



SUSTAINING PRESSURE ULCER PREVENTION IN CRITICAL CARE- IMPLEMENTING A PRESSURE ULCER DASHBOARD

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PRESSURE PROBLEM

- Pressure ulcers account for 4% annually of NHS expenditure
- In Intensive care patients approximately 10-41% will develop a pressure ulcer during their admission.
- This can lead to long term problems including for example, pain, infections, altered body image which can inhibit longer term recovery.

PUG PLAN

- The Pressure Ulcer group (PUG) was commenced as a quality improvement initiative, driven by the identification of a concerning amount of pressure ulcers within the unit.
- Initially it focussed on identifying problem areas and staff education regarding discovery documenting and reporting sores
- Later the focus changed to looking at other potential drivers for particular sores and implementing changes e.g. new devices to try minimise pressure.
- Initial improvements were dramatic, total eradication of grade 3 and 4 sores and improvements in documentation and discovery of sores.
- However, sustaining these improvements has proved elusive.

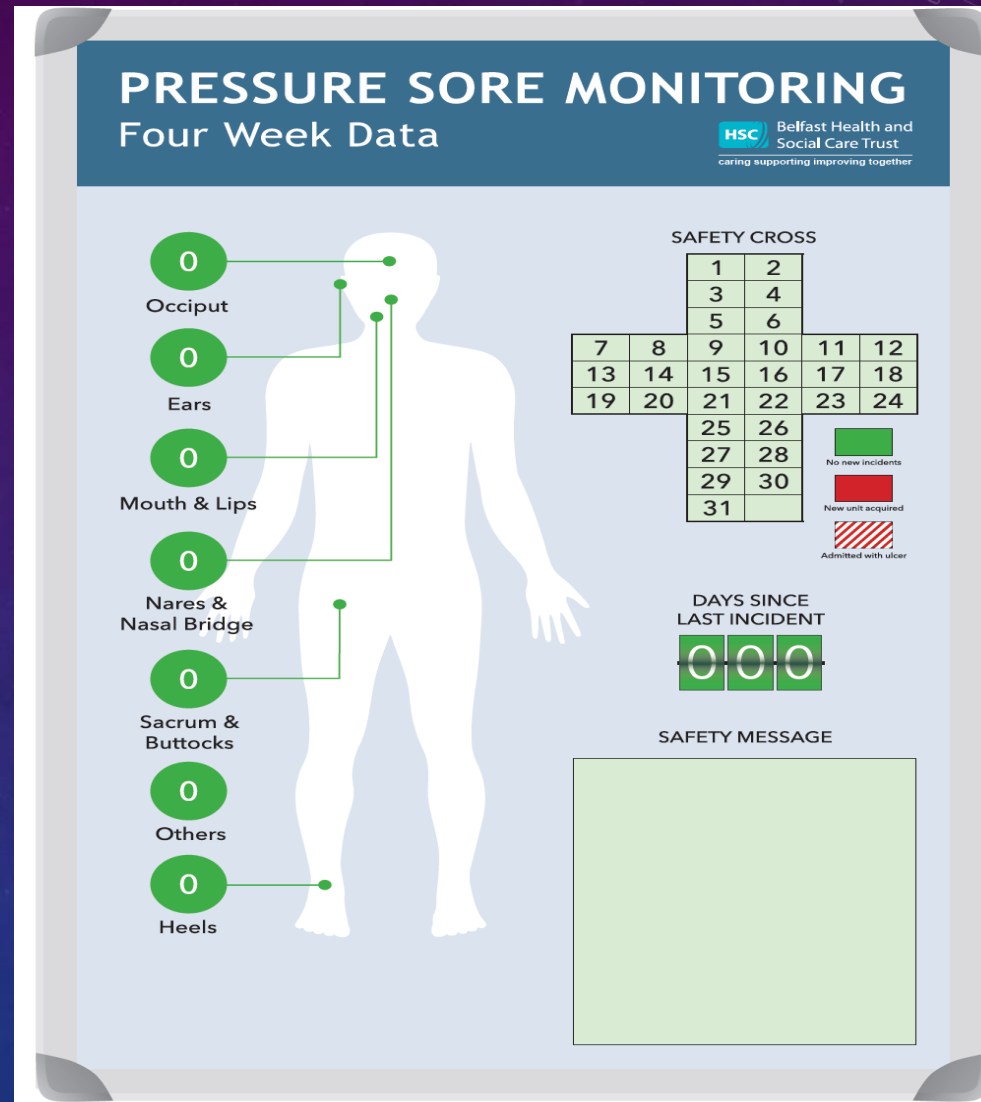
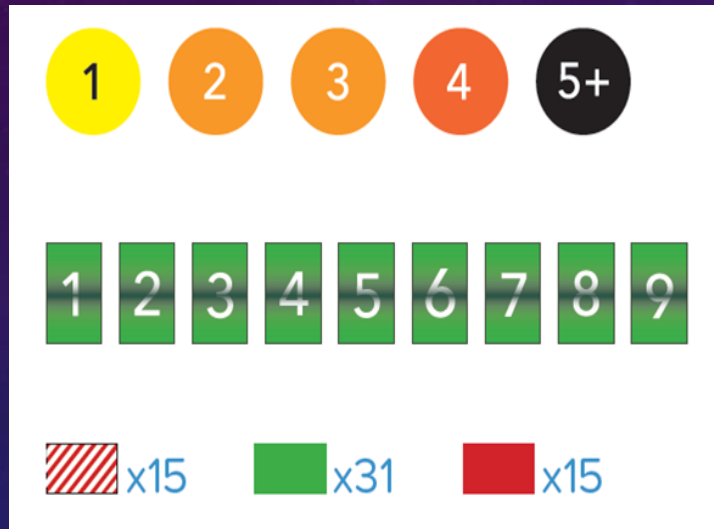
STAFF KNOWLEDGE

- A big change within the unit has been the commencement of 35 new staff.
- A short staff survey given to a sample of nurses with varying levels of experience.
- 30 responses
- Generally good knowledge of staging, sites and prevalence.
- Shortfalls in knowledge regarding correct procedures for reporting

EDUCATION

- With the commencement of the new staff, PUG restarted its education program
- Teaching sessions included team study days, induction days and clinical skill module
- To assist with staff development within the PUG we encourage staff regardless of banding to coordinate these teaching sessions, this can then be used as part of their appraisal and for revalidation and career progression

THE DASHBOARD



WHY THE DASHBOARD?

- Previously pressure ulcer damage has been retrospectively audited
- This meant prolonged time delays in recognising potential causes
- Dashboard design incorporates the trust safety cross, allows real time guide to rising levels of pressure damage in specific locations.

THE STORY SO FAR

- Dashboard in place for 3 months
- As predicted peak and trough effect of pressure sores has continued
- Quick identification of rising levels in particular area.
- Highlighted a need for re-emphasis on particular techniques.

PLANS FOR THE FUTURE

- The PUG have increased their meeting frequency to keep up momentum
- Currently working with TVN to come up with a viable replacement for procedure pads in dealing with incontinence
- Looking into proning procedure to try and reduce pressure damage
- Meeting with suppliers of endotracheal fixation devices to find a potential device for those not suitable for anchorfast

ANY QUESTIONS?

