Tissue Viability Service -Service Specification

Referral and Response Times

1. Introduction and Service Aim

The aim of the Tissue Viability Service is to provide holistic and evidence-based care by facilitating a high standard of practice throughout NHS Forth Valley.

The Forth Valley Tissue Viability Service is a support and advisory service; the Team do not manage a caseload of patients. The Service will work with all healthcare staff in all aspects of the prevention and management of acute and chronic wounds, with specific focus on those patients with hard to heal and complex and/or problematic wounds. This will be supported through educational programmes, policy development and implementation of national and local initiatives.

The Lymphoedema Service is hosted within Strathcarron Hospice as a standalone service and there is a separate referral system in place via SCI Gateway.

The Tissue Viability service has a multipurpose responsibility including:

- Expert clinical nursing practice and advice
- Leadership
- Education and training
- Service development
- Research and Evaluation
- Reduction in associated clinical risk (patient harm)
- Advising on purchasing and procurement of resources
- Effective use of relevant resources to minimise related costs.

Not all patients who have a wound will require specialist advice from the Tissue Viability Service.

Appropriate, timely referrals which provide objective information on your patient and the wound will allow the Tissue Viability Service to prioritise workload and ensure your patients receive all the appropriate interventions.

This service specification has been developed to support the Healthcare Professional in practice in making the decision to refer, how to refer and what response should be expected.

2. Criteria for Referral and Initial Response Times

Referrals to the Tissue Viability Service can be made by a registered Healthcare Professional in either Acute or Primary Care settings in NHS FV and Care Homes

All referrals received by the Tissue Viability Service will be prioritised according to the information provided on the fully completed referral form and allocated to one of the categories outlined below. A delay may occur if not fully completed

Response time will, therefore, depend on the severity and complexity of the patients' condition and the wound. Visits will be arranged depending on patient need and wound assessment.

Criteria	Presentation	Response Time and Format
Red	• Patient with a Grade 4 acquired pressure ulcer • Spontaneous presentation of multiple pressure ulcers • Patient with complex surgical wounds which require review for Topical Negative Pressure or to support imminent hospital discharge/transfer. • Patient with dehisced abdominal wound with exposed bowel/ sinuses/fistulas • Patient with a wound where rapid deterioration is noted and wound where infection is present or exposure of bone or tendon • Patient's with suspected or confirmed Necrotising Fasciitis (TVS normally involved post operatively)	• Telephone response on the same day as receiving referral • Interim telephone advice provided • Follow up date for visit provided within 24-48 hours of response as appropriate for patient
Amber	• Grade 3 pressure ulcer • Patient who has previously met green criteria and wound is deteriorating • Uncomplicated surgical wounds with dehiscence • Patients where advice is required for end of life care (visit may not always be appropriate) • Patient who have topical negative pressure in place and who require advice on follow up (may not require visit)	• Telephone response within 48 hours. • Interim telephone advice on treatment plan • Prioritised for visit within 3 - 5 days. • (acute/community timescales may differ)
Green	• Patients with chronic wounds first referral • Interim review of patients with venous leg ulceration, chronic lymphovenous disease • Multiple Grade 2 pressure ulcers	• Telephone response within 48 -72 hours • Interim telephone advice with review by nursing staff after two- three weeks of treatment plan. • Re referral will be considered after three weeks of treatment plan and no response and then will fit amber criteria

N.B Working time for receiving referrals and response / prioritisation is Monday to Friday excluding public holidays. Referral forms require to be fully completed to avoid delay in triage of referrals received.

3. Making a Referral

All referring areas including Acute, Community, Care Homes, Prisons, GP's and Specialists - A Tissue Viability Electronic Referral form and photograph should be completed and should be sent to the Tissue Viability email address. All fields must be completed, this will allow the Tissue Viability Nurse to make a decision on advice and any follow up required. A resubmission will be requested on all incomplete forms.

4. Contact Email Addresses and Telephone

Telephone 01324 673747 Email fv.tissueviability@nhs.scot

5. Patients who should not be referred to the Tissue Viability Service

Referrals for the following will not be considered appropriate:

- PATIENTS THAT HAVE HAD NO PRIOR WOUND ASSESSMENT BY THE REFERRING CLINICIAN
- Patient's whose wounds are already being cared for by another specialist service may not be appropriate without their prior consultation/consent e.g. Vascular, Dermatology, Plastics.
- Patients who are not referred via the correct route as outlined in section 4.
- Diabetic foot ulcers: referrals should be made to the appropriate service following the Diabetic Foot Pathway.
- Patients with wounds that are healing as expected.
- Patients previously seen by the tissue viability team who have no new identified wound related complications.
- Patients that require an ABPI but have no open wounds and are not known to TVS?

Please note the Tissue Viability Service provides specialist wound care advice, it does not negate the requirement for wound assessment and care and treatment planning locally.

The patient will receive visits and subsequent follow-up as deemed necessary by the Tissue Viability Team. If there is a change in the wound condition then it is the responsibility of the clinician managing the patients care to identify requirements for and initiate further input of the Tissue Viability Service, should assessment of the patient's condition indicate this.