Implementing a regional strategy to reduce avoidable pressure ulcers

KEY WORDS
- Pressure ulcers
- Reduction
- Care

Pressure ulcers have a detrimental effect on patient health and wellbeing and place a significant economic burden on the NHS. NHS Midlands and East Strategic Health Authority, embarked on a programme of 'ambitions' in 2012, to ensure high-quality care and patient safety. Ambition 1 — the elimination of all grade II, III and IV pressure ulcers — was agreed as an outcome measure for nursing care.

The standards of nursing care in the UK have regularly been under the spotlight from a quality, care and compassionate and safety perspective. This is evidenced in the number of published reports that have identified failings in the care that patients receive (Francis, 2010; Age Concern, 2011; Care Quality Commission, 2011; Health Service Ombudsman, 2011) and clearly demonstrate the gulf between the principles and values of the NHS Constitution (Department of Health [DH], 2013).

The findings from the Mid Staffordshire public inquiry published in February 2013 (The Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013) along with the Keogh (2013) reviews and the Berwick report (National Advisory Group on the Safety of Patients in England, 2013) again focus the spotlight on the quality of nursing care and patient experience with particular emphasis on safety, nutrition and hydration, pressure area, care and privacy and dignity.

This article describes how the Midlands and East Strategic Health Authority (SHA) — an organisation that was strategically responsible for a quarter of NHS care — set about tackling the challenge posed by these earlier reports. In October 2011, NHS Midlands and East SHA set itself a number of ambitions (*Box 1*). The ambition that resonated most closely to day-to-day nursing care was the elimination of avoidable grade II, III and IV pressure ulcers (PUs) (NHS Midlands and East, 2011). Progress made in 2012, and since the SHAs were abolished under the 2013 health reforms (DH, 2012), will be highlighted.

Box 1. The NHS Midlands and East's ambitions.

- Elimination of avoidable grade II, III, and IV pressure ulcers
- Make every patient contact count through systemic public health
- Significantly improve quality and safety in primary care
- Ensure radically strengthened partnerships between the NHS and local government
- Deliver a revolution in patient and customer experience.

The aim of the NHS Midlands and East PU ambition was to use the elimination of avoidable grade II, III and IV PUs as an outcome measure for nursing care. PUs are more likely to occur in patients who are malnourished, elderly, and obese and those with underlying medical conditions and, therefore, it is important that the fundamental aspects of high-quality nursing care are in place (McIntyre et al, 2012).

The PU ambition was supported by a programme integrating ten workstreams, identified and developed following a series of Peer Review Intensive Support Team (PRIST) visits. In order for the ambition to be delivered with pace, PRIST was established to support Primary Care Trusts (PCTs) to develop robust plans to both achieve the programme and to ensure all systems and processes were in place for complete integration and sustainability in the new NHS architecture. The aim of PRIST was to undertake a consistent peer review (PR) process of all 17 PCT clusters, providing a report and recommendations for improvement. Intensive support was offered to individual systems as necessary to ensure delivery of the key transformational changes across the health

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economy. A final report was produced in July 2012 (NHS Midlands and East, 2012a) to highlight the development and implementation of the PR process — the first of its kind specifically aimed at PU elimination — and areas of good practice to ensure diffusion and spread.

A list of top ten tips for eliminating avoidable PUs (NHS Midlands and East, 2012b) were developed following the PRIST visits undertaken (*Table 1*).

Findings from the PRIST visits led to a realignment of the workstreams to support the ambition and the development of key areas of priority as identified in *Figure 1*. Here is an overview of the PU ambition workstreams:

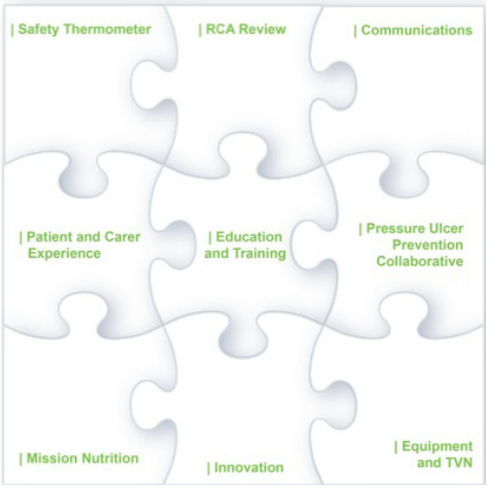

Figure 1: Pressure ulcer ambition workstreams 2012.

SAFETY THERMOMETER

In 2012, the NHS set out on a national incentive scheme under the Commissioning for Quality and Innovation (CQUIN) schemes (DH, 2011) to incentivise providers of NHS care (excluding patients under 65 years of age in mental health units and paediatric patients) to undertake a census measure of four common harms (PUs, falls, urinary infection in patients with catheters and venous thromobembolism [VTE]) on all patients being treated in NHS care on a set data each month using the NHS Safety Thermometer (ST). The ST data are available publically from the NHS (2012) and were introduced across all 88 organisations in the NHS Midlands and East from November 2011 to March 2012 via a programme of supported learning and increased PCT engagement (McIntyre et al, 2012). March 2012 baseline data collection of 61,473 patients

Table 1. Top ten tips for eliminating avoidable grade II, III and IV pressure ulcers.

1. Clear vision aligned to strategy at board level to improve patient experience and reduce harm
2. Identify or review the competencies required by staff to have the knowledge, skills to undertake corrective actions, consistency within defined timescales as identified in the SSKIN bundle
3. Organisations should possess sufficient and appropriate pressure relieving equipment to meet the demands. This should be 24/7 and boards need to be assured delays in patients being placed on the correct equipment are not a factor in the development of pressure ulcers (PUs)
4. Root cause analysis (RCA) is owned and led by teams, supported by the organisation Tissue Viability (TV) team. Findings are shared and actions are implemented
5. Nursing care rounds (intentional rounding) are implemented across all bedded areas and that it is seen as a tool for change and not used as a 'tick box' exercise
6. Protected mealtimes are implemented in all bedded areas and are seen as both a way to demonstrate the importance an organisation places on patient nutrition and hydration, and an effective mechanism to provide an environment to ensure patients receive adequate nutrition and assistance with meals
7. Ensure that all action plans are outcome focussed, use SMART objectives, identify corporate and directorate actions required. There should be clear accountability, a process for tracking progress and an escalation process for slippage
8. Data from NHS Safety Thermometer and an organisation's own data are used effectively, shared with staff and patients and used as a focus for improvement
9. Although most input required to eliminate avoidable grade II, III and IV PUs is dependent on appropriate nursing intervention, senior medical leadership and medical engagement has a significant part to play. This includes input into the RCA process, raising the importance of hydration and nutrition and participation in clinical audits
10. The TV team in each organisation should be highly visible, credible and supportive. Given the finite resource of TV expertise, Link Nurses can play an important part in both the delivery of training, assessment of competence and undertaking key audits.

Box 2. The SSKIN care bundle.

- Surface — Make sure your patients have the right support
- Skin Inspection — Early inspection means early detection. Show patients and carer what to look for
- Keep your patients moving
- Incontinence/Moisture — Your patients need to be clean and dry
- Nutrition/Hydration — Help patients have the right diet and plenty of fluids.

represented an 83% proportion of the national data collection that month. Power et al (2012) highlighted the learning from the development of ST, pilot and early testing of the measurement tool. NHS Midlands and East contributed significantly to the integration of the tool in clinical practice, such as intentional rounding, matron's rounds, and audit programmes, in order that it became a part of routine activity. The collection of PU data monthly enabled the tracking of progress towards reaching the ambition and support to those organisations requiring it. From April 2012, all 88 organisations undertook the monthly ST data collection and results were tracked regionally via a dashboard to monitor progress.

ROOT CAUSE ANALYSIS REVIEW VISITS

One of the key findings from the PRIST visits was the inconsistency in approach of root cause analysis (RCA) across the Midlands and East. A workstream was set up, led by three senior clinicians from across the region, from both clinical practice and commissioning. The remit of the team was to conduct reviews of the processes undertaken for all RCA for grade III and IV PUs through serious incident reporting system and procedures in place to agree avoidability across each of the 17 health systems. The visits were completed in January 2013 and the team produced a final report recommending a standardised regional RCA tool and approach to RCA reviews. The team also identified areas of good practice that were disseminated across the region (NHS Midlands and East, 2013a).

COMMUNICATION

The programme to deliver the ambition was supported throughout by a staff and public facing integrated communications campaign. A social marketing approach was commissioned with Eventure in January 2012 (Thurman and Robinson, 2012) to identify what communication models and interventions would be the most effective in helping healthcare professionals prevent and treat PUs. It is widely recognised that PUs, their cause and prevention have been discussed in the literature for many decades (Guy et al, 2013) and, therefore, it was agreed to focus this campaign on identifying with frontline clinical staff their knowledge levels, attitude and perceptions of

PUs. The results of the research, with nearly 1,600 staff responses was the development of the 'Stop the Pressure' campaign. The campaign was launched in April 2012 as www.stopthepressure.com (Midlands and East, 2013b) and included the SSKIN bundle (*Box 2*), a simple prevention care bundle (Health Improvement Scotland, 2011), a short video animation along with a series of other resources, including a monthly bulletin 'Under the Skin' and the development of an educational board game 'Stop the Pressure' (McIntyre, 2013).

PATIENT AND CARER EXPERIENCE

One of the findings from the Eventure Research (Thurman and Robinson, 2012) was the importance of educating patients and carers about pressure ulcer prevention. Their lack of knowledge and involvement was seen as a key barrier and it was felt that any campaign to eliminate pressure ulcers needed their involvement. A second piece of research was commissioned in December 2012 with a patient and carer couple working with Eventure to identify the most effective methods to communicate with the general public and to develop key messaging through a series of focus groups (Thurman and Robinson, 2013). This involved informing patients, carers and members of the public on how to prevent pressure ulcers and what to look for. The results from this project in February 2013 included the development of a public-facing

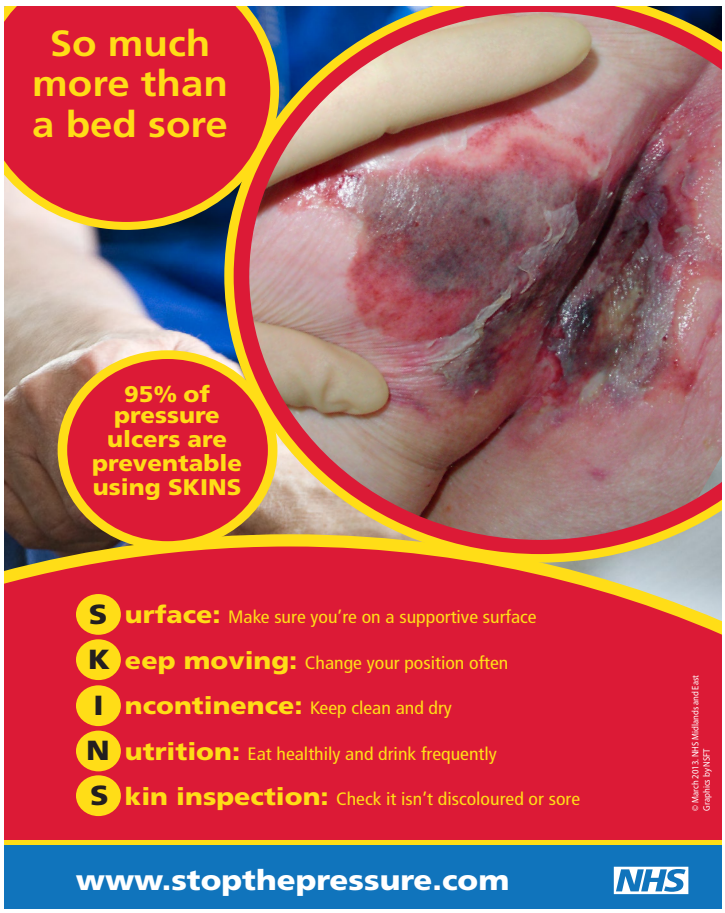

Figure 2: Public-facing campaign poster.

campaign, including posters (*Figure 2*). Further videos with key messages for patients, carers and the public have been developed (NHS Midlands and East, 2013b).

EDUCATION AND TRAINING

A comprehensive plan of all proposed education, training and development was approved in August 2012 and included strong links with workforce colleagues to identify the processes and systems in place across the 17 PCTs. A framework was developed into a web based tool — Learning to Stop the Pressure — which was launched in November 2012 as part of the National Pressure Awareness Day (www.stopthepressure.com/learning). It enables users to access training and education resources, as well as identifying key requirements for their role from patient through to board member.

PRESSURE ULCER COLLABORATIVE

The collaborative model was developed by the Institute for Health Improvement (Nolan et al, 2004) and is a proven intervention that enables teams to become part of an active learning community, learning from other teams and recognised experts around a chosen topic or focused set of objectives. The collaborative model provides a framework for improvement and sets momentum and pace for executing sustainable change. The overall programme aligned with the SHA ambition and supported frontline teams to get results in practice, then to sustain and spread them systematically across their units, departments and settings (Bartley and McIntyre, 2012).

Each organisation attended a series of learning sessions at monthly intervals from August to November 2012 with a programme of reporting progress, story boards and networking in between in order to record improvements, support teams and share practice. The programme was completed in January 2013 with a series of 10 local support visits in order to help teams consolidate learning and check progress, help with dissemination of learning and set up new mini collaborative in specific regions.

MISSION NUTRITION

PUs are a recognisable proxy measure for the quality and safety of care patients receive and, therefore, maintaining high standards of care is crucial through every patient contact, whatever the setting. Poor nutritional status is associated with a higher risk of PUs and, therefore, a key priority area for any strategy to eliminate PUs (Lecko and Best, 2013). The benefits of improving nutritional and hydration care are enormous in both clinical terms for the patient and financial terms for the health economy. BAPEN (2012) suggests that by providing better quality care, even a 1% saving of the annual healthcare cost for malnutrition could save £130 million. The aims of the work stream were to raise awareness of the importance of nutrition and hydration in preventing pressure ulcers; build on existing evidence base and good practice already in place to enhance the quality of nutritional and hydration care delivered to patients; and to develop an educational board game and mobile application to provide support and training across all media solutions.

EFFECTIVENESS OF THE STRATEGY

Across the Midlands and East there has been support, motivation and commitment to achieve the SHA ambition to eliminate avoidable grade II, III and IV PUs from frontline staff to board level. Data have been collected month on month since March 2012 from all 88 organisations. Data collection via the ST nationally surveyed 198,529 patients in March 2014, with NHS Midlands and East accounting for about 28% with 55,194 patients surveyed.

Since April 2012, a reduction of 46% in the number of new PUs has been recorded in the ST data, which means there have been 468 fewer new PUs in March 2014 compared to April 2012. The data also demonstrates the prevalence of the most severe PUs at grade IV reduced from 78 cases to 28 in the same period, with grade II and III PUs halved.

The data collected with the ST should not be viewed in isolation. The use of the ST and the approach undertaken by NHS Midlands and East is designed to support frontline staff to integrate improvement methodology within their everyday practice, and to improve the patient experience throughout the healthcare system.

CONCLUSION

The ambition to eliminate avoidable grade II, III and IV PUs has allowed NHS Midlands and East to set up processes for measurement for improvement and has acted as a catalyst for driving care and compassion, making a significant impact on the quality of care provided to patients. There is still progress that needs to be made, but as the results to date demonstrate, there is commitment and drive to ensure that the ambition is achieved.

Further work is under way to review the progress of the ambition to date regionally and to expand the

programme nationally as Stop the Pressure, building on the learning from the Midlands and East. WUK

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