

Enhancing Pressure Ulcer Prevention and Management through Multidisciplinary Collaboration: A Joint Approach Between Tissue Viability Nurses (TVNs) and Occupational Therapists (OTs)

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Pressure damage in healthcare settings costs the NHS over £3.8 million daily (NHS England, 2018). Although evidence supports the effectiveness of a multidisciplinary team (MDT) approach to pressure ulcer prevention and management (Ray Samuriwo, 2012), the level of collaborative support between Tissue Viability Nurses (TVNs) and therapists remains inconsistent. While NICE (2018) guidelines provide clear directives for pressure care, there is limited research on joint clinical practice for individuals with complex needs, particularly the integration of TVNs and OTs in 24-hour pressure care.

Guest et al cohort study evaluating pressure ulcer management in the community suggested that only 21% of patients who develop a category 4 pressure ulcer which is characterised as a full thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage and or bone in the ulcer (National Wound Care Strategy Programme 2024) go on to heal in 12 months. Patients with complex postural need are far more at risk of significant harm therefore proactive collaboration is essential to prevent skin damage.

This research aims to explore how the sharing of knowledge and skills through joint working between TVNs and OTs can significantly reduce the risk of pressure ulcers and expedite the healing process, especially for individuals with complex needs.

Key areas of focus include postural assessment, contracture management, repositioning strategies, this can often be seen as responsibility of the OT or Physiotherapist, however this collaborative approach is essential to ensure skin integrity issues such as moisture associated skin damage (MASD) and pressure ulcer wound management has been considered and incorporated into care planning.

Mobilisation versus bed rest is often another area that varying clinical goals can be observed. Bed rest can frequently be prescribed for a patient with sacral pressure damage which may not always be in the patient's best interest for their quality of life or long-term function if maintaining posture is a priority (Norton & Sibbald 2004), this common situation can be observed in many community settings, ensuring a collaborative approach ensures the patient and all clinicians involved work together enabling discussion of benefits and risk to different approaches as well as safety netting to ensure all a patients needs are met and best outcomes are achieved.

Other areas which should be considered from the MDT include continence and the impact this will have on skin integrity and corresponding increased risk for pressure damage, the use of appropriate moving and handling equipment to prevent sheer and friction on the skin, as well as effective seating provision that meets the patients postural and pressure care needs.

A holistic, client-centred approach is crucial in preventing and managing skin injuries. Both TVNs and OTs play vital roles in assessing optimal positioning, advising on appropriate use of pillows or positioning systems, and determining the timing and method of repositioning to reduce shear and

friction. Furthermore, decisions regarding mobilisation and bed rest, which can impact both skin health and long-term function, require close collaboration to ensure the best outcomes.

The research emphasises the importance of communication and sharing knowledge and skills between professionals, particularly in the context of postural management and equipment provision, such as beds, seating, positioning systems, moving and handling and toileting and bathing equipment as well as the timely prescription of pressure-relieving devices, for example mattresses, cushions, medical grade silicone gel for seating, bathing slings and contractures.

Joint case studies demonstrate that working collaboratively within the community setting enhances patient care, improves communication, and empowers both TVNs and OTs to make informed decisions. This MDT approach has shown to improve confidence and clinical skills, leading to more effective pressure ulcer prevention and management.

In conclusion, while pressure care has traditionally been viewed as a role primarily managed by TVNs and nursing staff, and equipment provision the domain of the OT, a more integrated approach involving OTs and TVNs is essential. This collaborative model not only reduces the financial burden on the NHS but also significantly improves patient outcomes by reducing pain and discomfort associated with pressure ulcers by ensuring all patients have the most appropriate care for their individual needs. A review of frameworks, education, and funding allocation is necessary to equip all professionals with the skills, knowledge, and authority needed to provide comprehensive postural and pressure care solutions.

Keywords: Pressure ulcers, multidisciplinary team, tissue viability nurses, occupational therapists, postural management, prevention, patient care, collaboration, NHS.

The research focusses on professional collaboration and clinical practice. Company and product names have not been specified, but may be discussed in the case studies as part of the prevention/treatment process with other products and intervention strategies.

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