The evaluation of skin lesions, according to the Toven Method – an interprofessional communication tool

E. Toma¹, M. L. Veneziano², L. Filomeno³

¹ Registered Nurse, Clinical Specialist in Wound Care, Clinical Specialist in Ostomy Care, Independent Tissue Viability Consultant, Rome; ² Registered Nurse, Clinical Specialist in Wound Care, Didactic-scientific Coordinator of the I Level Master in Wound Care, Professor of the I Level Master in Wound Care, Lecturer of the Degree Course in Nursing, Sapienza University of Rome; ³ Registered Nurse, Department of Public Health and Infectious Diseases, Sapienza University of Rome, Italy

Abstract

Background. In the wound care field, effective communication within the interdisciplinary staff is essential and the use of tools that foster it is important. The use of a common language among professionals in the assessment and monitoring process, along with documentation of the outcome, avoids the useless repetition of performances by professionals, with a considerable save of time.

Objective. One year after its publication, we wanted to evaluate the effectiveness of the Toven Evaluation Form as an interdisciplinary communication tool, for the assessment of cutaneous lesions, according to the Toven Method.

Materials. The instrument got under observation also allows the graphic recording of the characteristics of the skin lesions (size, wound conditions, undermining and perilesional skin) according to specific pre-established rules, in an easy and intuitive way for the evaluator and the rest of the multidisciplinary team. It is an integral part of the Toven File. An anonymous, specially created questionnaire containing 20 questions was used for its evaluation.

Methods. A fact-finding inquiry was initiated by recruiting a multidisciplinary sample of 101 professionals who managed skin lesions in their activity. Before completing the form, all the participants attended a two-hour training course, which took place through a lecture and a practical session.

Results. Sample composition: 76.2% females, 23.8% males; 63.4% nurses, 10.9% Wound Care Specialist nurses; 16.8% doctors; 8.9% physiotherapists. Of these, 69.3% had work experience >5 years. The technical quality of the instrument was considered excellent by 83.2% of professionals and good by 16.8% of them. The data recorded with the aid of the instrument were considered complete by 100% of the sample. Furthermore, 99% of the sample interviewed declared that the tool is easy to use and would be interested in including it in daily practice; 100% declares that the use of the form can facilitate its work, which can be easily understood and used by the entire multidisciplinary team and which can be an effective tool for the improvement of interdisciplinary communication. Clin Ter 2019; 170(3):e177-180. doi: 10.7417/CT.2019.2129

Key words: Evaluation of skin lesions, Nursing documentation, Documentation of skin lesions, Measurement of skin lesions, Toven Method

Introduction

For our healthcare system, the sector dedicated to the treatment and treatment of skin lesions (SL) is currently among the most demanding and economically expensive. The evolution of the socio-demographic scenario and the increase in life expectancy of the population, with the undisputed clinical trend towards multi-morbidity, have contributed to the growth of the number of people with skin lesions of various etiologies.

The sector’s adjustment to the new care needs is slow, there is still talk of a lack of training at all levels and the shift of health services dedicated to local hospital clinics and home, it seems has not yet been perceived by all.

Data collection methods are varied and are strongly influenced by the experience and expertise of each nurse. Methodological diversity can make the comparison between different professional problematics, and it is, therefore, important within the team to find a homogeneous language and to make the evaluation of the injury objective. For an adequate assistance to the patient with skin lesions, it is essential within the multidisciplinary team, to achieve effective communication with the use of a common language and a standardized documentation, which can monitor the patient’s state and evolution of injury by taking charge until healed.

The fact-finding inquiry entitled “Home management of the patient with skin lesions - Home nursing folder” (1,2) carried out in 2011 in which 90.4% of the sample interviewed said they needed an instrument to guide and document their work, was the input that led to the creation of the Toven File (2,3), a set of six sheets that accompany the patient through the entire therapeutic path, allowing the documentation step by step.

The Toven Evaluation Form, included in the file, is also proposed as a guide for the operator to take care of the patient. It is structured in two parts: one dedicated to the anamnesis and the global assessment of the patient through validated scales, the other dedicated to the evaluation of the lesion characteristics with a graphic recording section, intuitive and easy to fill out (2,3).
One year after its publication, we wanted to evaluate its effectiveness as an interdisciplinary communication tool, through a multidisciplinary fact-finding inquiry (4).

**Materials**

The tool taken into consideration, allows the documentation and the graphic recording of the characteristics of the SL according to precise pre-established rules, in consideration of the scientific evidence and the latest guidelines on the international leve (5-14).

We evaluate the size, the conditions of the lesion in all its parts (bottom, undermining, margins/edges) and the surrounding skin (Fig. 1-2). Recording in a uniform graphic divided into four quadrants (2, 3), is quick and allows the rest of the multidisciplinary team a quick read, avoiding the loss of time by several professionals for the repetition of the same operation. The precise measurement rules lead to unequivocal values and make it repeatable. Descriptors chosen for specific characteristics (tissue, exudate, etc.) lead to the use of a common interdisciplinary language.

Our attention has been particularly focused on the graphical representation of the lesion. An anonymous, specially created questionnaire containing 20 questions was used for its evaluation.

**Methods**

A fact-finding inquiry was launched through a specially created paper questionnaire.

The investigation sample was made up of professionals, (nurses, physiotherapists, physician) with activities dedicated to the treatment of skin lesions, and components of multidisciplinary teams.

The professionals enrolled, before completing the questionnaire, took part in a two-hour training course, carried out through a lecture and a practical session of recording/interpreting the data.

**Results**

Through the evaluation questionnaire, we wanted to analyze how much the interviewees considered important to record the outcome of the skin lesion’s evaluation and how, in their working reality, the evaluation, the documentation and the sharing of information gathered within the team takes place (9 items). Furthermore, we wanted to analyze: the effectiveness of the preliminary training, the comprehension and completeness of the data required by the Toven Evaluation Form (TEF), its technical quality, the ease of use and its effectiveness for the improvement of communication within the interdisciplinary staff (11 item) (Table 1).

**Sample composition**

The sample interviewed, (101 people) consisted of 76.2% females and 23.8% male: 63.4% nurses, 10.9% Wound Care Specialist nurses, 16.8% physicians, 8.9% physiotherapists. The declared work experience was in 69.3% (70) of the respondents increased to 5 years, 15.8% (16) less than 2 years, 14.9% (15) 2 to 5 years.

They said they work only in health facilities the 40.6% (41) of the respondents, the 26.7% (27) of them works on the territory, in both health facilities and territory the 32.7% (33); the 92.9% of the sample works in the province of Rome.
Table 1. Summary of the obtained data.

<table>
<thead>
<tr>
<th>100%</th>
<th>99%</th>
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<tbody>
<tr>
<td>Exhaustive training</td>
<td>Right duration of training</td>
</tr>
<tr>
<td>Complete recorded data</td>
<td>One has fully understood</td>
</tr>
<tr>
<td>Easily used</td>
<td>The presented instrument was easy to use</td>
</tr>
<tr>
<td>Effective for the improvement of communication within the staff</td>
<td>Interested in inserting the tool presented in his daily practice</td>
</tr>
<tr>
<td>A graphical representation of the characteristics of the lesions may facilitate its work</td>
<td>Technical quality of the instrument:</td>
</tr>
<tr>
<td></td>
<td>- 16.8% Good</td>
</tr>
<tr>
<td></td>
<td>- 83.2% Excellent</td>
</tr>
</tbody>
</table>

Performance of the activity in one’s own working reality

As for the evaluation, documentation and sharing of data, gathered in their working reality, shows the following:
- Lesions are evaluated: only by the physician 36.6% of the time, only by the nurse in 13.9%, by the interdisciplinary staff in 49.5%;
- Results shared by the team: yes in 23.8% of the time, no in 76.2%;
- The respondent personally performs the evaluation: yes in 39.6% of the time, no 60.4%;
- The respondent personally performs the measurement: yes 31.7% of the time, no 68.3%;
- The interviewee documents the outcome of his evaluation: yes 28.7% of the time, no 71.3%;
- The interviewee documents the outcome on a specific data form: yes 24.4% of the time, no 75.6%;
- The documentation takes place in digital format in 15.6% of cases, in paper form in 84.4%;
- If it does not document the outcome of its evaluation, it is for: lack of a specific tool in 73.9% of cases, lack of time in 2.2%, another 23.9%;
- The evaluation is important: yes in 100% of cases.

The training received

The training received was assessed as exhaustive by 100% of the participants, of the right duration from 98%, the contents were fully understood by 99% of the sample.

Technical quality and ease of use

The recorded data were considered complete by 100% of the respondents. The technical quality of the instrument was assessed as good by 16.8% and excellent by 83.2% of the sample. They also considered that: the tool presented is easy to use (99%), easily used and understood by all staff (100%), that a graphic representation of the characteristics of the lesions may facilitate their work (100%) and be effective for the improvement of communication within the staff (100%). They claim to have never used a similar tool for 97% of the respondents, and to be interested in inserting the tool presented in its daily practice the 99% of them.

Conclusions

It is noted that although 100% of respondents consider the assessment of skin lesions to be important in their workplace (15,16), the outcome of the assessment is not shared by the team in 76.2% of cases and it is not documented in 71.3% of them, with the majority motivation of lack of a specific instrument (73.9%).

The fact that the instrument presented was assessed as being complete, easy to use (99%), easily used, understood by all the staff (100%) and effective for the improvement of communication within the multidisciplinary team (100%), makes us think that the inclusion of the Toven Evaluation Form (2,3) in clinical practice, can lead to the improvement of the quality of care (17,18). The documentation and the sharing of the collected data leads to avoid the repetition of the same evaluation by more professionals, with a consequent increase in the time to dedicate to the client and reduction of costs.

The opinion that a graphical representation of the characteristics of the lesions may facilitate their work (100%) and interest to insert the tool presented in their daily practice, demonstrated by the 99% of the sample, shows that the Toven Evaluation Form has been positively received and it can be considered as a useful tool.

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