

PRESSURE ULCERS – BEYOND THE BASICS

WORKSHOP HELD ON 29TH NOVEMBER 2013

The output of the workshop on 29th November 2013 is made up of three parts:

- a. Presentation summarising information submitted in advance of the workshop
- b. Summary of Group Work
- c. Draft recording forms developed during the workshop

The main action points which emerged were:

1 Leadership for tissue viability at all levels

NB Sandra Brennan, Worcestershire Health and Care NHS Trust has agreed to be the link between the West Midlands tissue viability nurses' group and West Midlands Trust Directors of Nursing (sandra.brennan@hacw.nhs.uk). Thank you Sandra!

2 Change the Culture – pressure ulcers are a system-wide problem

3 Education – at all levels

4 Simplify and standardise the counting and reporting of pressure ulcers, in particular:

- a. Change to superficial / deep rather than staging
- b. Make data collection consistent (draft form developed)

5 Standardise the approach to Root Cause Analysis – so that lessons can be learnt more effectively

6 Develop guidance (and Quality Standards?) for Tissue Viability Services, including driving the development of integrated teams

7 Better access to and use of photography

The summary of Group Work below captures the main points from the discussion under the headings:

- What is working well
- Areas which need attention
- Possible solutions

Where more than one group made the same point this is shown in brackets.

SUMMARY OF GROUP WORK

WHAT IS WORKING WELL?

- Pressure ulcer helpline
- Pressure ulcer champions (empowering staff, all grades, front line)
- Electronic advice – communication – digital imaging, skype
- Sharing films/DVD
- E-learning – pharmacy – pressure ulcer leaflet
- Harm free care prevention nurses/leads
- Standardised documentation

AREAS WHICH NEED ATTENTION

Culture:

- Sharing information
- Integration (2)
- Patient feedback (2)
- Duty of candour
- Empowering staff (2)
- Staff awareness, including social care staff (2)
- New evidence not as yet taken on board

Counting, reporting & RCA:

- Standardisation of RCA (2)
- Standardised reporting, including recognition and grading (5)
- Recording refusal
- 72 hour rule – anatomical locations, e.g. bridge of nose & ears (hours), sacral gluteal (weeks)
- More accurate assessments
- Safety thermometer:
 - Multiple counting of previously reported pressure ulcers
 - Number of incidents down
 - Safety thermometer harms up
 - Inconsistent with avoidable & unavoidable and data requested by commissioners

Tissue Viability Services:

- Inadequate skill mix and capacity to cope with patient numbers and dependency (2)
- Storage
- Education – variation in what is delivered

Points not included in above:

- Patient acuity – improving
- Care visits – community x 4 per day
- Extension/deterioration of ML
- Governance issues
- Quality

POSSIBLE SOLUTIONS

Leadership:

- More clinical tissue viability champions to work with NHS England
- National/information group to reach a consensus for consultation and implementation – give answers to the anomalies. 'Expert group' exists but needs to be more robust
- Link from regional group to Directors of Nursing

Culture:

- From blame to enabling (2)
- 'Avoidability' – drives wrong behaviours
- Not just a 'health' problem
- Concern that 'process' focus increases paperwork
- Shift from negative to positive – highlights good practice
- Manage message politically
- Learn from infection control model
- Culture attitude change

Education:

- ongoing
- Review and education of portering/X ray/theatre practices/ambulance/
- Mandatory training at all levels (2)
- Consistent staffing knowledge (not just ward but community too!)
- Sore point video
- Promotional material to be used by GPs, media etc.
- Sharing learning
- Focus on prevention – not on 'acute' (national work)
- Feedback to staff
- *Training tool – link to nurses
- *Testing
- *New starter training 45 mins – staff
- Training carers
- *Learning alert
- *Posters/ward
- Awareness/ownership – primary care, public
- Communication
- 'Your turn' work with social care – domiciliary care/care homes (2)
- *Booklets for care plans
- *Booklets for risk assessments/MUST/PU/Falls
- Public Health support and promotion

Standardise counting, reporting & RCA:

- Standardising grading and reporting structure to establish consistency across the region/country (4)
- Abolish the 72 hour rule and take each patient how they present on admission
- Datix or equivalent used to report PU figures in conjunction with bed days
- Recording prevalence and what is reported, i.e. shear, friction
- Clear definitions of tissue damage, i.e. vascular ulcer, diabetic, traumatic, moisture lesion (shear, friction)

- What is a pressure ulcer - Clarification of definitions (2)
- Grading – common approach to RCA/data
- Use of linked up technology – advice re grading
- Shared approach to RCAs – deep dive analysis and feedback to staff
- Pathway debrides '3's?? and regrade wounds
- Make it simpler + explicit/ischaemia/device related
- Pathway blister/blood blisters guidance
- Better understanding/analysis (nursing homes in team area)

Standardisation of what is a Tissue Viability service (2):

- NICE guidance on what is an effective TV model of service delivery
- Integrated team across hospital & community
- Acute TV teams working together/community/LA/patients & carers
- More TVNs
- Staffing – ratio of TVN to community to population, beds to TVN w.t.e. (2)

Wards and care homes:

- Staff levels – wards, community, care homes (2)
- Link nurses

Integrated working:

- Collaborative working/handling and moving/nutrition team/falls/continence
- Consistent/joined up (admission/discharge)
- Improved communication/documentation between organisations. TRAC? – standardising good practice (2)
- Develop new services – posture, bariatric

Increased access to photography and telehealth:

- Photography courses
- Photographs / access to cameras

System:

- Using contracting levels – CQUIN – drive integration
- Engaging clinical commissioners/GP
- 'Quality monitoring' in care homes

Not included above:

- Increased provision of community services review
- GP surgeries
- React to RED, Code R.E.D.
- Social care review
- Technology
- Home delivery
- Use CQUIN money