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Eliminating avoidable pressure ulcers in the real world: Solutions and strategies

On March 19, Wounds UK held a Made Easy event at the Palace Hotel, Manchester, aimed at furthering the knowledge of tissue viability specialists, district nurses, link nurses, nursing home nurses, podiatrists, practice, and staff nurses in eliminating avoidable pressure ulcers. Speakers provided practical advice on a range of topics, with the ultimate aim of educating clinicians on how to achieve national targets with the event chaired by Kath Vowden (Nurse Consultant, Acute and Chronic Wounds, Bradford Royal Infirmary) and ably assisted by Jacqui Fletcher (Ambition Lead, NHS Midlands and East).

Matthew Tite (Improvement Analyst, Quality Improvement Healthcare Company Ltd) got the packed programme under way by extolling the virtues of accurate and fair data collection within the NHS. Appreciating that the collection of data is perhaps not a clinician's strong point, Matthew stressed the need to utilise the PDSA ("plan, do, study, act") cycle developed by Walter Shewhart (1931). Using real life examples, such as determining whether a person was too hot or too cold, Matthew was able to explain how every situation differs, that many variables come into play, and that a model for improvement was needed to reduce variance and improve patient outcomes. Matthew was at pains to assert that one size does not fall all. Each NHS Trust across the UK, and every project undertaken, is unique and therefore needs the PDSA framework applied to it to achieve the desired goals.

Next, Kath Vowden and Peter Vowden (Consultant Vascular Surgeon and Visiting Professor of Wound Healing Research, University of Bradford) teamed up to provide guidance on how to reach a correct diagnosis of heel ulceration and suggested techniques for improving clinical assessment. Highlighting the extent of the problem, Kath noted that the heel is the most frequent site for pressure ulcers in specific sub-groups of patients, including the critically ill, the elderly and people with diabetes. Vascular supply was highlighted as the most common reason why the heel is at risk of sustaining an ulcer. Various suggestions were made for treatment, such as pressure relief and positioning and repositioning of the individual and support devices.

Peter went on to explain why it matters that pressure ulcers and diabetic foot ulcers are differentiated as once a wound is labelled, this affects the treatment provided.

He also explained that confusion arises when diabetic foot ulcers are counted as pressure ulcers, but said the real issue centres on the wound being treated appropriately.

The next session was split into three short segments, headed by Anita Kilroy-Findley (Tissue Viability Nurse Mental Health & Learning Disabilities, Leicestershire Partnership NHS Trust), Fiona Downie (Nurse Consultant Tissue Viability, Papworth Hospital NHS Foundation Trust). and Jacqui Fletcher. Anita began by stressing the factors affecting concordance/compliance in the person with dementia, such as difficulty communicating, short-term memory loss, and anxiety. She explained that the clinician should work with the illness, empathise with the individual, and work with the specific presenting symptoms.

Fiona then focused on the differences between moisture lesions and pressure ulcers, favouring the NHS Midlands and East's 2012 definition over the European Pressure Ulcer Advisory Panel's (2009). She stressed that moisture lesions are not pressure ulcers. This definition is important because an incorrect diagnosis would result in the cause of the moisture not being removed and the likely further deterioration of the lesion. Jacqui then explained how to use the NHS Safety Thermometer (2012). From July 2012, data collected using the NHS Safety Thermometer became part of the Commissioning for Quality

and Innovation (CQUIN) payment programme and Jacqui declared that it represents the biggest data set in the NHS on pressure ulcers, data which can be used to the clinician's advantage.

Sharon Bateman (Lead Nurse Wound Care, South Tees NHS Trust) then presented an educational symposium on preventing pressure ulcers in surgical patients. Beginning with the history of the bed sore, first defined by Jean-Martin Charcot (Clanet, 2008), Sharon explained how equipment and practice has changed over the years.

An audit in Sharon's Trust in 2011 showed that procedure followed on the ward was not followed in theatre. A lack of communication between departments was identified and care pathways were shown to be incomplete. Patients' risk assessments and nursing notes were not consistently provided at theatre transfer, while the wound care continuum was absent pre-operatively. Sharon then explained how her Trust worked on improving communication, creating a competent and integrated workforce, and highlighted that pre-surgical assessment is the opportune initiation point for the care pathway.

'Sharing best practice through sharing case studies' was the title of the penultimate session, headed by Pauline Gilroy (Senior Tissue Viability Clinical Nurse Specialist, West Hertfordshire Hospitals NHS Trust) and Jane Willock (Senior Lecturer, University of Glamorgan). The management of pressure ulcers in awkward areas was discussed by Pauline and she described how medical devices can be a cause of pressure ulcers due to their rigid design and the fact that they are primarily tailored towards saving lives, not to be kind to skin. The after effects of non-invasive positive pressure ventilation (NIPPV) masks on individuals' faces were highlighted and Pauline considered whether device-related pressure ulcers are unavoidable due to the significant pressure required to create a seal. The strategy for preventing such ulcers should be to assess, protect, correctly fix the mask, reposition, and monitor, Pauline asserted.

Jane focused on pressure ulcers in the paediatric setting, explaining the most common areas of ulceration were behind the ears, the heel, the sacrum, and the malleolus. She said that children should not be treated as small adults and they require a different sort of care. While all children are at risk of device-related pressure ulcers, Jane mentioned other age-specific issues, such as older children being more at risk of heel and sacral ulcers, while infants and young children are more at risk of occipital pressure ulcers. Pre-term infants are at risk of epithelial stripping when an adhesive is used on the skin. Risk assessment tools, namely the Braden Q scale (Quigley and Curley, 1996) and the recently devised Glamorgan scale (Willock et al, 2009) were discussed.

To end the day's presentations, Jacqui Fletcher returned to the podium to discuss CQUIN targets. The majority of Commissioners will set a CQUIN target, which includes measurement using the Safety Thermometer and Jacqui explained that the Safety Thermometer measures prevalence NOT incidence, and does not differentiate between avoidable and unavoidable pressure ulcers.

She encouraged the audience to "push back" and argue their case, acknowledging that every Trust is different. Attendees were encouraged to collect and present supporting data, to stand up for their organisation to ensure that those at the top were kept abreast of any issues that may arise, and to ensure that data collected can be defended. WE

References

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