

The developing role of the pressure area care equipment coordinators in a large acute trust

KEY WORDS

- ▶ Pressure area care
- ▶ Equipment
- ▶ Financial sustainability

The role of coordinator for pressure-redistributing equipment in the Pennine Acute NHS Trust has evolved over the past nine years from that of clerical support — ensuring the Trust did not exceed the capped rental contract and monitoring appropriate equipment usage — to that of a highly valuable resource in the process of delivering safe pressure area care to patients. There are five separate hospital sites within the Trust with approximately 1,600 beds for which the Pressure Area Care Equipment Coordinators (PACECs) offer advice and support on the most appropriate equipment. With the increased number of bariatric admissions, their service now incorporates the appropriate selection of bariatric equipment. The role has evolved beyond the initial expectations of tissue viability service, supporting the Trust's commitment to reduce pressure ulcers, making it an essential role within the team.

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In 2005, the Pennine Acute NHS Trust made the decision to introduce the role of the Pressure Area Care Equipment Coordinator (PACEC). Initially, the role was predominantly clerical; however it gradually evolved into a vital role in supporting the tissue viability service to meet the Trust's corporate objectives. The PACEC's role involves working within multidisciplinary teams offering advice and support on pressure-relieving and reducing equipment for patients, and spending time discussing with patients, relatives and carers what the equipment has been provided for. This advice is supported by providing patient information leaflets which have been developed by the team.

All pressure ulcers are reported as clinical incidents according to National Institute for Health and Care Excellence (NICE, 2014) guidance. A daily report is generated from the Trust's risk management team and emailed to the tissue viability team. The PACECs use this information to target wards during daily ward walks to ensure all patients with pressure ulcers have been provided with appropriate equipment, and discuss with clinicians if any ward support is

required. Recently, the tissue viability team have encouraged the PACECs to check that appropriate documentation, such as the SKIN (Surface, Keep moving, Incontinence, Nutrition) care bundles, and care plans are in use for these patients.

PRESSURE AREA CARE EQUIPMENT

Initially, the role of the PACEC was introduced to monitor the pressure-relieving equipment contract. Since being in post, this contract has been through the tendering process on a further two occasions, with the PACECs proving pivotal in the selection process. As the knowledge and experience of the PACECs has increased, the decision making with regards to how the contract is managed and what equipment is required has evolved, leading to cost savings for the Trust. Examples of this are reducing the contracted delivery hours from 9 a.m.–9 p.m. to 9 a.m.–5 p.m. due to the introduction of out-of-hours stores and equipment logs on each site. If wards require equipment outside the contracted hours, the hospital porters are contacted and equipment is taken from the stores, logged by the porter



Pressure Area Care Equipment Coordinators (PACECs) helped improve outcomes of patients who are at risk of developing or suffering from pressure ulcers at their Trust.

and delivered to the appropriate ward. This was agreed by the facilities managers due to the significant cost savings and porters are provided with regular updated education and training by the PACECs to ensure they are fulfilling the needs of the patients.

Another cost saving was the removal of alternating cushions from the rental contract. This came as a result of significant cost pressure the Trust had received during the previous contract, when cushions had been ordered and stored in cupboards but not used, then effectively logged as 'missing.' The tissue viability team decided that based on the limited evidence around the use of alternating cushions, high-risk static pressure-reducing cushions would instead be purchased and provided to all wards and departments. These cushions have been in use throughout the Trust for over 2 years now, with no concerns regarding their performance.

The PACECs undertake daily ward walks around the hospital sites to ensure all the 'live', on hire, equipment is accounted for, and to offer advice to ward staff if there appears to be a need to change the equipment in use. The PACECs actively encourage the 'step down' of equipment from alternating mattresses to high-risk static foam mattresses if there appears to be moves

towards discharging patients when their condition improves.

The PACECs' chair hosts and minutes monthly monitoring meetings with the rental company representatives and technicians, allowing them to address any issues relating to the day-to-day running of the contract and deal with them in a timely manner preventing them from escalating.

The PACECs are frequently contacted to assess patients for specialist equipment, such as bariatric equipment, low air loss mattresses and specialised bed frames, such as low beds and rotational bed frames. The PACECs are also contacted regarding the purchasing of any chairs within the Trust to ensure they are suitable for the diverse population of patients that are admitted to hospital (e.g. adjustable leg and arm rest height, variable width and depth, and appropriate seating surface).

AUDITS AND EVALUATIONS

Biannual condition audits for all patient support surfaces are carried out by the PACECs, contributing to patient safety by ensuring that the equipment in use is of a high standard in terms of pressure-reducing properties and infection prevention/control measures. These support surfaces include static foam mattresses, transfer/theatre trolleys, birthing beds, cots/cribs, leg troughs, cushions and mattress extensions. In keeping with the Trust's infection prevention and control guidelines, all damaged mattress covers are replaced before the foam core becomes compromised, therefore negating the need for full mattress replacements. If any of the equipment fails to meet the guidelines or no longer provides sufficient pressure reduction it is immediately removed and replaced. All compromised equipment is disposed of in accordance with the clinical waste management regulations (Department of Health, 2006). These biannual audits have contributed to financial sustainability, as the number of replacements required has reduced significantly.

All new equipment undergoes an evaluation process before being introduced to the Trust. This process consists of researching suppliers and ensuring their product meets the Trust's strict specifications. The company will be invited to showcase their product to the tissue viability team and, if deemed appropriate, they will then be



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asked to put forward the product for evaluating and trialling. Full and honest feedback is given to the suppliers, enabling the team to select the most appropriate product. The evaluations are organised and coordinated by the PACECs, who will invite relevant representatives from the wards — tissue viability, moving and handling, physiotherapy, procurement, infection prevention and the health and safety department — to contribute and provide feedback before any purchases or rental contracts are awarded. Successful evaluations have been carried out on trolley mattresses, low bed frames, bariatric cushions, high-risk cushions, leg troughs, heel offloading interventions, profiling bed frames, foam mattresses and dynamic mattresses. Some of these exhibitions have attracted up to 200 staff.

TRAINING AND DEVELOPMENT

The PACECs plan and deliver ongoing training and education to clinical and nonclinical staff on both structured study days and in ward or department settings. This training is tailored to the group receiving the training. For example, porters receive training on identifying equipment, and use of the transport mode on any alternating mattresses in use. Ward staff are trained in all aspects of pressure relieving and reducing devices, and physiotherapists and occupational therapists may be trained on changing the support surface to aid rehabilitation. Training methods used vary, with many in the form of posters that have been produced and displayed throughout the Trust.

The PACECs have recently established the role of the 'Pressure Area Care Equipment Link Worker', and have received nominations of Health Care Support workers from most wards. The aim of this role is to have a dedicated person on the ward who can compile relevant information regarding equipment into an accessible folder in the ward setting, and who can advise on where information regarding equipment can be found in the absence of the tissue viability team.

The PACE Link Workers are invited to attend regular pressure ulcer prevention meetings where they are provided with up-to-date information, while acting as a forum where issues can be discussed, such as SKIN care bundles, available equipment on their ward, and possible educational support required. As members of the regional Tissue Viability network, the tissue viability team often request that equipment related queries from other trusts are answered by the PACECs. This has led to more contact from local Trusts for opportunities in shadowing team members and sharing guidance and audit protocols.

The PACECs have been recognised for their professional approach to pressure area care by being invited to contribute towards the development of many guidelines within the Trust, including the prevention and management of pressure ulcers, inpatient transfer policy, trust bariatric admission protocol (for both planned and emergency admissions), and bariatric moving and handling policy.

Over the past few years, the tissue viability service has promoted awareness of pressure ulcers, their prevention and management, by holding an awareness week across the Trust. Over the past 2 years, this has been organised to coincide with the worldwide 'Stop Pressure Ulcer' Day. This event included the use of company exhibitions throughout the hospitals, ward dashes with information leaflets, hospital radio advertisements, local newspaper coverage, competitions, screen savers, stickers, and a highly visible tissue viability team with T-shirts alerting people to the cause. The PACECs have been instrumental in coordinating these events. To date, these events have proved to be a huge success, each year giving rise to new ideas on making pressure ulcer care more accessible.

The PACECs have produced a number of posters that have been displayed at national

conferences, including two at the renowned *Wounds UK* conference (Vickers and O'Brien, 2006; 2007; Cavanagh et al, 2013). The latest poster was selected for the 'Best Practice' area and presented in the main auditorium at the end of the conference.

CONCLUSION

The role of the PACEC has evolved over the years to become an integral and fundamental part of the tissue viability team. The PACECs' responsibilities have grown and they are now a valued resource to clinical and non-clinical staff. They have gained credibility both at clinical and managerial levels and make an important contribution towards harm-free care, in particular, the prevention of pressure ulcers. In keeping up to date with training and any new innovative products and best practices

relevant to their role, the PACECs can continue with their development to support the Trust in its drive to reduce the number of avoidable pressure ulcers. **WUK**

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