

# **Tissue Viability Referral Pathway Policy**

**V5.0**

**August 2019**

## Table of Contents

<b>1. Introduction</b>	<b>3</b>
<b>2. Purpose of this Policy/Procedure</b>	<b>3</b>
<b>3. Scope</b>	<b>3</b>
<b>4. Definitions / Glossary</b>	<b>4</b>
<b>5. Ownership and Responsibilities</b>	<b>4</b>
5.1. Role of the Tissue Viability team	4
5.2. Role of Tissue Viability link practitioners	4
5.3. Role of individual clinical staff member	4
5.4. Diabetic foot clinic	4
<b>6. Standards and Practice</b>	<b>5</b>
6.1. Referral Pathway	5
6.2. Tissue Viability Referral Triage Tool	7
6.3. Tissue Viability Referral Pathway	8
<b>7. Dissemination and Implementation</b>	<b>8</b>
<b>8. Monitoring compliance and effectiveness</b>	<b>9</b>
<b>9. Updating and Review</b>	<b>9</b>
<b>10. Equality and Diversity</b>	<b>9</b>
10.2. Equality Impact Assessment	9
<b>Appendix 1. Governance Information</b>	<b>10</b>
<b>Appendix 2. Initial Equality Impact Assessment Form</b>	<b>12</b>

## 1. Introduction

1.1. The Tissue Viability Referral Pathway provides guidance on how to refer to the Tissue Viability Team. It is the responsibility of every practitioner caring for patients with Tissue Viability needs to possess fundamental skills in pressure ulcer prevention and wound management. They should be able to access training when needed to maintain competence in these areas of practice.

1.2. The Tissue Viability team do not provide a **routine** wound management service. They provide advice and support when the patient is referred, and that the referral meets the criteria identified in 6.11.

In the management of complex patients, or where complex dressing regimes are commenced the Tissue Viability team may provide an on-going review of the patient which will be agreed and documented in the patient records. Day to day accountability for the patient remains with the ward staff.

1.3. The ward Tissue Viability link practitioner should be the first point of contact when seeking advice on aspects of wound and skin care. Those patients within the Green triage category will be managed by the TV link where possible and not the TV specialist team.

1.4. It is the ward's responsibility to devise a care plan to ensure effective wound management prior to referral until expert review. The Trust wound care guidelines can be used to support clinical decision making.

1.5. This version supersedes any previous versions of this document.

### 1.6. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 2. Purpose of this Policy/Procedure

The aim of this pathway is to provide guidance for staff on accessing Tissue Viability services. The pathway covers all patients across the Trust with Tissue Viability needs including paediatrics. Patients admitted with diabetic foot ulcers must be referred to the diabetic foot clinic via Maxims.

## 3. Scope

The referral pathway applies to all staff caring for patients with wounds, who recognise that specialist Tissue Viability advice will enhance management of the patient. It is designed to ensure patients requiring Tissue Viability intervention are seen in a timely manner that

promotes optimum treatment and early discharge. Patients are triaged according to clinical need and will be seen as outlined in the triage tool on page 6.

## **4. Definitions / Glossary**

None.

## **5. Ownership and Responsibilities**

### ***5.1. Role of the Tissue Viability team***

- The Tissue Viability team will triage referrals once received via Maxims and respond in a timely manner, providing support advice and intervention to ensure optimum wound management and prevention of Tissue damage.
- The Tissue Viability service will provide support and advice where intervention can aid clinical diagnosis, wound healing, quality of life or patient discharge
- The Tissue Viability service will ensure policies; procedures and guidelines are based on the best available evidence.
- The Tissue Viability team will provide a comprehensive education programme
- Tissue Viability is an advisory service, patients will not be routinely reviewed by the team and responsibility for care of the patient lies with staff in the clinical setting
- The Tissue Viability service is supported by a network of link practitioners, who provide support within their own clinical areas.

### ***5.2. Role of Tissue Viability link practitioners***

- Tissue Viability link practitioners will be the first point of contact for ward staff where a patient has Tissue Viability needs and staff require additional support
- Tissue Viability link practitioners will provide clinically based education for colleagues within their own clinical areas dependent upon the individual client group
- Tissue Viability link practitioners will undertake additional education / competencies to ensure they can meet the needs of their own clinical environments

### ***5.3. Role of individual clinical staff member***

- All staff are required to assess wounds and implement a plan of care. All wound dressings and bandages to be removed to facilitate this process prior to referral.
- All staff caring for patients with Tissue Viability needs should be able to undertake pressure area care, aseptic technique and fundamental wound management.
- All staff to be able to access education and relevant procedures, policies and guidelines to support clinical decision making
- Registered Nurses can refer to the service via Maxims if the referral criteria is met

### ***5.4. Diabetic foot clinic***

- Patients admitted with diabetic foot ulcers as the primary or secondary cause of admission should be referred directly to the Diabetic Foot Clinic via Maxims. When

requested the Tissue Viability team will work with the diabetic foot clinic podiatrists to ensure optimum patient outcomes.

## 6. Standards and Practice

### 6.1. Referral Pathway

6.1.1. The Tissue Viability service following referral will:

- Triage the referral according to the information provided on the Maxims form.
- Review patients with acute or chronic wounds where the ward staff responsible for the patients' care are unable to plan appropriate wound management
- Provide ward staff with specialist clinical support for patients with complex Tissue Viability needs
- Reject the referral if the criteria is not met.
- Liaise with the community Tissue Viability team to support early discharge and on-going wound management advice.
- Advise on pressure relieving equipment
- Advise on the use of topical negative pressure therapy and other specialist interactive treatments
- Provide educational support in the management of simple and complex wounds

6.1.2. Making a Referral

**Prior to referring to the Tissue Viability service staff must undertake a holistic assessment of the patient and the Tissue Viability need.** This will be documented in the nursing records and include:

- Wound size
- Wound site
- Wound characteristics
- Possible diagnosis
- Reason for Tissue Viability referral
- Previous treatments

6.1.3. Where ward staff are unsure what action is required in normal circumstances the Tissue Viability link practitioner will be asked to see the patient first.

6.1.4. Patients will be triaged according to their clinical need. Please refer to the triage tool in 6.11

6.1.5. Patients triaged as red (urgent referrals) will be seen within 48 hours of the referral where possible. Alternatively verbal advice will be offered.

6.1.6. Patients triaged as amber will be seen or staff given verbal advice within 72 hours where possible.

6.1.7. Patients triaged as green will be referred back to the Tissue Viability link practitioner who will provide guidance and education for staff.

6.1.8. In the absence of a member of the Tissue Viability team, staff caring for the patient will devise a plan of care in line with Trust Wound Care Guidelines or the Pressure Ulcer Prevention Policy. Further advice can be obtained from the link practitioner or medical team.

6.1.9. Unless they are urgent, (Same day) referrals should be made on MAXIMS. When a same day urgent review is needed the Tissue Viability mobile phone should be used – 07909930765. These patients must also be referred on MAXIMS. Provide details of the referring ward, patient name and reason for referral.

## 6.2. Tissue Viability Referral Triage Tool

6.2.1. All referrals received by the Tissue Viability service will be triaged to determine the priority at which a member of the Tissue Viability team will provide advice and support. This will allow for timely review of patients. Whilst awaiting Tissue Viability review, staff are advised to seek support from Tissue Viability link practitioners and/or medical/surgical colleagues. **If the referral criteria is not met referrals will be rejected.**

Red *	Amber	Green
<b>Advice given within 48 hours of referral via Maxims Monday to Friday. If very urgent ring 07909930765</b>	<b>Advice given within 72 hours of referral (via MAXIMS)</b>	<b>Additional support for patient provided by Tissue Viability link Practitioner or phone advice</b>
<p>Wound infection, cellulitis with significant skin loss – <i>(staff to ensure all bandages and dressings are removed on admission if sepsis is suspected)</i></p> <p>Acute traumatic injury with extensive Tissue loss</p> <p>Extensive Wound dehiscence with exposed organs</p> <p>Deteriorating Category 3 or 4 pressure damage or multiple Category 2's.</p> <p>Safeguarding concerns where there is associated skin damage.</p> <p>Advice for wound debridement especially if the patient is septic</p> <p>Neonates and children with Tissue Viability problems</p> <p>Request to accompany surgeon in Theatres</p>	<p>Wounds requiring specialist/high cost interventions e.g. VAC therapy, larval therapy where staff are not competent to undertake the therapy</p> <p>Deteriorating wounds where standard interventions are failing such as Leg ulcers and Pressure ulcers</p> <p>Malignant or fungating wounds where symptom control not being managed</p> <p>Acute skin damage e.g. blistering of unknown cause, or due to radiotherapy</p> <p>Patients attending clinic appointments where Tissue Viability input is required ie Fracture Clinic / Surgical lounge (This requires notice in advance of outpatient attendance)</p>	<p>Chronic leg ulceration – not the primary cause of admission</p> <p>Static, chronic pressure ulceration</p> <p>Hospital Acquired Cat 2 pressure ulcers</p> <p>Surgical wound dehiscence</p> <p>Staff require reassurance that they are providing the optimum level of care</p> <p>Specialist dressings requests from the Equipment Library</p> <p>Chronic wounds that are failing to respond to intervention</p> <p>Patient requests Tissue Viability input – TV link to identify patient concerns and escalate to TV team if required)</p>

\*Please note:- On occasions it may not be possible for the Tissue Viability team to review the patients face to face. Verbal advice will be offered in the interim period and Link Practitioners used at ward level to support the management of the patient..

### 6.3. Tissue Viability Referral Pathway

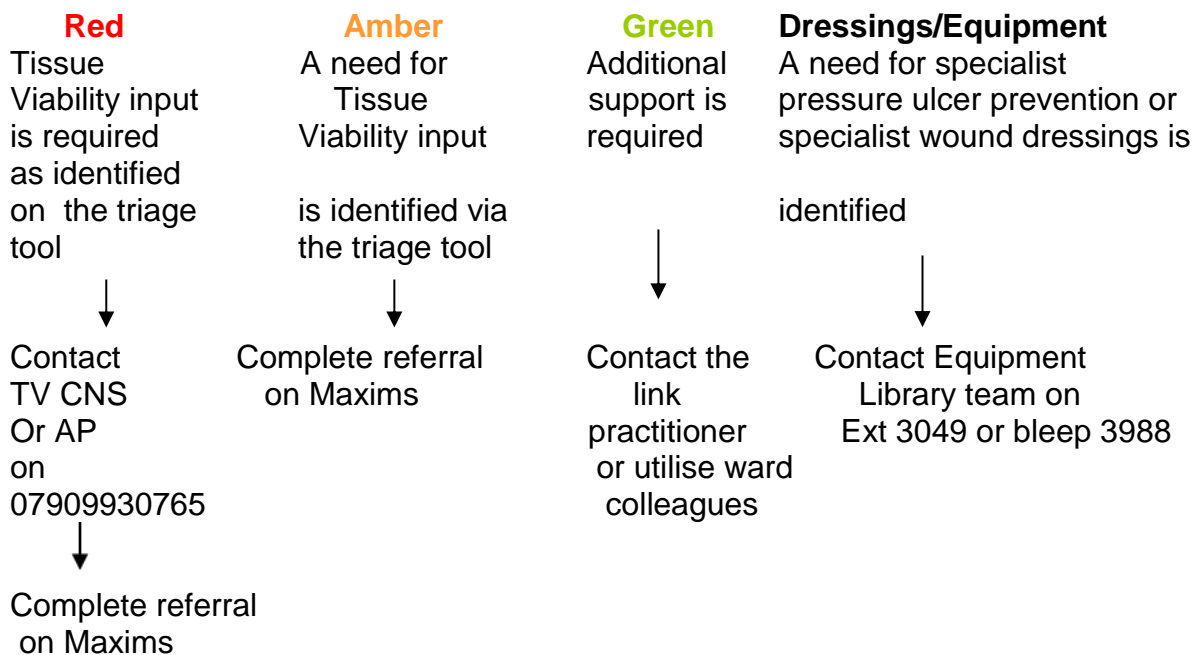
Patient presents with a Tissue Viability problem and a diagnosis and holistic assessment is carried out

The Wound Care Guidelines, Pressure Ulcer Prevention Policy and ward stock dressings are utilised to support patient management

A need for further support is identified

Advice is obtained from the Tissue Viability Link Practitioner and medical/surgical staff

A need for further Tissue Viability intervention is identified



Utilise the Wound Care Guidelines and Pressure Ulcer Prevention Policy to support decision making

## 7. Dissemination and Implementation

The referral pathway will be disseminated to the Tissue Viability link practitioners and available on the Trust Intranet.



## 8. Monitoring compliance and effectiveness

Element to be monitored	<ul style="list-style-type: none"><li>• Adherence to policy</li><li>• Use of Maxims referral process</li></ul>
Lead	Consultant Nurse Tissue Viability
Tool	Tissue Viability Maxims database
Frequency	Annual review
Reporting arrangements	Via TV Link meetings
Acting on recommendations and Lead(s)	The Tissue Viability team will take any action required to address any deficiencies with support from the link practitioners
Change in practice and lessons to be shared	Required changes in practice will be identified and actioned within 3 months of the report. Lessons will be shared with all relevant stakeholders

## 9. Updating and Review

This document will be updated every 3 years unless revisions are required prior to this date.

## 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

### 10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Tissue Viability Referral Pathway Policy V5.0		
<b>Date Issued/Approved:</b>	April 2019		
<b>Date Valid From:</b>	August 2019		
<b>Date Valid To:</b>	August 2022		
<b>Directorate / Department responsible (author/owner):</b>	Tissue Viability Heather Newton		
<b>Contact details:</b>	01872 252673 / 07909930765		
<b>Brief summary of contents</b>	Guidance on when and how to access support from the Tissue Viability service		
<b>Suggested Keywords:</b>	Tissue Viability, Link practitioner, Referral pathway		
<b>Target Audience</b>	RCHT ✓	CFT	KCCG
<b>Executive Director responsible for Policy:</b>	Director of Nursing and Midwifery		
<b>Date revised:</b>	April 2019		
<b>This document replaces (exact title of previous version):</b>	Tissue Viability Referral Pathway V4.0		
<b>Approval route (names of committees)/consultation:</b>	RCHT Tissue Viability Link Practitioners, RCHT Podiatry Service, Equipment Library Manager, Divisional Nurses		
<b>Care Group General Manager confirming approval processes</b>	Kim O’Keeffe		
<b>Name and Post Title of additional signatories</b>	Not Required		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only
<b>Document Library Folder/Sub Folder</b>	Clinical/Corporate Clinical		
<b>Links to key external standards</b>	CQC Outcome 4		
<b>Related Documents:</b>	RCHT Pressure Ulcer Prevention Policy RCHT Wound Care Guidelines RCHT Standards for Record Keeping RCHT Infection Prevention and Control Policy RCHT Topical Negative Pressure Guidelines RCHT ANTT Policy		

<b>Training Need Identified?</b>	Yes Learning and development department have been informed
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### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
August 11	1	Initial Issue	Tissue Viability Julie Trudgian
July 13	2		Tissue Viability Julie Trudgian
October 13	3	6.11, 6.12 and 6.14. Changes to contact details. TV bleep 2332 removed from the service and referrals now accepted via voicemail. Also changed responsibility to Heather Newton in Governance section	
April 17	4	Updated Referral pathway to reflect more realistic achievement of patient reviews and advice following RCHT legal team feedback Changes to referral in line with new electronic referral process Audit process changed in line with above	Heather Newton TV Consultant Nurse
April 19	5	Minor changes to wording. Changes in relation to management of TV service for referrals and added reasons for referral rejection	Heather Newton TV Consultant Nurse

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment Form

<i>Name of the strategy / policy / proposal / service function to be assessed</i>					
<b>Tissue Viability Referral Pathway Policy V5.0</b>					
<b>Directorate and service area:</b> Corporate Clinical		<b>New or existing document:</b> Existing			
<b>Name of individual completing assessment:</b> Heather Newton		<b>Telephone:</b> 01872 252673			
1. <i>Policy Aim*</i>  <i>Who is the strategy / policy / proposal / service function aimed at?</i>	To provide guidance for staff on referring patients to the Tissue Viability service				
2. <i>Policy Objectives*</i>	To ensure all staff are able to refer patients with Tissue Viability needs to the service using the correct referral process To ensure patients are correctly triaged according to their clinical need To ensure patients are seen by a member of the Tissue Viability team within a given time frame				
3. <i>Policy – intended Outcomes*</i>	Where additional support is needed patients are seen by a member of the Tissue Viability team within 72 hours of admission Staff refer to the Tissue Viability service appropriately Optimum healing time and early discharge is achieved				
4. <i>*How will you measure the outcome?</i>	On-going audit will be carried out to ensure patients are seen according to the triage tool within time frames outlined in the tool.				
5. <i>Who is intended to benefit from the policy?</i>	All patients with Tissue Viability needs where additional support is required				
6a <i>Who did you consult with</i>	Workforce	Patients	Local groups	External organisations	Other
	X				
b). <i>Please identify the groups who have been consulted about this procedure.</i>	<b>Please record specific names of groups</b> Nicci Aylward-Wotton Lead Practitioner Tissue Viability CFT Tania Woodrow Diabetic Foot Clinic Specialist Podiatrist Tissue Viability Link Practitioners				

What was the outcome of the consultation?	<b>Agreed.</b>
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**7. The Impact**  
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy <b>could</b> have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
<b>Age</b>		<b>X</b>		
<b>Sex</b> (male, female, trans-gender / gender reassignment)		<b>X</b>		
<b>Race / Ethnic communities /groups</b>		<b>X</b>		
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		<b>X</b>		
<b>Religion / other beliefs</b>		<b>X</b>		
<b>Marriage and Civil partnership</b>		<b>X</b>		
<b>Pregnancy and maternity</b>		<b>X</b>		
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>X</b>		

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	<b>Yes</b>		<b>No</b>	<b>X</b>
9. If you are <b>not</b> recommending a Full Impact assessment please explain why.				
Full statement of commitment to policy of equal opportunities is included in the policy				
Date of completion and submission	April 2019	Members approving screening assessment	Policy Review Group (PRG) <b>APPROVED</b>	

**This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.**

A summary of the results will be published on the Trust's web site.