

CQUIN and wound assessment: what does it mean for you?

Holistic wound assessment is crucial if wound healing and symptom management are to be achieved within a recognised timeframe, yet a study by Guest et al (2015) illustrated that there are gaps in practice and no standardisation in approach. In England, a CQUIN indicator has been set for 2017–19 to improve the assessment of wounds. Here, Jackie Stephen-Haynes and Rosie Callaghan, highlight what that means for you.

A systematic approach to holistic wound assessment is essential for the delivery of high quality wound care. The findings of thorough assessment are key to gathering information on patients and their wounds. This information should be documented at each review so that it can act as a baseline against which wound progress can be tracked and used to guide management decisions.

Inaccurate or total lack of assessment can result in inappropriate care and delayed healing, unnecessary patient suffering, poor outcomes and the inadequate use of resources.

CURRENT GAPS IN CLINICAL PRACTICE

Research by Guest et al (2015) highlighted that in 2012/13, 4.5% of the population had a wound, accounting for 40.6 million healthcare visits. However, it also revealed issues with wound assessment and documentation. For example, over 30% of patients did not have a differential diagnosis of their wound. Importantly, more than half

of patients with wounds did not heal within the study year (Guest et al, 2015). Thus, the study revealed that there is significant scope for the improvement of clinical outcomes as well as achieving essential financial savings. These findings have gone some way to putting wound care on the map and has led to the development of a CQUIN indicator for the assessment of wounds.

WHY CQUIN?

NHS England has introduced the first set of two-year CQUIN indicators 2017–19 (NHS England, 2017). The object of this timescale is to 'provide greater certainty and stability on the CQUIN goals leaving more time for health communities to focus on implementing the initiatives' (NHS England, 2017). The overall aim of setting 13 CQUIN indicators for this period is to help achieve the goals of the NHS mandate (Department of Health [DH], 2017), in which the Government sets out priorities for NHS England to ensure it is fit for purpose.

Importantly, the mandate to NHS England has gone further than previously to ensure that the best care is delivered to NHS patients, and that the reform and renewal needed to sustain the NHS for the future is actioned. Thus, the overall objective of the CQUIN indicators for 2017–19 is to enhance quality and improve outcomes for patients. This includes reducing health inequalities, encouraging collaboration across different providers, and improving the working lives of NHS staff.

CQUIN indicators give a clear framework for healthcare professionals to follow, ensuring

cross-country standards for care within targeted therapeutic areas. Interestingly, CQUINs only operate with NHS England. Wales, Scotland and Northern Ireland have devolved health care to their local governments.

CQUIN INDICATOR: IMPROVING THE ASSESSMENT OF WOUNDS

The CQUIN indicator for improving the assessment of wounds aims to improve the assessment process in patients with a wound that is still unhealed following four weeks of treatment. Continual reassessment and documentation of a minimal data set of findings will be required to meet CQUIN targets.

There will be an initial audit in the autumn of 2017 with the first report in November 2017 with a second audit in Spring 2018. The financial aspect of the CQUIN will be based upon demonstrating an improvement in care provided and will be agreed with local clinical commissioning groups (CCGs).

WHY IS IMPROVING WOUND ASSESSMENT IMPORTANT?

There are two principle reasons why wound assessment has been targeted: a need to improve the quality and consistency of care delivered, and a need to reduce the cost burden of wounds. NHS England is driven by achieving the best clinical outcomes for patients, while also focusing on financial outcomes that are justified.

While literature and best practice documents regarding wound assessment exist, there are currently no nationally accepted guidelines that will allow the comparison of wound assessment across regions. To rectify

What is CQUIN?

CQUIN is an acronym for Commissioning for Quality and Innovation. It is a system designed to make a proportion of any healthcare provider's income dependent on the provider being able to demonstrate planning to deliver quality and improvement in an agreed area of patient care.

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this, NHS England has supported a literature review and robust consensus process for the development of the *Generic Wound Care Assessment Minimum Data Set* (Coleman et al, 2017) to underpin wound assessment documentation and clinical practice. A total of 24 articles were reviewed by a panel of experts, with 68 potential assessment items identified and consensus agreement reached to include 37 areas within five key domains within the minimal data set. The five key domains focus upon (Coleman et al, 2017):

- General health
- Baseline information
- Wound assessment
- Wound symptoms
- Specialist referral.

This minimum data set will need to be collected and documented for all patients to meet wound assessment CQUIN targets.

WILL CQUIN IMPROVE CARE?

For clinicians currently delivering best practice wound care that includes thorough wound assessment and documentation, the CQUIN will not dramatically impact on healing rates. However, the evidence presented by Guest et al (2015) demonstrated discrepancies in care and outcomes that will be improved by implementation of CQUIN.

IMPLEMENTING WOUND ASSESSMENT

NHS England acknowledges that further education may be required in relation to wound assessment if targets are to be met. Further guidance on competencies and education for wound assessment and management is currently being developed and NHS England advise that this will be shared when available. In the interim, clinicians need to ensure that they have the appropriate skills and knowledge concerning wound assessment.

There are many existing resources that facilitate a systematic approach to thorough and holistic wound assessment, which meet the criteria set out by Coleman et al (2017), including TIME.

SPECIFIC WOUND ASSESSMENT

The concept of wound bed preparation (Schultz et al, 2003) and the TIME framework (Dowsett, 2009) offer a logical and systematic approach to the assessment and delivery of wound care and have been implemented widely in clinical practice for years.

TIME was developed by an international advisory panel as a tool that offers a structured approach to the key components of wound assessment, namely:

- Tissue: non-viable or deficient
- Infection: or inflammation
- Moisture: moisture imbalance
- Edge: non-advancing or undermined.

More recently, the Triangle of Wound Assessment (Dowsett et al, 2015; World Union of Wound Healing Societies [WUWHS], 2016) has been developed, which also incorporates key criteria for the assessment of the wound bed, wound edge and periwound skin.

Although different tools exist, they all act as a framework to be integrated into holistic wound assessment so that it is done thoroughly and consistently.

DOCUMENTATION

All observations, assessments, measurements and photograph images, management plans and review times should be documented clearly, signed, timed and dated. The use of a specific wound assessment chart which incorporates all the aspects of the minimum data set will support clinicians in achieving the CQUIN for wound assessment.

CONCLUSION

In England, the CQUIN for wound assessment will improve clinical practice and wound outcomes where needed. Outside of England, where CQUIN is not implemented, it is still timely to consider how wound assessment is carried out and if improvements in the process will result in increased efficiency and cost-

savings. It is important to remember that whether you are measured against CQUIN targets or not, getting wound assessment right makes a real difference to patients and their lives. As healthcare providers and clinicians, we should embrace the opportunity that CQUIN brings to enhance care delivery to the benefit of both patients and trusts. **WCT**

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