

# Educating and campaigning for pressure ulcer prevention

## KEY WORDS

- ▶▶ 'Keep on ASKIN' campaign
- ▶▶ Link workers
- ▶▶ Multidisciplinary team
- ▶▶ Pressure ulcers
- ▶▶ Prevention
- ▶▶ Social Media

This article highlights the successful efforts of the Tissue Viability team at the University Hospital Coventry and Warwickshire (UHCW) in reaching out to clinical staff in order to make progress in preventing pressure ulcers. The author describes how staff, with an interest in pressure ulcer prevention, are chosen to act as a link between the Tissue Viability Team and other clinical colleagues. After a short training, these link workers pass on brief 10-minute (power) training without having to leave their individual clinical setting, focussing on the key messages to: Assess, Surface, Keep moving, Incontinence and Nutrition (ASKIN). All of which helps to reduce in the incidence of hospital-acquired pressure ulcers.

The Tissue Viability team at University Hospital Coventry and Warwickshire (UHCW) strongly believe that pressure ulcer prevention is a fundamental element of care that must be provided to all patients, all of the time, by all clinical staff. We want to ensure that every available opportunity is utilised to identify those at risk and that this risk is communicated to all staff — not just nurses — in order to facilitate the development of an individualised plan of care for pressure ulcer prevention.

## OUR PREVIOUS CAMPAIGNS

For all Tissue Viability nurses, finding new and innovative ways to raise awareness and educate the workforce in relation to pressure ulcer prevention is a constant challenge. At UHCW we have run a number of successful campaigns in recent years — the most well known is 'React to Red', which was developed to raise awareness of pressure ulcers for patients and their carers and to provide education and support on how pressure ulcers can be prevented.

In response to our data, which indicated that heels were the most common sites for pressure ulcers, we launched 'Heel Watch' and more recently 'Deal with Heels' and engaged staff by giving out mirrors, to aid skin assessments, and leg troughs, to facilitate heel elevation.

## THE SUPPORT OF OUR LINK WORKERS

To complement our campaigns, we have found that power training is a highly effective way to reach large numbers of staff. Power training provides short (10 minutes) bursts of relevant, concise information that can be carried out in the clinical areas, eliminating the need to release staff to attend study days.

As we are a team of three, at a 1,200-bedded Trust covering two sites, we rely on the support of our 140 excellent link workers to help us spread our message. Our link workers facilitated power training during the implementation of our past campaign, which resulted in over 700 members of staff receiving education. They are currently using power-training packs to increase the use of wound assessment charts, whilst educating on how to complete them accurately and are administering quizzes to help identify gaps in knowledge. Our link nurses then book staff onto one of our study days to address any knowledge gaps.

## EDUCATION

As a team we recognise the value of education to enable clinicians to proactively prevent pressure ulcers and provide a comprehensive annual education programme that includes monthly pressure ulcer prevention and wound

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Figure 1. The doll Sally Sore

management workshops. We teach first and third year pre-registration student nurses whilst they are in clinical practice and provide education to new health care support workers on the 'Effective Care' programme. This is a weeklong education programme provided by UHCW covering the fundamental aspects of care. It is attended by all new healthcare support workers. We teach newly qualified staff nurses as part of their preceptorship and run a six-day wound management course that incorporates pressure ulcer prevention and is attended by both internal and external delegates. We also host an annual pressure ulcer prevention conference that is regularly attended by 250 delegates and incorporates pressure ulcer prevention education relating to both acute care health and social care in the community.

### SOCIAL MEDIA

Social media is another medium that we have harnessed the use of, recognising its power to reach people worldwide. With over 3,000 followers @TVN\_UHCW are active Twitter users utilising it as a platform to impart important messages, share and gain knowledge and ideas and advertise our education sessions.

### SALLY SORE

The UHCW Tissue Viability team are also the alter ego of Sally Sore — a doll we use as a teaching aid to educate staff in a fun interactive way (Figure 1). Sally Sore regularly goes on tour to our clinical areas to help provide practical demonstrations about correct positioning: using the thirty degree tilt, the use of slide sheets, completion of skin assessments and intentional

rounding charts. Sally Sore often accompanies us to conferences and study days all around the country. She has proven to be a huge asset to our team as her presence attracts attention, initiating conversation related to pressure ulcer prevention. Sally Sore has gained huge support on Twitter with over 600 followers from around the world following her Twitter page @SallySore.

### WHY A NEW CAMPAIGN?

At our pressure ulcer conference in May 2017, Professor Mark Radford told our audience that recent safety thermometer data indicates a plateau in pressure ulcer numbers and a slight increase in some areas (<https://www.safetythermometer.nhs.uk/>). Never a team to shy away from a challenge, we set about planning our next pressure ulcer prevention campaign.

### WHAT DID WE DO?

At UHCW, we use the ASKIN care bundle for pressure ulcer prevention (differing slightly from the widely used SSKIN care bundle). ASKIN is an acronym that stands for Assess, Surface, Keep Moving, Incontinence and Nutrition. By beginning with A (for assessment), our intention is to look at the skin for signs of redness whilst also assessing factors that place patients at increased risk of pressure ulcer development, such as immobility, nutritional status, pre-existing conditions effecting perfusion and sensory impairment. All patients assessed to be at risk should then have their care planned, using the ASKIN bundle to ensure that all elements required for prevention are put in place — i.e. correct mattress, adequate repositioning regime, continence management and optimal nutrition.

Our aim is to encourage discussion about pressure ulcer prevention at every available opportunity so using the ASKIN acronym we developed the idea of refreshing the campaign by calling on clinicians to 'Keep on ASKIN' (Figure 2) what they can do to prevent pressure ulcers.

### WHO IS OUR CAMPAIGN AIMED AT?

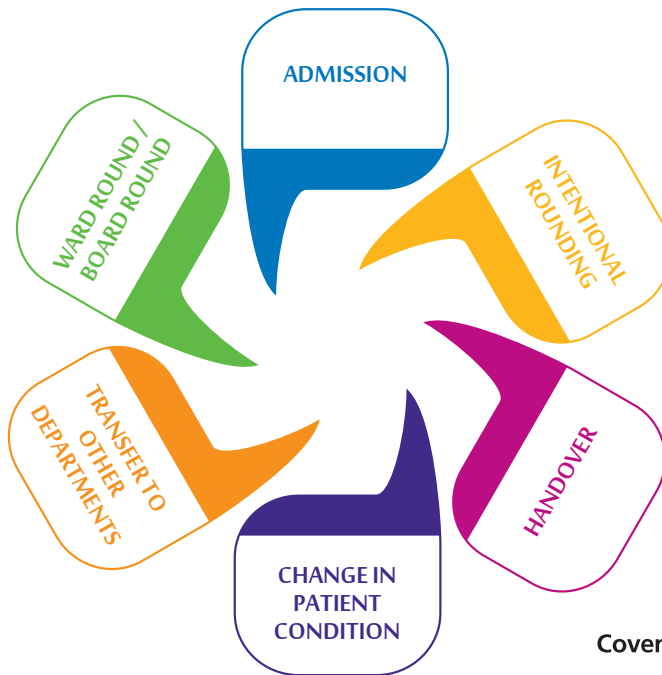
Whilst pressure ulcer prevention is commonly thought to be the responsibility of Tissue Viability nurses, the factors that are known to place patients at risk such as immobility, poor



Figure 2. 'Keep on ASKIN' logo

**KEEP ON ASKIN**  
**ASSESS SURFACE  
 KEEP MOVING  
 INCONTINENCE  
 NUTRITION**

What can **YOU** do to **PREVENT PRESSURE ULCERS?**



**NHS**  
 University Hospitals  
 Coventry and Warwickshire  
 NHS Trust

# 6 MOMENTS

for **PRESSURE ULCER PREVENTION**

All patients should be risk and skin assessed within 6 hours of admission to UHCW. Intentional rounding charts should be commenced and the frequency of repositioning determined. Equipment such as dynamic mattresses and slide sheets should be obtained and utilized promptly. Documentation should be clear and concise to support the delivery and continuity of care.

**ADMISSION**

Any change in the patient's condition indicates that risk should be reassessed. Acute illness, surgery, changes in medication, reduced mobility are all likely to increase the risk of developing pressure ulcers.

**CHANGE IN PATIENTS CONDITION**

This meeting of several members of a multidisciplinary team involved in patient care is the ideal opportunity to identify patients at risk of pressure ulcers and to discuss strategies for prevention.

**WARD ROUND / BOARD ROUND**

Patients at risk of pressure ulcers should be highlighted at every handover to ensure that all staff are aware of the risk and of strategies in place to reduce the risk.

**HANDOVER**

A risk assessment should be repeated when patients are transferred to/ from other areas. Portering staff are ideally placed to ensure that the correct moving and handling equipment is in use when patients are being transferred.

**TRANSFER TO OTHER DEPARTMENTS**

All adult patients admitted to UHCW (excluding General Critical Care and Maternity) should have an intentional rounding chart commenced. Frequency of repositioning, type of mattress, along with the safety aspects of care, continence and nutrition can be documented on here to evidence the care provided.

**INTENTIONAL ROUNDING**

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Figure 3. Six Moments for Pressure Ulcer Prevention Poster

nutrition, sensory impairment, poor perfusion, trauma and lengthy surgery indicate that pressure ulcers are a multifactorial problem requiring a multidisciplinary approach. With this in mind we decided that our new campaign would be aimed at the multidisciplinary team and their role in pressure ulcer prevention. We developed a poster identifying six key moments (*Figure 3*) when patients at risk and patients with existing pressure ulcers could be identified and their management discussed. We hope that by accessing the skills of all clinicians involved in patient care, our goal of eliminating avoidable pressure ulcers through collaboration, communication and teamwork will be achieved.

#### HOW DID WE REACH OUR AUDIENCE?

To enable us to attract the attention of our intended audience, we enlisted the support of the UHCW innovation team to help us develop the 'Keep on ASKIN' logo and the '6 Moments' poster. The logo was then added to all of our documentation, emails and education to ensure that it is widely recognised and that our message is long lasting and fully embedded into our pressure ulcer prevention strategy. We also approached our communications team to advertise on our Trust intranet home screen and to include a piece in its weekly news roundup 'Your Week'. We drew up a timetable for a week of campaigning and requested time at the team meetings of palliative care, integrated discharge, safe guarding, critical care outreach, gerontology doctors, advanced nurse practitioners and social services and also attended all wards and clinical departments.

#### WHAT WE HAVE AND WANT TO ACHIEVE

There has definitely been lots of conversation about pressure ulcer prevention during our campaign, including numerous comments on Twitter and Facebook, some from as far afield as Canada. The engagement we have received from everyone we have spoken to has been amazing and we have had several teams, such as maternity and speech and language therapy, approach us to request that we take our campaign to their departments. We have had some exciting conversations with teams such as dietitians and therapists who recognise their role in pressure ulcer prevention and are keen to support us in preventing harm to our patients. So far, over 650 people have pledged to #KeeponASKIN, including consultants and junior doctors who have pledged to #KeeponASKIN about their patient's skin on ward rounds as well as matrons and ward managers who have pledged to #KeeponASKIN their staff to attend pressure ulcer prevention training. We have also received support from our senior management team and our chief executive has also pledged to #KeeponASKIN.

Although campaigning has been labour intensive and time consuming, the support we have received has been extremely encouraging. We are keen to keep the momentum going by running our campaign regularly throughout the year, focusing on a different aspect of our ASKIN care bundle each time. This, alongside our continued requests to clinicians to #KeeponASKIN what they can do to prevent pressure ulcers, we hope, will ultimately help us achieve our goal of eliminating all hospital-acquired avoidable pressure ulcers.

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