A research roundup of recent papers relevant to wound care

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This section brings together information found online and published in other journals about wound healing research. The aim is to provide an overview, rather than a detailed critique, of the papers selected.

PREDICTING THE LIKELIHOOD OF DELAYED VENOUS LEG ULCER HEALING AND RECURRENCE: DEVELOPMENT AND RELIABILITY TESTING OF RISK ASSESSMENT TOOLS

ParkerCN, Finlayson KJ, Edwards Helen E (2017)
Ostomy Wound Management 63(10):16–33

In their article, the authors point out one of the barriers associated with treatment of chronic venous leg ulcers is estimating long-term clinical outcomes. They suggest the tools to assess severity and progress are specific to venous leg ulcers and found none in the literature about venous leg ulcer recurrence. They completed secondary analysis of data from multisite longitudinal studies to identify risk factors associated with delayed healing and recurrence of venous leg ulceration. They used this to develop a risk assessment tool, and used a single-site prospective study to assess the inter-rater reliability of the new tool. One of the tools they developed used 10 items, including patient demographics, living status, use of high-compression therapy, ulcer area, wound bed tissue type, and percent reduction in ulcer area after 2 weeks. Whereas the recurrence tool in assesses 6 items, including history of deep vein thrombosis, duration of previous ulcer, history of previous ulcers, body mass index, living alone, leg elevation, walking, and compression. The group used consensus from a 21-strong expert advisory group to achieve content validity. They then used 3 clinicians to assess 26 patients with an open ulcer and 22 with a healed ulcer in a clinic setting to assess the inter-rater reliability (IRR) of their tools. IRR analysis indicated statistically significant agreement for the delayed healing tool (ICC 0.84; 95% confidence interval [CI], 0.70-0.92; $p<.001$) and the recurrence tool (ICC 0.88; 95% CI, 0.75-0.94; $p<.001$). The tools are provided in the paper, in keeping with other similar risk assessments they offer a simple checklist that is scored and a reference range. Studies to examine the items with low ICC scores and to determine the predictive validity of these tools are warranted. Some may be reluctant to introduce yet another risk assessment tool given the number that currently exist and their questionable impact on practice given that the user must act on the findings in order to positively affect the predicted outcome. These tools, however, could be used with staff and patients to reinforce good practice and or filter out patients that warrant onward referral and assessment for targeted interventions or filter this patient group to self-management /maintenance techniques that focus on preventing wound related complications as opposed to focusing on healing as the only outcome.

Implications for Practice
This study resulted in the development of two risk assessment tools to be used in patients with chronic wounds. These tools are not resource-intensive and provide a quick, easy way to identify persons at high risk of delayed healing or recurrence of a venous leg ulcer. They will enable professionals to feel confident in identifying early additional interventions. WUK

PATIENT CENTRED CARE – A CALL TO ACTION FOR WOUND MANAGEMENT – THE LINDSAY LEG CLUB FOUNDATION IN ASSOCIATION WITH THE WORLD UNION OF WOUND HEALING SOCIETIES

Ellie Lindsay (2017) *J Wound Care* 26(Sup9): S3–S37

This position document builds on previously published work in relation to the growing number of patients with wounds. It highlights the associated financial burden for payers and the human costs in relation to the quality of life of patients living with a wound. This data is not new, however, the addition of a patient's charter is new, the authors present a bill of rights for wound care patients that

include; the patient being an active participant in their wound care team if they are able, the right to have their care monitored by a professional, to have access to safe and effective treatments, to know the benefits, risks and side effects of their treatment, have their pain controlled and be free to gain a second opinion amongst others. The authors suggest that the clinician must strive to be the patients advocate. To help them access their rights of access, safety, respect, communication, participation, privacy and comment. The authors argue that advocacy only works if true partnership exists between the clinician and the patient. The paper goes on to explore the barriers to the day to day use of advocacy with wounded patients and suggests tools that can be used to embed its use. The paper concludes with the need for a paradigm shift from wound care to wound management suggesting the treatment of the patient as part of a multidisciplinary team and provides a conceptual framework. The proposed framework is based on clinical assessment, diagnostics, therapeutics, prevention and prognosis and is underpinned by patient empowerment and patient centred care by educated professionals in an integrated healthcare system. The document is well written and provides the reader with pointers to initiate advocacy at local, national and international level whilst acknowledging the gaps in current understanding and recommending topics for future research.

Implications for Practice

Chronic wounds have a long-term impact on patients' lives, as well as creating considerable expense for healthcare systems. Patient-centred care is a vital part of providing successful treatment for people with chronic leg wounds. This report will not only transform patient care but will also help to reform policies at the highest level. WUK

STANDARDS OF PROFICIENCY FOR NURSING ASSOCIATES WORKING DRAFT

Nursing and Midwifery Council (2017) Available at: *https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-na-test-sites.pdf*

The Nursing and Midwifery Council (NMC) has publicly released a working draft of the standards of proficiency for the new Nursing Associate role. The draft is split into six domains; Accountable for practice, promoting health, Provide and monitor care, Working in teams, Improving safety and quality care, Contributing to integrated care. The document also includes guidance on medications administration, behavioural standards, educational guidelines and the appropriate use of the role.

Some of the individual components listed are that they will recognise and work within the bounds of their competence, be responsible for their actions and act in the best interests of people, to provide care that is safe and compassionate. Additionally, they will use their knowledge and experience to make evidence based decisions and solve problems under the delegation and supervision of a registered nurse and provide support to the registered nurse. Their care will be evidence based, compassionate and safe and will be used to support to people in a range of care settings. They will be able to recognise unexpected changes and proactively escalate care to the registered nurse for reassessment and adaptation of the care plan to help improve outcomes of care. As part of the multidisciplinary team they will work predominantly with registered nurses who are responsible for delegating appropriately to them and play an active role in the multidisciplinary team, collaborating and communicating effectively with a range of colleagues. They will ensure that risks are identified, quality of care is continuously monitored, and people's experience of care is continually improved, putting the best interests, needs and preferences of people first. The document falls short of addressing the issue of accountability and delegation stating that it will be addressed in later documents.

Implications for Practice

The NMC are currently piloting the nursing associate role at 35 test sites across England. They hope that the release of these drafts will help these sites prepare current trainees to join the NMC register in January 2019, when the pilot finishes. WUK