The Journey towards zero avoidable pressure ulcers…

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Understanding the context of frontline care

- What's good about it?
- What's not so good?
- What could be improved?

Caring is the essence of nursing

It's a Fact that …

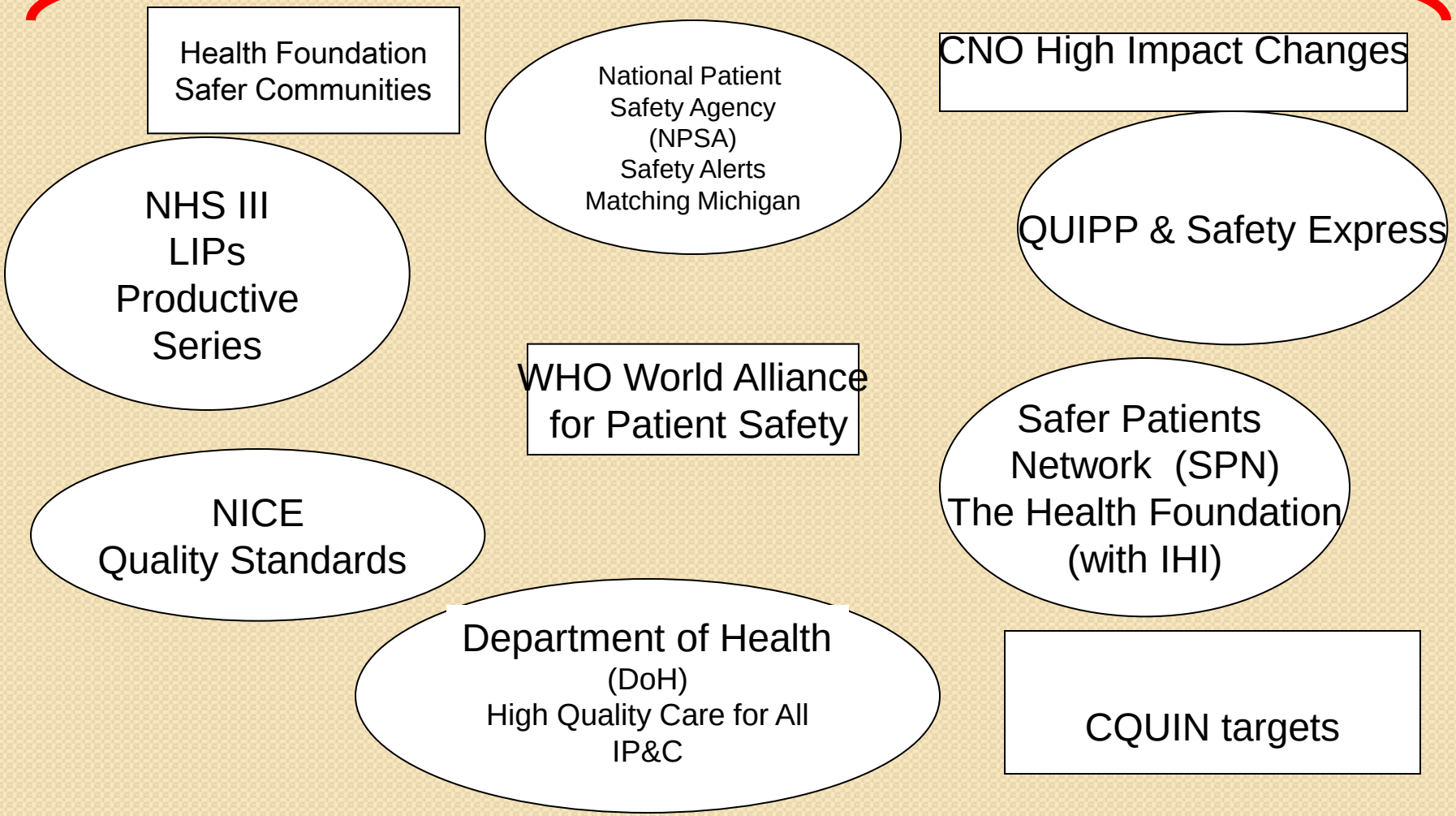
"Without good and careful nursing many must suffer greatly, and probably perish, that might have been restored to health and comfort, and become useful to themselves, their families, and the public, for many years after."

Benjamin Franklin (1751)

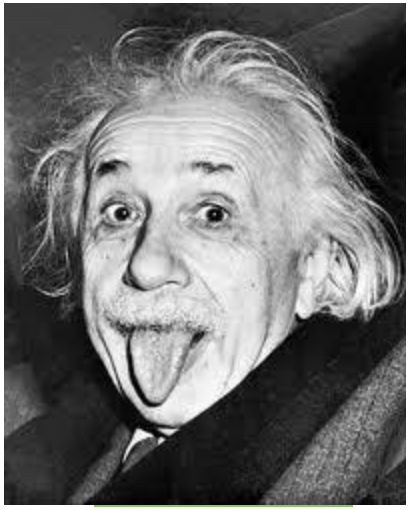
The Vision

The Reality in Practice

How do we make sense of all the expectations & bring the work into a coherent whole



Transforming Care



- *"Insanity: doing the same thing over and over again and expecting different results".*
- If we truly want to 'transform 'the care we deliver we need to radically redesign our care processes

Institute of Medicine Aims

- Safe (no needless deaths)
- Timely (no unwanted waiting)
- Efficient (no waste)
- Effective (No needless pain or suffering)
- Patient and family centred (no helplessness)
- Equitable (for all)

IOM= Crossing the Quality chasm 2001 (IHI)

Pressure Ulcers
The “Case for Change”

- National focus on Patient Safety
- I in 10 patients harmed by what we do
- Poor public perception of fundamental nursing care
- Impact of financial cutbacks
- Pressure Ulcer Incidence 1 in 5
- As high as 1 in 3 (ICU’s)

Facts

- Pressure sores are an increasing problem that affect thousands of people unnecessarily every year..
- They are painful, debilitating and can be life threatening
- The cost of treating a pressure ulcer varies from £1,064 -£10,551 with the estimated total cost in the UK of between £1.4–£2.1 billion annually- 4% of total NHS expenditure (Bennett et al 2004)

An International concern

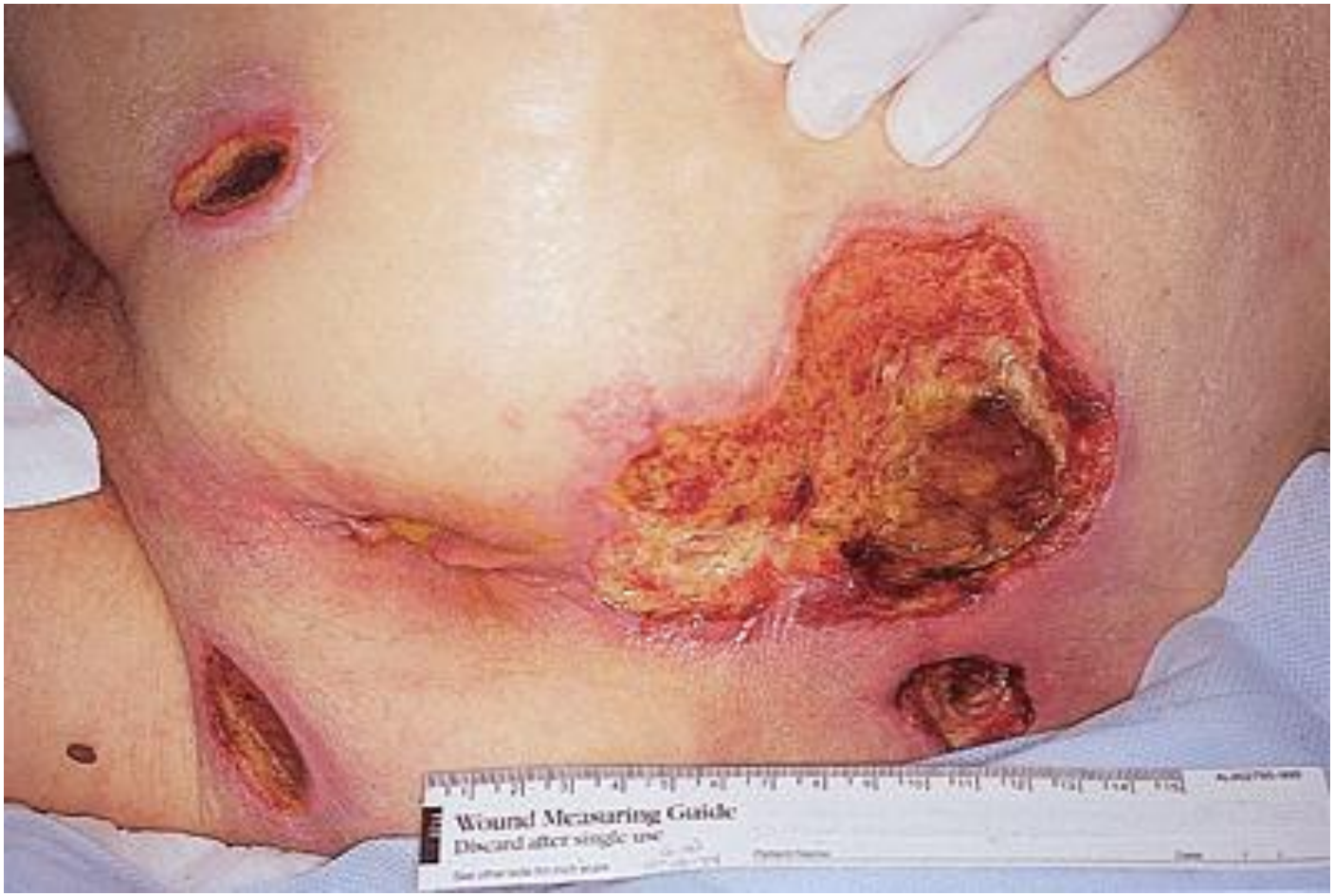
- EPUAP hospital prevalence survey pilot 2002 - 5947 patients
- Belgium 21.1%, Portugal 12.5%, Italy8.3% Sweden 22.9%, UK 21.9%
- Overall prevalence 18.1%
- Influenced by patient population and their vulnerability to develop pressure ulcers

What Does the Evidence Tell Us?

- Risk is predictable
  - age immobility, incontinence, poor nutrition, sensory problems, circulation problems , dehydration and poor nutrition
- Skin Integrity can deteriorate in hours
  - Frequent assessment prevents minor problems from becoming major ulcers
- Wet skin is more vulnerable to skin disruption and ulceration
  - But dry skin is a factor as well
- Continual pressure, especially over bony prominences, increases risk
  - Pressure relieving surfaces work

Reddy et al JAMA 2006;296: 974-84

Avoidable!!!!!



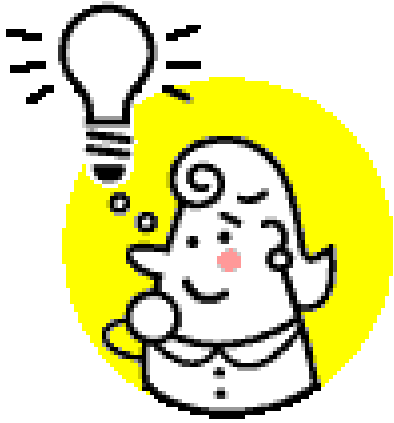
*Source: www.la4**seniors**.com/bedsores*

Connecting hearts and minds
Getting the balance right

- A pressure ulcer causes pain and suffering
- It holds a cost for the patient , the family and the organization
- Remember Incidence rates relates to people
- Prevalence relates to people
- Don’t forget the person in HAPU

Making it personal

The Journey Begins



- IHI Fellowship
- 5,000,000 lives campaign
- Ascension Hospital System's
- Getting to Zero campaign
- The SKIN Bundle™

Exemplars of success

New Jersey Hospital Association

- Educational programs, e-mail information distribution list, monthly conference calls with experts
- 70% reduction in pressure ulcer incidence and 30% reduction in prevalence

"No ulcers"

Nutrition and fluid status
Observation of skin
Up and walking or turn and position
Lift (don't drag) skin
Clean skin and continence care
Elevate heels
Risk assessment
Support surfaces for pressure redistribution

Exemplars of success

Ascension Health

- Nurses throughout the organization created and implemented care methods under the SKIN bundle
- Reduced pressure ulcer incidence to about 1.4 per 1,000 patient days system-wide
- Six hospitals had no pressure ulcers for 1 year
- Almost all that did occur were Stage I or II

SKIN bundle

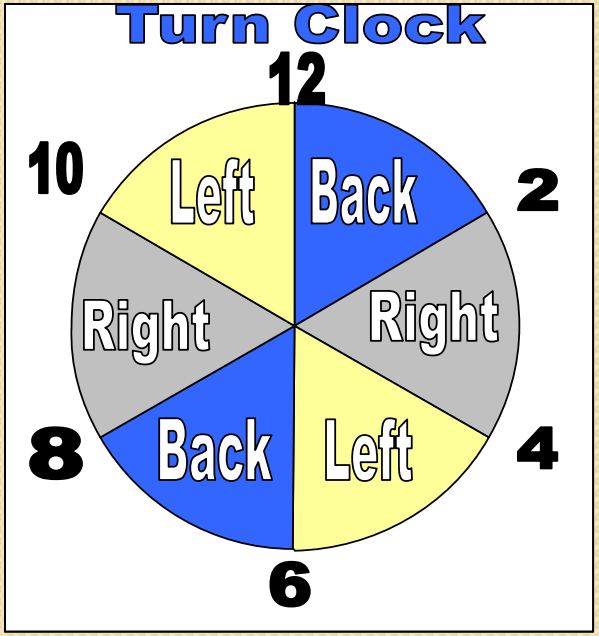
Surface selection

Keep turning

Incontinence management

Nutrition

Tools


Turn Clock
12
2
4
6
8
10
Left
Back
Right
Right
Back
Left


12:25
SAT
PM
LIGHT
ALARM
SET /DATA


Atmos Air 9000

Welsh Healthcare

- Population 2.98 million
- Devolved responsibility for the National Health Service
- 71,467 WTE staff
- 7 Local Health Boards integrating primary, secondary care, community and mental health

The 1000 Lives campaign

Aim:

To save 1000 lives and to avoid up to 50,000 episodes of harm in Welsh healthcare between 21 April 2008 and 21 April 2010

- Improving Leadership for Quality
- Reducing Healthcare Infections
- Improving Critical Care
- Reducing surgical complications
- Improving Medical & Surgical Care
- Transforming care at the bedside (TCAB)

YMGYRCH 1000 LIVES CAMPAIGN O FYWYDAU

Fundamental Principles of Patient Safety

- **Prevention**
- **Detection**
- **Mitigation**

Tissue Viability Care-The reality…

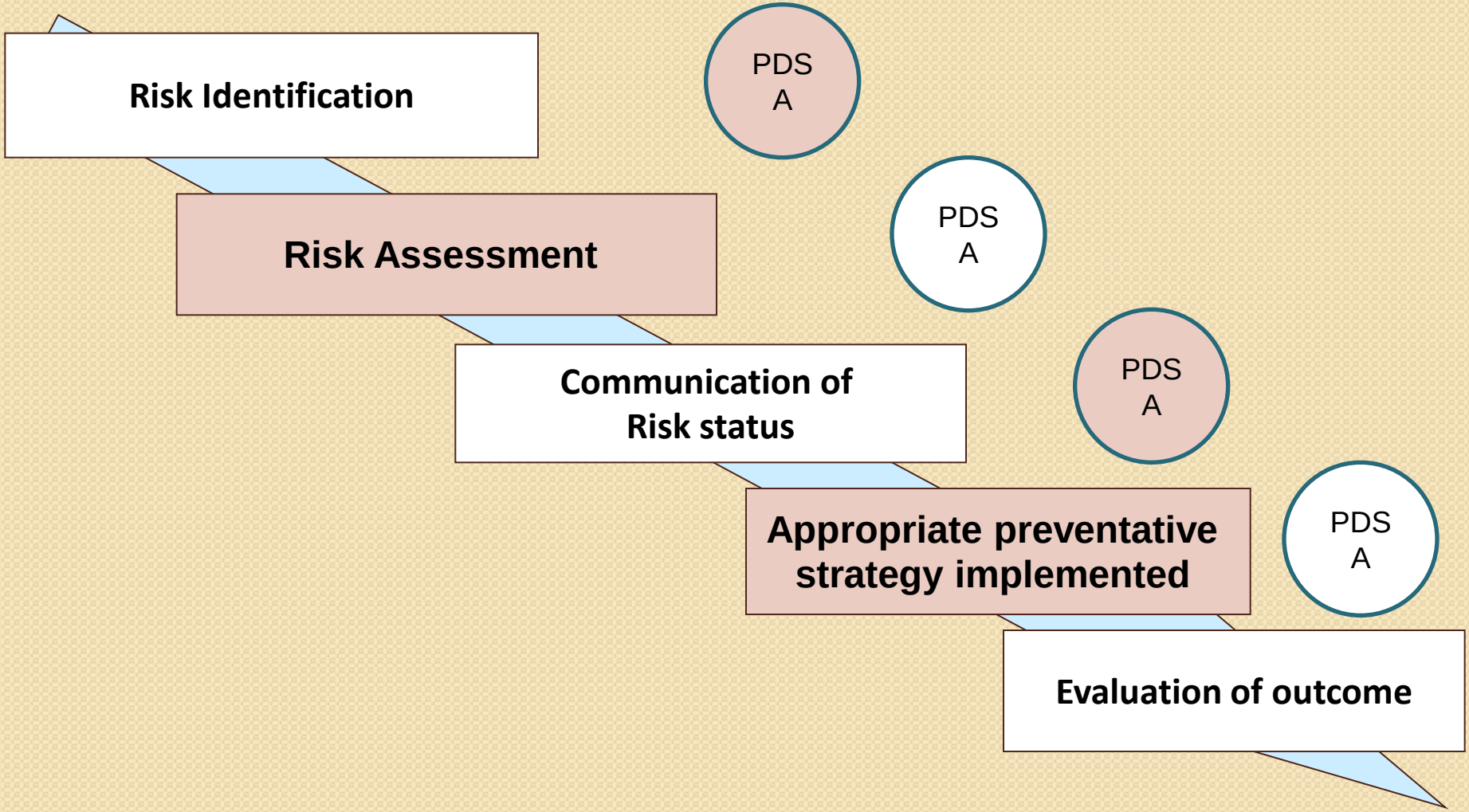
- Inevitable consequence
- Focus largely on mitigation
- Root cause analysis
- Education and Training
- Equipment
- Grading /Staging of Pressure Ulcers
- Treatment
- Measuring Prevalence
- Lots of activity but ...

A new direction?

- Quality Improvement Methodology
- Shifting the focus to Prevention
- Real time measurement
- Partner with Patients and families
- Making the connections

Content Area	Drivers	Interventions
Reduce the Percentage of Hospital acquired Pressure Ulcers(per 1000 patient days By 50% by 2010	**Risk Identification**	Understand the risk factors for acquiring pressure ulcers Understand the local context & analyse local data to assess patients on ward/unit most at risk Utilise patient 'At risk' cards to quickly identify those at increased risk
	Risk Assessment	Assess pressure ulcer risk on admission for ALL patients Re-assess skin every 8 hours where necessary Initiate and maintain correct and suitable *preventative* measures
	Reliable Implementation of the SKIN 'bundle' 'Ascension health's initiative 2004'	Address these areas: **Surface** **Keep Moving** **Incontinence** **Nutrition**
	Identification, grading of pressure ulcers existing on admission /transfer & appropriate intervention	Initiate and maintain correct and suitable *treatment* measures Utilise the local Tissue Viability nursing expertise
	Education	Educate staff regarding the assessment process, identification and classification of, and treatment of pressure ulcers Educate Patients & family Develop patient information pack

Developing a systems-based approach to the prevention of pressure ulcers



Ascension

Implement Interventions
To Prevent Skin Breakdown

UCLH

Safety Cross

		1	2		
		3	4		
		5			
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
		25	26		
		27 (2)	28		
		29	30	31	

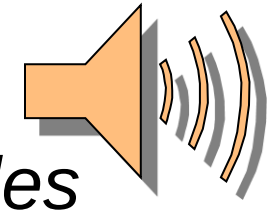
Days since last PU

____ days

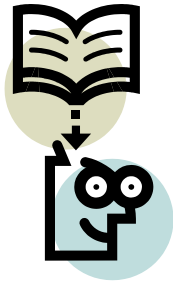
No new PU	
Ward acquired PU	
Patient admitted with PU	

Communication

- Verbal
- *Safety Briefings/Safety Huddles*



- Written
- *Documentation/charts*



- Visual
- *Visual cues*

PUP
Pressure
Ulcer
Prevention

SKIN Bundle Communication Tool for Pressure Ulcer Prevention

Patient Name:	Mr Dylan Thomas											
Date	25May 2010						26 May 2010					
	Mdnt	4am	8am	noon	4pm	8pm	Mdnt	4am	8am	noon	4pm	8pm
SURFACE												
1. Therapulse	✓											
2. Rotlo cushion	✓											
KEEP MOVING												
1. Skin assessed												
-Right side	✓											
-Left side	✓											
INCONTINENCE												
1. Catheter patent	✓											
2. Clean and dry	✓											
NUTRITION												
1. Protein drinks	✓											
2. Fluid balance	✓											
WATERLOW	18											

SURFACE	Therapulse bed 2 minute pulse: Rotlo for the chair
KEEP MOVING	Pressure areas to be assessed am, pm and night and after return to bed from chair
INCONTINENCE	Catheter patency, record bowel action and ensure patient is kept clean and dry
NUTRITION	Dietician referral, protein drinks x3 per day and maintain fluid balance chart
WATERLOW	Daily or more frequently if dependency increases

Compliance (6 ☺ or non-compliant)	Y/N
1. Risk assessment on admission	☺
2. Communication of risk status-Verbal & Visual Cue	☺
3. Surface-	X
4. Keep patients turning- care round	☺
5. Inspection-care round	X
6. Nutritional assessment- care round	☺
ALL OR NONE-COMPOSITE MEASURE	X

Results

- Local engagement of all team members
- Data collection at ward level
- Partnership with patients and families
- Increased compliance with key processes
- At least 50% reduction on pilots ward
- Days between events ranged from 180 to 658 days

ABM University Health Board

- Large organisation providing primary and secondary care for 600,000 people and tertiary care for 2.5million
- 4 acute hospitals with 93 wards covering a wide range of specialities.

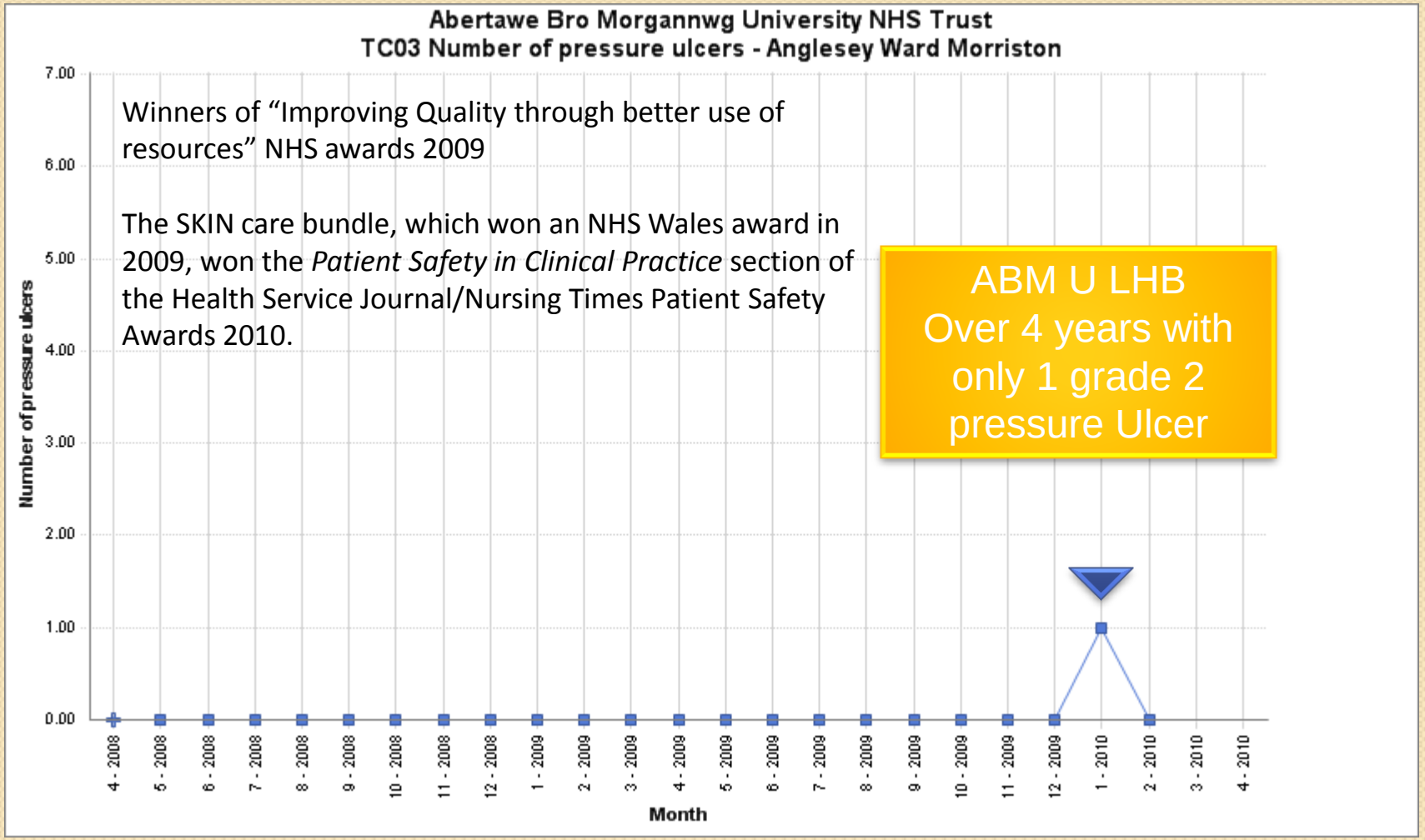
Skin Bundle of care implementation

Surface

- Mattress and Cushion
  Include safety checks
- Sheet checks wrinkle etc
- Re-assess Waterlow at least daily

Keep Moving

- Reposition patient
- Inspect skin
- Encourage mobility
- Written advice for patient and carers


Abertawe Bro Morgannwg University NHS Trust
TC03 Number of pressure ulcers - Anglesey Ward Morriston
Winners of "Improving Quality through better use of resources" NHS awards 2009
The SKIN care bundle, which won an NHS Wales award in 2009, won the *Patient Safety in Clinical Practice* section of the Health Service Journal/Nursing Times Patient Safety Awards 2010.
ABM U LHB
Over 4 years with only 1 grade 2 pressure Ulcer
Number of pressure ulcers
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
4 - 2008
5 - 2008
6 - 2008
7 - 2008
8 - 2008
9 - 2008
10 - 2008
11 - 2008
12 - 2008
1 - 2009
2 - 2009
3 - 2009
4 - 2009
5 - 2009
6 - 2009
7 - 2009
8 - 2009
9 - 2009
10 - 2009
11 - 2009
12 - 2009
1 - 2010
2 - 2010
3 - 2010
4 - 2010
Month

From Acceptance to Outrage Pressure Ulcer Occurred on January 25th 2010

1. Incident form filled in as per policy
2. Grade 2 PU
3. Outcome - PU healed within 4 days
4. Critical analysis took place

1. Was patient assessed properly?
2. Was plan of assessment maintained?
3. Could something have been done differently?

SKIN Bundle of care Implementation

Incontinence

- Toileting assistance
- Continence products
- Specialists
- Non oil based creams with continence products
- Keep clean and dry

Nutrition

- Nutritional risk tool
- Follow instructions
- Ensure optimal intake
- Use of charts if required
- Keep well hydrated

Overall Results

- Empowered ward managers
- Local engagement of all team members
- Data collection and ownership of data at ward level
- Partnership with patients and families
- Increased compliance with key processes
- At least 50% reduction on all 5 pilots ward & spread units. Days between events rising
- Patient satisfaction increased from 80-

Celebrating Success

Results

- >50% reduction in pressure ulcers in all pilot wards
- 1 site has just gone 3years with only 1 grade 2 pressure ulcer /93 ward spread
- Many units have reached over 600 days
- System wide results
- Average 20 a month to <4 month < 1% incidence

Impact

- We demonstrated that we can achieve great results
- The results have been sustained and spread
- National roll out programme
- Support to implement prevention strategies
- Zero tolerance

Paul Williams OBE
DG Health & Social Care &
Chief Executive NHS Wales

If we can improve
care for **one person**,
then we can do it for **ten**.
If we can do it for ten,
then we can do it for a **100**.
If we can do it for a 100,
we can do it for a **1000**
And if we can do it for a 1000,
we can do it for **everyone !**

1000 LIVES + 0 FYWYDAU

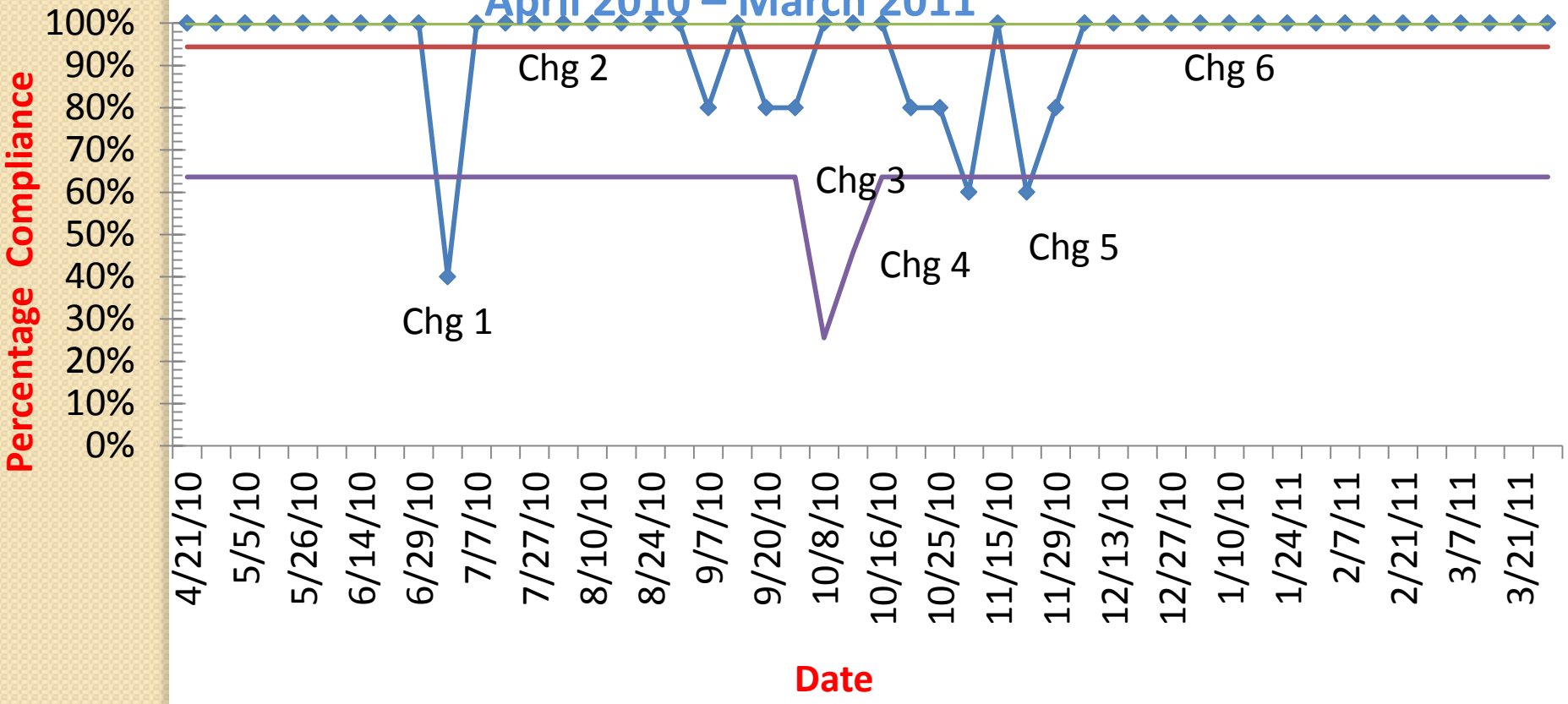
Spreading the learning

- Transforming Care Wales
- TCAB Learning community USA
- NHS Scotland –*National Tissue Viability Programme.*
- NHS South Central- *600 days without a pressure ulcer*
- NHS Southwest Health Community
- UCLH Taking the Pressure off campaign
- *No grade 4 HAPU's since onset- ICU*
- DANISH Patient Safety Campaign-IHI

Spread to SCOTLAND

SSKIN Compliance

April 2010 – March 2011



Change 1: Real Time Education

Change 2: PURA & SSKIN in Admission Forms

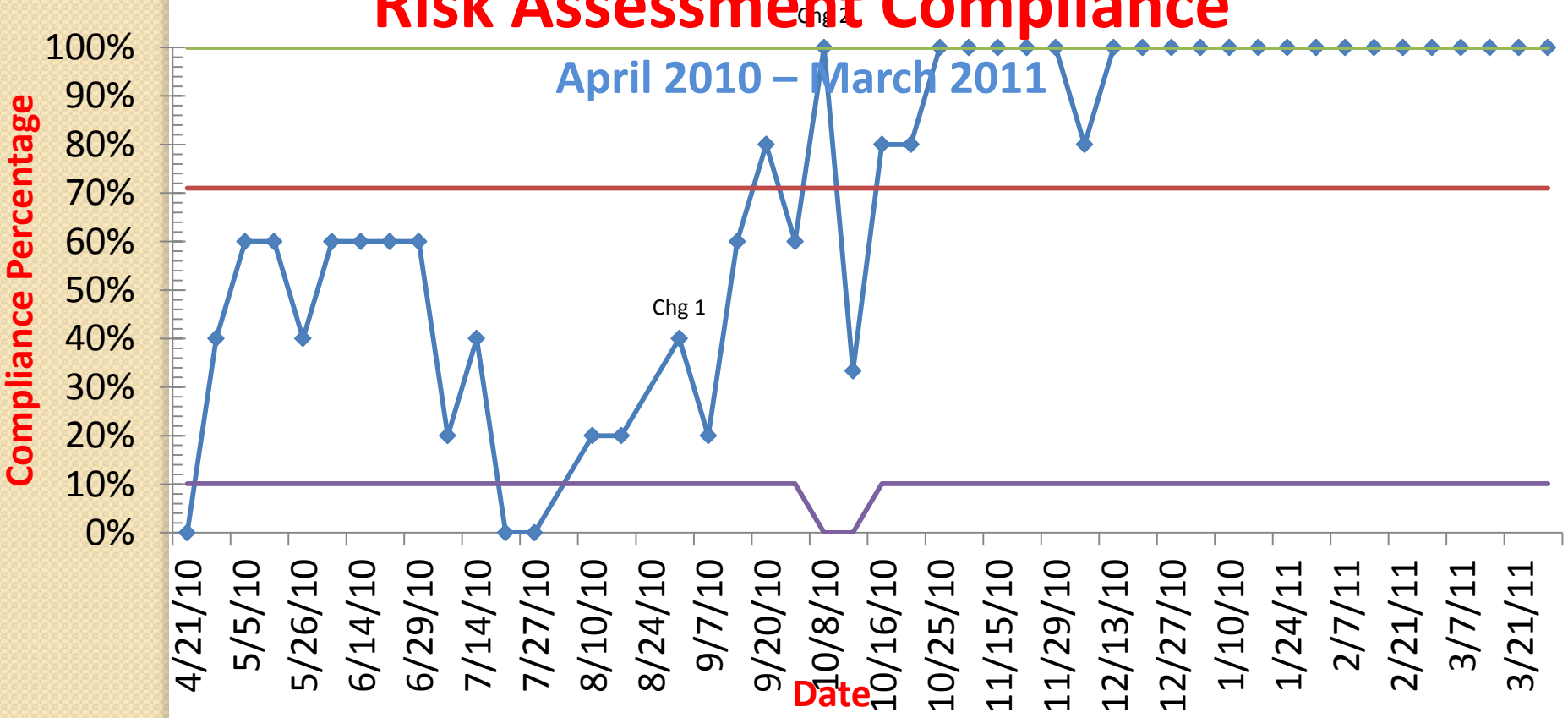
Change 3: Visual Cues

Change 4: Real Time Education (I element being missed)

Change 5: Real Time Education (I element being missed)

Change 6: Visual Cues

NHS Borders Scotland
Risk Assessment Compliance

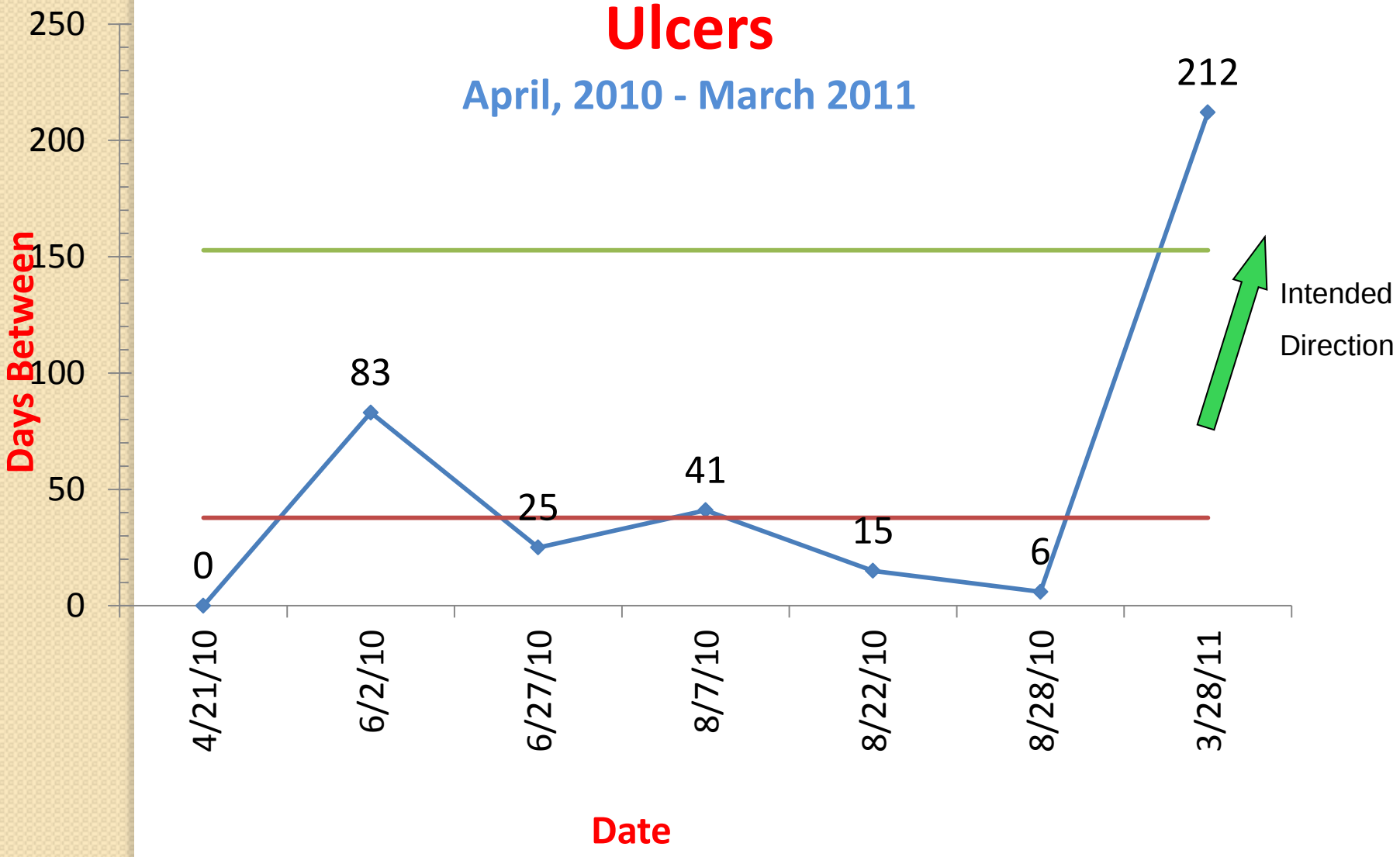


Change 1: Real Time Education

Change 2: PURA & SSKIN in Admission Forms

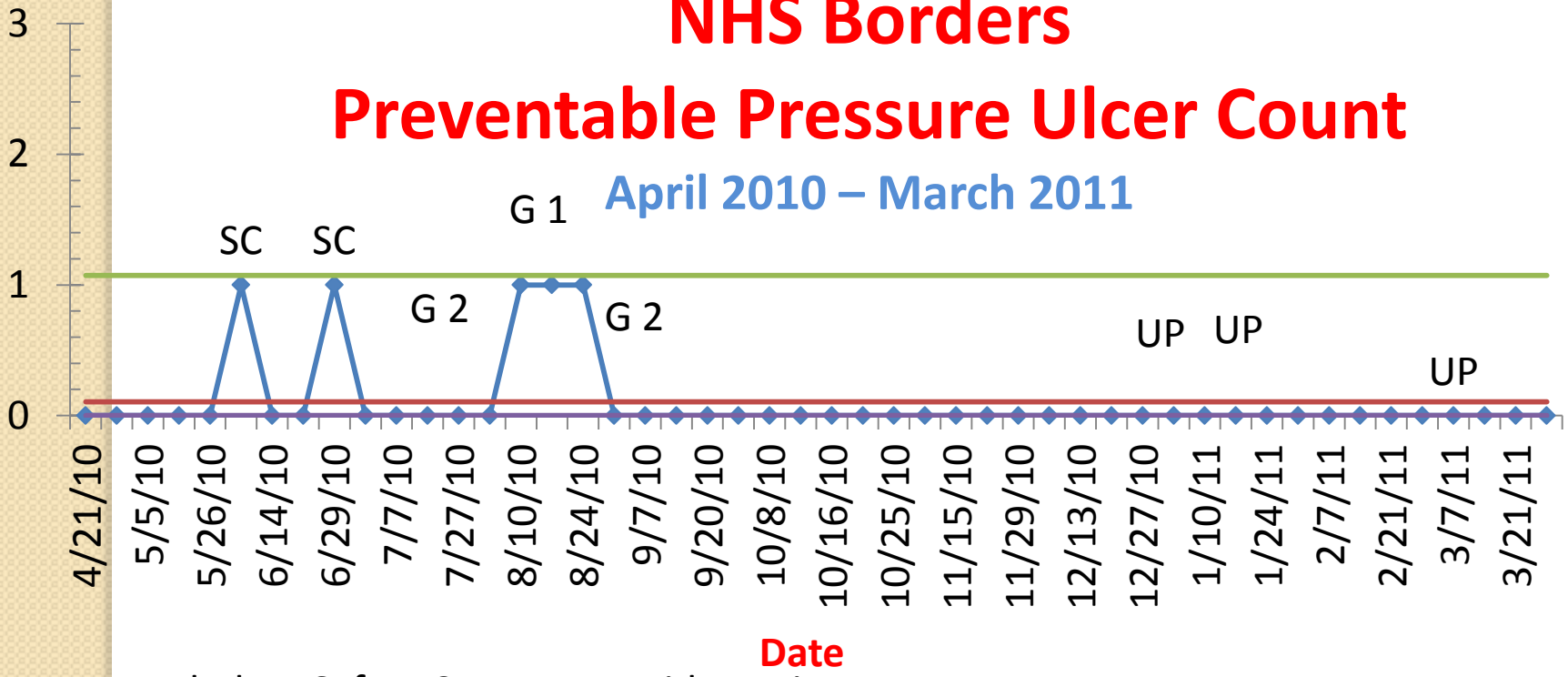
Ward

NHS Borders
Days Between Preventable Pressure Ulcers



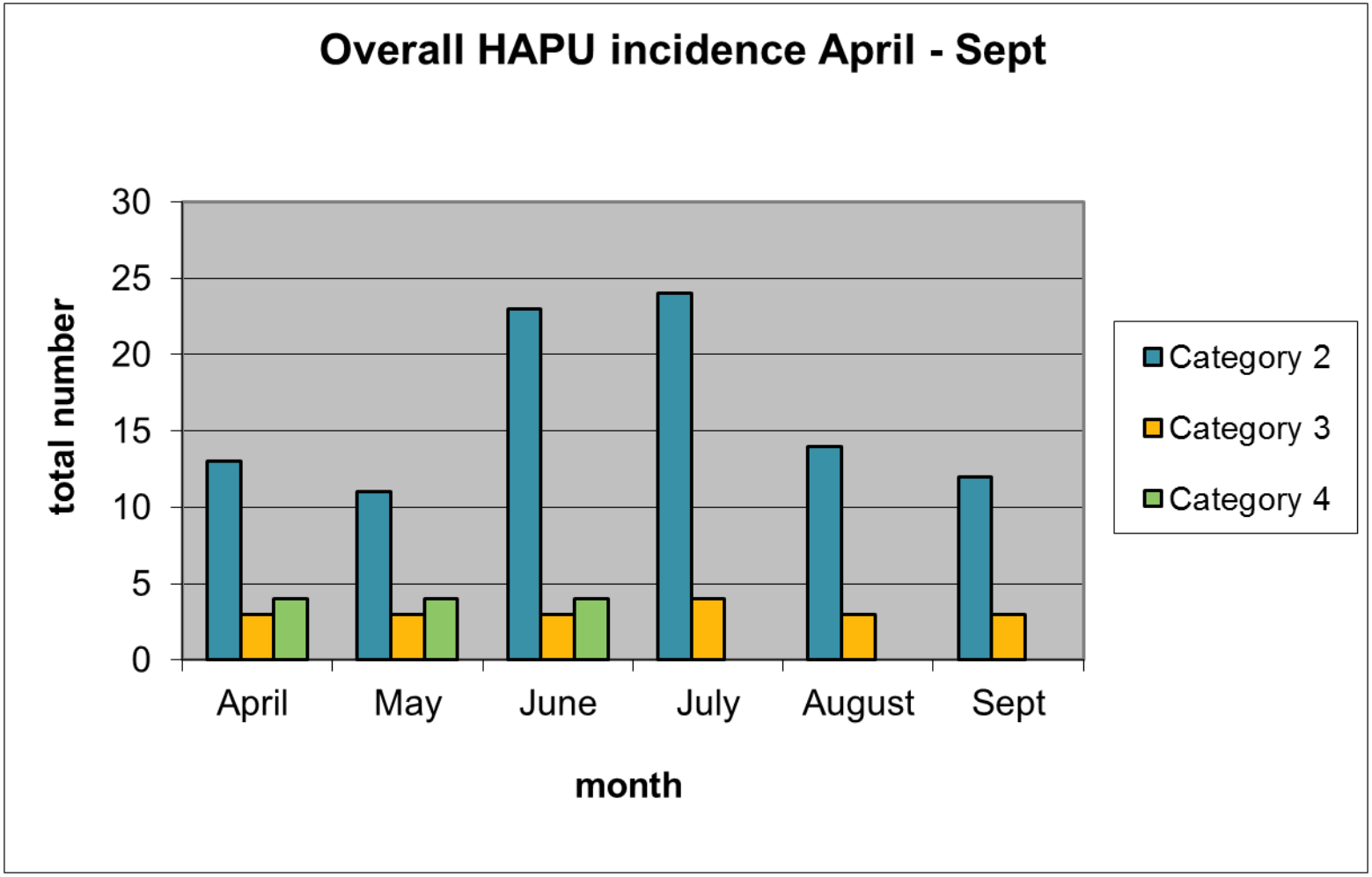
Quality Improvement Scotland
NHS Borders
Preventable Pressure Ulcer Count

April 2010 – March 2011



- Recorded on Safety Cross – no evidence in notes
- Recorded on safety Cross – no evidence in notes
- Patient on Care Pathway for the Dying (PC) G2
- Patient refusing to turn – (PC) G1
- Patient not receiving optimal nutritional support (S) G2
  - **Reviewed Operational Definition**

UCLH Early Results



Making the connections

- Risk assessment
- Communicate
- Preventative action
- Measure impact

- Partner
  with patient

Destination?

Challenges

- Buy in from TVN's
- Desire to spread prematurely
- Professional silo mentality
- Lack of attention to process

Engaging Heart & Minds

- ‘If you want to build a ship do not gather men together and assign tasks. Instead teach them the longing for the wide endless sea’ (Saint Exupery, Little Prince)

Thank You!

Questions?

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