

# The time is right for another national chronic wound audit

Pauline Beldon, Chair, Tissue Viability Nurses Association

**O**n 1st May this year the House of Lords debated the subject of specialist nurses. On reading through the various comments I was dismayed to find that although several Lords spoke eloquently of the value of stoma, stroke, Parkinson's, diabetes and multiple sclerosis specialist nurses, no mention was made of tissue viability nurses ([www.theyworkforyou.com/lords/?id=2007-05-01a.1033.2&s=Specialist+nurses](http://www.theyworkforyou.com/lords/?id=2007-05-01a.1033.2&s=Specialist+nurses)).

Yet again this demonstrates how TVNs must continue to prove our worth and make sure our representatives in government appreciate exactly what it is we do. This is not always easy. Patricia Hewitt, the Secretary of State for Health, is alleged to have questioned the worth of nurse specialists recently, saying that she failed to see how nurse specialists were value for money. I think, if this is the case, it is safe to say that neither she nor any of her family can have ever had a wound that needed specialist attention!

However, it is undoubtedly true that our patients value us and I am sure we have all received letters of thanks from patients we have cared for. Unfortunately, however, these are rendered meaningless when our positions are examined by trusts whose only criteria is saving money. I have first-hand experience of this as my nurse specialist colleague has recently had her post cut and is being re-deployed within the trust. This is despite producing comprehensive annual

audit figures demonstrating the volume of patients she has seen with both chronic and acute wounds.

TVNs need to produce indisputable audits that comprehensively demonstrate not only the number of patients and the different types of acute and chronic wounds treated, but also the specific interventions carried out. It is important that we are able to show

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both the clinical benefit to the patient and also any financial benefits to the trust, such as reduced length of stay or the provision of skills that others do not possess.

My attention was drawn recently to an audit carried out by two TVNs at the Conquest Hospital in Hastings. Although time-consuming, it resulted in the saving of a TVN post that was under threat. It also examined whether or not appropriate dressings had been used, revealing unnecessary expenditure where staff were not adhering to local guidelines and were using inappropriate products.

It is obviously time that another national chronic wound audit was carried out. It has been more than 10 years since the last one and in that time population characteristics have changed considerably, for example, there have been increases in obesity and diabetes. Such audits are vital in highlighting the volume of patients who require specialist input and help to demonstrate the need for appropriate funding levels.

However, collaboration is key if such an audit is to be robust. Preliminary discussions and the examination of existing audit tools are under way and a key group of clinicians from the Tissue Viability Society, the Leg Ulcer Forum, the Wound Care Society and the Tissue Viability Nurses Association are involved. If we are to act decisively there will not be time to engage with every member of each society, however, it is hoped that members of all the societies recognise this and participate using the audit tool eventually agreed by the group.

It is my fervent hope that the results will highlight the current extent of chronic wounds and the need for appropriate funding. I call for all those working in wound healing, whatever their title or professional status, to participate in this audit and ensure its success.

Collaboration is undoubtedly the key word and now is the time for all of us to set ego aside and use the audit tool produced by the consensus group to help prove our worth. **WUK**

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