

# Achieving quality in wound care: what can industry do to help?

Improving patient experience can be achieved in a number of ways. Many improvements do not have to be complex, but can involve small changes in practice which may have an impact on patient care. There is a growing need for industry to align with the government's quality agenda. One way to achieve this is by considering how to improve the patient experience. This may be by increasing education and support for clinical staff, or producing products which meet the needs of the clinician and, importantly, the patient with the wound. This article highlights some of the ways which companies can work with professionals to meet the quality agenda.

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## KEY WORDS

Quality  
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Achieving the correct balance between commercial success and improving patient care is probably at the heart of most wound care companies' thoughts. One way to attain symbiosis is to maintain a patient and clinician focus in every aspect of the company's activity. This same patient focus has recently been at the heart of a number of government documents which aim to promote the quality agenda by addressing the quality domains of patient safety, effectiveness of interventions and improving the patient experience (Department of Health [DH], 2010).

Patient-focused health care is not new and, indeed, the document, *High Quality Care for All*, published in 2008

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(DH, 2008) highlights the need for a more patient-centred approach to care. In addition, the DH publication, *NHS 2010–2015: from Good to Great* mentions 'preventative, people-centred and productive' in the title (DH, 2009).

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The latest initiatives have taken patient-centred care further by redesigning the health system and once again putting GPs in charge of the budget (an estimated £80 billion), allowing more localised decision-making and with an emphasis on patient choice. The phrase, 'no decision about me, without me' has been coined in the most recent DH document (DH, 2010), and would appear to resonate with patients, carers and clinicians as being a positive step to ensure that patients have real choice in their own care.

In order to manage this new system, GPs will become part of a consortium, of which there will be 500–600 across England and Wales and their function will be to purchase services from providers (DH, 2010).

There will be a focus on how patients rate their experiences in all care areas, and how this can be improved.

One of the key areas of focus is in improving patient choice. This will allow patients to choose which consultants they see, which GP practice, and also which treatments will meet their needs as individuals (DH, 2010).

There are a number of contentious issues to arise from these reforms, one being the return of a system which propagates the post code lottery of health care (Cole, 2010). There is a risk that patients from some areas will not have access to the best possible care and this may be dependent on the buying power of the GP consortium.

This approach also fails to address the needs of other professional groups such as nurses and allied healthcare professionals which could lead to these groups feeling left out of the process, despite an overwhelming increase in their workloads in recent years (Dean and Kendal Raynor, 2010).

### Improving patient experience

The measures suggested will also be supported by a new consumer body, HealthWatch England, whose principle aim is to strengthen the voice of patients both nationally and locally. Set to be in place by April 2012, this consumer champion will examine the performance of key services and, in particular, will focus on the patient experience during care episodes.

A focus on patient experience is likely to pick up any parts of the service which are not meeting the needs of the public, and should make the service more responsive to the needs of individuals, thereby creating a more dynamic and efficient service.

Tissue viability services in both primary and secondary care should therefore be focusing on producing patient experience/satisfaction data in preparation for such changes. This data should prove the value of services and that patients are happy with the service and treatment they have received.

### How can patient experience be improved?

To answer this question we must consider what constitutes a good experience. Conversely, we must also consider what would contribute to making a bad experience.

Poor communication is often quoted as being at the root of many healthcare complaints, such as in patients with diabetic foot ulceration where poor communication between clinicians may have serious consequences for the patient (Jeffcoate and Harding, 2003). It is therefore essential that communication is improved in all areas to enhance the patient experience.

Good communication stems from having a well-educated workforce who know their roles and the roles of those around them, which promotes sharing of best practice and continuous improvement and development of skills. This is key for any organisation, not least in health care, where treatments are constantly evolving and patients are seeing a variety of clinicians on a daily basis.

With the emphasis on patient-related outcomes and satisfaction, how this is measured is also important. Coakley (2008) discusses the potential pitfalls of carrying out surveys months after a patient is discharged, and how this may affect the results of the survey both positively and negatively. In addition, using patient experience monitoring to grade care settings is not always the fairest way to make comparisons.

For hospitals in poorer areas where there are lower levels of education and increased poverty, there is the potential for this to impact on survey results. It may even be unfair to compare teaching hospitals with district general settings (Coakley, 2008).

### Quality domains as applied to wound care

#### Patient safety

This refers to adverse events which in wound care may include pressure ulcer development and healthcare-associated infections such as meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemias.

An important feature for tissue viability services is to ensure that the service has data which proves that their service can play a role in reducing or preventing adverse events from occurring.

In Newham, the tissue viability service has been part of an initiative led by ten Strategic Health Authorities (SHAs) which has identified eight High Impact Actions (HIAs) to demonstrate improvements in quality of care and the patient experience, as well as reduced costs to the NHS.

The tissue viability service was the front-line submission for 'Your skin matters — no avoidable pressure ulcers', and gained funding for a member of the team to work with nursing homes to prevent admissions due to pressure ulceration (Dowsett, 2010). The team were able to reduce pressure ulcer admissions by 50% and a reduction in the numbers of grade 3 and 4 ulcers was noted. Dowsett (2010) commented that these improvements were a direct result of investment in the service and

viewed this as significant proof of the value of tissue viability services.

#### Effectiveness of care

In general terms, this includes mortality rates and other outcome measures such as readmission rates. In wound care this may be about time to healing, symptom management and improvement in wound status over time — all related to the treatment provided.

#### Patient experience

The previous headings have a bearing on this topic, reflecting quality of service not only in effectiveness, but in timeliness and prevention of adverse events.

In wound care, this is about patients being involved in their care, using products which can manage wounds with minimal pain and discomfort. In addition, improving the patient experience may also be about improving access to wound care specialists.

### How industry can help to support quality in patient care

There are a number of ways in which industry can support the quality initiatives in health care, addressing concerns across the three domains of patient safety, effectiveness of intervention and the patient experience.

The QIPP objectives cited by Farrar (2009) highlight the need for quality, innovation, productivity and prevention in the health service. Wound care companies are in a position to help these objectives by providing support to ensure that the NHS continues to deliver and innovate in this modern era.

Wound care should always strive to meet the needs of patients and clinicians. This means constant research and innovation, as well as offering a variety of products to make wound management easier.

#### Patient safety

The need to minimise adverse events such as pressure ulcers, wound infection and bacteraemia have become a major focus for the health service in the past decade and will remain

priority areas for the foreseeable future (Dowsett, 2010). The implications of adverse events are far-reaching both for patients and for the service. Timely and appropriate prevention and intervention are therefore necessary to minimise and prevent these from occurring. The increase in MRSA bacteraemia linked to soft tissue infection has been mentioned as a major cause of mortality and morbidity in recent years (Newton, 2010). Following a root cause analysis, Newton (2010) set up a protocol for the treatment of wounds which had positive MRSA swabs. The protocol outlines treatment of these wounds with Acticoat® (Smith and Nephew) and Acticoat Absorbent depending on the level of exudate. The combination of staff education in aseptic non-touch technique (ANTT) and adherence to the protocol, including use of silver dressings, has led to a significant reduction in patients with MRSA bacteraemias from wounds.

Another key aspect of patient safety is in the correct use of wound care products. Product-related education and training of staff is essential to achieve this. Smith and Nephew have dedicated clinical and education teams both for their advanced wound care products and for negative pressure devices. It is the role of these teams to initiate and sponsor clinical research and evaluations for each product to enable clinicians to make informed decisions about products and therapies. It is also their role to design and deliver a range of educational material, both internally to the sales and support staff, and externally for clinical staff.

Patient safety concerns are also supported by a 24-hour product and device helpline, which can address patient or clinician concerns, or provide advice on product usage.

#### **Effectiveness of interventions**

In the author's opinion, wound care companies have a responsibility to progress the science of wound care through product innovation which is both clinically and cost-effective.

One of the key drivers for new

product development has been the changing needs of the patient group. One example of responding to patient need was the development of the Allevyn™ Gentle range of dressings (Smith and Nephew). These products address the need for atraumatic dressing removal, while incorporating all the fluid-handling benefits of Allevyn, both of which help reduce patient and staff concerns (Booth, 2009).

The growth of negative pressure wound therapy (NPWT) has also fuelled the development of improved therapy systems and devices which meet the needs of clinicians and patients. The growth in this market has led to a reduction in the cost of the treatment, which in turn has increased the number of patients who can receive this therapy.

Benefits of NPWT include improved management of exudate, reduction in oedema, improved perfusion, improved healing and reduced odour (Chariker et al, 2006; Campbell, 2008; Malmisjo et al, 2009).

With the introduction of gauze-based treatments, there is also a choice of wound interface, giving the patient and clinician the choice as to which may be the most appropriate.

One of the most significant findings is the role of gauze in the management of large military trauma wounds (Jeffery, 2009). The unique properties of gauze have meant that the application of negative pressure to these wounds has become much easier and more manageable, with excellent clinical outcomes (St Mart and Jeffery, 2009). The military surgeon found gauze to be more conformable, and thus achieved better outcomes on large uneven wounds where undermining and contours pose a problem.

The Renasys Go therapy unit from Smith and Nephew is a lightweight portable negative pressure device which offers the benefits of a larger negative pressure unit in a smaller package. In addition, the device has a silent operation which minimises disruption to the patient, especially when sleeping.

A large-scale clinical evaluation on 131 patients has recently been carried out on the use of Renasys therapy across a number of sites and demonstrates the value of this therapy in a variety of wound types (Chadwick et al, 2009).

#### **Patient experience**

From a patient perspective, a bad wound care experience may be a dressing falling off, or becoming so saturated with exudate that the wound becomes painful and macerated. Patients may also be negative about dressings or therapies if the procedure is likely to be painful, particularly if the pain is due to adherence of dressings to the surrounding skin.

Whatever the cause, it is the responsibility of industry to ensure that products meet the needs of patients and clinicians, and perform as they are recommended in clinical practice. Wound care companies should view this as an inherent responsibility and act ethically as a result. They should perform clinical evaluations to ensure that products are fit for purpose, and give clinical education and support.

The greatest opportunity of gaining improved quality and productivity outcomes is at the interface of primary and secondary care (DH, 2009). Through education and correct support, Smith and Nephew are committed to providing support for clinicians and patients in both sectors, and there are representatives who work in all areas to provide this.

In NPWT, the complex nature of the wounds and the use of a medical device has created the need for a higher level of education and support in the clinical environment. With Smith and Nephew's NPWT devices, the emphasis has always been on providing a total package of care to facilitate a seamless transition from hospital to community care. This total package includes a range of educational support, with clinical support nurses employed to help with training and during dressing changes. The teams also give full educational training on site when clinicians require it.

There is also a customer support team to help customers from ordering to advice on maintenance, cleaning and decontamination. A 24-hour clinical helpline answers technical queries.

The aim of providing this total package is to ensure that clinicians and patients achieve the maximum benefits of the therapy and that it is used appropriately. For many patients, NPWT has made a significant impact on their quality of life, by managing symptoms of their wound, such as exudate and odour (Fletcher, 2003).

Smith and Nephew are committed to providing data on the patient experience and a recent phenomenological study carried out by Professor Christine Moffatt will be ready for publication shortly. This study discusses the patients' lived experience when using a negative pressure device, and will add a more patient-focused side to the evidence on negative pressure. The company are also funding another quality of life study which will be complete in April of 2011.

Both patients and clinicians need products which they can trust to manage wound healing and deal with problems such as wound exudate, wound infection and wound odour. A recent evaluation of the Allevyn range of dressings examined 197 patients with a variety of wound types, acute and chronic. This study found Allevyn to rate highly in measures of absorbency and, more importantly, as a dressing which performed across all measures (Leonard et al, 2009).

### Conclusion

Patient choice is one of the important messages to emerge from the latest DH publications. Choice has to be available to the clinician for this to happen. Clinicians and patients can only make choices if they are empowered to do so, making product education and support paramount in all clinical situations. Without appropriate clinical education, there are increased risks to patients. Patient safety has to be a major concern, with a prime example being the role of antimicrobial dressings in the management of infected wounds. Without the correct education and

clinical support, patients may be at risk of spreading soft tissue infection (Newton, 2010).

In relation to effectiveness of interventions, there is a need to ensure that wound care products are able to assist the clinician in the management of wounds.

### The role of quality, innovation, productivity and prevention in the health service should be driven by both clinicians and industry...

Every interaction and dressing change will have an impact on patient experience. Clinicians should be supported in their roles to provide quality products that manage the patient's wound. Poor quality products not only damage the reputation of industry, but also undermine trust in healthcare professionals. Wound care companies should support and educate with the same purpose and passion as clinicians treat their patients.

The initiatives which have been set up to improve quality through the QIPP programme are key. The role of quality, innovation, productivity and prevention in the health service should be driven by both clinicians and industry, as only by working together can the best quality of care be achieved for patients. **WUK**

*This article is part of a series of papers designed to highlight the potential impact of government quality reforms on the field of wound care and tissue viability. This paper outlines some of the ways which Smith and Nephew can support clinicians and patients in this field.*

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