

What are the quality indicators in wound care?

This paper discusses quality indicators that relate to wound care. As clinicians will be assessed against national quality indicators from April 2010, it is important for carers working in tissue viability to gain an understanding of what they are. The Darzi report (Department of Health, 2008) identified that high quality care for patients is an aspiration that is only possible with high quality education and training for all staff involved in NHS services. Continued education and promotion of quality in the field of tissue viability will be more attainable if the NHS, higher education institutions and industry strengthen their partnerships.

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KEY WORDS

Quality indicators

Pressure ulcers

Lord Darzi

Higher education institutions

Wound care education

Lord Darzi's *High Quality Care for all: NHS Next Stage Review* (Department of Health [DoH], 2008) heralds a new era for the NHS where, according to the National Nursing Research Unit (NNRU, 2008), the focus on quality promises to be relentless. The report includes a commitment to hold trusts accountable for and to reward quality of care, and pressure ulcers are featured as one of the most frequently cited quality indicators.

While the chances of a patient developing pressure ulcers may relate to the quality of nursing care, early detection and proper documentation

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of pressure ulcers is also a marker of quality care which could lead to higher rates of recorded incidence in good quality settings than in lower quality ones (NNRU, 2008), thus giving a skewed indication of a setting's care standards. However, Bennett et al (2004) warned that while the prevalence of pressure ulcers is established, their social significance is harder to quantify and the economic impact can be high.

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The emphasis on quality needs to be seen in the context of finite NHS resources and wound care costs must also be an ongoing consideration. The cost of wound care to the NHS has been estimated to be £2.3bn and £3.1bn per year (based on 2005–2006 costs) (Posnett and Franks, 2007). The DoH (2008) estimated that the budget for the NHS in England in 1996/7 was £33bn and that in the year 2008/9 it

would be £96bn. Indeed, White (2008) stated that the trend in current NHS spending shows that 2008 expenditure would be about £100bn with the best estimates for total costs of tissue viability being between £2–3bn (Simon et al, 2004). White (2008) maintained that this may be surprising to some, but to those involved in service provision it merely reinforces their conviction that tissue viability is a substantial burden on NHS funds and that this will only increase.

The key determinants of wound care costs need to be assessed and understood by wound care specialists. These variables include hospitalisation rates, number of procedures, mean length of stay, time to heal, frequency of dressing change, and the cost of all dressing materials per change. It is therefore advisable that trusts employ wound management specialists who are able to collate data against these determinants when undertaking the appropriate management of wounds and wound care audits (Hamilton, 2008).

By selecting treatment that is appropriate to the cause and the condition of the wound, healthcare professionals will improve their performance in line with the recommendation to have 'quality at the heart of everything we do' (DoH, 2008), and in keeping with the report's

areas of importance:

- ▶▶ Patient safety
- ▶▶ Patient experience
- ▶▶ Effectiveness of care.

Darzi commented that (DoH, 2008): 'it is imperative that in order to achieve high quality care for all we must build on existing local governance'. The report lists the following seven steps as necessary to achieve this:

- ▶▶ Bring clarity to quality
- ▶▶ Measure quality
- ▶▶ Publish quality
- ▶▶ Raise quality performance
- ▶▶ Recognise standards
- ▶▶ Raise standards
- ▶▶ Safeguard quality and stay ahead.

We are about to enter a new stage of service assessment in the NHS. For the first time there will be systematic measurement of quality and this information will be published for all to see. Measures will include patients' views on the success of treatments, the quality of the services they are given and of their experience of care. The report promises: 'there will be measures of safety and clinical outcomes. All registered healthcare providers working for, or on behalf of, the NHS will be required by law to publish quality accounts just as they publish financial accounts' (DoH, 2008). These quality accounts will need to be published from April 2010 and will centre on the quality of service provision. The Quality Care Commission will provide independent validation of performance, using indicators of quality set by the DoH.

The question then is who is accountable for the quality of the wound care service in the NHS? From Lord Darzi's report it is clear to see that it would be every healthcare professional caring for a patient with a wound who would be accountable for ensuring that all patients are offered consistently high quality care (DoH, 2008). The report states that: 'professional regulation has ensured that practitioners are accountable to their individual patients during their episode of care. By focusing on the

overall outcome, it means that the new accountability is for the whole patient pathway — so clinicians must be partners as well as practitioners'.

Education and quality indicators

Education and promotion of quality in the field of tissue viability is vital if wound care-associated costs are to be reduced. Promoting quality is by no means new. There have been several government initiatives which have attempted to highlight the importance of developing and maintaining quality over the past few years. *Fundamentals of Care: Guidance for Health and Social Care Staff* (Welsh Assembly Government, 2003) identified the importance of increasing and improving the consistency, quality and delivery of basic care. The National Institute for Health and Clinical Excellence (NICE) guideline 29 (2005), *The Management of Pressure Ulcers in Primary and Secondary Care*, highlighted pressure ulcer risk assessment and prevention, including the use of pressure-relieving devices for the prevention of pressure ulcers in primary and secondary care. It promotes the importance of education stating that all healthcare professionals should have relevant training in pressure ulcer prevention and management.

Now the Darzi report has created its own ambitious visions for the NHS and the future of health and health care. The DoH believes that this report will enable the NHS to achieve what matters to us, to patients and to the public — improved health and high quality care for all.

In conjunction with the Darzi report, the National Nursing Research Unit's *State of the Art Metrics for Nursing: a Rapid Appraisal* (2008) has identified indicators for quality. The group was asked to identify mechanisms for giving nurses tools, training and support to improve quality of care across the country. This includes:

- ▶▶ Evidence-based metrics to measure nurse-delivered outcomes and patient experiences

- ▶▶ National publication of performance data to identify examples of best practice and help nurses benchmark and improve their performance
- ▶▶ 'Ward-to-board' accountability for the quality of nursing care.

This work will support a wider NHS initiative to establish regional quality observatories and a National Quality Board that will oversee the development of a quality measurement framework for all clinical services.

Darzi (DoH, 2008) has identified that high quality care for patients is an aspiration that is only possible with high quality education and training for all staff involved in NHS services as they provide care in a changing healthcare environment. Gottrup (2003) stated that all staff working with problem wounds should have a certain level of education and training that allows them to provide and improve wound care. Indeed, Gerrish et al (2007) maintain that in order for nurses to make a difference within their chosen specialty, they must embrace evidence-based practice as the key driver of government health policies: a goal frequently cited by the nursing profession. However, much of the responsibility for evidence-based practice has been placed on individual practising nurses. This responsibility needs to be shared across all parties involved in wound care, including healthcare providers, education and industry.

Promoting quality through effective partnerships

Sixty percent of staff who will deliver NHS services in 10 years time are already working in health care and they must be able to keep their skills and knowledge up to date (DoH, 2008). An understanding of the required skill set in wound care is essential to provide adequate education. Clinical and non-clinical skills are both needed for a quality service in health care. The health service, and wound care as a specialty, are becoming more business orientated (Castledine, 2006). Understanding and application of non-

clinical skills, including business acumen, are essential to support a service that is both good quality and cost-effective.

In clinical practice and more specifically in wound care, there are tremendous variations in the knowledge and skills of individual healthcare professionals involved. Despite an acknowledged theory-practice gap, education is often viewed as an effective method of facilitating change in clinical practice (Gibson and McAloon, 2006). Improving knowledge base in the wound care setting is essential to stay abreast of current trends and advancing technologies. Moreover, how this knowledge is applied to everyday practice is of utmost importance (Harding, 2000).

The Darzi report (2008) states that by creating new partnerships between the NHS, universities and industry, these 'clusters' will enable pioneering new treatments and models of care to be developed and then delivered directly to patients. By strengthening these connections staff will have consistent and equitable opportunities to update and develop their skills. Watret (2005) suggested that by involving higher education, the partnership between industry, higher education institutions and health care can ensure quality assurance in educational provision, whereby everyone concerned can place a value and relevance on the education accessed. The content of educational resources must be practice-driven and consistently relevant to professional practice. Additionally, the effective and equitable use of resources and a multiprofessional approach to delivering care will allow the challenges set by Lord Darzi to be achieved.

Conclusion

For wound care to be fully recognised as a speciality it will need to align to its specific indicators. Healthcare and industry will need to fully understand the indicators and engage with the requirements. Only then will wound care be moved up the political agenda and gain the focus and attention it deserves. As the skill set required to

offer a quality assured wound care service is evolving, so too does the education provided to support the healthcare professionals working in this healthcare arena. To enable wound care to embrace the challenges set by the Darzi report (DoH, 2008), a stronger working relationship will need to be made between the NHS, higher education institutions and industry. **WUK**

References

- Bennett G, Dealey C, Posnett J (2004) The cost of pressure ulcers in the UK. *Age Ageing* 33(3): 230–5
- Castledine G (2006) Accelerating workforce redesign: threat or stimulus. *Br J Nursing* 15(18): 208
- Department of Health (2008) *High Quality Care For All NHS. Next Stage Review Final Report CM78432*. DoH, London
- Gerrish K, Ashworth P, Lacey A, et al (2007) Factors influencing the development of evidence-based practice: a research tool. *J Adv Nursing* 57(3): 328–38
- Gibson L, McAloon M (2006) How do nurses perceive the role of the TVNS? *Wounds UK* 2(4): 36–50
- Gottrup F (2003) Optimizing wound treatment through health care structuring and professional education. *Wound Rep Regen* 12(2): 129–33
- Hamilton C (2008) Speculating to accumulate: reducing the cost of wound care by appropriate dressing selection. *J Wound Care* 17(8): 359–63
- Harding K (2000) Evidence and wound care: what is it? *J Wound Care* 9(4): 188–90
- National Institute for Health and Clinical Excellence (2005) *The Management of Pressure Ulcers in Primary and Secondary Care: A Clinical Practice Guideline*. [CG29]. NICE, London. Available online at: www.nice.org.uk/nicemedia/pdf/CG029fullguideline.pdf (Last accessed 31 October, 2007)
- National Nursing Research Unit (2008) State of the art metrics for nursing: a rapid appraisal. Kings College, London. Available online at: www.kcl.ac.uk/content/1/c6/04/32/19/Metricsfinalreport.pdf (last accessed 14 March, 2009)
- Posnett J, Franks PJ (2007) The costs of skin breakdown and ulceration in the UK. The silent epidemic. The Smith & Nephew Foundation, Hull
- Simon DA, Dix FP, McCollum CN (2004) Management of venous leg ulcers. *Br Med J* 328: 1358–62

Watret L (2005) Teaching wound management: a collaborative model for future education. Available online at: www.worldwidewounds.com/2005/november/Watret/Teaching-Wound-Mgt-Collaborative-Model.html#ref14 (last accessed 14 March, 2009)

Welsh Assembly Government (2003) *Fundamentals of Care: Guidance for Health and Social Care Staff*. Welsh Assembly Government, Cardiff. Available online at: <http://new.wales.gov.uk/docrepos/40382/dhss/510356/booklete> (last accessed 14 March, 2009)

White R (2008) Tissue viability in tomorrow's NHS. *J Wound Care* 17(3): 97–99

Key points

- ▶▶ Every healthcare professional caring for a patient with a wound will be accountable for ensuring that all patients are offered consistently high quality care.
- ▶▶ Trusts will soon be required to measure the quality of the care they give in relation to certain quality indicators. This information will be published for all to see.
- ▶▶ Key determinants of wound care costs need to be assessed and understood by wound care specialists.
- ▶▶ By selecting treatment that is appropriate to the cause and the condition of the wound, healthcare professionals will improve their performance against 'quality at the heart of everything we do'.
- ▶▶ To enable wound care to embrace the challenges set by the *High Quality Care for All* report (DoH, 2008), a strong working relationship will need to be met between the NHS, HEIs and industry.