

QUALITY IMPROVEMENT PLAN (QIP) TARGETS QUARTERLY TRUST BOARD REPORT

PRESSURE ULCERS

1 September 2022

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 maintained.

In response to the rise in numbers of hospital acquired Pressure Ulcers face to face education sessions on pressure ulcer prevention and management have been reinstated in an effort to improve knowledge and skills. Departments with a recent avoidable pressure ulcer are given priority education sessions and this is followed up with an Action plan for the area to reduce the risk of re-occurrence. Furthermore, 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 our quarterly Tissue Viability Link Nurse meetings in line with COVID 19 guidelines. As a standing agenda item; time is provided 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 2021. A predominant Scottish Podiatrist: Duncan Stang, who has extensive knowledge and experience in heel ulceration kindly presented on differentiating aetiologies versus pressure on the foot. Throughout the week, Tissue Viability Nurses actively engaged with and encouraged staff to discuss pressure ulcer prevention and management to raise awareness.

The Post Incident Reviews have been established in practice with ward/department managers completing the investigation for S2 pressure damage and in conjunction with TVN for S3, S4, Unstagable and sDTIs. If an avoidable pressure ulcer has been determined TVN will conduct a Spot Audit on the adherence to the SSKIN Bundle and arrange a meeting with the manager to develop an action plan going forward to consolidate learning and reduce risk of re-occurrence.

Following from the WHSCT trial on Purpose T Risk Assessment Tool in 2020 it has been agreed regionally that Purpose T will replace the current Braden assessment score later this year. This will likely coincide with the implementation of the new regional SSKIN bundle developed in conjunction with all trusts within Northern Ireland.

The 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; this enables the team to remove inappropriate/inaccurate reports and to identify patients who require Tissue viability input prior to an official referral to the service.

The Tissue Viability Team has held on to the gains from the restructure of the Tissue Viability Service. This restructure involved the adoption of a virtual service, 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, increased incidence of pressure ulcers, very ill patients, more complex conditions, staff absence, use of bank and agency nurse / staff, and redeployment to areas not familiar to those staff.

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 in recent years, highlighted below. If compliance with the skin bundle was as indicated this rise in avoidable pressure damage would not have occurred. The tissue viability team do conduct independent spot audits (based on avoidable pressure damage) on the SSKIN Bundle with no ward/department demonstrating the level of compliance reported below. TVN would like to highlight the healthy DATIX reporting culture within the acute setting in reporting pressure damage, likely as a result of the continued work to raise awareness.

Within the last year we have seen a reduction in pressure ulcer development and avoidable pressure damage. This is like due to the targeted education and action plans the tissue viability team has facilitated with a small number of areas/departments within the Trust. The team aims to continue this, as resources allow with the aim of further reducing pressure damage in 2022/23.

Figure 1: Record of Pressure Ulceration development across WHSCT since 2013-2022

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
2021-22	1.1	277	-28.2	76	36

Figure 2: Compliance with SKIN bundle completion across acute wards

2021/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: 95%	96%	96%	95%	91%
Overall PU Rate: 1.1 per 1000 bed days	0.93	1.14	1.14	0.98

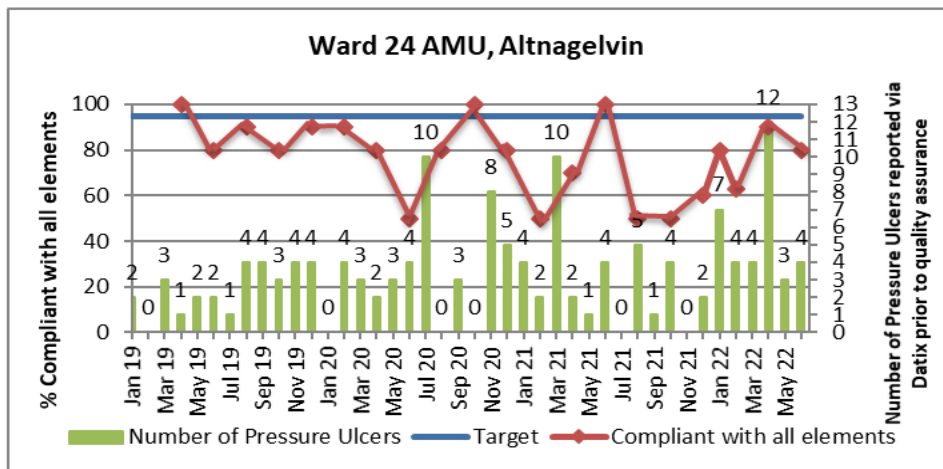
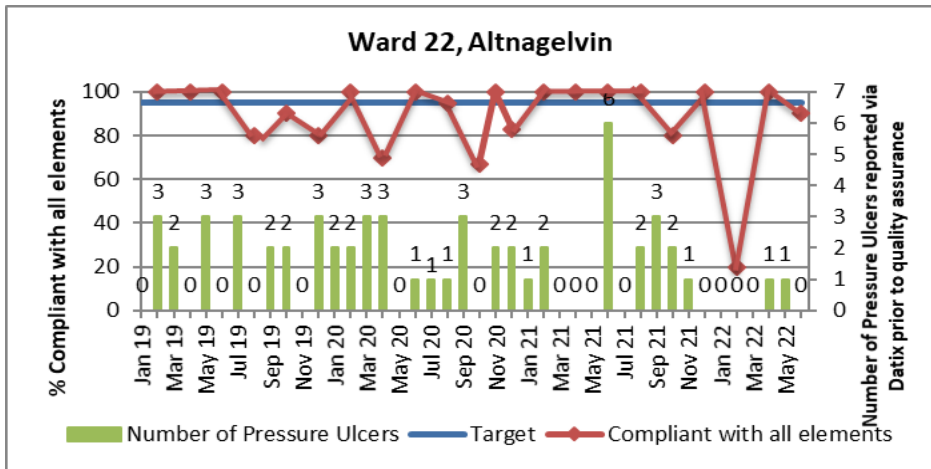
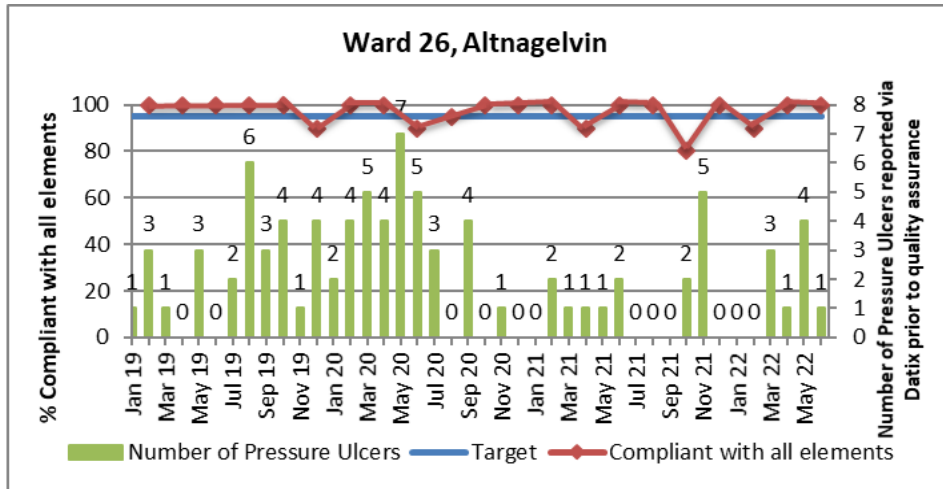
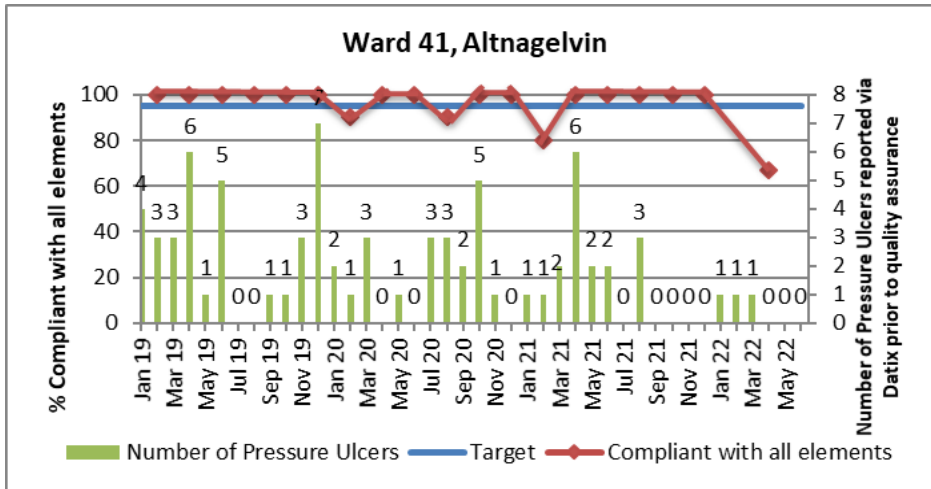
Figure 3: Pressure ulcers reported to PHA following data cleansing and quality assurance 2021/22

Total number of pressure ulcers reported across Acute sites 2021/22	Pressure Ulcers Stage 3 and 4	Avoidable pressure ulcers
277	76	36

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:-

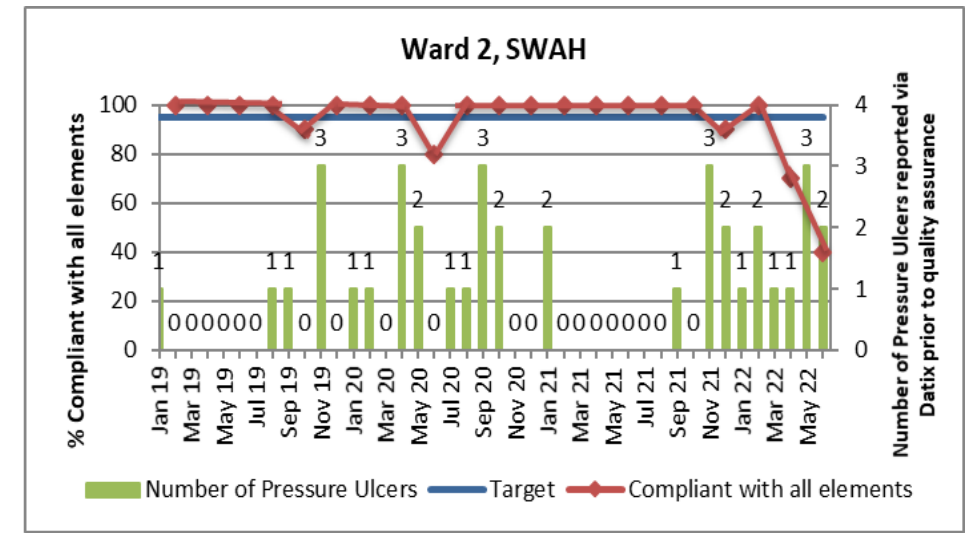
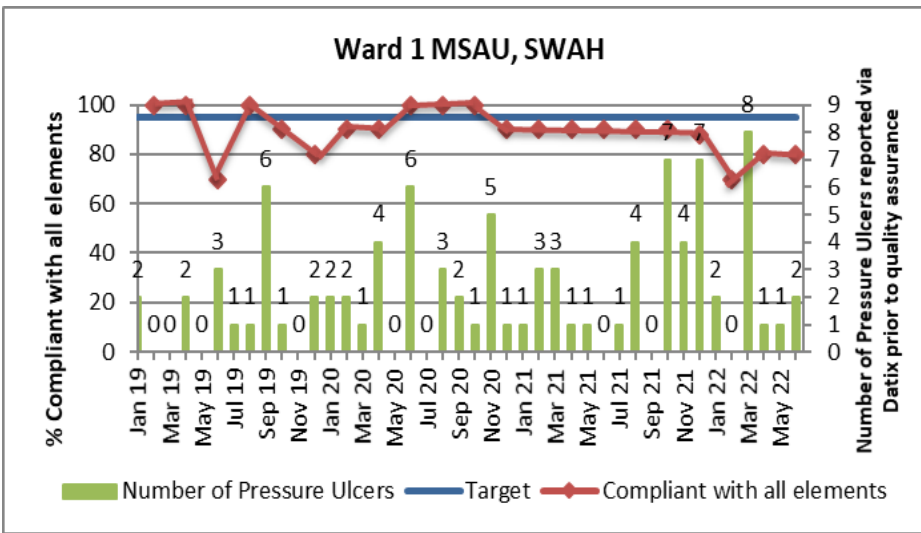
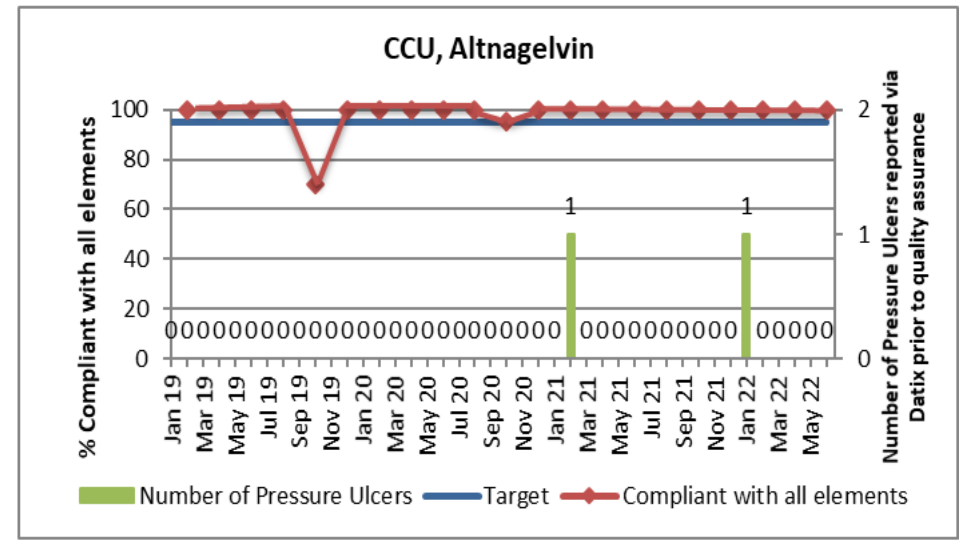
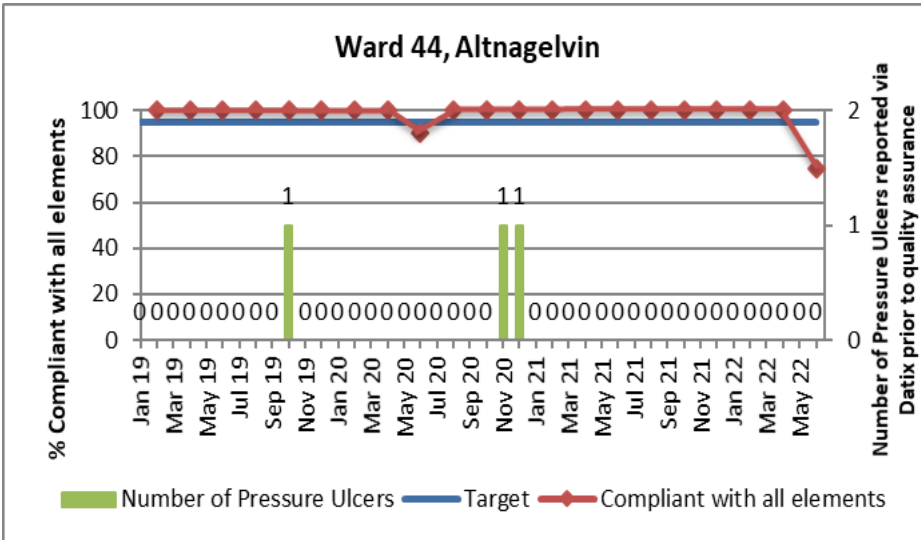
Pressure Ulcers

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.



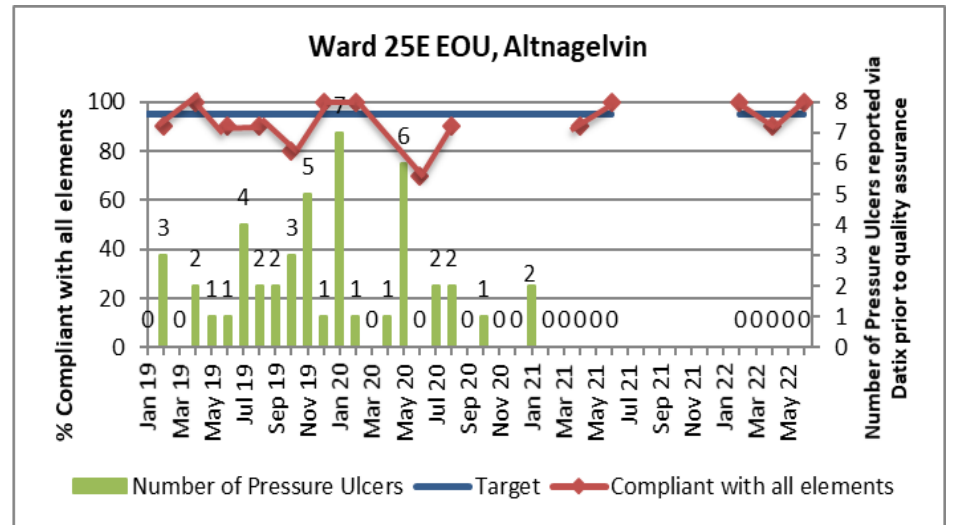
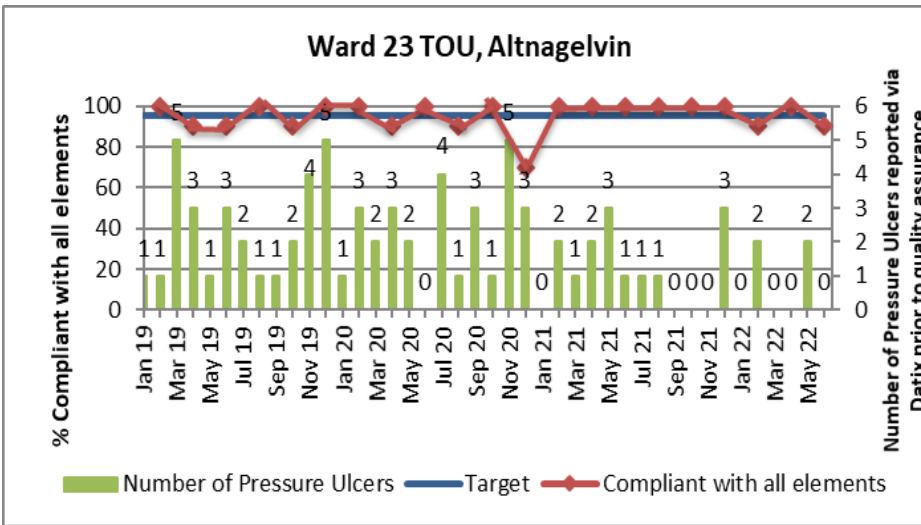
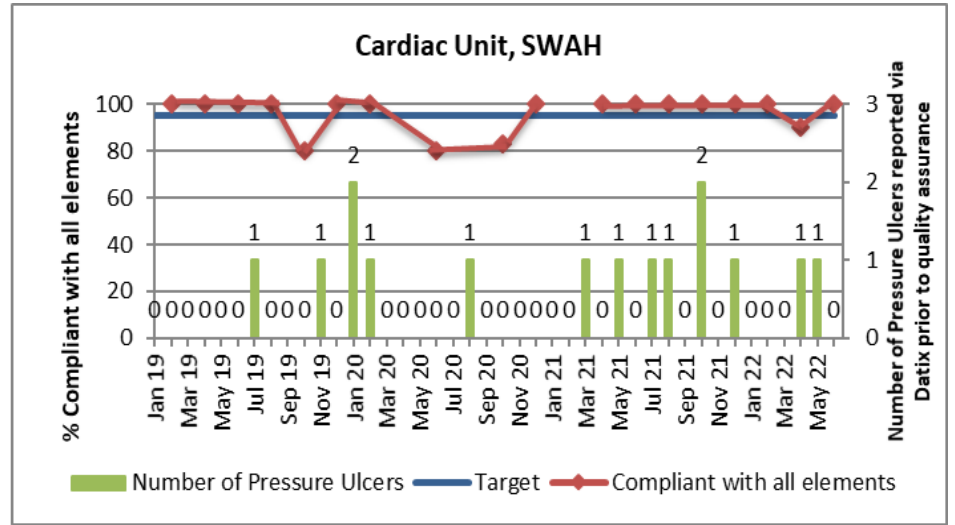
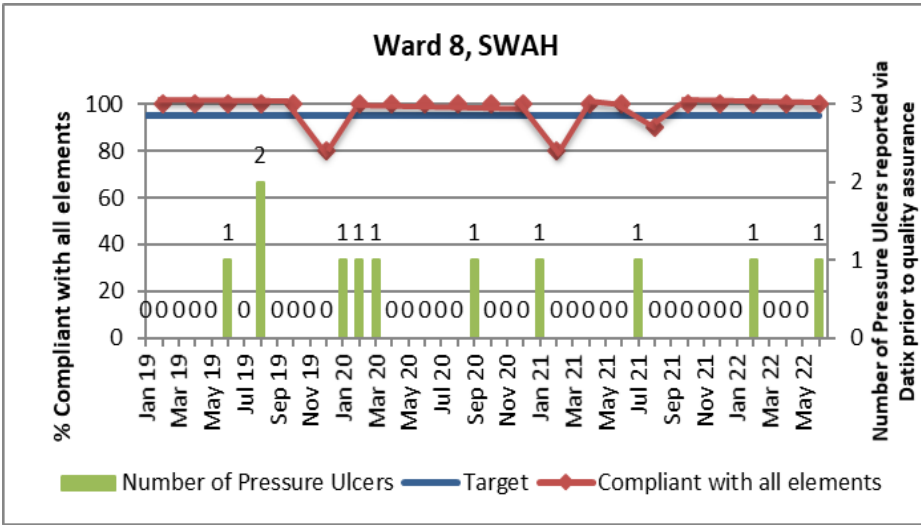
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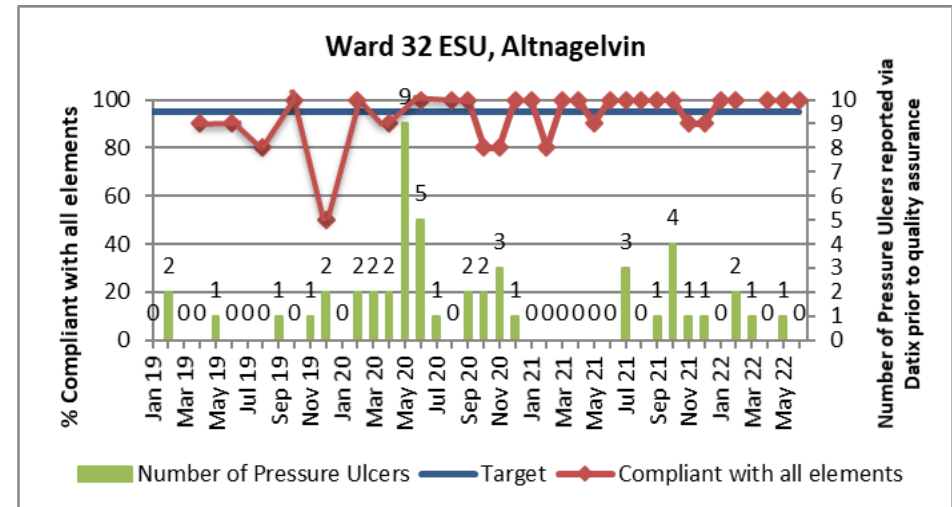
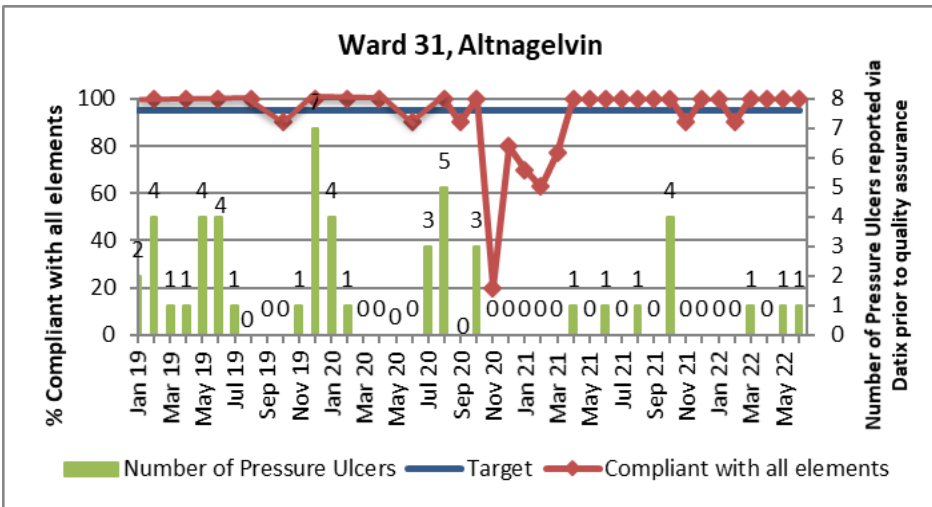
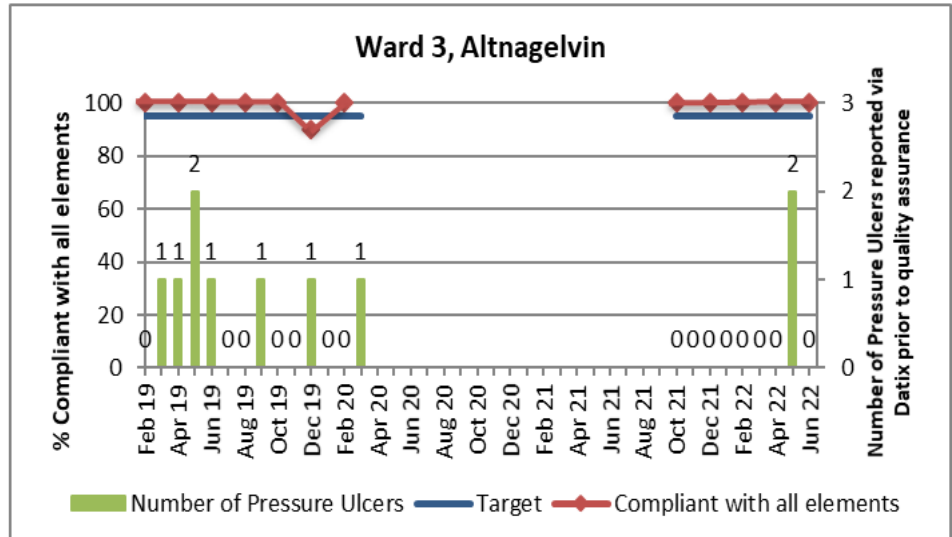
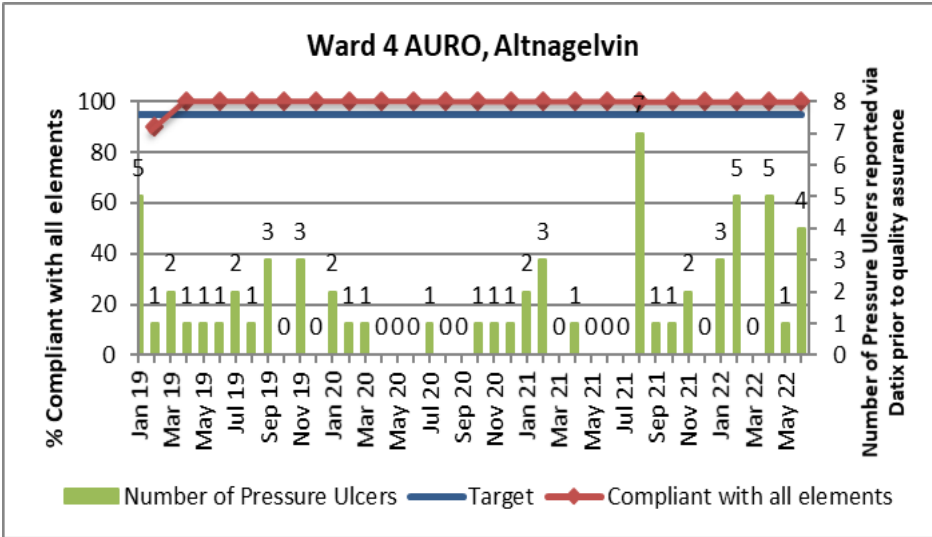
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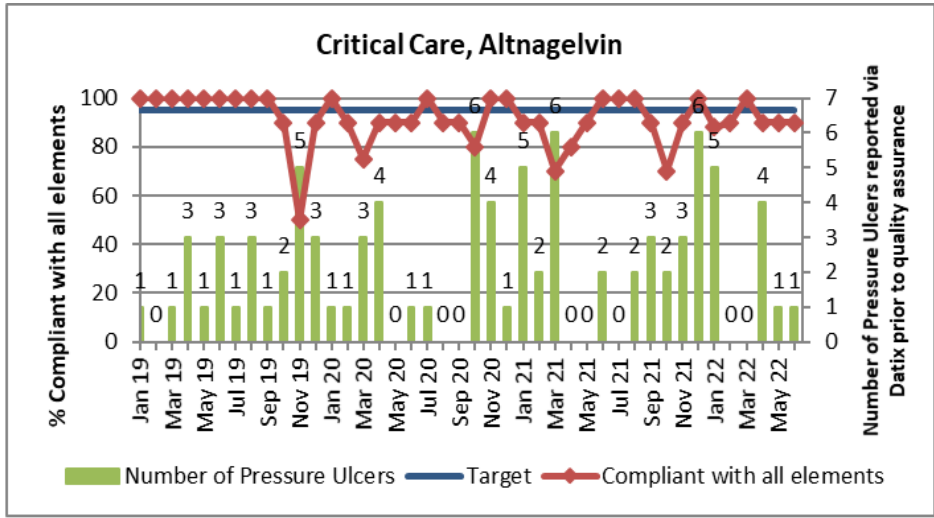
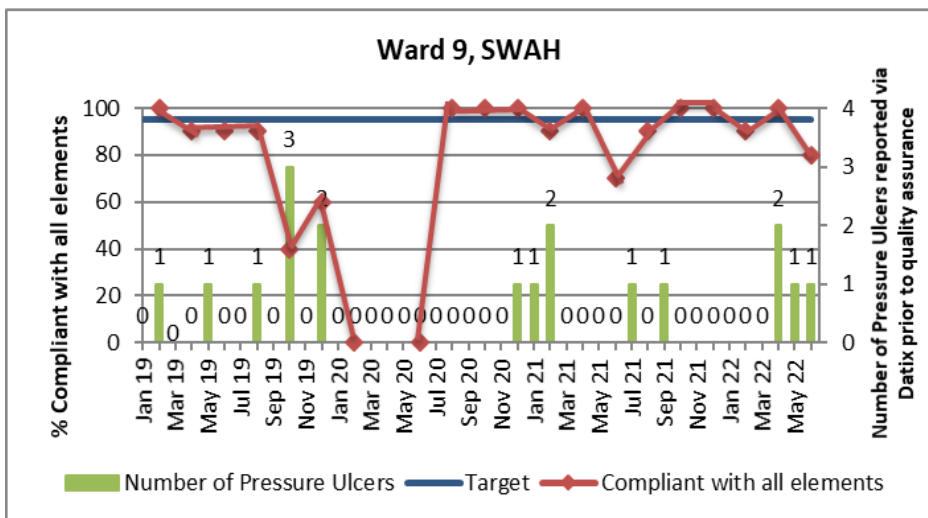
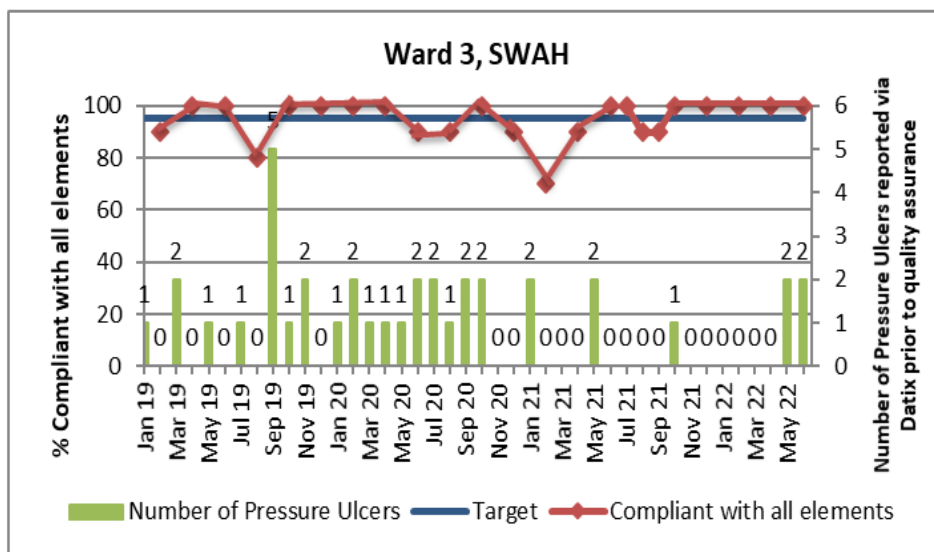
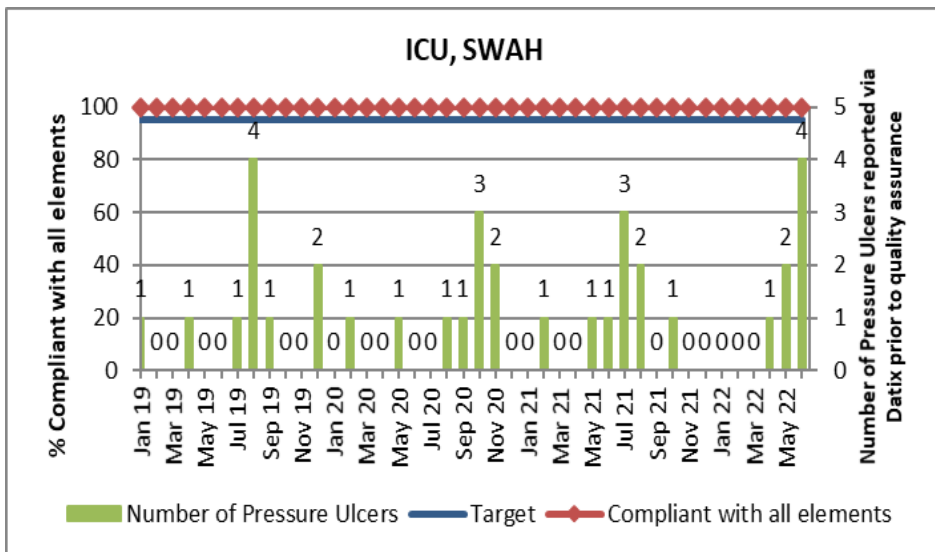
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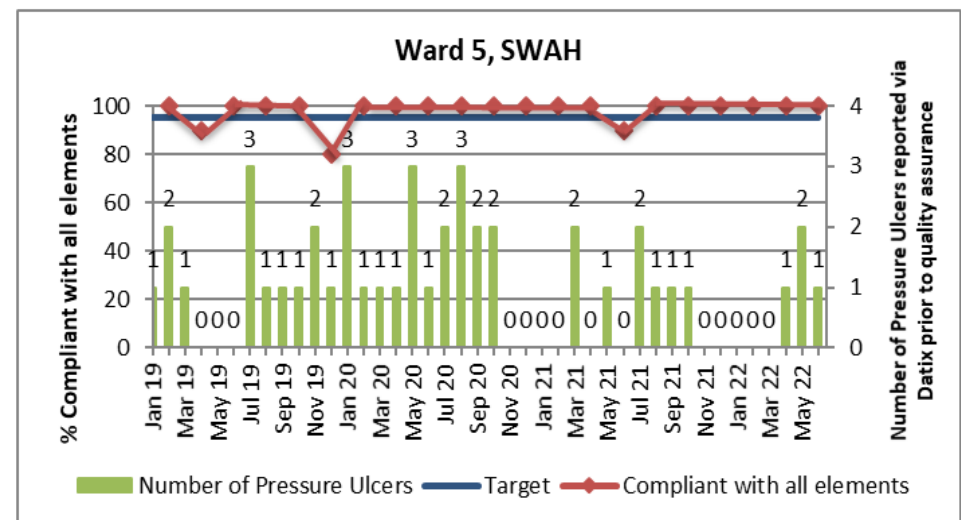
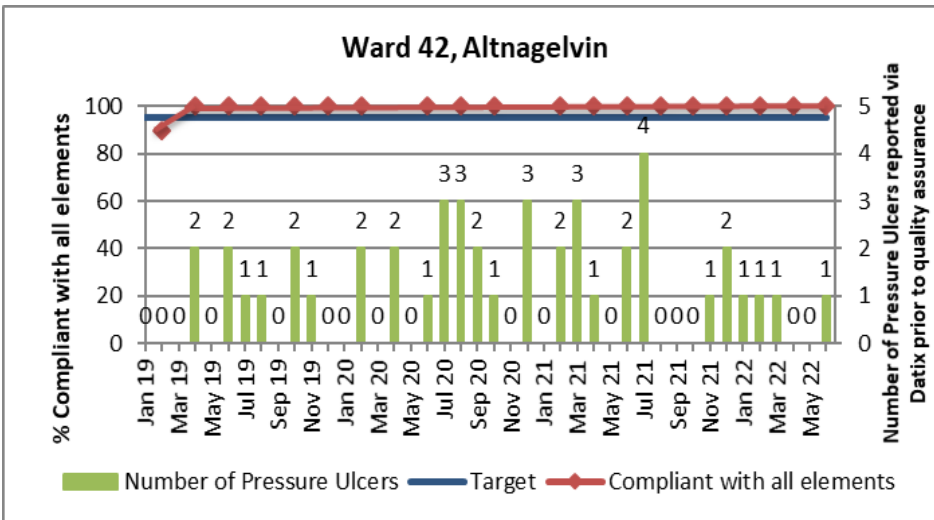
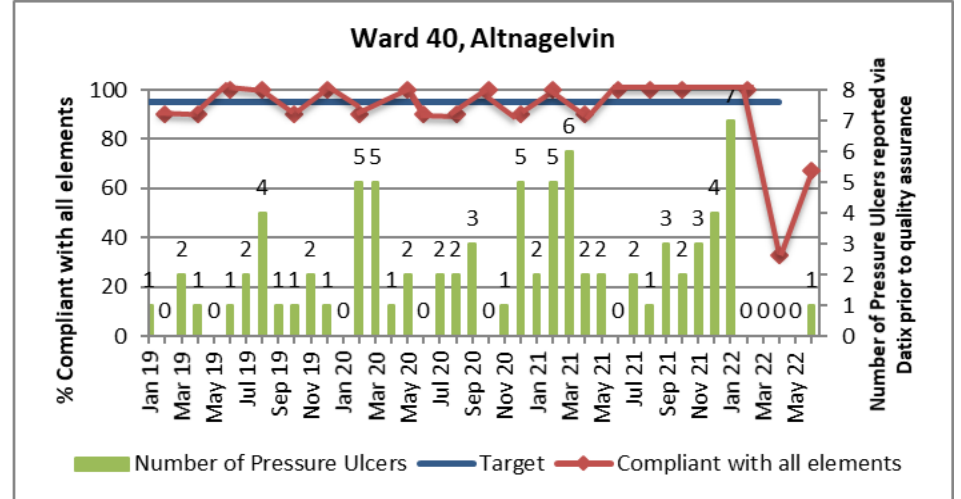
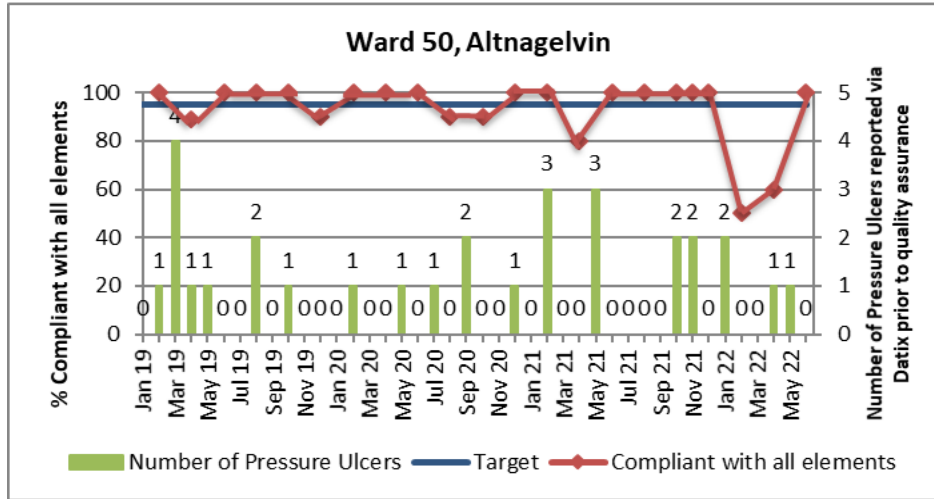
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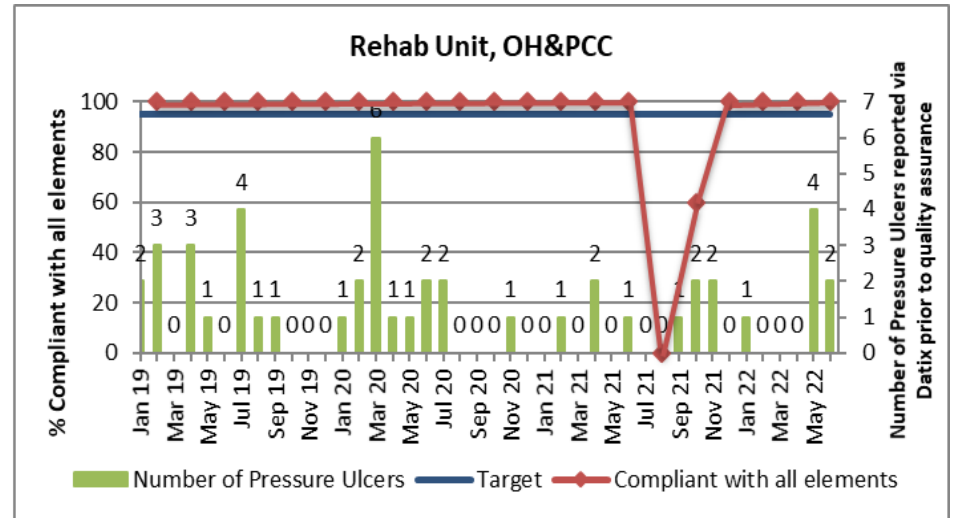
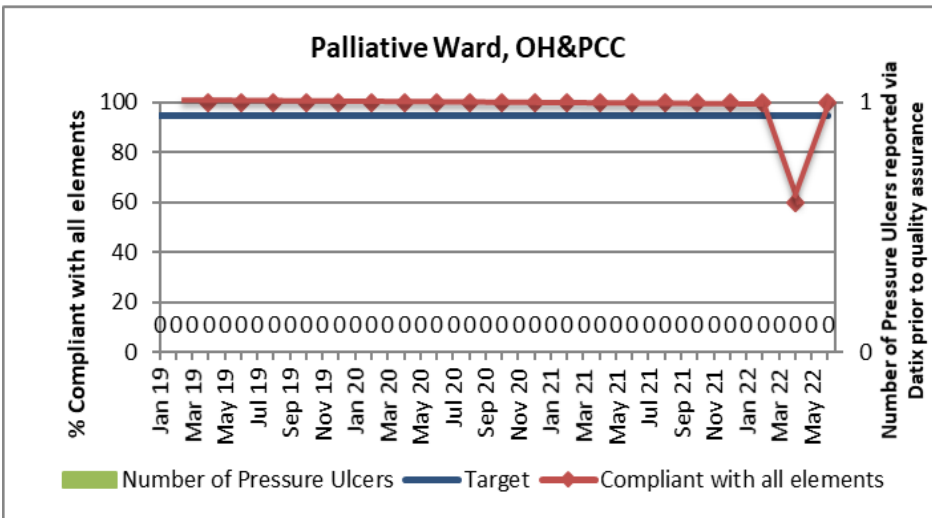
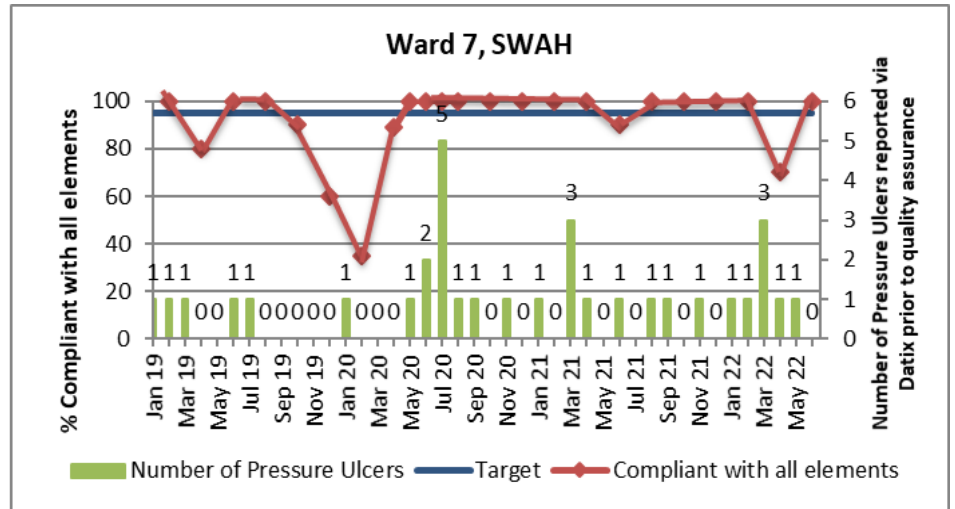
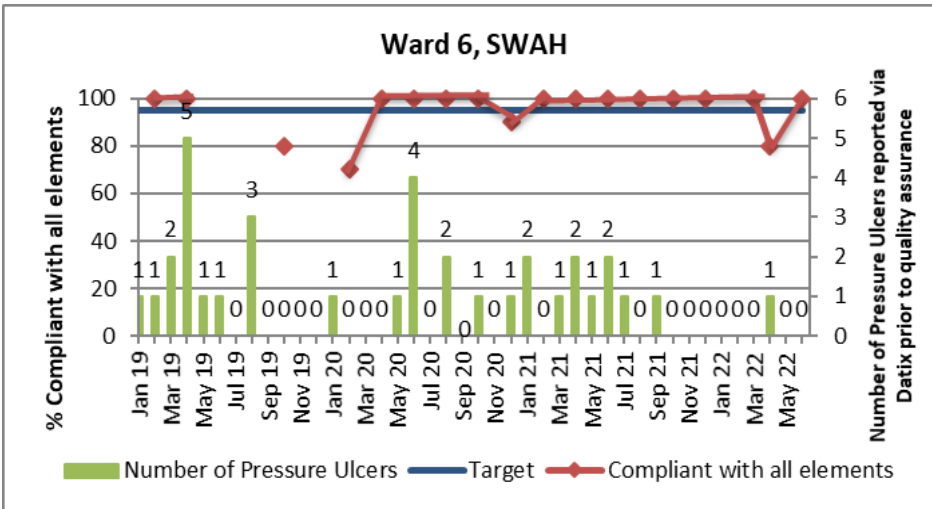
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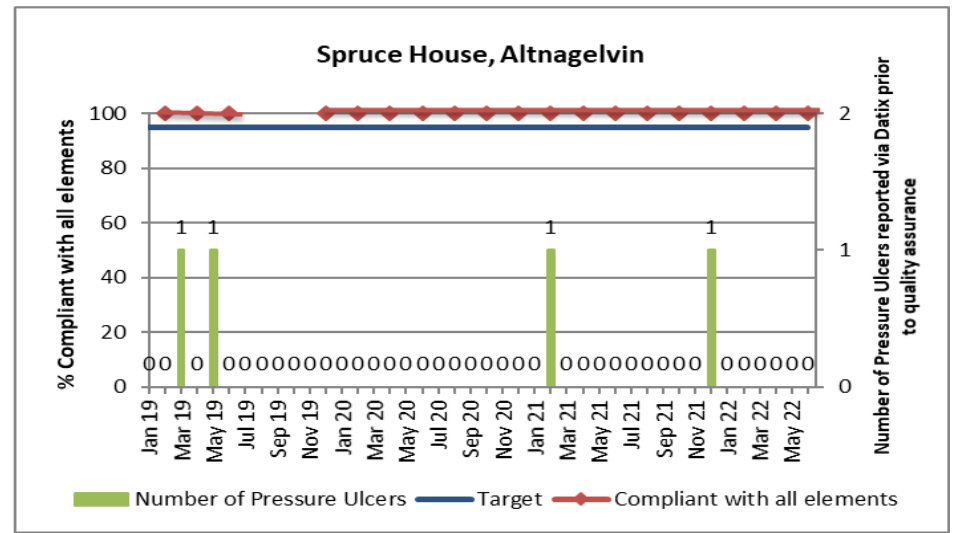
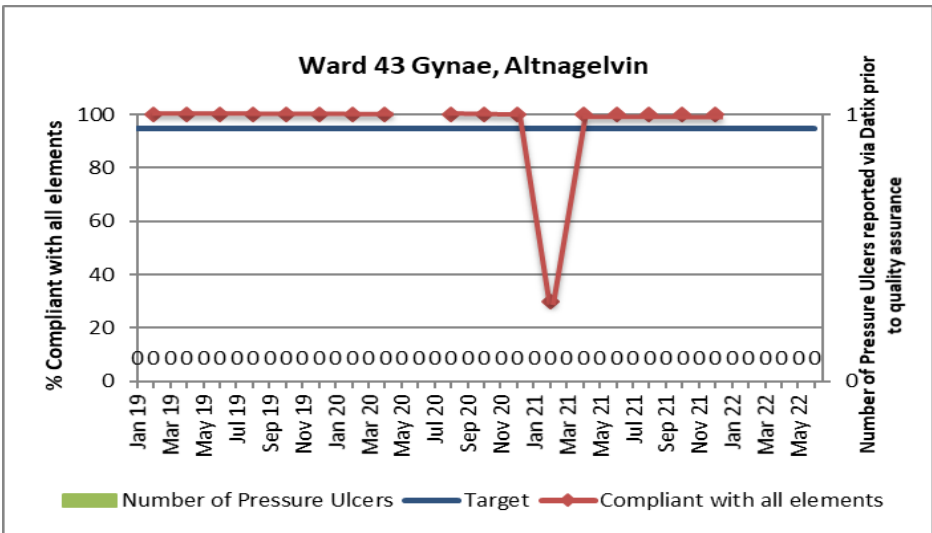
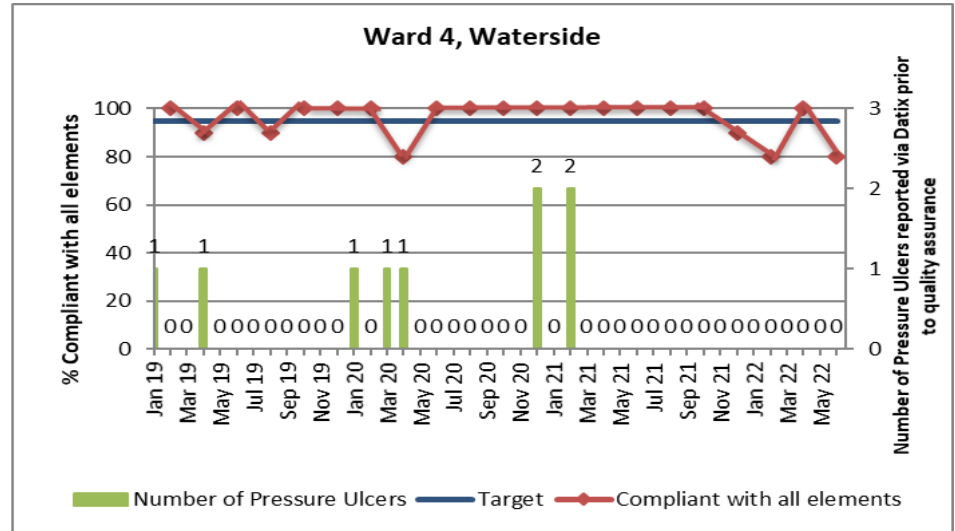
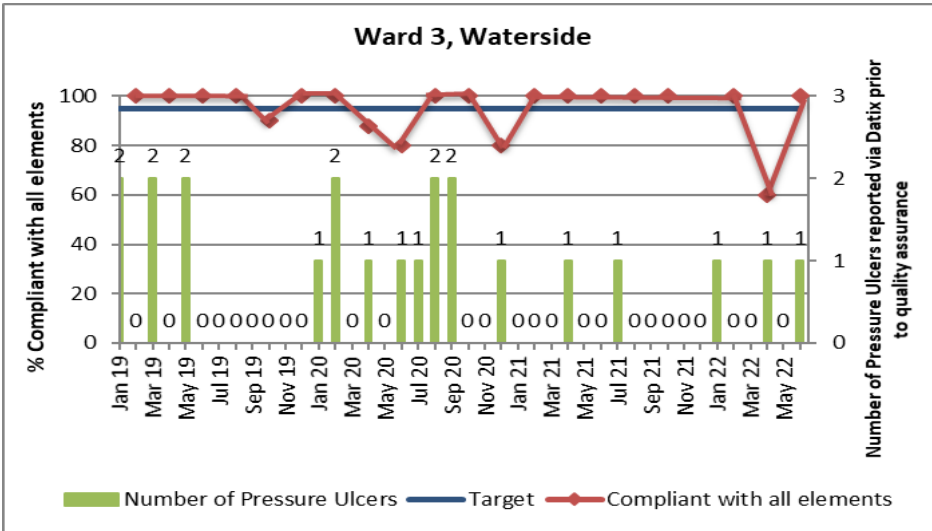
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