

Regional Round-up



Bedfordshire and Hertfordshire Tissue Viability Nurses Forum (BHTVNF)

The Bedfordshire and Hertfordshire Tissue Viability Nurses Forum (BHTVNF) meets quarterly to provide networking opportunities and support for all of the TV nurses within the Bedfordshire and Hertfordshire region. The group allows clinicians who are not in substantive posts to become members, as long as a significant proportion of their work is related to tissue viability and includes clinicians who cover any or all aspects of tissue viability, as well as those in wound specific posts such as leg ulcer specialists. There is no formal chair, however, the group has an able facilitator in Heidi Guy who acts as a focus for all communication and administration. Meetings rotate around the two counties, as the area covered is geographically large, with the minute taker at the meeting being host/chair of the next meeting. The group does not allow direct commercial support.

Purpose

The purpose of the forum is to facilitate collaboration between identified nurses within the wound care/tissue viability field in Bedfordshire and Hertfordshire by:

- ▶ Providing a support network across the strategic health authority (SHA) area
- ▶ Raising the Forum's profile with the SHA to provide communication on matters of importance relating to tissue viability
- ▶ Sharing guidelines and best practice to improve patient outcomes across both counties through decision on good practice by debate and agreement
- ▶ Having an influence on primary care and acute services by disseminating best practice
- ▶ Fostering inter-professional cooperation by working with other members of the multiprofessional team, co-opting other members to the forum as necessary
- ▶ Benchmarking similar practices in an informal manner
- ▶ Providing opportunities to link with local, regional and national bodies and associations.

The most recent projects the group have completed include the development of guidelines for management of hypergranulation

— these were presented as a poster at Harrogate in 2008 and the literature review updated and published earlier this year (Vuolo, 2010). The forum has also almost completed a guideline for management of cellulitis which, when completed, will include a skin assessment and skin care guidelines, and a generic product evaluation form to facilitate cross county working. The group were also involved in the development of the Biofilms: Made Easy document (Philips et al, 2010).

The most recent project the group have addressed, in line with many others around the country, is the implementation of the High Impact Action (HIA) document. Several problem areas were identified within this document, particularly around definitions. There is currently debate around the 72-hour cut off and a draft definition of 'unavoidable damage' based on the original National Pressure Ulcer Advisory Panel (NPUAP) definition (NPUAP, 2010) has been circulated for discussion at

the next meeting (Box 1). The group would welcome comments from other regional groups/individuals, as it would seem sensible to all adopt the same definition if at all possible.

Members of BHTVNF also attend the East of England Tissue Viability network — currently encompassing all trusts within the SHA.

The group can be contacted via Heidi at: heidi.guy@nhs.net. **WUK**

References

- National Pressure Ulcer Advisory Panel (2010) Press Release. Not all pressure ulcers are avoidable. Available online at: http://npuap.org/A_UA%20Press%20Release.pdf
- Philips PL, Wolcott RD, Fletcher J, Schultz G (2010) Biofilms: Made Easy. *Wounds Int* 1(3): S1.1–S1.6. Available online at: www.woundsinternational.com/pdf/content_8851.pdf
- Vuolo J (2010) Hypergranulation: exploring possible management options. *Br J Nurs* 19(6): S4, S6–8

BOX 1

Unavoidable pressure damage: proposed definition

Unavoidable means that the individual developed a pressure ulcer even though the individual's clinical condition and pressure ulcer risk had been evaluated; goals and recognised standards of practice that are consistent with individual needs had been implemented; the impact of these interventions had been monitored, evaluated and recorded; and the approaches had been revised as appropriate.

There are patient situations that create unavoidable pressure ulcers. A condition seen in patients in critical care, haemodynamic or spinal instability may preclude turning or repositioning and lead to unavoidable pressure ulcers. Patients who refuse to be repositioned may also develop unavoidable pressure ulcers. The condition of skin failure does exist. Patients following the Liverpool Care Pathway are deemed to be terminally ill and may not be able to tolerate repositioning as frequently as their skin may require. In these cases, pressure damage may be an unavoidable consequence of their terminal status. Unavoidable damage is also possible where the patient has not previously been seen by a healthcare professional, or has refused assessment and has mental capacity, and on initial assessment has signs of pressure damage.

Unavoidable damage would also be possible where the patient is known to a healthcare professional but an acute/critical event occurs affecting mobility or the ability to reposition. This may include the patient being undiscovered following:

- ▶ A fall
- ▶ Loss of consciousness due to, for example:
 - Unexpected collapse
 - Drug misuse
 - Alcohol misuse.