

Board of Directors' Meeting: 13 April 2023

Agenda item	027/23		
Report Title	Digital Story – Janet’s Journey to Recovery: Tissue Viability		
Executive Lead	Director of Nursing		
Report Author	Lead for Patient Experience		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	BAF1, BAF2
Effective	√	Our people	
Caring	√	Our service delivery	Trust Risk Register id:
Responsive	√	Our governance	
Well Led	√	Our partners	
Consultation Communication	Nursing, Midwifery, AHP and Facilities Meeting (to be shared 12 April 2023)		
Executive summary:	<p>1. The Board’s attention is drawn to sections 2.1 and 2.6</p> <p>2. The risks are failing to share learning gained through the storytellers response to treatment and feedback they shared.</p> <p>3. We are currently taking actions outlined in section 3.1 to share learning and improvement in response to this experience of care, both at a local and national level.</p>		
Recommendations for the Board:	<p>The Board is asked to note the patient story and take assurance of the work being undertaken by the Tissue Viability Nurse Specialists in collaboration with clinical teams. The teams worked in partnership to overcome challenges using their collective expertise and a Multidisciplinary approach to reach the best possible outcome for the patient.</p>		
Appendices:	Digital Story – Janet’s Journey to Recovery: Tissue Viability		

1.0 Introduction

1.1 This story captures a patient describing their experience of care in the Trust, where she required emergency surgeries and extensive subsequent treatment.

2.0 Background

2.1 The storyteller was admitted to the Trust as an emergency admission which resulted in emergency surgery with division of adhesions and a small bowel resection. Due to a post-operative complication further surgery was required to debride necrotic tissue, resulting in the formation of a stoma. The storyteller was critically ill and not fit for further surgery to treat fistulas that had developed.

2.2 The storyteller's large abdominal wound was initially managed with a wound management bag, however, this presented a number of challenges. The Clinical Lead for Tissue Viability and Consultant worked collaboratively to explore alternate wound management options. Consideration was given to the wound size, infection risk, and output.

2.3 Vacuum-Assisted Closure (VAC) uses negative pressure to support wound healing. VAC therapy is contraindicated when a leak or fistula is present, however, due to the storyteller's poor prognosis, and extensively assessing risks and benefits, a decision to commence VAC treatment was reached.

2.4 On review, the wound slowly demonstrated signs of improvement, the fistulas closed, and the wound bed started to improve, with healthy new tissue growth observed. The infection cleared and the storytellers clinical condition improved, aiding her overall recovery.

2.5 The storyteller required extensive clinical support in her recovery, spending a number of weeks in the Intensive Care Unit, followed by a number of months within an acute medical ward environment. For four months the Tissue Viability Nurse Specialists dressed the wound 2 to 3 times a week, taking 2 to 3 hours and requiring 2 to 3 staff each time a dressing was changed. Equating in up to 27 hours of nursing time being dedicated to the storytellers wound care each week.

2.6 The Tissue Viability Nurse Specialists and Multidisciplinary Team worked collaboratively to support the storyteller's recovery. After four months the storyteller was transferred to a rehabilitation bed in the community before going home, and within approximately seven months the wound was fully healed.

3.0 Risks and Actions

3.1 Following the patient story being captured the subsequent actions have been taken:

- The storyteller's experience has been captured for use in a range of training environments, including: Tissue Viability training, reconditioning awareness and delirium awareness,
- A more detailed overview of the storyteller's experience is to be shared with the clinical team enabling feedback to be used to raise awareness and support reflection and learning.
- The Clinical Lead for Tissue Viability has the storyteller's consent to submit the case for publication, sharing learning which has the potential to alter future clinical decision making for non-surgical management of fistulas.