

Dear Editors,

The article by Downie et al (*Wounds UK* 9(3): 16–22) is an important contribution to the issue of pressure ulcer (PU) avoidability. This topic is of the highest priority to tissue viability in the UK, and elsewhere. The implications of the judgment of avoidable or unavoidable are manifold; they include morbidity and mortality, professional competence, and legal liability. The emphasis must, therefore, be to get it right. While Downie et al should be commended for their efforts to add empirical evidence to this matter, there are some areas of their article that would benefit from clarification and emphasis.

Firstly, the term “hospital-acquired” as used in the article, needs definition; what is the evidence, or consensus of expert opinion, for this?

Secondly, which criteria were used to make the judgment of “avoidable” and “unavoidable”? The literature provides us with consensus from the National Pressure Ulcer Advisory Panel (NPUAP; Black et al, 2011) and here in the UK from the National Patient Safety Agency (NPSA, 2010). The latter states that:

“Unavoidable” means that the person receiving care developed a PU even though the provider of the care had evaluated the person’s clinical condition and PU risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite of education of the consequences of non-adherence.

This quote emphasises the need to apply robust criteria, rather than subjective opinion, to this important judgment.

Thirdly, documentation. For the benefit of all concerned this needs further emphasis. The principle is “if it is not clearly documented, it did not happen” when referring to patient assessment and care. Many instances of litigation relate to “adequate documentation” in the medical and nursing notes.

Finally, some scientific evidence for consideration. Stojadinovic et al (2013) have studied the development of deep tissue injury

into PUs. They conclude that an age-related decline in the innate inflammatory response contributes to PU pathogenesis. This is clearly an area to be thoroughly explored through research.

RICHARD WHITE
*Professor of Tissue Viability,
University of Worcester, Worcester*

Dear Editors,

We welcome Professor White’s comments, and the opportunity to further expand on our methodology and working definitions.

The term “hospital-acquired” is a contentious issue within the literature, and a clear definition of hospital-acquired PUs has not been universally employed. However, all five organisations reporting in our article sit within NHS Midlands and East, and use the Safety Thermometer definition of “hospital-acquired”, which is any PU that develops within the organisation after 72 hours of admission (NHS Health and Social Care Information Centre, 2012). In addition, if a PU develops within 72 hours of admission and investigation clearly shows a local cause (e.g. prolonged theatre time), this PU is also reported as “hospital acquired”.

The criteria used to determine “avoidable” and “unavoidable” PUs. As part of the NHS Midlands and East initiative (2012) to eliminate avoidable grade 2–4 PUs, an “unavoidable” definition was produced based on the 2009 NPUAP definition. This definition was used by all five organisations reporting in the article. It should also be noted, as stated in the article, all grade 3–4 PUs included in the data presented had external review and validation of their avoidable/unavoidable status performed by the clinical commissioners, formerly the Primary Care Trusts.

For clarity, if the investigation of the PU development clearly demonstrated that there was a lack of documentation, at any stage of the patients’ care, this would automatically put the PU into the “avoidable” category. Due to article word limitations, we were unable to discuss this in great detail. However, the importance of PU documentation in the form of care bundles has been addressed elsewhere (Kiernan and Downie, 2011; Downie et al, 2013).

The Stojadinovic et al (2013) article is exactly the kind of refined evidence our community needs to become increasingly sophisticated with regard to defining avoidable/unavoidable PUs and, in particular, with regard to deep tissue injury (DTI). We suggest, and have previously written (Guy et al, 2013), that the topic of DTI requires further exploration, discussion, and monitoring. However, while articles such as Stojadinovic et al (2013) offer important scientific background, they are not easily transferable, at present, for clinicians to use at the bedside to inform diagnosis. Therefore, we would encourage healthcare professionals working in tissue viability to monitor the ongoing progression of these skin injuries. A recent paper by Sullivan (2013) reports a 2-year retrospective review of suspected DTIs and found that only 9.3% of these lesions went on to full thickness damage. Further studies of this kind may add to our understanding of this phenomenon.

FIONA DOWNIE
*Nurse Consultant Tissue Viability, Papworth
Hospital NHS Foundation Trust, Cambridge;
Senior Lecturer in Tissue Viability, Anglia Ruskin
University, Cambridge*

HEIDI GUY
*Tissue Viability Clinical Nurse Specialist, East
& North Herts NHS Trust; Honorary Lecturer,
University of Hertfordshire, Hatfield*

PAULINE GILROY
*Senior Tissue Viability Clinical Nurse Specialist,
West Hertfordshire Hospitals NHS Trust, Watford*

DAWN ROYALL
*Tissue Viability Nurse, Princess Alexandra
Hospital NHS Trust, Harlow*

SARAH DAVIES
*Tissue Viability Nurse Specialist, Cambridge
University Hospitals NHS Foundation Trust,
Cambridge*

REFERENCES

- Black J et al (2011) *Ostomy Wound Manage* 57(2):24–37
Downie F et al (2013) *Br J Nurs* 22(15):S4–10
Kiernan M, Downie F (2011) *Wounds UK* 7(1):157–8
National Patient Safety Agency (2010) *Defining Avoidable and Unavoidable Pressure Ulcers*. Available at: <http://bit.ly/14BRGMD> (accessed 11.10.2013)
NHS Health and Social Care Information Centre (2012) *NHS Safety Thermometer: User Guide*. NHS, London
NHS Midlands and East (2012) *Definition – Unavoidable Pressure Ulcer*. <http://bit.ly/184i2FQ> (available 11.10.2013)
Stojadinovic O et al (2013) *PLoS One* 8(8):e69223
Sullivan R (2013) *Ostomy Wound Manage* 59(9):30–9