer prevention and management as one of these fundamental areas of care. It focused on areas of patient care where investigations of complaints and litigation have highlighted the need to improve standards. We even have NICE recommendations in this area: but are these needed changes being made?

Pressure area care is not about basics. Our understanding of the physiology of damage and tissue stress has grown immensely over the past few decades, and we now know that pressure damage is anything but basic: it is a multi-factorial, dynamic process. Pressure area care is, however, fundamental to good care.

As patient advocates, we need to ensure that we pay more than lip service to this notion of fundamental care. We need to take responsibility for those in our care and strive to improve care delivery. I believe in ownership. Ownership is more than accountability. Its about caring about the patient and the service in which we live and work. Its more than a public relations exercise, its about recognising that sometimes things don't go according to plan, but that we can try to make it better.

I'm not trying to hark back to the days of nursing as a vocation not a job,

where sister ruled the ward with a rod of iron, and all district nurses did their rounds in Morris Minors. But, maybe there was something to be said for the ethos of that time. As a profession we knew what nursing was about, we knew what was expected of us and what we could offer to our patients.

Nursing prides itself on being a profession; of striving to raise care standards and developing the academic level of those who choose to make it a career. We talk of research-based practice and holistic care but the evidence available throws some question on whether this is actually being delivered. If fundamental care issues are being overlooked, can we really state that we achieve evidence-based care? The evidence is that pressure ulcers are very often preventable, but they are still developing. In our struggle to get away from rituals, have we removed the framework for basic care? When challenged, many nurses still state that they are too busy, they don't have enough resources or time, or that they can't be released from their areas for training and development. This, unfortunately, doesn't stand up in court.

Making a difference to patient care

I think we need to re-evaluate what we are doing. Without doubt, nursing makes a huge difference to patient care. Wound care in the UK is an area where nursing dominates the agenda. Much of the research, audit and developments seen here is down to the enthusiasm of often hard-worked, under-appreciated, nursing staff. It is an area where we are rightly seen as being experts, and yet, there is little recognition for this role in Government initiatives, and the public seem blissfully unaware. Pressure ulcer prevention isn't sexy, but it is an area where we can either make a positive or negative outcome from health care

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Emotive areas such as cancer and heart disease command the headlines and the imagination of the public. MRSA has now become a political tool in the run-up to the general election by all the parties, however, the threat of pressure ulcer development is an area common to all patients, but still doesn't have a central place on trust agendas. Who should we blame for this? Sadly, I feel the fault lies with our profession. If we do not take ownership on a day-to-day basis, how can we make an impact at national level?

Nursing makes up the biggest single body of professionals in the NHS. We say these are our areas of responsibility but, for too long, we have allowed our patients to suffer in silence.

I know that in the world of wound care in the UK, nursing plays a dominant role and that as their leads, TVNs act as the spokesmen. However, it needs all of us to get involved in the debate. We need to fight publicly for better standards for patients, at both local and national level. At the work-face, we need to work together to place the patient in central focus. If every nurse in the UK were to place pressure ulcer prevention as central in each of their patient interactions over the next six months, we would immediately overcome the problem of pressure ulcer development in the UK. Just think how much money that would release to the NHS. Its a figure that could not be measured in millions, but tens of millions of pounds.

Ownership means accepting our responsibility and accountability and acting on it. It means critically looking at what we do, how we do it, and striving to make it better. It means believing we have a voice and a role to play, and using them, both for ourselves and our patients.

During the next year there will be a public awareness campaign launched highlighting the problems of pressure ulcers in the UK. Nurses have the choice of either walking away and becoming defensive when the public start to demand their rights, or stepping up, taking ownership, and trying to improve services and standards. As someone proud to be a nurse and confident of what can be achieved, I know which one I'd prefer.

There is much we can learn from the airline industry and its approach to customers. We must recognise that patients are our customers and that as such they have a right to a safe passage through our care system. Each and every one of us needs to make it our business to ensure the safety of those in our care. We need to go the extra mile to ensure quality, and whatever the problems faced along the way, we deliver the best, safest service we can. WUK

Department of Health (2001) *The Essence of Care: Patient Focused Benchmarking for Health Care Practitioners*. HMSO, London

Department of Health (1993) *Pressure Sores: A Key Quality Indicator*. HMSO, London