

Tissue Viability Nurses Report on Travel Scholarship to:-

Denmark September 2005

1. **Introduction**

- 1.1 A travel scholarship was secured through the Allan Brooking Fellowship to visit the Danish Wound Care Centres in order to identify the role of the specialist nurse, examine the service delivery in Denmark, identify role of community Tissue viability Nurse and to examine benefits of multi disciplinary working and role of telemedicine.
- 1.2 A six day visit to Denmark was planned:-
 - Day 1 – Travel to Copenhagen
 - Day 2 – Transfer to Odense
 - Day 3 – Work on the sore centre, Odense University Hospital
 - Day 4 – Visit to out patients centre, Odense University Hospital
 - Day 5 – Work with Community Tissue Viability Nurse, Copenhagen and visit with District Nurses
 - Day 6 – Work in out patients department Bispebjerg Hospital

2. **Overall finding**

- 2.1 Wound care has a higher profile in Danish Healthcare than in Lincolnshire. This is mainly due to the commitment of the general surgeons and other medical consultants to the speciality of wound care. In particular the vision of Finn Gottrup has allowed the establishment of 2 centres of excellence in Denmark.

3. **Role of specialist nurse and community nurses**

- 3.1 There are a higher proportion of specialist nurses in Tissue Viability compared to Lincolnshire. The Tissue Viability Nurse has a higher profile within the nursing profession and is regularly contacted by nursing staff seeking advice on specific issues.
- 3.2 As a result the Tissue Viability Nurse has greater control over the practices of more junior staff, i.e. the Community Tissue Viability Nurse had a control over the use of the more expensive dressings. This is in contrast to local practice where community nurses can prescribe independently. This authority exerted by the specialist nurses was a benefit as the junior nurses undertook good wound care practices on the advice of the specialists. The potential drawback was the effect of de-skilling some nurses as all complex patients were referred to specialised centres, where they were managed to healing. However we felt this could result in a lack of experience amongst general nurses.

4. **Service Delivery**

- 4.1 The wound care products were obtained through a total purchase scheme similar to the Isle of Wight model rather than through individual prescriptions this has the advantage of ensuring total adherence to the local wound care formularies and reducing waste when wound care products are no longer required. The community nurses provided/delivered 7 days of wound care products from stocks at central clinics. This prevents a build up of unnecessary/unwanted stock in the patient's home.

- 4.2 Both primary and secondary care use non sterile instruments which are 'cleaned' through a dishwasher rather than sterilised in an autoclave. In Lincolnshire 'sterile dressing packs and gloves' are used in primary and secondary care with either sterile or disposable instruments. This is a more expensive alternative and as such we will be investigating the use of non-sterile gloves as a more cost-effective option in practice.

5 **Multi disciplinary team working**

- 5.1 Out patient and in patient service delivery is truly multi disciplinary. Doctors from different specialities discussed treatment options for individual patients e.g. Orthopaedic, General Surgeons, Diabetologist, Microbiologist and Vascular Surgeons as well as nurses, podiatrists, occupational therapists and physiotherapists.

This approach delivers a quality outcome as people with appropriate expertise are available to manage the patients.

This multi disciplinary working allows nursing staff to develop their skills through access to formal and informal education opportunities. Clinical staff were actively encouraged to see further training on a national and international level. A significant proportion of this is funded by the Wound Care Centres.

This emphasis on the importance of education and service development has resulted in nursing staff undertaking research projects. In particular the investigation of the use of intermittent pneumatic compression in the management of arterial leg ulcers and the introduction of the Braden Pressure Ulcer Risk Assessment tool across both sites. In Lincolnshire undertaking research projects is prohibited by lack of resources. The importance of further education and promoting best practice has led to the early development of an E-learning programme for nursing staff within the Trusts.

6 **Telemedicine**

- 6.1 Both centres in Denmark are utilising telemedicine. However they are investigating further opportunities to extend this facility to community centres.

We have investigated this initiative on a local basis and we are currently working with a wound care company and other Tissue Viability Nurses to examine the possible introduction of this in future.

Report on Sharing of Information After Visit to Denmark Wound Clinics

- 1 Initially we have chosen to share the knowledge gained from this informative trip to Denmark with the Trent Group of Tissue Viability Nurses. A PowerPoint presentation on the main findings was presented in the September meeting of this group of nurses.
- 2 In addition we have presented our findings to our local Trust, both at the Link Nurse meetings and at the Clinical Governance Committee.
- 3 In practice the information gathered has been used to change practice locally. In particular both Trusts are in the process of changing from a sterile technique for wound care to non sterile, socially clean approach.
- 4 In addition the pilot project of a new method of obtaining dressings is planned within Lincolnshire South West PCT. This system is similar to the total purchase scheme used in Copenhagen.
- 5 A poster presentation of our findings from our visit to Denmark is planned for inclusion at the Autumn Tissue Viability Conference.