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The role of education in developing tissue viability to meet the Quality Agenda

It is essential that practitioners involved in tissue viability and wound care are kept informed of new developments and maintain their skills ensuring that care interventions are evidence-based and auditable. Education is a vehicle to transfer the knowledge and skills required by registered and unregistered practitioners to promote a healthcare service that has quality at the heart of everything done. Healthcare professionals are accountable to maintain their professional knowledge and competency. As healthcare priorities change, so must the content of education delivered to tissue viability practitioners.

Karen Ousey

KEY WORDS
Quality
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The Quality Agenda continues to dominate healthcare settings with practitioners, academics and industry involved in tissue viability developing metrics to support practice. It is essential that all practitioners involved in tissue viability and wound care are kept informed of new developments and maintain their skills, ensuring that care interventions are evidence-based and auditable. The Prime Minister's Commission on the Future of Nursing and Midwifery (Department of Health [DH], 2009a) asked all nurses to make a commitment to high quality care and to pledge to speak out and act when care falls below agreed standards (Ousey and Shorney, 2009; Ousey and White, 2009a, b; Ousey et al, 2010; White et al, 2010).

Karen Ousey is Principal Lecturer, Department of Nursing and Health Studies, Centre for Health and Social Care, University of Huddersfield, Huddersfield

The DH (2009a) Commission was tasked to:

1. Identify the competencies, skills and support that frontline nurses and midwives need, to take a central role in the design and delivery of 21st century services for those that are sick and to promote health and well-being. In particular, to identify any barriers that impede the pivotal role that ward sisters/charge nurses/community team leaders provide.

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2. Identify the potential and benefits for nurses and midwives, particularly in primary and community care, of leading and managing their own services.
3. Engage with the professions, patients and the public in an interactive and robust dialogue which will identify challenges and opportunities for nurses and midwives.

One of the main recommendations was to develop national nursing indicators that measure nurse quality and their impact on patient outcomes and satisfaction. Before a discussion of quality issues can emerge an exploration of the role of the tissue viability practitioner requires attention.

Role of the tissue viability practitioner

The role of the tissue viability practitioner is complex with White (2008) identifying that it encompasses:

- Competence in wound care (acute and chronic) and related infection control is essential
- The ability to take preventive measures to avoid skin and soft tissue damage
- Skin care, which involves protecting 'at-risk' skin from trauma (as in skin tears), maceration and peri-wound excoriation caused by exudate, faeces and/or urine
- An understanding of the vascular and circulatory anatomy and physiology
- Aspects of dermatology
- The patient's suitability for compression.

The role comprises much more than just pressure area care (White, 2008). Tissue viability entails the management, to a greater or lesser degree, of the following conditions (White, 2008):

- Venous, arterial and mixed aetiology leg ulcers
- Pressure ulcers
- Diabetic foot ulcers
- Skin conditions
- Skin and soft tissue infections

- Incontinence, malnutrition and chronic wound-related pain
- Lymphoedema and associated skin problems.

Tissue viability issues are the responsibility of every practitioner's role and as the Nursing and Midwifery Council (NMC, 2008) stated, health care and healthcare professionals have a responsibility to maintain their professional knowledge and competency.

Quality

High Quality Care for All (DH, 2008a) identified the need to put quality of care at the heart of everything the National Health Service (NHS) does, and placed a particular emphasis on the need to measure what we do as a basis for maintaining and improving quality. It is important that metrics are realistic and achievable with tissue viability specialists, education and industry working together to ensure that these metrics meet the needs of the tissue viability service.

The quality framework (DH, 2008a) stated that it would support local clinical teams to improve the quality of care locally by:

- Bringing clarity to quality
- Supporting clinicians to measure quality to support improvement
- Requiring quality information to be published
- Rewarding the delivery of high quality care
- Safeguarding basic standards through the Care Quality Commission
- Staying ahead by ensuring that innovation in medical advances and service design is fostered and promoted
- Recognising the role of clinicians as leaders and giving them the freedom to drive improvements in quality of care.

The DH (2008a) identified that high quality care for patients was an aspiration that was only possible with high quality education and training for all staff involved in NHS services. They recommended that to ensure a flexible and competent workforce, it would be necessary to further modernise nurse educational and career pathways and to recruit and retain the 'best candidates' to nursing (DH, 2008a: p18). The drive for quality was justified by emphasising that nurses must possess the managerial skills needed to measure, understand and improve the quality of care, as well as meeting the 'modern requirements of personalization and choice' (DH, 2008a: p18).

These skills can easily be associated with the needs of tissue viability and, as such, it is important that practitioners and educationalists are prepared to meet these challenges set out by the DH (2008a) through the development of effective, evidence-based skills of assessment; understanding of and the skills to deliver personalised care that meets the needs of the patient and an understanding of the Quality Agenda and how this affects patient care. Education and training should focus on all involved in tissue viability, including post-registration, pre-registration and unregistered practitioners, with higher education institutions and 'in house' education departments ensuring that tissue viability and wound care training is embedded into curricula and mandatory updating sessions. Improving practitioners' knowledge base in wound care/tissue viability is essential if they are to keep abreast of current trends and advancing technologies and, more importantly, that the knowledge gained is applied to everyday practice (Harding, 2000).

The challenge

The DH (2009a) stated that they would set challenges for the NHS over the next five years that would lead to safer care for patients, initially focusing on eliminating avoidable cases of *Clostridium difficile*, venous thrombo-embolism (VTE) and pressure ulcers.

The majority of pressure ulcers are entirely preventable through risk assessment and the implementation of pressure-relieving measures, such as moving immobile patients (DH, 2009a). The DH (2009a) set out an ambition to eliminate all avoidable pressure ulcers in NHS-provided care and to significantly reduce the amount an average district general hospital spends on treating pressure ulcers, currently estimated at £600,000 to £3 million each year (DH, 2009a). A tariff payment system will be implemented that will not reward poor quality or unsafe care, enabling primary care trusts to withdraw payments from the provider, i.e. hospital, when care does not meet the minimum standards patients can expect. These standards will be included in contracts with providers from April 2010. The DH (2009a) states that they will focus on 'never events', which, in the future, will include pressure ulcer development.

In the document, *High Impact Actions for Nursing and Midwifery* (2009c), the NHS Institute for Innovation and Improvement identified 'your skin matters', as one of the actions, stating that there would be no avoidable pressure ulcers in NHS provided care, identifying that the impact of pressure ulcers is psychologically, physically and clinically challenging for both patients and NHS staff. Keeping nourished and protection from infection are also included in the high impact actions (HIAs) that directly impact on tissue viability (Dowsett, 2010).

Care bundles have been developed to allow a structured way of improving processes of care and patient outcomes (Health Protection Scotland, 2008). The Institute for Healthcare Improvement (2010) describes a care bundle as providing a structured way of improving the processes of care and patient outcomes, consisting of a set of evidence-based practices that, when undertaken collectively and reliably, improve patient outcomes. Included in these bundles is guidance on delivering clean and safe care, integrating the prevention of healthcare associated infections (HCAIs) and the prevention of surgical site infections (SSIs). The care bundles identify that many HCAIs are avoidable and all practitioners can contribute to reducing their impact on patient experience (Health Protection Scotland, 2008).

It is vital that all practitioners are aware of the national and local drivers that affect care interventions (such as, DH, 2008a, b; DH 2009 a, b, c; NHS Institute for Innovation and Improvement 2009; NICE, 2008), with education being a vehicle that can be used to transfer the

information relating to quality and the use of audit as evaluating practice.

The changing face of nurse education

Nurse education and training is in a period of change with continued debate surrounding the decision for England to make nursing an all-graduate profession (DH, 1999; Burke and Harris, 2000; see debate in this issue, *pp. 140–143*), with Macleod Clark (2007) arguing that the profession requires practitioners who possess higher order intellectual skills that can be applied to clinical judgement and decision-making, policy implementation, leadership, research and change management. The Nursing and Midwifery Council (NMC) (2009) announced that by 2013, the minimum academic award for pre-registration nursing programmes in the United Kingdom would be a degree. However, Lyte (2008) suggested that while the arguments in favour of raising the education level of nurses has strengthened amid such change, until recently, there has been no empirical evidence that links the education level of nurses directly to positive patient outcomes.

The DH's (2008b) report on workforce planning, education and training explored workforce planning issues relevant to nurse education in higher education and recommended moving to an all-graduate profession. DeBell and Branson (2009) suggested that the move to an all-graduate profession could lead to a change in the profile of student recruitment and put systemic pressure on the education delivery bodies. Furthermore, Macleod Clarke (2007) suggested that it may be unrealistic to maintain the supply of well-qualified nurses to keep pace with future demands for nursing care. She maintained that the shape of the profession needed to change with 'a steady, stable and possibly smaller supply of graduate nurses providing leadership and supervision in nursing care delivery.' She recommended a robust cadre of associate/assistant nurses with access to skills escalator career routes to support registered practitioners. The need to provide education for all practitioners is paramount if quality is to be maintained and evidence-based care delivered.

Changing face of tissue viability education

The role and educational needs of tissue viability practitioners will need to develop as the Quality Agenda continues to manifest itself in the healthcare arena. There is an urgent need for educational providers to offer advice and training on non-clinical skills, including business acumen, developing business cases and marketing. Only then will tissue viability be able to prove the worth of the service it provides. Nicholson (2009) identified that in five years time there would be more services closer to home, resulting in less investment and activity in the acute sector. There will be a true quality of service offered across all standards and patient pathways, through quality and productivity gains in primary and secondary care and health and social care leading to empowered patients and an efficient and productive NHS. The DH (2009c) was quite clear that their objectives for the future of the NHS were for:

- Efficiency saving
- Increased productivity
- Measuring quality service.

The recently knighted Sir David Nicholson (2009) identified that the NHS and practitioners must improve quality of the service provided while improving productivity, using innovation and prevention (QIPP). One key area of focus is for clinicians and managers to ensure they work across 'boundaries' to spot opportunities and manage improved change. To put this into perspective for tissue viability, when transferring a patient with a wound infection from the secondary to primary care sector (as encouraged by the DH), it is essential that the care is continuous and seamless, that patient safety is maintained and that patient expectations are met. By doing so, the domains of quality (patient safety, clinical effectiveness and patient satisfaction) are met, and in addition, quality of the service will be promoted.

Education provision

Pre-registration education

Pre-registration education should provide students with a minimum understanding of caring for patients with compromised tissue viability and prevention interventions. The curriculum provides students with 4,600 hours of education and training to equip them with the knowledge and skills to undertake their first registered practitioner role. Of these 4,600 hours, there is a 50% split between theory and practice, that is to say, 2,300 theory hours and 2,300 practice hours. It is reasonable to expect that a percentage of these hours should be attributed to educating students on skin care, nutrition, relief of pressure, pain management, safe moving and handling techniques, and infection control issues that all relate to tissue viability. However, Ayello et al (2005) in their survey of nurses' wound care knowledge undertaken in the USA and Canadian provinces identified nurses' perceptions of whether their basic nursing education was sufficient, and found that 70% of nurses felt that they did not receive enough education on chronic wounds in their basic nurse training. Under the supervision of the mentor in practice they should be able to link the underpinning principles to the healthcare areas. With the continuing emphasis on the Quality Agenda, it is vital that pre-registration students understand and appreciate the importance of maintaining a safe environment and are able to quantify their actions.

Continuing professional development (CPD)

There are a variety of ways that registered practitioners can access CPD activities to develop their knowledge and skills base in tissue viability, an essential element to deliver evidence-based care. Lloyd-Jones and Young (2005) suggested that there was a deficit in wound care knowledge for healthcare professionals and generic healthcare workers. Practitioners can access:

- Specialist university courses and modules focusing on tissue viability from Certificate to Masters Level
- Trust in-house study days
- Specialist tissue viability conferences
- Commercial companies that offer study days.

In addition, there are e-learning packages that have been developed by commercial companies and education providers. However, as Fletcher (2007) identified, this *ad hoc* delivery of education does not offer any type of quality assurance and has

no strategic direction. She argues that quality assurance in this context should encompass:

- Equality of opportunity
- Quality of information provided
- Quality of the educational experience
- Relevance to clinical practice, drawing on occupational standards, and meeting the core knowledge and skill requirements that prepare practitioners for practice.

However, there are opportunities for practitioners to maintain and develop their skills and knowledge. It is essential that quality assurance of programmes should be maintained by the delivering bodies, and those practitioners attending the courses/study days/conferences must evaluate the content honestly to allow for appropriate changes to be made. The integration of academic staff and practitioners teaching on these educational events should be transparent. It is important that practitioners who are recognised as specialists have an input into the development and delivery of the information to ensure that the content is up to date, and that the information delivered can be 'brought to life' by those who care for patients with compromised tissue viability on a daily basis. Academics and practitioners must work together in a seamless fashion if the educational experience is to be relevant to clinical practice, and to maintain the quality of information delivered.

Commercially sponsored study days offer staff the opportunity to access information relevant to tissue viability, often free of charge, although there may be concerns that industry use these days to promote their own products. The DH (2008a) suggested that by creating new partnerships between the NHS, universities and industry, staff would have consistent and equitable opportunities to update and develop their skills. Watret (2005) asserted that by involving higher education institutions in the partnership, quality assurance in educational provision could be guaranteed, whereby everyone concerned could place a value and relevance to the education accessed. She maintained that the content of educational resources should be practice driven and always relevant to professional practice.

On-line learning

On-line learning is becoming more popular, allowing practitioners access to educational material at a time that is convenient to them, fitting in with professional commitments. In post-registration nursing education this is particularly important, due to the increasing demands of clinical practice and the shift from 'teaching' to 'learning'; from a teacher-centred approach that emphasises instructing and lecturing, to a student-centred approach that aims to help students organise and sieve through information (Kozlowski, 2002). This allows students to develop problem-solving skills that can be transferred into their clinical roles. Effective education of healthcare professionals using technology has been reported by Cader and McGovern (2003), with Huckstadt and Hayes (2005) demonstrating its positive use for post-registration CPD education, highlighting the benefits to the organisation providing the courses, which included widening accessibility of resources.

On-line learning will be beneficial for unregistered staff and associate/assistant nurses to develop their skills and knowledge base and, if necessary, the content can be reviewed to meet the needs of these practitioners and the clinical areas.

Mentorship

The role of the mentor is one area that can be developed to support registered and unregistered practitioners in maintaining and developing their knowledge and skills base to promote the integration of evidence-based care in healthcare areas.

The NMC (2007) maintain that a mentor should contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and ensure that safe and effective care is carried out, based upon the available research and evidence. Furthermore, mentors should support students for several reasons, namely:

- To provide support and guidance to the student when learning new skills or applying new knowledge
- To act as a resource to the student to facilitate learning and professional growth
- To directly manage the student's learning in practice to ensure public protection
- To directly observe the student's practice, or use indirect observation where appropriate (NMC, 2006a, 3.2.4).

It is important that those practitioners who are knowledgeable and skilled in the area of tissue viability support less experienced practitioners, either pre or post-registration and unregistered, to develop their skills and knowledge to effectively deliver evidence-based care. It is recognised that mentor-mentee relationships are multifaceted, and while the result may be successful, problems may arise during the course of the experience. While mentors are valued for their teaching skills and desire to provide support, the mentors have cited problems, such as lack of resources or time and an inability to balance the many expectations required of a registered practitioner (Wilkes, 2006). Indeed, Pellatt (2006, p. 33) argued that the 'role of mentor in the preparation of practitioners who are fit for practice is paramount', but that 'better training, support and evaluation of their performance' and an increase in their status are needed. However, the mentor role is paramount if the Quality Agenda and development and execution of nursing metrics is to be successful. Tissue viability specialists are in an ideal role to be able to facilitate the development of tissue viability link nurses who can undertake the role of a mentor.

Spouse (2000) identified four areas where the mentor could benefit the student's learning experience:

1. By providing a menu of experiences available in the clinical areas
2. By helping the learner identify areas of the curriculum which are of special relevance
3. By helping the learner to organise learning opportunities or to organise visits (to clinical areas or other departments)
4. By selecting suitable patients and members of the clinical team for the

learner to work with, thus developing identified skills.

The National Institute of Health and Clinical Excellence (NICE, 2008) argued that although there was no direct evidence to support the provision of specialist wound care services for managing difficult to heal surgical wounds, a structured approach to care (including preoperative assessments to identify individuals with potential wound healing problems) was required to improve overall management of surgical wounds. To support this, enhanced education of healthcare workers, patients and carers, and sharing of clinical expertise would be required (NICE, 2008).

Summary

The Quality Agenda will continue to integrate into healthcare services over the next five years and tissue viability practitioners should embrace the challenge. The changing role of practitioners and the evolving educational needs required to support these changes and challenges must encompass the business acumen required to ensure that a seamless service of care is delivered to all who access health care. It is imperative that we are able to audit and benchmark practices that identify and evidence that tissue viability practitioners provide a quality, cost-effective and productive service. **WUK**

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