

Community Health Oxfordshire

# Policies, Guidelines, Protocols and Procedures

Checklist for submission of a new or updated document to the

CHO Clinical Quality and Governance Meeting

Please complete all sections and e-mail this form and a copy of the document to the Clinical Services Quality Manager at least two weeks prior to the meeting that you wish the document to be discussed.

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| --- | --- |
| Full title of document | Policy for the management of wounds for community based health care teams |
| Is this a new or updated document? (Tick as applicable) |  New X [ ]  Updated [ ]  |
| Date of Submission |      6th April 2009 |
| Person submitting document | Name: Sarah GardnerPost Title: Clinical development leadContact (e-mail/tel no): sarahgardner@nhs.netMobile – 07771 983103 |
| Author(s) of Document | Sarah Gardner |
| Comments obtained from? | List individuals/groups that input has been received from:Tissue viability service, clinical leads, wound formulary group, tissue viability link nurses |
| Has there been patient/public involvement? | Yes [ ]  No X [ ] If yes, what form did this take?      |

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| --- |
| Has document been checked for compliance with Equality and Diversity regulations and guidance?Yes X [ ]  No [ ]    |
| Are there any resource implications?Yes [ ]  No X [ ] If yes, what are they and how are they to be met?      |
| Does this policy/guidelines impact on any other service? [ ]  N/A because it is an organisation wide document [ ]  NO, no impact on other services X[ ]  YESIf yes, has that service agreed to the content of the policy/guidelines?Yes X [ ]  No [ ]    |
| Main evidence base and/or references | (State main guidance used, regulations, reason for update, etc):National consensus evidence- Best practice statements, CREST, NICE, SIGN, Best Practice Statement- Optimising Wound Care (All referenced) |

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**Policy for the management of wounds for community based health care teams**

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1. **Introduction**
	1. It is suggested that the current cost to the NHS of caring for patients with chronic wounds is in the range of £2.3 - £3.1 billion (2005/6 prices) (Posnett and Franks, 2007), this is expected to increase over the next 20 years because of our aging population.

**1.2** For the year 2007 - 2008 Oxfordshire PCT prescribing costs for wound dressings was £874,000. This excludes nursing time and mileage for community nurses and more importantly does not include the costs for patients both on lost earnings and on their quality of life.

**1.3** The figures available from Decision Support suggest that 43% of a community nurse’s time is spent on chronic wound care.

**1.4** In view of this significant statistic, Community Health Oxfordshire (CHO) needs to ensure that wound management:-

* Is delivered by fit for purpose and competent staff
* Is based on evidence or best practice
* Is cost effective
* Contributes to improving clinical outcomes for patients
* Is measurable
* Ensures patient safety

National guidelines and frameworks provide recommended wound management options based on a consensus of evidence (CREST, 1998; SIGN,1998; RCN,2006). This Policy adopts a structure based on a best practice statement pathway (BPS: Optimising Wound Care, 2008) and is underpinned by the National evidence.

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| --- | --- |
| **1** | **Assessment** |
| **2** | **Establishing a diagnosis** |
| **3** | **Establishing a treatment plan** |
| **4** | **Implementing a treatment plan** |
| **5** | **Reviewing/ evaluating/ measuring outcomes** |

**1.6 This document should be used in conjunction with the following documents:**

* Oxfordshire PCT Wound Management Guidelines
* Oxfordshire PCT Wound Product Advice and Prescribing Guidance 2009/10 (Formulary)
* Oxfordshire PCT Infection Control Policy
* The Clinical Records and Documentation: Best Practice Guidelines

**2.0 Definitions**

* 1. **Wound –** A wound is a break in the epidermis or dermis that can be related to trauma or to pathological changes within the skin or body. There are many types of wound: Pressure ulcers, leg ulcers, surgical wounds, diabetic foot ulcers, fungating lesions, all of which can be acute or chronic.
	2. **Wound management –** Is a complex process requiring skills that incorporate holistic assessment with evidence based care to provide optimum healing outcomes.
	3. **Assessment** – The initial full holistic assessment performed at the first visit from which information is gained that will aid diagnosis and a treatment plan. The wound assessment documentation should be used.
	4. **Reassessment** – The planned reassessments that have been set when agreeing treatment objectives with the patient. Allows opportunity to measure effectiveness of the plan of care in place and to set new objectives if need be. The wound assessment documentation should be used to record findings.
	5. **Review** – This is done on each dressing change or patient visit. It provides on-going evidence regarding wound dressing efficiency, patient satisfaction or any problems or complications. There is only a requirement to record information on the evaluation sheet in the patients’ notes.

**3.0 Accountability and responsibility**

**3.1 PCT Board**

 Responsibility is the Director of CHO for ensuring this procedure is compliant with any statutory legislation and that it is implemented into practice

**3.2 Heads of service and service operational leads**

Managers are responsible for:

* Monitoring the use of this policy and the guidelines that support it.
* Ensuring that relevant training is available and that it is a mandatory requirement of staff to attend.
* Ensuring that teams have systems in place to monitor clinical competence and quality outcomes (competency frameworks/ audit).
* Supporting a blame free culture in regard to incident reporting so that lessons can be learnt.
* Ensuring that staff adheres to the wound management advice and prescribing guidance document (Formulary).

**3.3 Tissue viability team**

 The tissue viability team are responsible for:

* Providing training, support and expertise in their specialist area.
* Updating the policy and guidance in light of new evidence.
* Reviewing and updating the wound management advice and prescribing document (formulary) in partnership with the wound formulary group.
* Evaluating the effectiveness of new dressings/ technology in partnership with the wound formulary group.
	1. **All staff**

All staff involved in the care of patients who have a wound are responsible for:

* Following this policy and the guidelines which support it.
* Maintaining updated knowledge and skills which will underpin clinical competence.
* Making treatment decisions based on products listed in the Oxfordshire PCT wound management advice and prescribing guidance document.
* Providing accurate data for audit purposes.

**4.0 Assessment**

**4.1** Each wound assessment should be documented in the patient record in line with The Clinical Records and Documentation: Best Practice Guidelines.

**4.2** Wound assessment must be undertaken by a registered nurse who has received training in this skill. Using the wound assessment competency framework tool will help determine level of competence. A holistic approach is recommended to help ensure the wound is not treated in isolation to the person.

* 1. The purpose of the wound assessment is to:
* Provide an evaluation/evidence regarding the effectiveness of any treatment
* Monitor the stages of wound healing
* Detect the presence of complications.
	1. Assessment tools such as MUST and the Walsall Score which are used as standard across services in Community Health Oxfordshire (CHO) should be used. The exception to this would be where there is a project being undertaken within CHO to introduce/evaluate alternative assessment tools.
	2. The assessment of a wound must include:
* Type of wound.
* Location of wound based on anatomical definitions (Ref Oxfordshire PCT Wound Management Guidelines).
* Stage of healing, using the scale recommended in the Oxfordshire PCT Wound Management Guidelines.
* Wound dimensions – length, width, depth, sinus formation and undermining of surrounding skin. Tracing the wound is recommended.
* A photograph is recommended, incorporating a rule or tape will provide a measurement scale. NB – Patient consent must be obtained prior to photography being taken and the consent documented in the patients notes. The photograph should be labelled with the patient’s name and NHS number, and dated.
* Analysis of wound bed – Necrosis, slough, granulation, epithelialisation. These should be recorded as a percentage of the wound bed.
* Exudate analysis – Colour, type, approximate amount based on level of strike through onto primary/ secondary dressings.
* Odour – Offensive, some, none.
* Pain – Specify site, frequency and severity. Recommended pain assessment tools should be used (Ref Oxfordshire PCT Wound Management Guidelines).
* Wound margins and surrounding skin – Oedema, colour, erythema (and measure extent), maceration, eczema, dry, fragile, healthy.
* Bacterial load – Colonisation, local infection, systemic infection suspected.

**4.6** Wound assessment must occur on a regular basis and is recommended to be at least every 2 weeks.

**5.0 Establishing a diagnosis**

5.1 Correct diagnosis is essential for patient safety and positive care outcomes.

5.2 Determining a diagnosis first determines a treatment plan which may include the

 need to refer on to a specialist practitioner. Advice on diagnosis can be sought from the tissue viability team.

5.3 The primary treatment goal of the patient should be established at the point of diagnosis. Depending on the wound this may be short or long term treatment goals.

**6.0 Establishing a treatment plan**

6.1 All patients should have a clear documented care pathway which reflects the initial assessment. This is a legal and professional requirement that must be regularly updated.

6.2 The treatment plan must be made in partnership with the patient and/or their carer. This helps them to be involved in treatment decisions and to help the nurse be aware of any “quality of life” issues for the patient.

6.3 Health education of the patient/carer should be provided in a form and at levels suited to the individual.

6.4 Details of any shared care must be included in the treatment plan.

6.5 The treatment plan must reflect assessment findings and have a time scale that is realistic and achievable. Assessment dates should be clearly documented within the patients care plan.

6.6 The practitioner must have the knowledge to select the most appropriate wound management plan for the patient which will be evidence based and used in conjunction with both Oxfordshire PCT and National wound management Guidelines. This will include wound dressing choice, analgesia, potential antibiotic therapy and specialist intervention. Dressing selection must be made using the Oxfordshire PCT wound management advice and prescribing guidance document.

**7.0 Implementing a treatment plan.**

**7.1** Quality of care should be the goal for any treatment plan with evidence-based treatment ensuring that the patient accesses the best proven treatment whilst balancing finite resources.

**7.2** Verbal consent must be sought from the patient and documented in nursing notes prior to implementing treatment plan.

**7.3** Local and National infection control guidelines must be adhered to when implementing care (Ref: Infection control policy, 2008).

**7.4** Staff implementing the treatment plan must be competent before undertaking the care.

**7.5** Treatment should be evidence-based where such evidence exists.

**7.6** Patient choice should be included in all treatment decisions.

**8.0 Ongoing review/ evaluation**

* 1. Ongoing review of treatment is necessary to examine clinical effectiveness, monitor problems with treatment and to ensure patients are referred to the correct specialist according to need.

**8.2** Review of the wound must be carried out at each dressing change and/or if the individuals condition changes for the better or worse.

**8.3** A reassessment must be planned, timely and comprehensive, reflecting the original treatment objectives.

**8.4** The patient’s satisfaction with the treatment should be established and documented in nursing notes.

**8.5** The reassessment must identify whether the treatment plan has met the agreed objectives/outcomes and if not the reasons why should be established and documented. A new treatment plan should be developed which may include referral to a specialist service.

**9.0 Monitoring compliance with and effectiveness of the policy**

**9.1** The following processes will be used:

* Annual PPA (Professional Practice Audit) of accountability framework.
* Documentation audit including the standards in appendix to measure wound assessment (Appendix 1)
* Annual audit of tissue viability (Wound management) training to help measure attendance levels, training feedback, gaps in knowledge and links with competency framework tool
* Bi annual point prevalence survey of wounds.
* Annual patient satisfaction survey

**10.0 References**

Best Practice Statement: *Optimising wound care*. Wounds UK, Aberdeen, 2008

Clinical Resource Efficiency Support Team (CREST). (1998). Guidelines for the assessment and management of leg ulceration. Available online at: www.crestni.org.uk/wound-management-leg-ulceration.pdf

Posnett, J. & Franks, P. (2006). *Skin breakdown: The silent epidemic.* Hull: The Smith and Nephew Foundation.

Royal College of Nursing. (2006). *Clinical practice guidelines: The nursing management of patients with venous leg ulcers.* London: RCN

Scottish Intercollegiate Guidelines Network. (1998). The care of patients with chronic leg ulcers. *Guideline No 26.* Edinburgh.

**11.0 Review**

This document will be reviewed after 1 year. As the guidance documents that support this policy are due to be updated in 2009 there will possibly be a need to make adjustments to this policy in 2010.

**Appendix I**

**Standards to support the audit of wound care documentation:**

1. The healing process is complex and is affected by numerous general and local factors that may delay healing. It is essential to treat the whole person and not just the wound in isolation
2. A diagnosis should be made either absolute or provisional with the practitioner being aware of, and able to predict any complications that this diagnosis may create.
3. All patients should have a clear documented care pathway which reflects the initial assessment. This is a legal and professional requirement that must be regularly updated.
4. Quality of care should be the goal for any treatment plan with evidence-based treatment ensuring that the patient accesses the best proven treatment whilst balancing finite resources.
5. Ongoing review of treatment is necessary to examine clinical effectiveness, monitor problems with treatment and to ensure patients are referred to the correct specialist according to need.

**Appendix 2**

**Equality Impact Assessment (EIA) - Evidence Form**

The PCT strives to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. This form is designed to help you to consider the needs and assess the positive, adverse or neutral impact of your policy, protocol, proposal or service on all groups within our local communities, and to record the evidence that you have done so. Any proposal or policy submitted to the Board must have undergone EIA.

This form will be used as evidence of the assessment you have undertaken. It will need to be made available to the Board and PCT’s Equality and Diversity Steering Group.

Policy/Proposal/Service Title

\_\_\_\_Policy for the management of wounds for community based health care teams\_\_\_\_\_\_

Name of EIA Lead \_\_\_\_Sarah Gardner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others involved in assessment \_\_Tissue viability team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date EIA commenced \_\_\_March 09\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EIA Completed and Approved**

**Signature (Lead Director):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONCE COMPLETED, PLEASE SUBMIT TO EQUALITY AND DIVERSITY LEAD FOR EVIDENCE AND PUBLICATION.**

**STAGE 1: Standard Screening**

|  |  |
| --- | --- |
| **1. What is purpose and objectives of the policy, proposal or service?**   | * To provide staff caring for patients with wounds clear guidance on the standard/ level of care expected to ensure the best possible clinical outcomes.
* To provide a consensus of evidence that supports best practice.
 |
| **1. Who is the policy, proposal or service aimed at?**  | * For staff employed by Oxfordshire PCT involved in the care and management of patients who have wounds
 |
| **2. Does it affect one group less or more favourably than another (see groups below)?** |  |
| Male or Females | No |
| People of different ages  | No |
| People of different ethnic groups  | No |
| People of different religious beliefs  | No |
| People who do not speak English as a first language  | No |
| People who have a physical disability  | No |
| People who have a mental disability  | No |
| People with learning disabilities | No |
| Women who are pregnant or on maternity absence  | No |
| Single parent families  | No |
| People with different sexual orientations  | No |
| People with different work patterns (part-time, full-time, job-share, short-term contractors, employed, unemployed)  | No |
| People in deprived areas and people from different socio/economic groups  | No |
| Asylum seekers and refugees | No |
| Prisoners and people confined to closed institutions, community offenders | No |
| Carers | No |
| Rural and/or isolated communities | No |
| **3. Have you identified any potential discrimination or adverse impact that cannot be legally justified?** If unsure, consult with the PCT Equality and Diversity Lead. | No |

**STAGE 2: Detailed Screening (PCT’s Equality and Diversity Lead to advise)**

|  |  |
| --- | --- |
| 1. **Need for early involvement/ consultation with patients, the public and representative organisations**. (named PPI Lead can offer advice)
 |  |
| 1. **Consider how you are going to amend the proposal or policy to eliminate the discrimination.**
 |  |
| 1. **Consultation with community and representatives on amended proposal.**
 |  |
| 1. **What processes are in place for on-going monitoring of policy or proposal implementation?**
 |  |