

High Impact Actions (HIAs) and tissue viability

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The vision for the NHS over the next five years is to go from good to great (Department of Health [DH], 2009). This five-year plan maps out the journey for improving the NHS and focuses on improving quality while improving productivity, using innovation and prevention to drive and connect them (QUIPP model; Farrar, 2009). This plan needs to be delivered within the current financial climate, where efficiency savings of £15–20 billion need to be identified. Services should therefore ensure that they are delivering high quality, safe and effective care that will be monitored against agreed quality indicators (Dowsett and White, 2010). This shift away from collecting numbers of contacts that say little about the quality of care, to an outcome-based quality focus is very welcome.

Last year we saw several initiatives that raised the profile of tissue viability services, including the High Impact Actions (HIAs) for Nursing and Midwifery focusing on 'your skin matters' and the development of quality indicators and metrics in wound care.

There are a number of nurse-related indicators, including the pressure ulcer indicator. The DH and Strategic Health Authorities (SHAs) are leading on the 'energising for excellence in care' and have identified pressure ulcers as a focus of nursing outcomes. This indicator links closely to the recently launched HIAs for Nursing and Midwifery and offers tissue viability teams the opportunity to demonstrate assurance that quality outcomes are being delivered in pressure ulcer prevention and management.

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High Impact Actions for Nursing and Midwifery is being led by the chief nurses from the ten SHAs in collaboration with the DH, NHS Institute for Innovation and Improvement, The Royal College of Nursing (RCN), Royal College of Midwives and the Nursing and Midwifery Council. Eight HIAs have been selected from 600 admissions that demonstrate improvements to quality of care and patient experience and a reduction in cost to the NHS, namely: your skin matters; staying safe; keeping nourished; promoting normal birth; important choices — where to die when the times comes; fit and well to care; ready to go — no delays; and protection from infection.

The tissue viability service at NHS Newham was the front-line submission for the HIA, 'your skin matters — no avoidable pressure ulcers'. The service submitted a business plan to appoint an additional member of the team to focus on pressure ulcer prevention and management in the local nursing home population. The incidence of pressure ulcers in nursing homes can be as high as 20%, and many of these patients are admitted to secondary care as a result of their pressure ulcer. The service was able to demonstrate a 50% reduction in the hospital admissions for pressure ulcer management over a five-month period. Based on admission costs of £199 per night with an average stay of nine nights, the cost saving was £59,100 based on the highest number of admissions. Additionally, the tissue viability team were able to demonstrate a reduction in the severity of grades of pressure ulcers with fewer patients developing grade 3 and 4 pressure

ulcers. More importantly, patients remained in their own environment with fewer developing pressure ulcers and the nursing home staff felt empowered with new knowledge and skills. This project was as a direct result of investment in the local tissue viability services and has clearly demonstrated to commissioners that investment in a service can contribute to the prevention agenda and to quality improvements. It is just one example of the work that many of you are already doing to improve care for patients.

Over the coming year, every organisation across the NHS — local, regional and national needs to assess its contribution to implementing the HIAs (Maher and Fenton, 2010) and drive up the quality of care provided to patients. Additionally, we will be asked to collect indicator data and our services will be compared both locally and nationally. It is our opportunity, as tissue viability teams, to show the significant contribution we make to patient care pathways that lead to quality, innovation productivity and prevention. **WUK**

References

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