How reliable are our pressure ulcers data and when will more be done about beds?

JACQUI FLETCHER
Clinical Editor, *Wounds UK*, Fellow, NICE and Clinical Strategy Director, Welsh Wound Innovation Centre, Cardiff

Pressure ulcers (PUs) remain high on the national health agenda, with data captured with the NHS Safety Thermometer (STh) tool or other NHS reporting mechanisms, such as the Strategic Executive Information System (STEIS) or the Incident Reporting System (IRS). For several years, I have been vocal about the inaccuracies in these systems, and felt support when evidence-based data were presented at the recent EWMA conference in London that revealed that these systems result in PUs being drastically underreported (Coleman et al, 2015). The study carried out a full PU/wound audit (PUWA) across 121 wards in 24 participating Trusts and included a total bed base of 2,468 with 2,239 patients being fully assessed. The PUWA identified a prevalence of 7.1% (160/239), while STh data had identified a prevalence of only 4.7% (105/2239). PUWA identified 189 patients (8.4%) as having an existing or healed PU, compared to IRS data, which showed up as 135 (6%). Perhaps most worryingly, of the 2,239 patients, 83 had one or more PUs categorised as 3, 4, unstageable or deep tissue injury (DTI); yet only 8 (9.6%) of PUs were reported on STEIS.

It is of real concern that STEIS, IRS and indeed the NHS STh are generating such inaccurate data when they are the sources of information used to fund delivery of care (for example, for CQUINs). As staff are becoming scarcer, we must put them to good use. Collecting and inputting this data takes, typically, half a day a month, so if inaccurate, this does not seem a good use of clinical resource. That potential half day does not even take into consideration the amount of TVN time spent verifying the PUs identified as part of STh collection. Perhaps we should focus on setting up robust local systems that are possible to verify and triangulate, so that we are able to better identify what the true picture is and use that to develop better packages of care for our patients.

MY BED BUGS

I have recently developed a slight obsession with foam mattresses and how they work with electronic profiling bed frames. In part this stems from a query I received: "What is a high specification foam mattress (HSFM)?", as NICE guidance states that all patients should have one as a minimum. In an attempt to find an answer, I have spoken to many people, most recently the British Healthcare Trades Association (BHTA) but they seem as perplexed as I am. I've been given lots of technical information on hardness and density, etc, but nothing that tells me if it is a HSFM or indeed if it has any pressure redistributing properties. A literature review produced one paper (Soppi et al, 2015) that did not have a clinical focus. There are no reports about what happens to foam when then put into cover nor what happens if you subject the mattress to an articulating bed frame. When you put foams on a frame and articulate them, they either get shorter and leave a big gap at the end of the bed, which is frequently stuffed with pillows, or the mattress moves down the bed and sits firmly against the bed end (frequently jamming the patient's feet): neither of these is clinically acceptable. So why is this happening?

I think that bed frame purchase is seen as a separate thing to mattress purchase — yet they only work when they are together. I found very limited information on the implementation of profiling electronic bed frames, and that focused mainly on the reduction in back injuries to staff and the impact on moving and handling (Keogh and Dealey 2001)— very important but only one piece of the puzzle — and one paper that addressed the impact on interface pressure (Call and Baker, 2008), which clearly showed there is a difference between bed frames. The piece of equipment a patient uses comprises: A bed frame, a mattress (foam and a cover) and of course linen — but I have yet to see any evaluations that consider the impact of all of these on PUs, and they all have an impact on each other. This is an area where we need a considerable amount of joined-up thinking to work out what is important. We are starting to see studies on linen — with reference being made to silk-like fabrics in the NPUAP/EPUAP/PPPIA (2014) guidance — but nothing so far on bed frames. Perhaps it's time to start to take a look. WUK