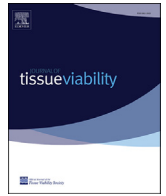




Contents lists available at ScienceDirect

Journal of Tissue Viability

journal homepage: www.elsevier.com/locate/jtv

Developing the tissue viability seating guidelines

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ARTICLE INFO

Article history:

Received 23 August 2017

Accepted 1 September 2017

Keywords:

Seating
Pressure ulcer
Guidelines
Adults

ABSTRACT

Background: Costs for the prevention and management of pressure ulcers have increased significantly with limited published advice from health and social care organisations on seating and preventing pressure ulcers. At the request of the UK Tissue Viability Society the aim of the publication was to develop a practical guide for people, carers and health and social care professionals on how the research and evidence base on pressure ulcer prevention and management can be applied to those who remain seated for extended periods of time.

Methods and findings: The evidence base informing the guidelines was obtained by applying a triangulation of methods: a literature review, listening event and stakeholder group consultation. The purpose was to engage users and carers, academics, clinicians, inspectorate and charities, with an interest in seating, positioning and pressure management to: gather views, feedback, stories, and evidence of the current practices in the field to create a greater awareness of the issue.

Conclusion: The new guidelines are inclusive of all people with short and long-term mobility issues to include all population groups. The document includes evidence on where pressure ulcers develop when seated, risk factors, best possible seated position and what seat adjustments are required, the ideal seating assessment, interventions, self-help suggestions and key seating outcomes. The updated TVS CPGs have been informed by the best available evidence, the insights and wisdom of experts, stakeholders and people who spend extended periods of time sitting.

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1. Introduction

Sitting is a customary, universal activity of daily living with many people spending a high proportion of the day seated. Harvey, Chastin and Skelton's [1] systematic review found that older adults aged over 60 spend on average 9.5 hours a day sitting. The consequences of prolonged sitting in relation to cardiovascular disease, diabetes and deep vein thrombosis which have been well documented [2]. However, the link between sitting and the development of pressure ulcers is less well established in contemporary literature even though people with decreased mobility being more susceptible to pressure ulcer formation [3,4].

Organisations in England who submit data to the NHS Safety Thermometer [5] reported that there were 130,917 (old and new) pressure ulcers during 2016/17, but it was not stated how many of these were associated with sitting. Current literature [6] suggests that when a person is seated the bones of the pelvis and the seated surface compress the soft tissue in the gluteal region resulting in tissue distortion and deformation. Tissue distortion and deformation occurs when seated, because the body weight is distributed over a smaller surface area resulting in higher pressures which can occur after a period of 1–2 hours [7]. Despite the long established awareness of the impact of being seated on tissue distortion and deformation, NICE [8] have highlighted the lack of robust evidence to inform clinical decision making with regards to the provision, supply and use of seating equipment.

In 2008, the Tissue Viability Society (TVS) commissioned the development of clinical practice guidelines for seating and pressure ulcers to assist health care professionals in identifying and

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providing suitable interventions to address this issue [9]. Since then there have been an increasing number of publications on the prevention and management of pressure ulcers in people who sit for extended periods of time. However, most of these publications did not have any end user collaboration in their development [3,10,11]. In 2016 The TVS commissioned an update of the clinical practice guidelines for seating and pressure ulcers to include the most up to date evidence and practice. The review of these guidelines was undertaken in line with the NICE [12] key principles for developing guidelines in order to ensure methodological rigour, with a specific focus on the inclusion of lay members and consultation. The review of the guidelines also complied with the international standards for guideline development by respecting the views, rights and unique contribution that ordinary people can make to the creation of healthcare related policy and decision making as they are the end users of care. This was accomplished by involving people who remain seated for extended periods of time in every step of the update of the clinical practice guidelines for seating and pressure ulcers [13]. This paper discusses the method and process which underpinned the update of the TVS clinical practice guidelines for seating and pressure ulcers.

2. Need for the review

Since the publication of the original TVS clinical practice guidelines for seating and pressure ulcers (CPGs) [9], a number of important developments have occurred that have underscored the need for these guidelines to be updated. Pressure ulcers have become the focus of considerable quality improvement efforts across the world as pressure ulcers are widely perceived to be an adverse healthcare related patient outcome [14–16]. In many countries, pressure ulcer related quality improvement efforts have entailed the implementation of measures such as skin care bundles [17–19] which provide little guidance on the care of patients who are seated for extended periods of time.

Over the last 10 years, the important contribution that patients and members of the public can make to research and clinical practice has been highlighted in a number of studies [20–22], papers [23–25] and reports [26–29] on different elements of healthcare. There has also been a global shift in healthcare with a greater emphasis on a prudent approach to population healthcare in which patients and the public are active participants in the co-production of care alongside healthcare professions in order to minimise unwarranted variations in care and to ensure the consistent delivery of safe high quality patient centred care [30–33]. Recent studies and reviews [34–38] have shown that making the correct judgements and decisions about pressure ulcers or any other aspect of wound care requires an ability to gather relevant information, an appropriate standard of clinical expertise an appropriate mental focus and state of mind as well as the due consideration of the preferences and wishes of the person receiving care. Up to date clinical practice guidelines based on the best available evidence are integral to ensuring that patients and their families consistently receive safe high quality care because they enhance healthcare professionals' judgement and decision making and reduces unnecessary variation in care [35,36,39].

The majority of contemporary of national and international guidelines [8,40] on pressure ulcer prevention and treatment do not provide detailed clinically focused guidance on how the care of people who are seated for extended periods of time especially with regards to the use of chairs and wheelchairs which incorporate preference s and views of the end users. For example, the NICE guidelines [8] refer to the need to give due consideration to the needs of people who are seated for long periods of time and are at risk of developing pressure ulcers. In order to ensure that people

who spend extended periods of time sitting consistently receive safe high quality care underpinned by evidence based decision making by healthcare professionals; it was imperative that the TVS CPGs were updated to with due consideration of the most up to date evidence and views of end users. The revised TVS CPGs set out specific guidance on seating and pressure ulcers which can be used to improve the quality of skin care that patients receive and to reduce the incidence of pressure ulcers especially in people who are seated for extended periods of time.

3. Stages of the process

3.1. Literature review

A scoping exercise was completed to map key concepts within seating since the original guidelines were developed [41]. This enabled the authors to set the parameters for a search of the literature in order to provide a framework within which to identify recent developments in the evidence base and provision of healthcare. A literature search was conducted in May 2016 and repeated in September 2016 using a PICO framework (See Fig. 1). Inclusion criteria comprised of articles published between 2008 and 2016, written in English and involved adult participants only. The search included the use of databases (CINAHL, PubMed, the Cochrane Library and Google Scholar), grey literature and hand searching using the terms in Fig. 1. From the initial search 554 citations were abstract screened by the authors and of these twenty-two were used to inform the cushion and chair selection content of the guidelines.

3.2. Stakeholder involvement

Within research there is a growing body of evidence to support the use of stakeholders in the development of clinical guidelines [8,12]. Stakeholders are defined as people or organisations who will have a specific interest in the subject or are affected by the outcomes [12]. This group of people should include supporters and critics in order to provide a balanced view [12]. Stakeholders were identified from the Tissue Viability Society trustees, service users, clinicians, policy makers, inspectorates, academics and charities. Patient engagement was seen as a key element of the process of developing the revised guidelines to ensure 'face validity and meaningfulness' (p.8) for the people for whom the guidelines were intended [13]. This meant that consideration was given to the definitions and language used and key elements of the guidelines, to empower the voice of the end user. The final group of stakeholders included: seven TVS trustees, two service users and three academics.

3.3. Listening event

Following the initial stakeholders meeting questions emerged related to equipment and measurement that required further clarification. A Listening event was arranged to gather the views and opinions of the wider community in relation to the findings. Listening events are used extensively in the healthcare arena to ensure that different perspectives are heard and explored [42]. They assist in strengthening the guidelines by acknowledging individual opinion and ensuring any resulting guidelines are developed to represent the identified end users and current evidence base [42].

A keynote speaker was invited to set the context of the event and give specific background in relation to product design, industry, healthcare and ultimately the end user. Academics, clinicians (all professions), inspectorate, charities, users, and carers with

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