

**QUALITY IMPROVEMENT PLAN (QIP) TARGETS
QUARTERLY TRUST BOARD REPORT**

PRESSURE ULCERS

2 September 2021

All acute adult inpatient wards are expected to complete the Skin Care Bundle audits on a Bi-monthly basis, their compliance is then reported quarterly to the PHA. All departments have been reminded about the regionally produced and agreed Pressure Ulcer leaflets available to order to distribute to all at risk patients. All relevant order codes are on the Tissue Viability (TV) SharePoint site and have been disseminated to relevant staff.

The Tissue Viability SharePoint site has been streamlined with a focus on accessibility for staff and a section specifically for Pressure Ulcers has been developed.

Face to face education sessions were suspended for a period due to COVID 19, workforce and patient pressures; following on from this a small number of face to face education sessions were provided in social distanced rooms or virtually, in an effort to improve knowledge and skills in Pressure Ulcer prevention as we were experiencing a rise in numbers of hospital acquired Pressure Ulcers. The regionally endorsed PHA eLearning Programme, which is available for staff to access via HRPTS, is actively promoted by the Tissue Viability Team with the hope of adding this training to the mandatory training list in the near future.

Tissue Viability Service hosted only two of our quarterly Tissue Viability Link Nurse meetings as a direct result of COVID 19 guidelines around large scale gatherings at the height of the pandemic. At both of these meetings, time was given to discuss current issues around trends and management of Pressure Ulcers across the WHSCT. (Note in recent years these meetings are predominantly community and private nursing home staff, with poor attendance from the Acute Sector.)

The Annual STOP Pressure Ulcer Day was held in November 2020. At this meeting the team highlighted the TVN2gether educational videos, the HSC PU Apples poster, and the safety lesson of the week which directly correlated to Pressure Ulcers. The Tissue Viability Team developed a wound care resource folder which was disseminated in January to all Departments, this has a section dedicated to Pressure Ulcers.

The Investigation Performa's have now been approved at the Trust's Record Keeping meeting and disseminated to all wards/departments. The WHSCT have trialled Purpose T Risk Assessment Tool on 10 patients in community as part of a PHA fact finding exercise. Tissue Viability Team and Risk Management continue to review the DATIX Pressure Ulcer reporting template to ensure it is appropriate in capturing the required information. Furthermore the reports are screened daily to reduce inappropriate reporting. A quality improvement project was commenced in January to introduce a new aSSKING bundle booklet to increase compliance with the aSSKING bundle on WD24 Altnagelvin Hospital.

As a result of COVID 19 the Tissue Viability Service was restructured in line with trust requirements to ensure the service continued to meet the demand whilst protecting our patients and colleagues from the virus. This restructure and redesign involved the adoption of a virtual service with very limited face to face contacts, following an individual patient risk assessment via an appropriate PARIS referral and attached consented wound photograph. Staff were given clear guidance on this process which had been approved by Trust Clinical Governance Department. This resulted in earlier reviews in most cases and allowed the Tissue Viability Team to triage patients and arrange face to face reviews for complex wounds.

The team has highlighted the fact that a Tissue Viability Nurse is always available during the working day via telephone or email to give advice and support if required. The team have seen a significant rise in referrals overall, this is as a result of multiple factors; redesigned service, issues around COVID 19, very ill patients, more complex conditions, staff absence, use of bank and agency nurse / staff, and redeployment to areas not familiar to those staff.

COVID 19 has directly impacted on Pressure Ulcer development with staff developing device related pressure damage from constant use of PPE. COVID positive patients are generally more critically ill and at an increased risk of pressure damage. All of the critically unwell Covid-19 positive patients required proning to manage their condition. Patients in the community had been refusing to have both carers and District Nurses in their homes due to concerns over the virus, this has resulted in patients presenting late with more significant pressure damage.

There was also an issue around Pressure Ulcer training for staff as on many occasions they were unable to attend because of work constraints due to COVID 19 related Issues.

On reviewing the compliance of individual ward bi-monthly skin care audits, as demonstrated on the below run charts, the tissue viability team have noted the accuracy of these reports. Several of the wards are demonstrating almost 100% compliance although this is not evidenced by the team when completing Root Cause Analysis on hospital acquired Pressure Ulcers. This is reflected in the sharp rise in the number of avoidable pressure ulcers, highlighted below. If compliance with the skin bundle was as indicated this rise would not have occurred. In light of this the Tissue viability team have conducted a very small number of random spot check audits, none of which have demonstrated the level of compliance reported below. TVN would like to highlight the healthy reporting culture within the acute setting in reporting pressure damage, likely as a result of the continued work to raise awareness.

Figure 1: Record of Pressure Ulceration development across WHSCT since 2013-2021

Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase / decrease	Hospital acquired stage 3 and 4 pressure ulcers	Hospital acquired stage 3 and 4 avoidable
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209	+33.1	18	4
2016-17	0.9	246	+17.7	38	6
2017-18	1.2	344	+39.8	43	14
2018-19	1.4	373	+8.4	17	9
2019-20	2.2	462	+23.9	28	12
2020-21	1.7	386	-16.5	110	43

Figure 2: Compliance with SKIN bundle completion across acute wards

2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 93%	92%	97%	95%	89%
Overall PU Rate: 1.7 per 1000 bed days	2.12	1.35	1.71	1.54

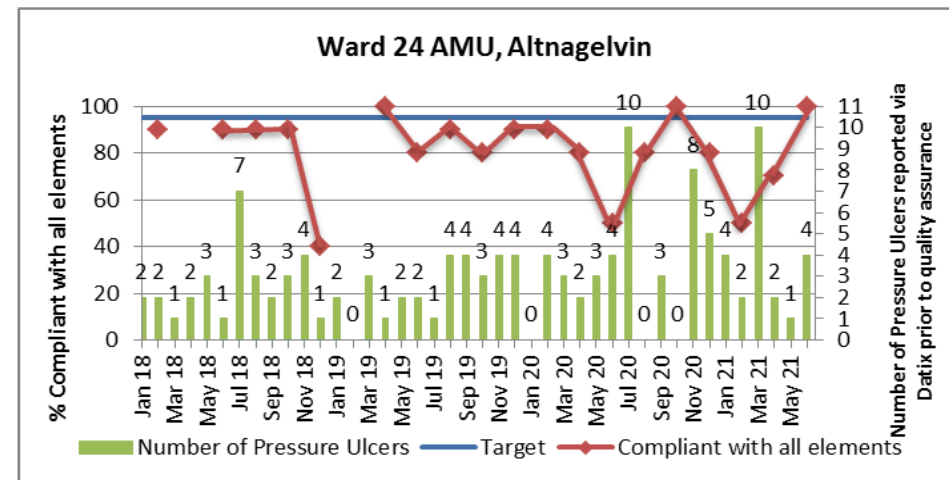
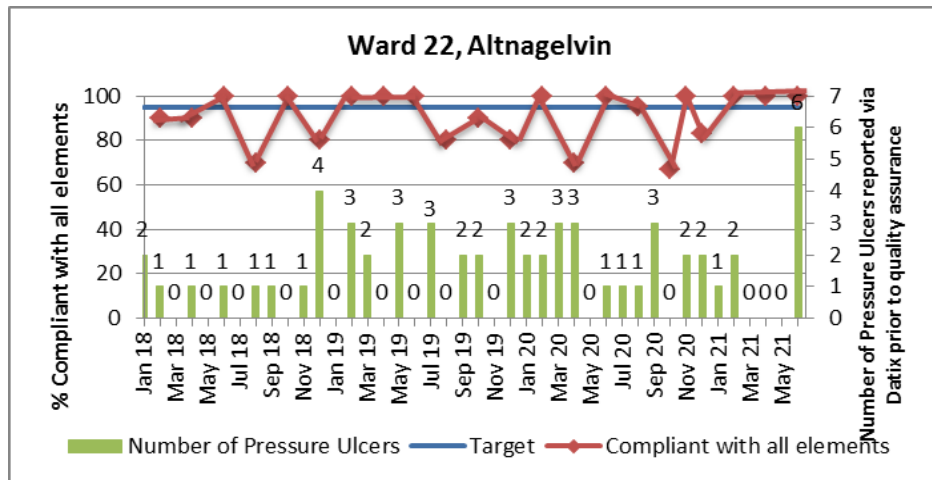
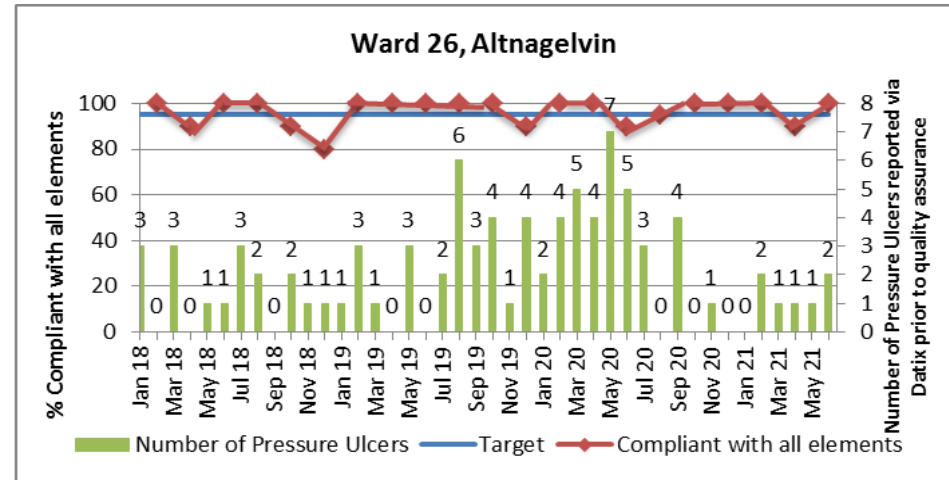
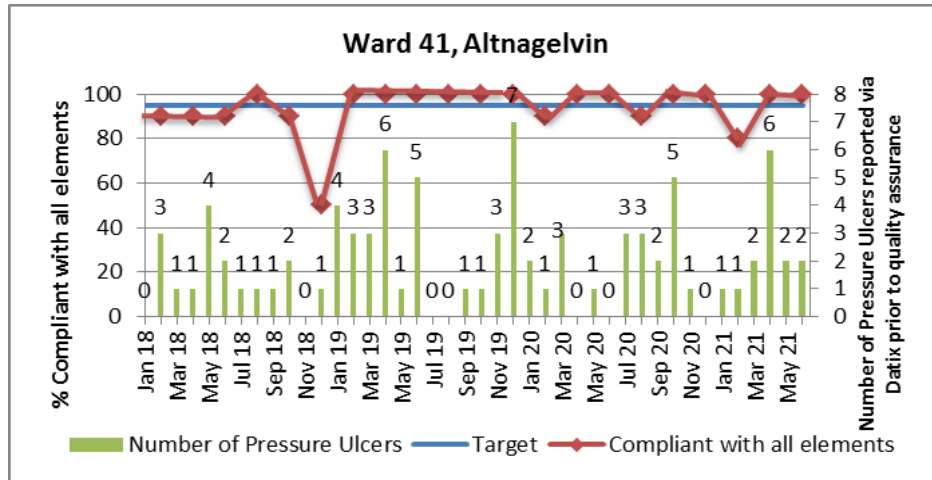
Figure 3: Pressure ulcers reported to PHA following data cleansing and quality assurance 2020/21

Total number of pressure ulcers reported across Acute sites 2019/20	Pressure Ulcers Stage 3 and 4	Avoidable pressure ulcers
386	110	43

Figure 4: Compliance with the Skin Care Bundle for each adult inpatient ward is demonstrated in the graphs below and numbers of pressure injury developed prior to data cleansing:-

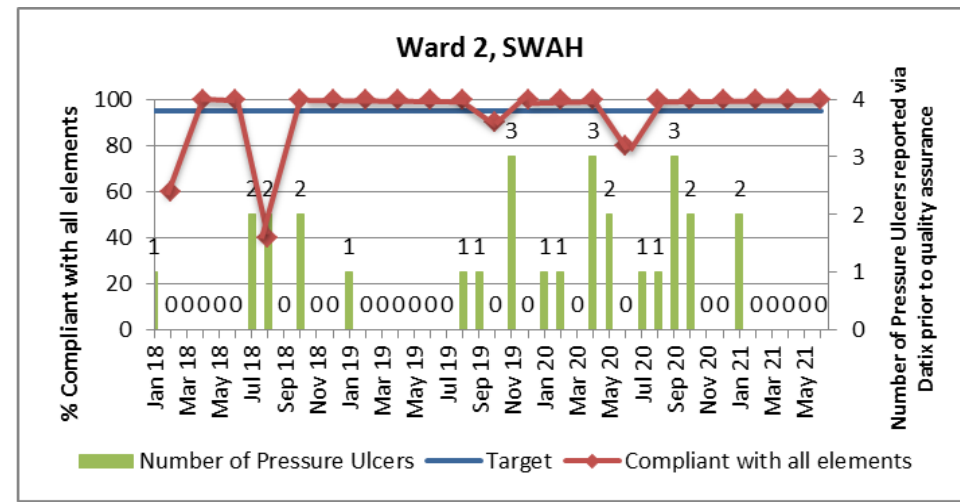
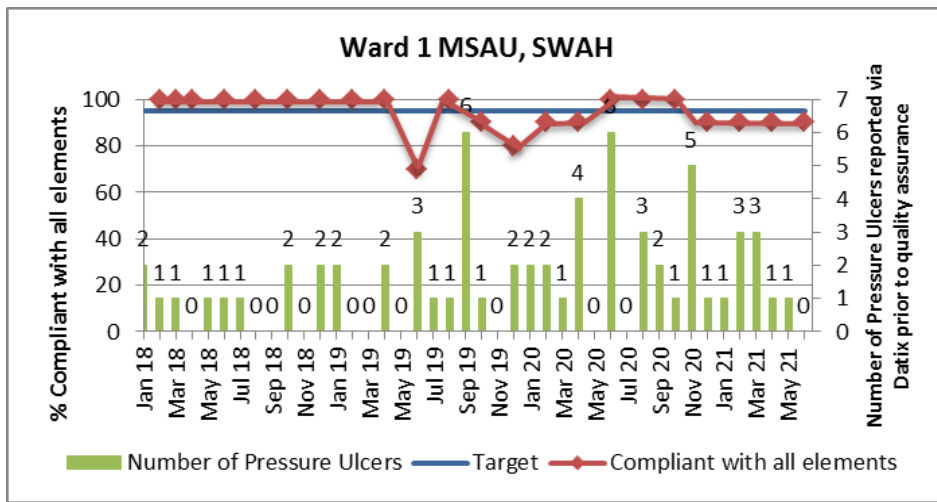
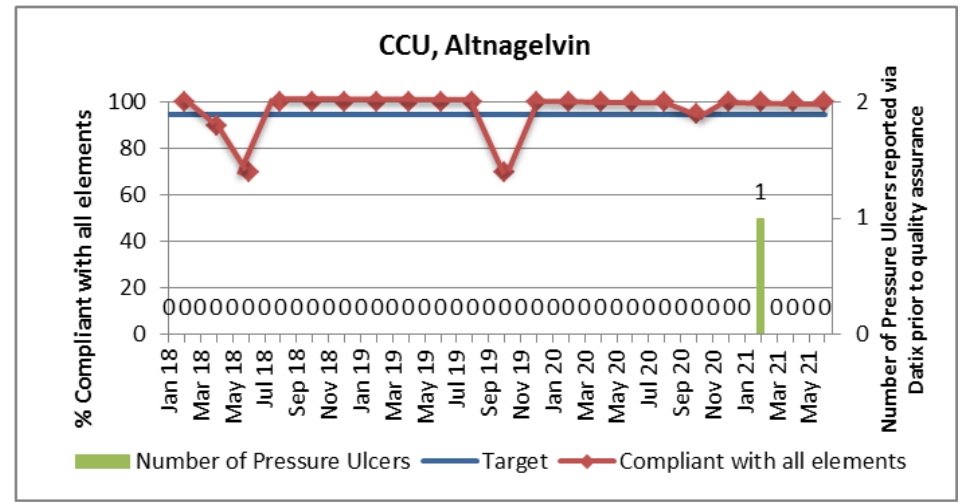
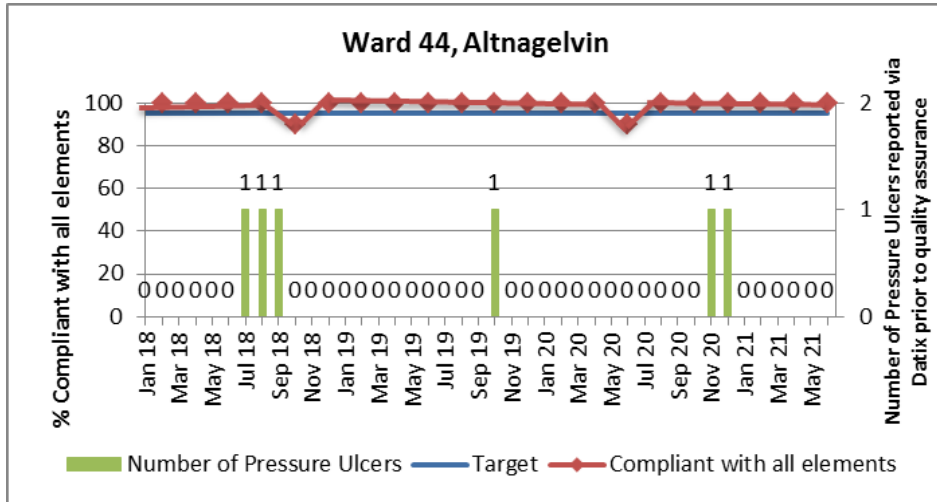
Pressure Ulcers

Target: From April 2016 measure the Incidents of pressure ulcers (stage 3&4) occurring in all adult inpatient wards and the number of those which were avoidable. To monitor and provide reports on Skin Care bundle compliance and the rate of pressure ulcers per 1,000 bed days.



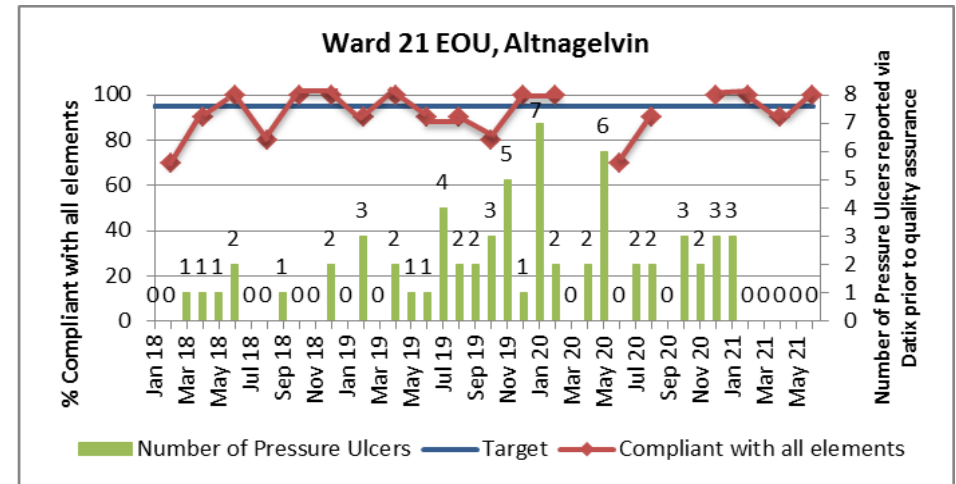
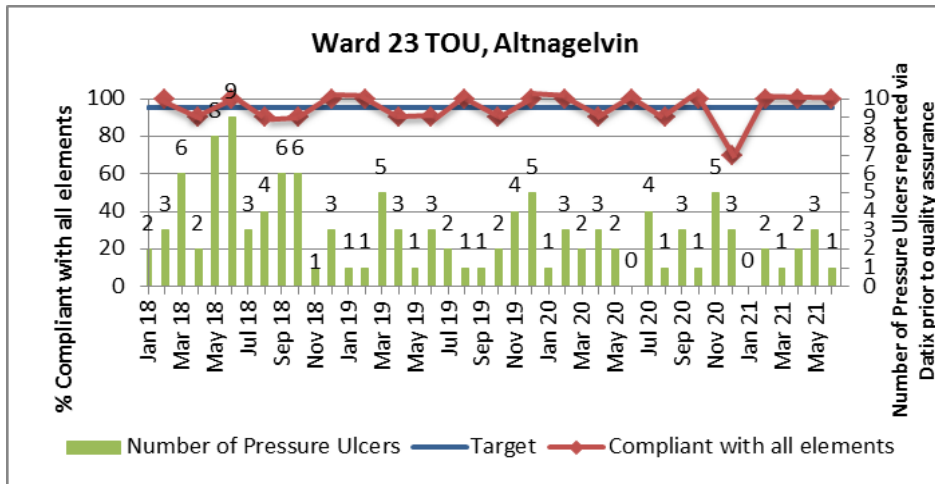
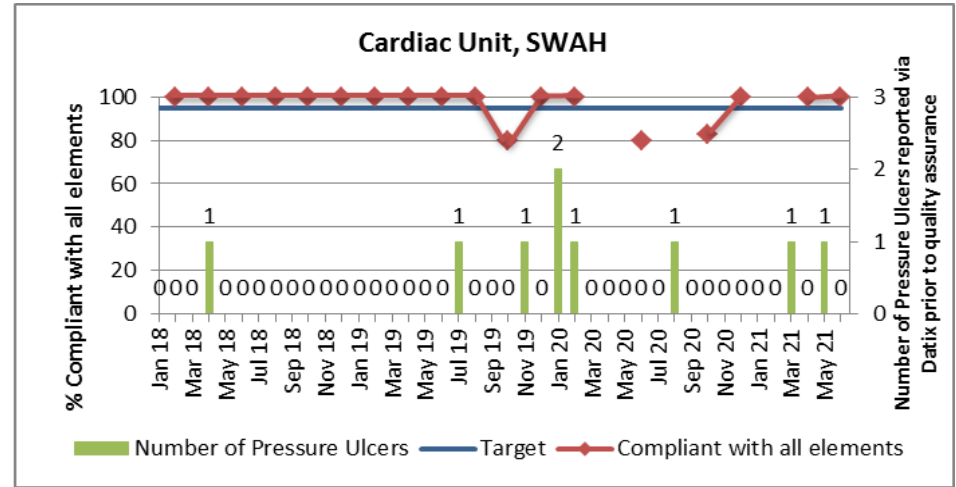
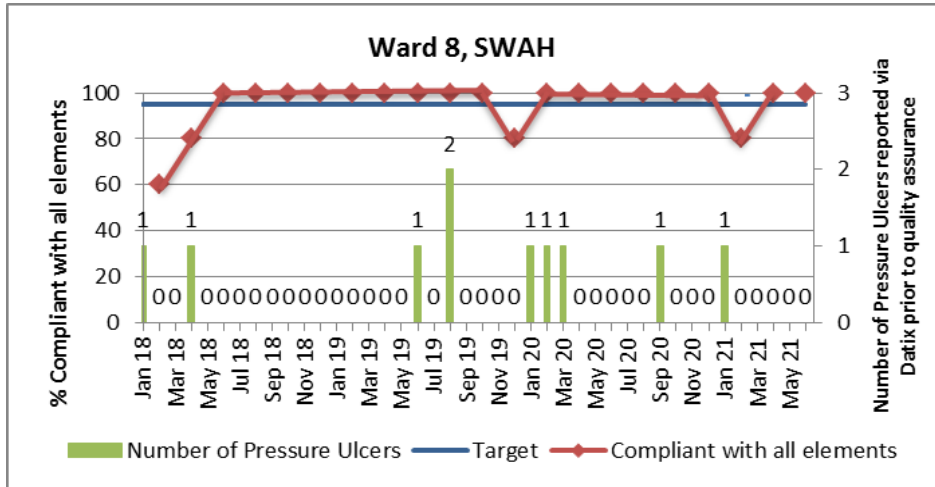
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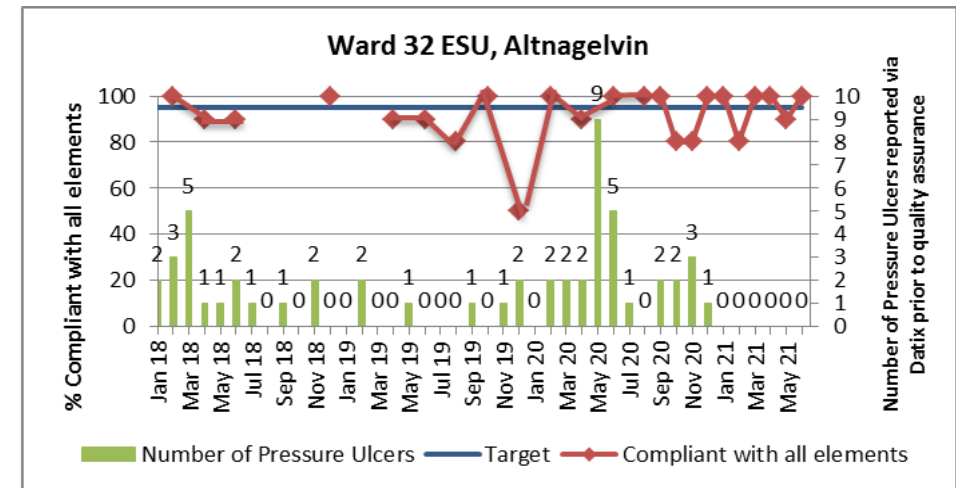
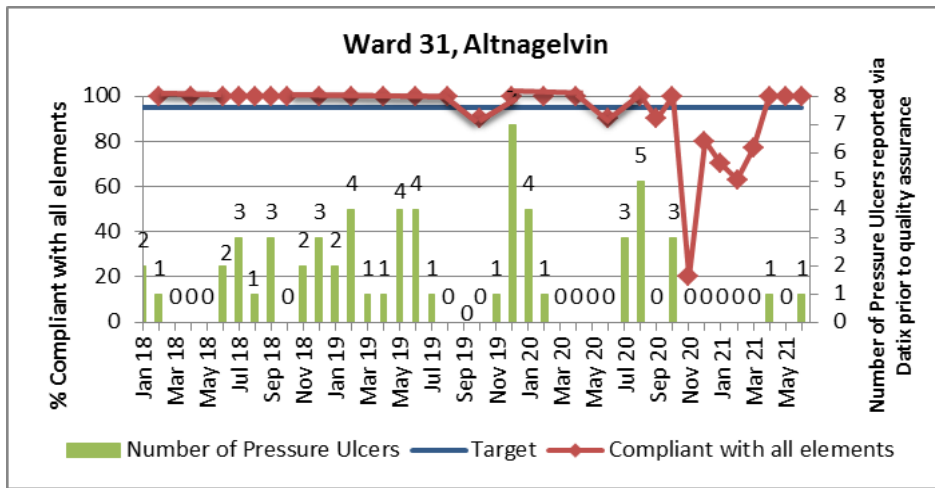
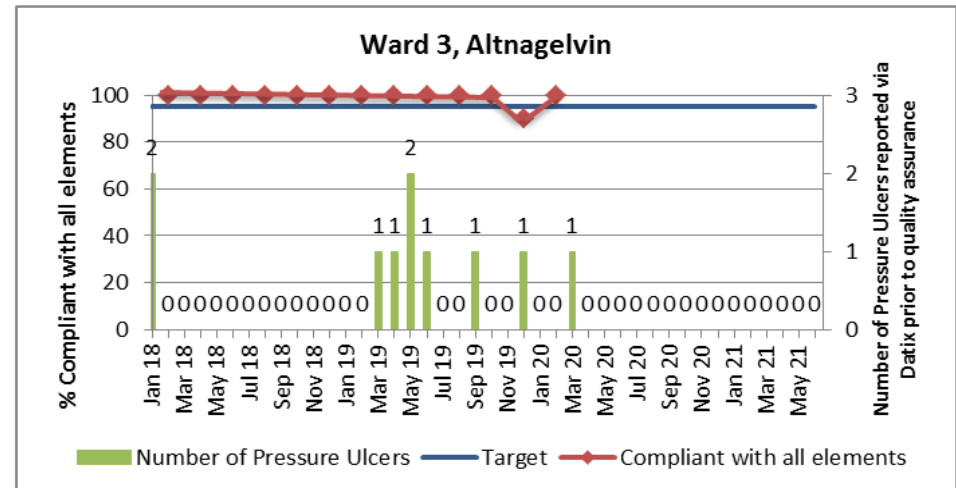
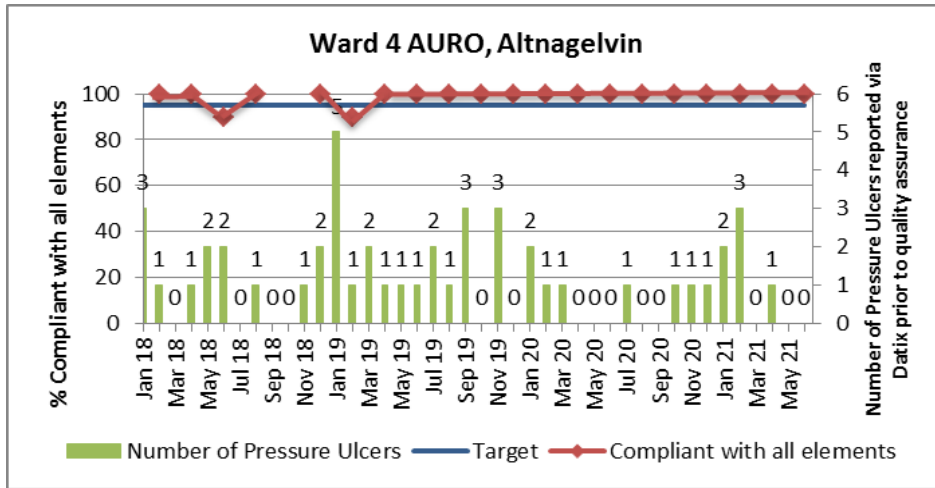
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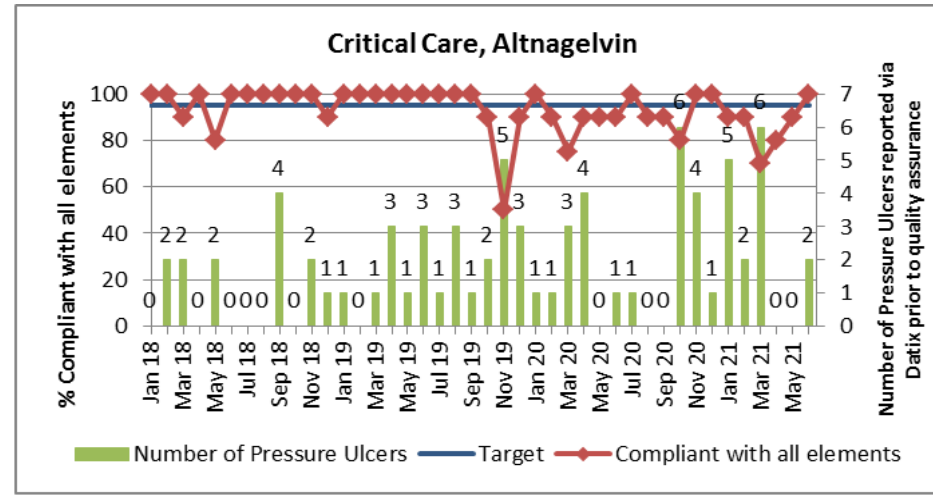
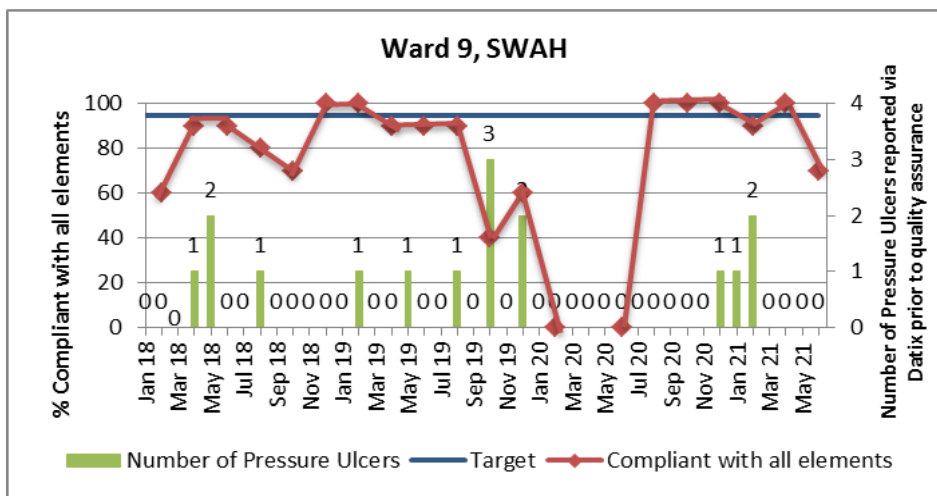
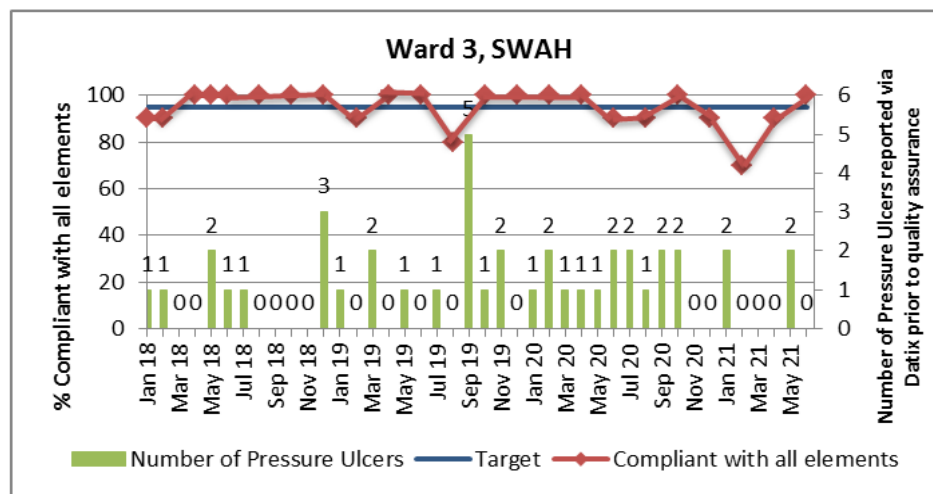
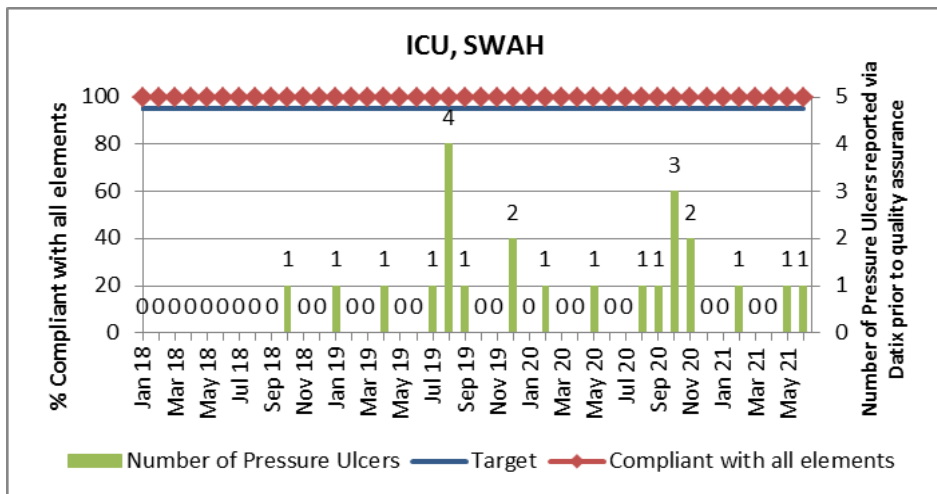
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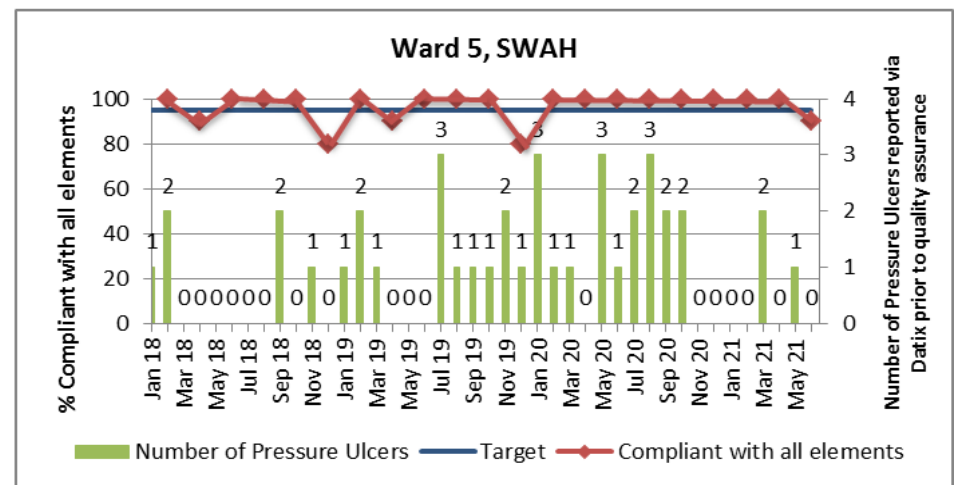
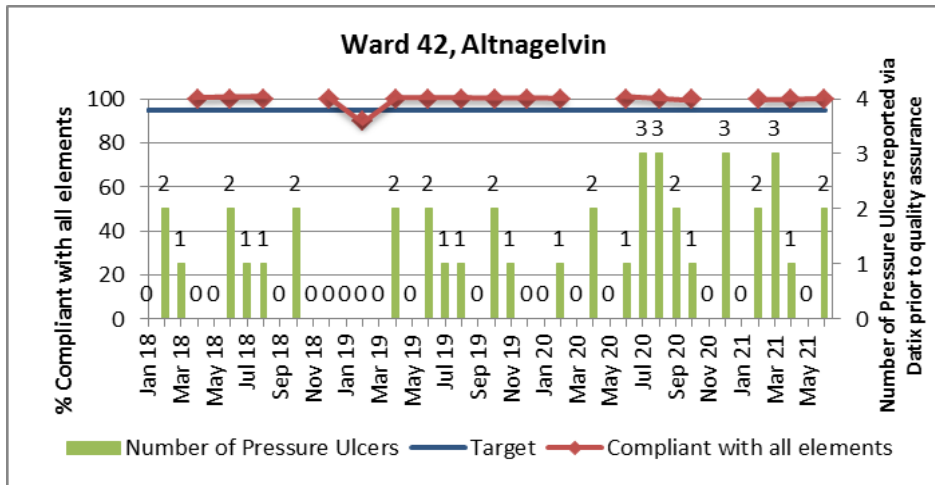
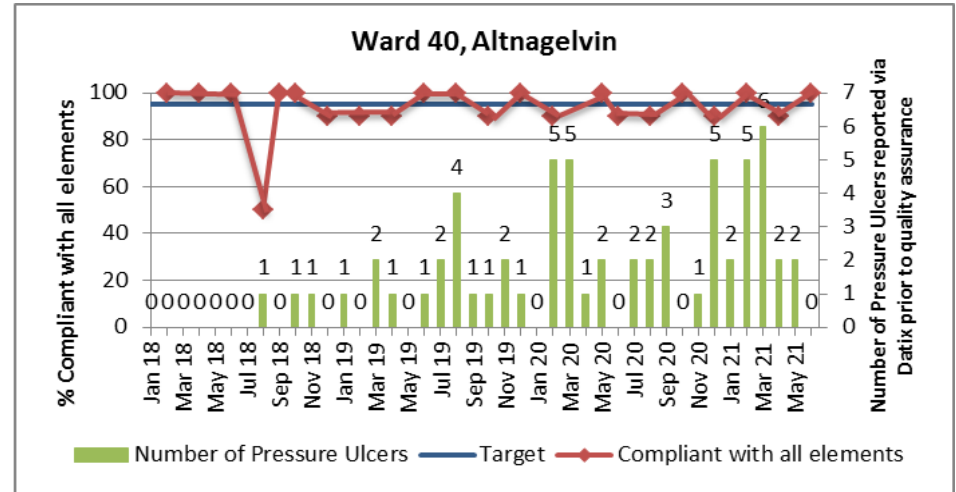
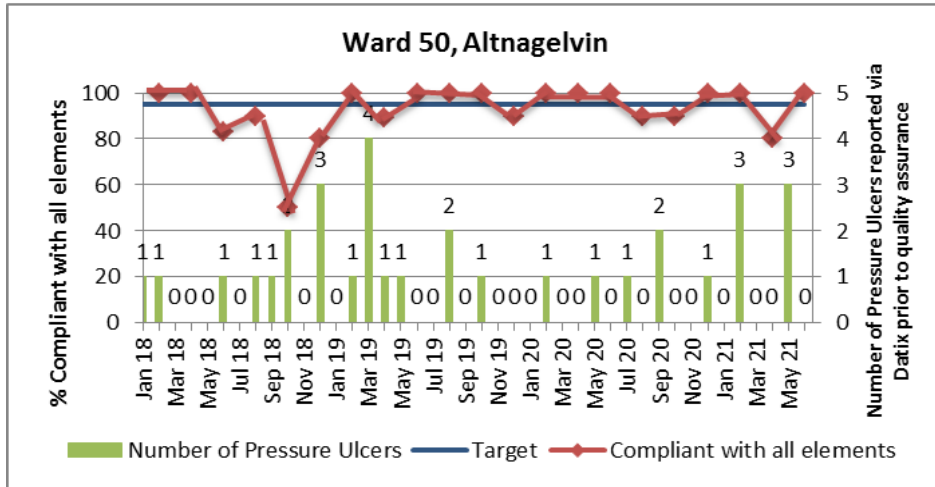
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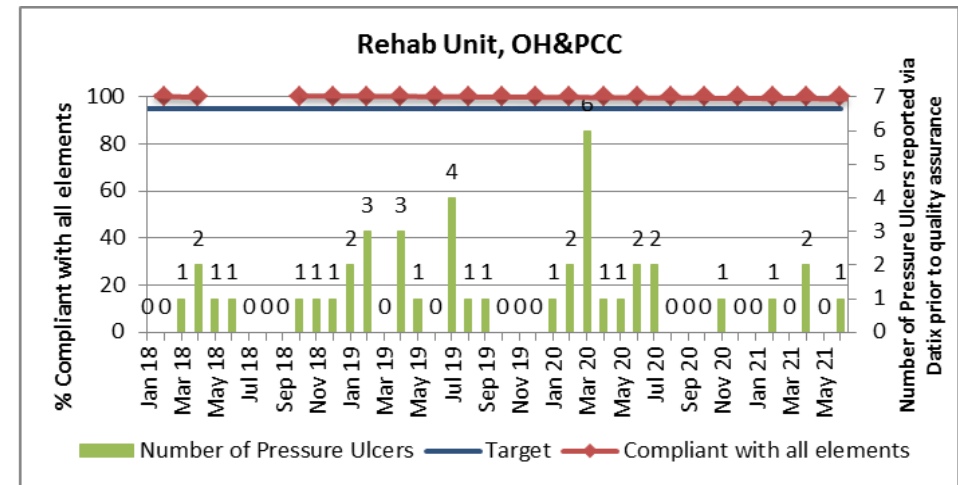
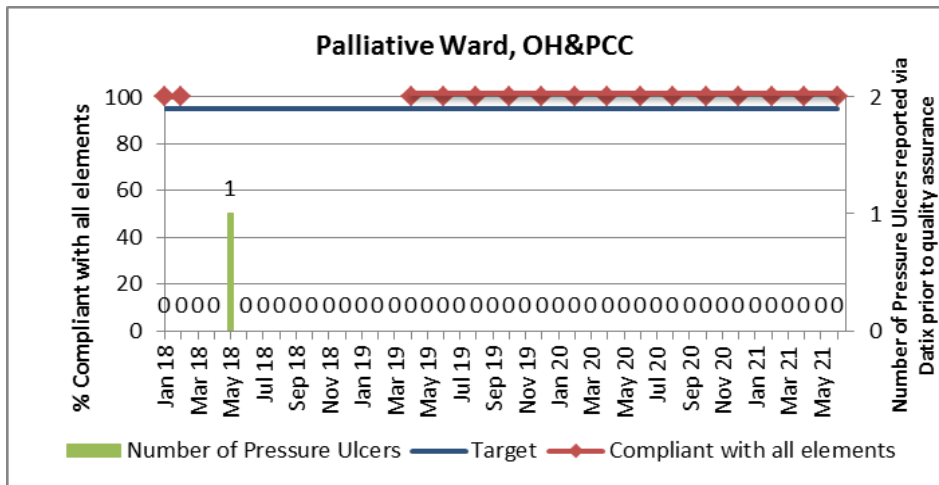
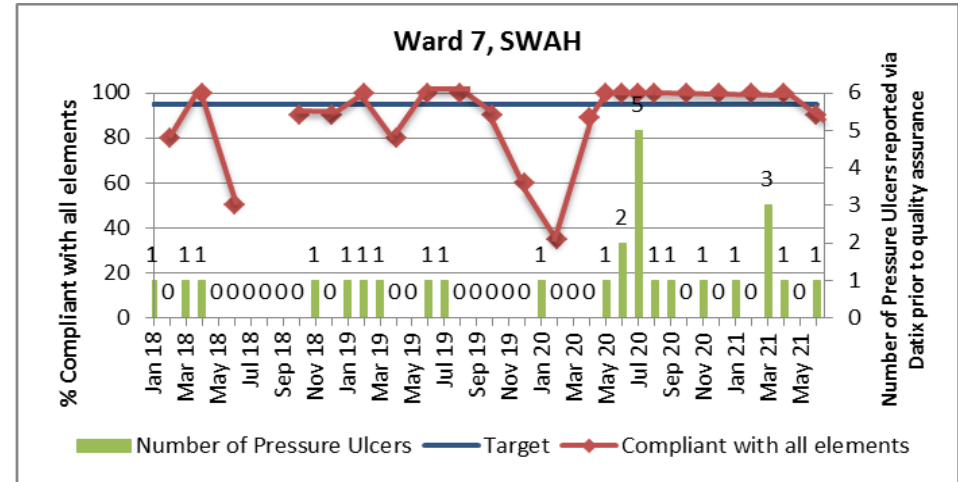
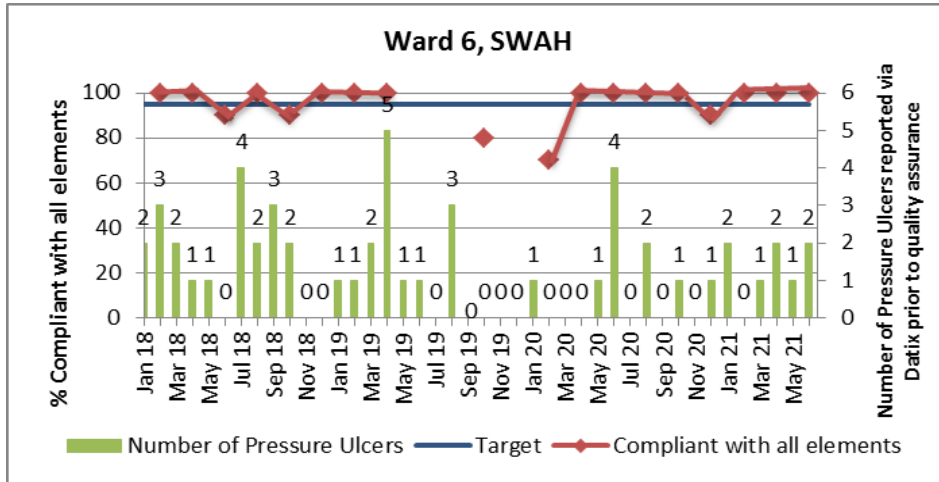
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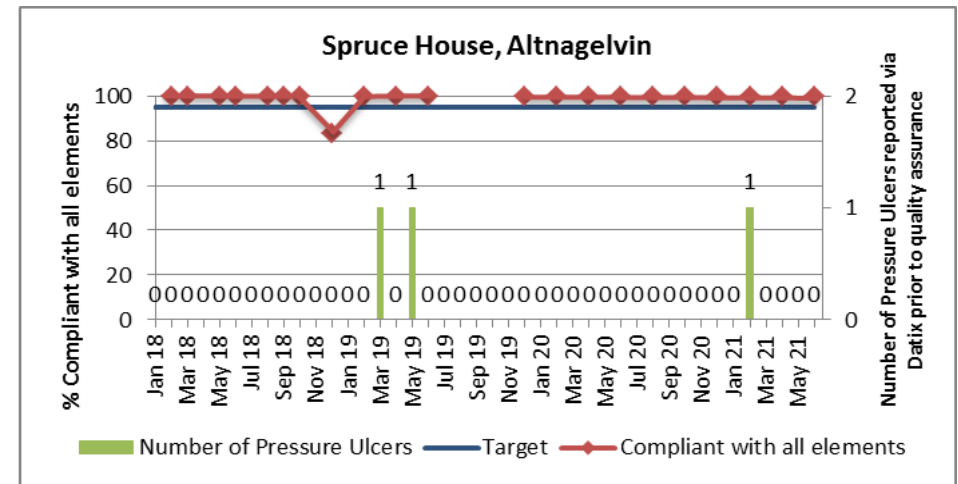
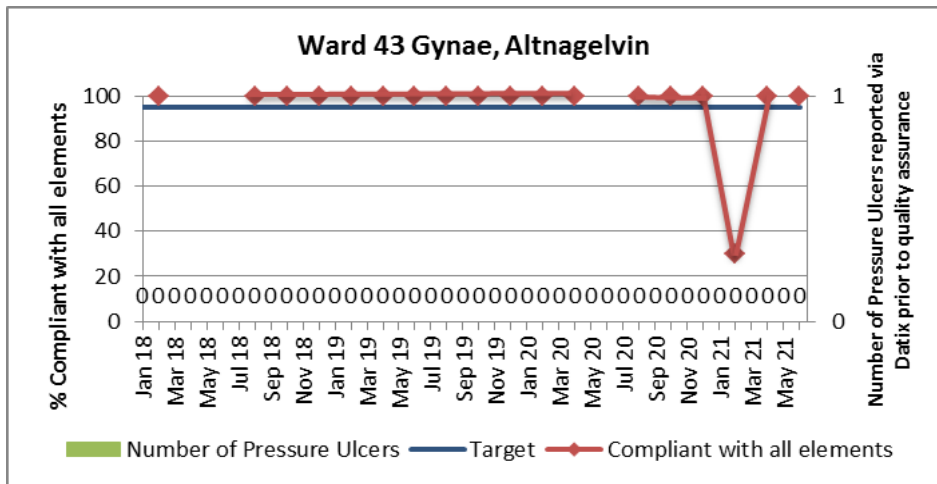
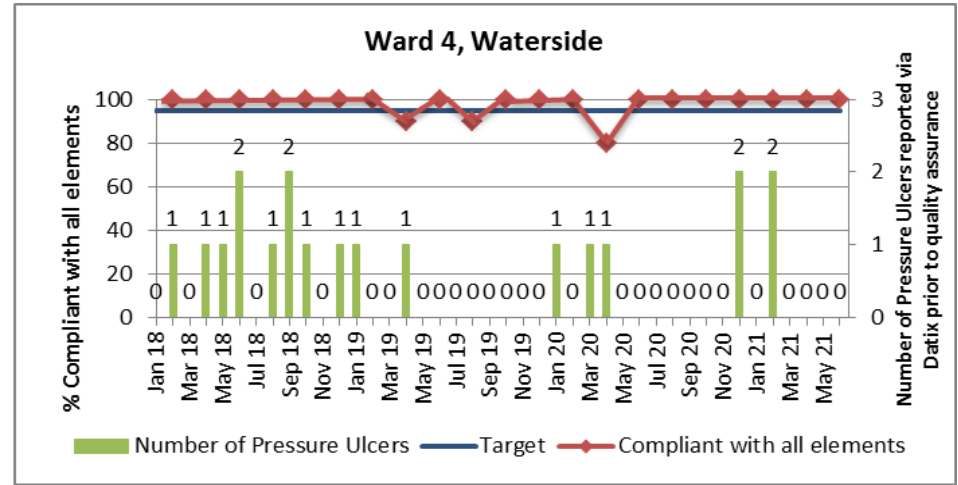
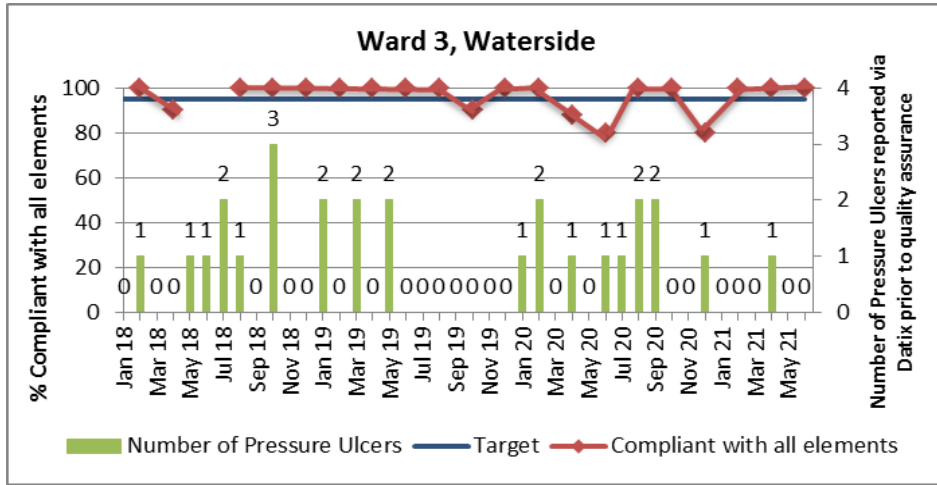
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