

The National Association of Tissue Viability Nurses, Scotland (NATVNS)

The National Association of Tissue Viability Nurses, Scotland (NATVNS) group meets quarterly to discuss various issues relating to pressure ulcers and wound management. This year has been an exciting one for us, as at the beginning of the year, a National Project for Tissue Viability was commissioned by the Chief Nursing Officer in Scotland, to look at particularly the prevention and treatment of pressure ulcers. Other stakeholders within the project are Health Protection Scotland and the Patient Safety Alliance, as an earlier audit of hospital acquired infection showed a significant percentage was related to soft tissue infection, including pressure ulcers.

The project is well under way, with a project manager in post for 18 months to co-ordinate the work being carried out, and to generally raise the profile of Tissue Viability in Scotland. Consultation events have been held around the country, with all parties interested invited to come and comment on the work to date. NATVNS has been extremely pro active within the project, with all the documents given feedback by our members. Lydia Jack, the NATVNS Chair, sits directly on the programme board and feeds information from our group back to the Chief Nursing Officer.

The idea behind this project is that all areas of health care are included, therefore it has been important to have all levels of health care professionals involved, as well as patients and carers. One issue relates to levels of knowledge of care home staff, and representation from this sector has been vitally important for this project to work well.

Quality Improvement Scotland (QIS) and National Education Scotland (NES) are the two main bodies producing the work, which is detailed below. A decision has been made to have all documents available electronically, as it will make them easier to update in the future.

Development of a "tool kit" for Tissue Viability which includes information on Prevalence Methodology, Grading of Pressure Ulcers, Risk Assessment, Wound Assessment, Care Bundles and Plan, Do, Study, Act (PDSA) cycles to inform staff of how to implement change within their areas. An education pack,

in a modular format, which includes further information about the prevention and treatment of pressure ulcers. After working through the pack, the person will be able to carry out best practice as detailed in the tool kit.

After the work is completed, it is expected that a National Audit of Pressure Ulcer Prevalence will be undertaken. This will be a huge task, and it is extremely important that all the documentation required is in place to support this work. All health care staff will be expected to report their incidence of pressure ulcers, and work is being undertaken, looking at a database to contain this information. Through raising the profile of Tissue Viability within our country and providing the best evidence and information to support staff in their daily practice, the overall aim of the project is to improve outcomes for the "at risk" patient in all care settings.

The NATVNS continue to work closely with National Procurement Scotland to ensure that patient issues are considered when contracts are being developed. This has included wound management and dressing products: Bed Frames / Mattresses / Cushions and Negative Pressure Therapy, and covers both Primary and Secondary Care. This year, a contract for dressings was decided, with many members of the group having a significant input in this process. A sub group of the TNP Procurement group are currently working on Guidelines for the use of TNP therapy. This is important currently, as several new systems have been introduced, and we need to look at the current evidence to support this treatment.

Future plans

We know that after the National Project is officially over in the Spring of next year, that the real work begins! As Tissue Viability Nurses, we know that it is up to us to ensure that the work is taken forward within our own areas, and this will be challenging for many of us. Nevertheless, we are excited about the future, and hope that we can make a real difference to patient care in the coming years.

Anne Ballard-Wilson
Vice Chair, NATVNS