

The Stop the Pressure campaign



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In April 2011 Midlands and East Strategic Health Authority (SHA) set the goal of eliminating all avoidable category 2, 3, and 4 pressure ulcers. The work on pressure ulcers originally started in the East of England SHA prior to the merger with both East and West Midlands as part of the Safe Care workstream for the national QIPP Safety Express programme initiated in January 2011.

A working group was convened in late September 2011 to look at what resources existed in the region and what commonalities and differences there were within pressure ulcer prevention and management within the region. The working group consisted of three clinical staff (tissue viability nurses), an educator (specialising in tissue viability), and a range of management and strategic staff. The group used an existing regional group – the East of England Tissue Viability Network – to get rapid feedback on all their proposals. Following the merger with the other two SHAs, the group also made contact with the local tissue viability groups from those regions. The working group met once a fortnight and reported to a Pressure Ulcer Board chaired by Dr Paul Watson.

It became clear that to implement changes in practice across the massive Midlands and East region something different would have to be done. Under the leadership of the Pressure Ulcer Board, and guided by the Nurse Director Ruth May, a social marketing campaign was planned to encourage a shift in awareness of, and action to prevent, avoidable pressure ulcers.

To facilitate the appropriate and targeted delivery of information and key messages, a market research report was commissioned the objectives of which were to:

- ▶▶ Identify frontline staff's current knowledge, attitudes, and perceptions of the prevention of pressure ulceration (PPU).
- ▶▶ Explore frontline staff's attitudes towards PPU.
- ▶▶ Explore frontline staff's attitudes towards receiving communications materials on PPU.

▶▶ Test key messages and concepts.

▶▶ Use findings to recommend development of communications campaign / interventions.

A full report of the findings can be found at the following web address: <http://bit.ly/wFrH4r>

Based on the findings, the "Stop the Pressure" campaign was initiated (www.stopthepressure.com). This was a multimodal campaign using e-learning, social media, and change agents in practice. Two models of change were commissioned and delivered: a Change Champions (CC) programme, and the Pressure Ulcer Collaborative (PUC). These worked with staff at a local level; CC looking at embedding Safety Thermometer and driving strategic change, and PUC using the "plan-do-study-act" (PDSA) cycle to innovate and implement small step change that could then be rolled out through organisations.

Examples of the work of the PUC can be seen on YouTube at the following web addresses: <http://bit.ly/19lAZpb> and <http://bit.ly/1bs3SwB>. Many of the PUC teams created local identities for Pressure Ulcer Prevention (PUP) champions and frequently used a "PUPpy" image to denote anything to do with pressure ulcers, including identify patients at high risk of pressure ulcers to all involved in their care. Other areas developed acronyms such as BESTSHOT to remind staff to inspect areas other than the sacrum and heels and PURPLE to guide them through prevention – also making all resources purple in colour so they were easily identifiable. The imagination and creativity shown by the teams involved was immense. There is an ongoing Twitter presence with the hash tag #stopthepressure used to highlight activity and creative ideas.

The Stop the Pressure Pathway is perhaps one of the most recognised resources. Based on the feedback from the research, this summarised in a logical way the key aspects of what was required to prevent and manage pressure ulcers in every care setting. The electronic version (<http://www.stopthepressure.com/path/>) not only acts

as an interactive tool, but also has a wealth of information available behind the many links, for example click on documents, then pressure ulcer appendix pack and you will find a multitude of examples such as the Adult Hydration tool, GULP, MUST, Andersen, different pain scales, and more. There is also a detailed best practice document that gives the rationale and supporting evidence for all the care suggested.

It was recognised that the pathway also needed to be available in a more portable and immediate format and therefore the pocket paths (Figure 1) were developed and distributed to all NHS staff.

The main focus of the campaign was the use of the bundle approach, with the SSKIN (Surface, Skin, Keep the patient moving, Incontinence, Nutrition) acronym being used to remind staff to attend to these five areas.

To ensure this message was widely known lanyard cards were developed and again distributed to all staff. Many organisations chose to merge the bundle with their rounding documentation, others kept the straight forward bundle paperwork.

An e-learning website was developed bringing together the best of the existing resources from around the region (visit: <http://stp.nhslocal.nhs.uk>), which includes two board games focussed on pressure ulcer prevention and one on nutrition (also available as an app). The e-learning site cleverly presents the information to be accessible and appropriate for different groups of people – from the general public, patients, and carers, through to a range of clinical staff and Board members. Each area of the site asks: What do I need to know? What do I need to do? And provides a selection of resources to support the development of appropriate knowledge.

There was also a patient-focussed campaign, based on further market research, which identified key messages and the use of bold and striking visual imagery as important (Figure 2) and a range of resources were developed to support this.

The final set of resources developed were for care homes, focussing on a Great Skin campaign that gave staff in nursing and care homes visual and practical resources (i.e. tear-off skin inspection sheets, clear plastic fobs for checking for skin blanching, laminated pocket cards), as well as a poster for display in their area (Figure 3).

Figure 1. Stop the Pressure pocket path.



Sadly, with the ending of the SHA, many of the physical resources are no longer available. However, all the electronic resources remain in place, are accessible to all, and are free to download from www.stopthepressure.com. There are some amazing resources available at www.stopthepressure.com and it should be the first port of call for anyone looking for pressure ulcer resources, and a map for those who are looking to develop similar programmes.

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Figure 3. The Great Skin campaign poster.



Figure 2. The patient-focussed Stop the Pressure campaign poster.