

# IMPLEMENTING WOUND CARE COMPETENCIES WITHIN AN ACUTE NHS TRUST



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### INTRODUCTION

The variance of a Tissue Viability Nurse’s role is dramatic across the NHS<sup>(1)</sup>. Fulfilling competencies has been a fundamental part of a nurse’s general development, however, in the field of wound care these are often only linked to the use of specialist equipment or specialist treatment that has the potential to cause serious harm if not used appropriately.

Within the Trust the Tissue Viability Service (TVS) has been subject to multiple changes resulting in a lack of consistent approach and level of support provided. Therefore the new Tissue Viability (TV) team wanted to develop the generalist clinician’s skills to a level that ensured that fundamental wound care was delivered in a consistent way. This would then allow the TVS to then provide more specialist services as was their vision.

The team decided to undertake competency based training for the generalist nurses. On investigation the team decided to adopt an established model that met the Trust’s and service requirements that had been developed by clinicians and supported by academia. This was the Tissue Viability Leading Change (TVLC) Competency Framework<sup>(1)</sup>.

### METHOD

An assumption was made that the level of wound care knowledge within the Trust was basic. This assumption originated from the level of inappropriate referrals that involved rudimentary wound care plus the inability of staff to complete wound related documentation appropriately.

Further evidence was provided by undertaking an audit of dressing products used, with a particular focus on the use of antimicrobials. This demonstrated an indiscriminate use of dressing products without a clear rationale for their use and identified a potential inappropriate use of antimicrobials with a lack of structured review.

The TV team therefore devised a 4 day education programme that would be delivered on 4 individual occasions

to facilitate attendance. This was structured around the TVLC competencies with some being tailored to the needs of the service and Trust. A clinical specialist team within industry was approached to assist with the delivery of this generic training.

The TV team approached the Ward Managers to ensure that each clinical area identified at least one link nurse who would attend the training and be responsible for championing wound care in their area. To facilitate the continuity of this, a contract was drawn up between the Ward Manager, the Tissue Viability Service and the link nurses so that they all recognised the importance of attendance of the study days and the commitment involved.

### RESULTS

The first three study days have been delivered. The delegates who have attended have become more engaged with wound care whilst in their clinical settings and it is hoped that their enthusiasm and confidence will continue to increase. The link nurses are disseminating the new found knowledge within their clinical area by creating resource folders.

An improvement in the number of inappropriate referrals has been identified and anecdotally the TV team believe there has been a steady reduction in acquired category 3 pressure ulcers. The team have yet to formally audit this and re audit the use of dressing products including antimicrobials and undertake a formal review of wound care documentation. Initial indications are positive.

### DISCUSSION

It was recognised that there are clinicians within the Trust who have a keen interest in wound care and a desire to improve this. With the launch of the TVLC competency framework, these clinicians have been engaged and enthusiastic in disseminating their new found knowledge. To ensure continued motivation and dedication the TV team

have involved the delegates in wound care projects, such as producing enhanced wound care documentation.

Using a tissue viability specific competency framework, such as the TVLC, has provided a clear and structured way for clinicians to develop and evidence this development of wound care knowledge. It has also empowered the link workers/wound champions to exercise more responsibility and accountability competently for their patients within their individual areas.

It is important that wound care and clinician knowledge is standardised across the Trust, patients are referred appropriately and our staff are confident in their clinical decisions. The TVLC competency framework supports them with this.

The provided sessions have allowed the TV team and other specialist leads, such as Podiatry and Vascular, to coach the delegates in order to achieve the best possible patient outcomes.

After completion of this year’s programme, the audits will be repeated and analysed.

### CONCLUSION

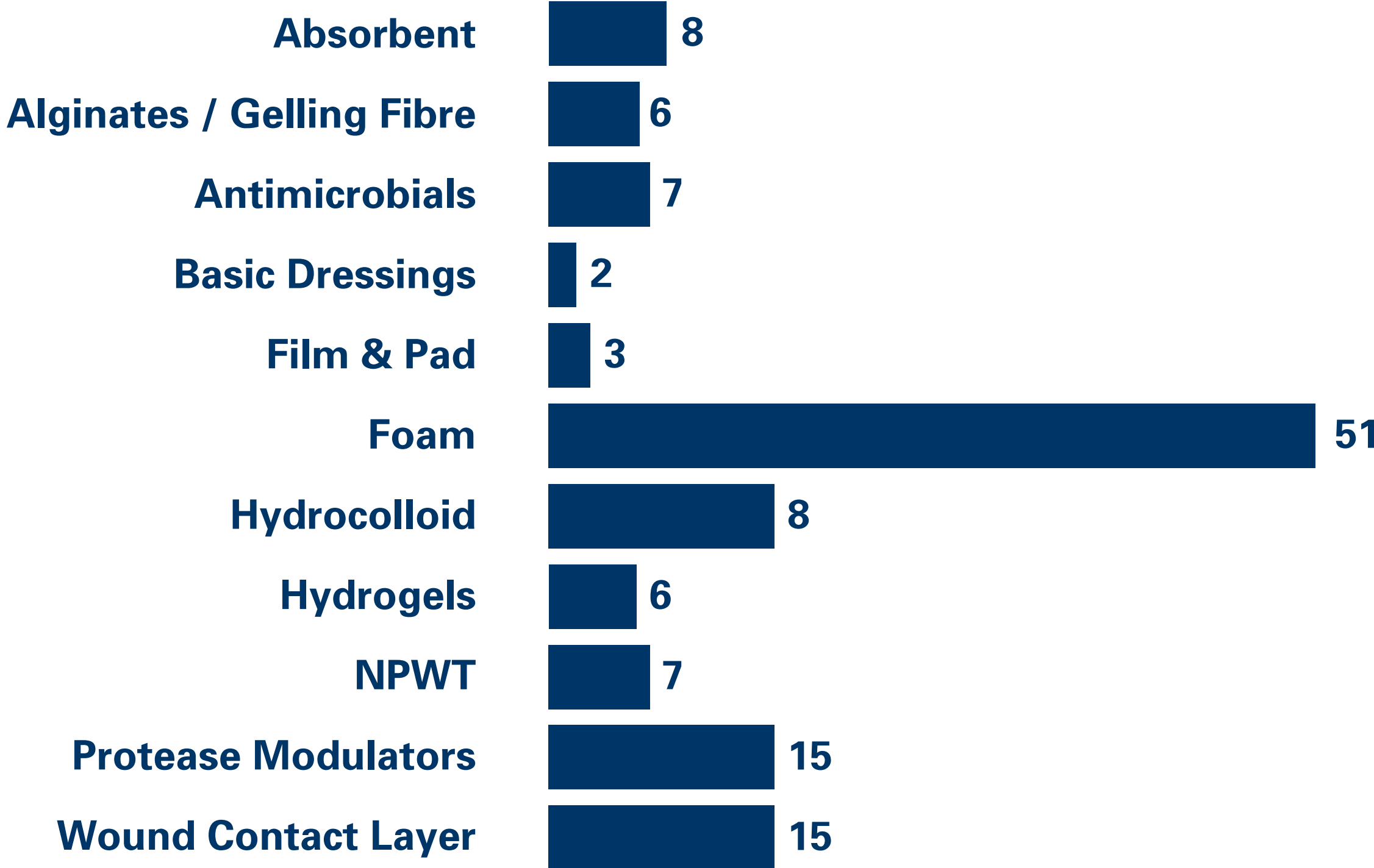
Our aim is to continue with this 4 day programme over the coming years and develop all our staff within their tissue viability and wound care knowledge.

With a dedicated TV team and committed clinicians, we want the Trust to be pioneers for wound care. This isn’t just about launching a wound care programme, this is about changing a culture and delivering sustained harm free care and the TVLC competency framework has assisted in the first steps to us achieving this.

### REFERENCES

1) Ousey K, Stephenson J & Carter B (2016) Tissue Viability Leading Change Competency Framework: Preliminary Analysis of Use. Wounds UK, 12(3)

#### DRESSING TYPE



#### ANTIMICROBIAL DRESSING USAGE BY WOUND INFECTION - PRE-AUDIT

