Equity and excellence: measuring the quality of wound care and tissue viability services

Effectiveness of care provision must be demonstrated in the new NHS. Practice must be aligned to priorities for quality and true measurements of care recorded.

THE FUTURE FOR THE NHS

The NHS vision for the next five years is to achieve “equity and excellence” in healthcare (DH, 2010a), as the white paper focuses on patients’ experiences of care and of services provided. True and accurate measurements of quality care are essential if this objective is to be achieved.

In addition, there will be a focus on personalised care that reflects individuals’ health and care needs, supports carers and encourages strong local partnerships. Patients will be in charge of making decisions about their care and will be able to choose which consultant led team, GP and treatment they have (DH, 2010a).

A new consumer body, HealthWatch England, will be introduced to support this patient led approach to care, and will be part of the Care Quality Commission. This body will strengthen the collective voice of patients through initiatives led by local authorities and at national level. Local involvement networks (LINks) will become the local HealthWatch, creating a strong local infrastructure to enhance the role of local authorities in promoting choice and providing complaints advocacy.

It is interesting to note the timelines on the introduction of this “new consumer champion”. HealthWatch England will be established and fully operational by April 2012. This timescale gives clinicians an opportunity to be proactive and collect, collate and publish findings on patients’ experiences of the service they provide.

MANAGING QUALITY

In order to move decision making as close to individual patients as possible, the DH will devolve power and responsibility for commissioning services to local consortia of GP practices.

This change will build on the pivotal role that primary care professionals already have in coordinating patient care. The GP consortia will look after an £80bn budget and, by 2012, take over responsibilities from PCTs, including leading the Quality, Innovation, Productivity and Prevention (QIPP) initiative (DH, 2010b). This initiative will continue with even greater urgency, but with a stronger focus on general practice leadership.

QIPP is identifying how efficiencies can be driven and services redesigned to achieve the twin aims of improved quality and efficiency (Ousey and Shorney, 2009). Work has started on implementing what is needed to improve both quality and efficiency at the same time, for example, by improving care...
for stroke patients, the Productive Ward programme, increased self care and the use of new technologies for people with long term conditions.

In wound care, the high impact action for nursing and midwifery entitled Your Skin Matters has improved pressure ulcer management and reduced burden on acute care (NHS Institute for Innovation and Improvement, 2009a; 2009b).

Strategic health authorities and primary care trusts currently support QIPP and need to devolve leadership to emerging GP consortia and local authorities as quickly as possible, wherever they are willing and able to take this on.

As part of the incentives for quality improvement, quality measures in national clinical audits and payment arrangements will be linked. The DH will extend the scope and value of the Commissioning for Quality and Innovation (CQUIN) payment framework, to support local quality improvement goals. Payment will depend on volume. Penalties for poor quality will encourage providers to get care right the first time.

Nursing metrics – indicators that measure performance on a range of aspects of care – are being introduced to generate meaningful information to enable and motivate nurses to change their practice to improve patient outcomes.

All those working for or on behalf of the NHS are required to quantify the quality of the service they provide, as part of the DH’s intention to raise quality. Quality accounts, or reports, will be expanded to all providers of NHS care by April 2011; currently, only those working in acute care have to complete them. In addition, nationally comparable information on the quality accounts will need to be published by June of that year.

The domains of quality outlined in the white paper (DH, 2010a) are described in Box 1.

**Box 1. Domains of Quality**

- Safety: examples include: levels of healthcare associated infections; adverse events; and avoidable deaths.
- Effectiveness: examples include: mortality rates (this could include mortality from heart disease, and one year and five year cancer survival); emergency readmission rates; and patient reported outcome measures.
- Experience: examples include: information on average and maximum waiting times; opening hours and clinic times; cancelled operations; and diverse measures of patient experience, based on feedback from patients, families and carers.

Source: DH (2010a)

It could be argued that quality, in the context of the NHS, should be a constant in the mindset of healthcare professionals and patients (Fox, 2010).

The latest DH policy documents demonstrate that quality is taking a leading role in determining what is deemed to be acceptable and unacceptable practice.

While much of what has been published recently addresses and focuses on quality from a strategic perspective, it is important to put these theoretical models into practice and make them fit for purpose.

What does this mean for nurses in real terms? How are these theoretical, national ambitions and ideals from the DH transferred into everyday practice and, importantly, who is accountable for delivering on the metrics of quality care?

The white paper (DH, 2010a) goes some way to address this, but areas of best practice and actual case studies need to demonstrate how quality can and should be measured.

In the domain of patient experience, many areas of the country already collect valuable information in the form of patient experience data, real time feedback data, patient experience surveys and patient reported outcome measures (PROMs). The DH plans to expand the use of these tools and assess the validity and reliability of those currently used (DH, 2010a).

It is essential that all healthcare professionals involved with direct patient contact maintain their skills and ensure that the care they give is not only evidence based but also concentrates on improving patients’ experience of care provided (Ousey, 2010). While there are some concerns about ethical issues involved in measuring patient experience, what needs to be taken into account is the subjective nature of patient satisfaction and the manner in which it is collected.

**Quality in tissue viability**

Tissue viability is a nurse led specialty with a relatively low profile – both publicly and within the healthcare system. The problem lies with the indistinct perception of what tissue viability entails, and the variable cost to the NHS of typical issues such as pressure ulcer prevention and treatment, leg ulceration, aspects of skin care and protecting at risk skin (Ousey and White, 2009).

While there is currently no consensus on what constitutes tissue viability, areas of care covered include: managing acute and chronic wounds; pressure ulcer prevention and management; infection control in wound care; and protecting skin at risk from trauma (White, 2008).

Wound care is estimated to cost the NHS anywhere between £2.3bn-£3.1bn per year (based on 2005-06 costs) (Posnett and Franks, 2007). Wound care specialists need to assess and understand the key determinants of care costs (Box 2).

The Framework for Quality Accounts (DH, 2009b) suggested that healthcare professionals should implement tools that continually monitor quality and outcome measures. So, what are the metrics of quality for wound care and tissue viability services? Auditing and comparing data collated over a period of time can be useful to demonstrate how service provision can improve patient outcomes (Vowden and Vowden, 2010). In addition, there are a number of nurse related quality indicators, such as those covering pressure ulcers (Downett, 2010).

The DH (2009a) outlined an ambition to eliminate all avoidable pressure ulcers in NHS provided care and to significantly reduce the amount an average district general hospital spends on treating them, currently estimated at £600,000-£3m each year.

**Box 2. Variables in Wound Care Costs**

- Hospital admission rates
- Number of procedures
- Mean length of stay
- Time to heal
- Frequency of dressing change
- Cost of all dressing materials per dressing change

year. This report (DH 2009a) hinted that a penalty and incentive system would be included to cover the number of grade 3 and 4 pressure ulcers that a hospital has at any one time. This adds a number of challenges not only around how care is provided, but also concerning the correct assessment and diagnosis of the grade of pressure ulcers. The launch of the HIAs for nursing and midwifery in 2009 shows how awareness of tissue viability services has been raised (NHS Institute for Innovation and Improvement, 2009a). The project initially sought examples of best practice from nurses and midwives that could improve quality and productivity. In particular, the Your Skin Matters HIA has highlighted how nurses have embraced the challenge of improving quality and productivity (NHS Institute for Innovation and Improvement, 2009b).

The tissue viability team at NHS Newham was highlighted in this HIA. They looked at the prevention and correct management of pressure ulcers and identified how to reduce the number of people with pressure damage admitted from nursing homes to hospital. Box 3 features a summary of their work.

**CONCLUSION**

The challenge for healthcare professionals is to ensure that daily practice is aligned to the government and local priorities for quality, and that true measurements of their care are recorded. The extent of this challenge cannot be underestimated, especially as it may require a change of mindset. In addition, the metrics that need to be measured have to be completed alongside the challenges of a busy work schedule and within current financial constraints.

Measurements of quality in wound care should be aligned to the national ideals of quality that focus on patient safety, effectiveness of care and patient experience. National tools used to collect and collate this information need to be identified to ensure that the quality of service can be assessed nationally.

---

**Box 3. PRESSURE ULCER PREVENTION AT NHS NEWHAM**

- The tissue viability service at NHS Newham appointed a nurse to tackle the increasing incidence of pressure ulcers in nursing home patients, many of which resulted in hospital admission. This included increasing the frequency of visits to review patients and an educational programme for all nursing home staff.
- Data from acute care providers showed that the number of patients admitted from the community with pressure ulcers decreased by 50% for the period April-August 2008-09. Results also showed that in 2008 there were 25-45 admissions with pressure ulcers compared with 0-12 patients admitted in 2009. Based on admission costs of £199 per night with an average stay of nine nights, the cost saving is £59,100 based on the highest number of admissions.

Source: NHS Institute for Innovation and Improvement (2009b)

---

**REFERENCES**


Dowsett C (2010) High impact actions (HIAs) and tissue viability. Wounds UK; 6: 1, 14.


---

**NURSING TIMES Learning**

**INCREASE YOUR KNOWLEDGE**

Nursing Times Learning is a new, cost effective way to update your knowledge and skills. Our online units are written by experts and use case scenarios to relate your learning to practice. Our expanding range of units includes:

- Leg ulcer management: www.nursingtimes.net/ulcer
- Neuropathic pain: www.nursingtimes.net/neuropathic
- Fatigue in cancer patients: www.nursingtimes.net/fatigue
- Equality and diversity in the workplace: www.nursingtimes.net/equality
- The Liverpool Care Pathway: www.nursingtimes.net/liverpool

Nursing Times subscribers get five units free

Activate your subscription at www.nursingtimes.net/activatenow