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| <p>➤ TIME and wound assessment</p> <p style="text-align: right;">Page 2</p> | <p style="text-align: center;">—Editorial—</p> <p>As Easter approaches this year I am reflecting on 2 years as the Editor of the E newsletter. I have enjoyed this challenge enormously and look forward to my new role as Editor of the Wounds UK journal. I say challenge because when we began the e newsletter there was no real format, just some ideas. We also had no idea what would work. Over the past 2 years my gauge of how good the newsletter was, is in how many letters and emails I receive after writing it. I must thank all of you who took the time to write in. Key 'emotive' issues raised included the importance of wound care in palliative settings, improving wound care education and of course most recently the issues surrounding the AMS letter. I would like to thank Jacquie Fletcher for her input with regards this issue.</p> <p>The newsletter has now evolved into a popular medium for those involved in tissue viability to find to what is going on and from our partners in industry to get involved in an educational forum which reaches almost 8000 people per month, with the website having 16,000 visitors per month. I have also had some excellent help from Richard Shorney at Smith and Nephew. Richard has been keen to get involved in writing for the newsletter and getting others to do so.</p> <p>The new editor Andrew Kingsley will take over next month and will bring a fresh look to the newsletter. Andrew is a hugely popular and highly regarded tissue viability/ infection control nurse with an</p> | <p>➤ References</p> <p style="text-align: right;">Page 4</p> |
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| | excellent research and publishing background. I wish him well. | |
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John Timmons

Editor

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▸ **TIME and wound assessment**

The TIME advisory board set itself 4 main objectives:

- **To develop a TIME assessment and management tool**
- **Share TIME resources with other healthcare practitioners.**
- **Raise awareness of TIME and the TIME advisory board**
- **Develop patient information resources on TIME (TIME Advisory Board 2006)**

As one of the objectives of the TIME advisory board (UK) is to develop a user friendly assessment tool in line with the TIME assessment framework, a variety of existing assessment tools from across the UK were reviewed to see what was already being used in practice. This review encompassed a wide range of tools from both acute and primary care and looked also at generic wound assessment tools as well as specific tools such as those used for leg ulcer assessment. During the review common themes were identified. These commonalities included common assessment criteria and a preferred layout.

Based on this information a pilot tool was devised following the TIME acronym and encapsulating the criteria seen most frequently. In reality this primarily involved taking the criteria that were frequently seen on existing charts and re arranging them into groupings to follow the TIME layout to give a logical format. However in addition to this a considerable amount of discussion occurred around what to include and exclude, simplicity over comprehensiveness was a regular theme and many further hours were spent discussing which was the most appropriate terminology to use particularly where definitions are contentious for example recording levels of exudate. The language used was felt to be appropriate for a range of health care practitioners including students jargon was avoided

where possible. Care was taken to keep the tool brief as it was felt that lengthy documents are often not completed in practice. Provision was made for multiple reassessments as it was felt important to be able to see the progress of the wound across the paper.

The board were very clear that the purpose of the assessment tool was not to replace other types of assessment that may already be in place such as pain assessment tools and therefore were quite ruthless in relegate extraneous criteria which were specific only to particular wound aetiologies or where extending the boundaries of wound assessment such as nutritional assessment. It is acknowledge that these other assessments are crucial within wound management but also that most trusts already have well validated tools for these purposes in place.

Watret (2005) suggests that the success of any frame work is dependant on its ease of use and clinical relevance; in order to evaluate these a draft assessment tool was then circulated with an evaluation form to a group of tissue viability nurses for piloting in practice. They were asked firstly to comment on the tool objectively and then to use the tool in practice and give feedback. Well as completing the evaluation questionnaire many practitioners chose to comment in great detail on the form itself which was extremely useful. In total feedback was received From n= 12 specialist nurses and n = 19 general nurses and this was incorporated into a second draft of the document. The development and use of the second draft will be discussed in future articles in this series.

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Available online at

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