



@alisonhunter9

# Reducing Pressure Ulcers in Scotland

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Improvement Advisor – Acute Care portfolio  
Healthcare Improvement Scotland





We are one organisation with many parts and one purpose





Tailored &  
Responsive  
Support

Grants &  
Allocations

Improvement Programmes  
across health & social care

Mental  
Health

Maternity &  
Children

Primary  
Care

Living Well in  
Communities

Dementia

Improve experience &  
outcomes for people  
using acute care

Housing

## Acute Care portfolio

Improve outcomes  
and experience for  
people in acute care

**Improving the co-ordination of care for people with Frailty**

**Reducing harm experienced by people in acute care  
(cardiac arrests, sepsis, AKI, HAI, Falls & Pressure Ulcers)**

**Develop the conditions that support teams to do the  
work of improvement**



**‘The very first requirement in a hospital is that it should  
do the sick no harm.’**

(Florence Nightingale)



GIVE IT A GO

TALK

WE CONNECT & DRIVE INNOVATION

QUALITY OF LEADERSHIP IS KEY

WE NEED TO BE... CONSTRUCTIVELY DISRUPTIVE

**Ingredients**

- Common Purpose
- Coach
- Long-Term Strategy

**Relationships**

- Value of Kindness
- joy and humility

CUPCAKES

**Directions**

- Create a sense of togetherness
- Lead and behave differently
- Think 20 years
- Helping people to talk to each other
- Say Thanks All the time

GETTING THE BASICS RIGHT

I'VE PROTECTED MYSELF WITH PAPERWORK

FEAR OF BLAME

WE'RE HITTING THE TARGETS



## Appreciation of a System

1. Common Aim
2. Understand how things link together
3. People, process and items

## Psychology

1. Relationships between people
2. Motivation, intrinsic /extrinsic
3. Beliefs, assumptions
4. Will to change

# Profound Knowledge

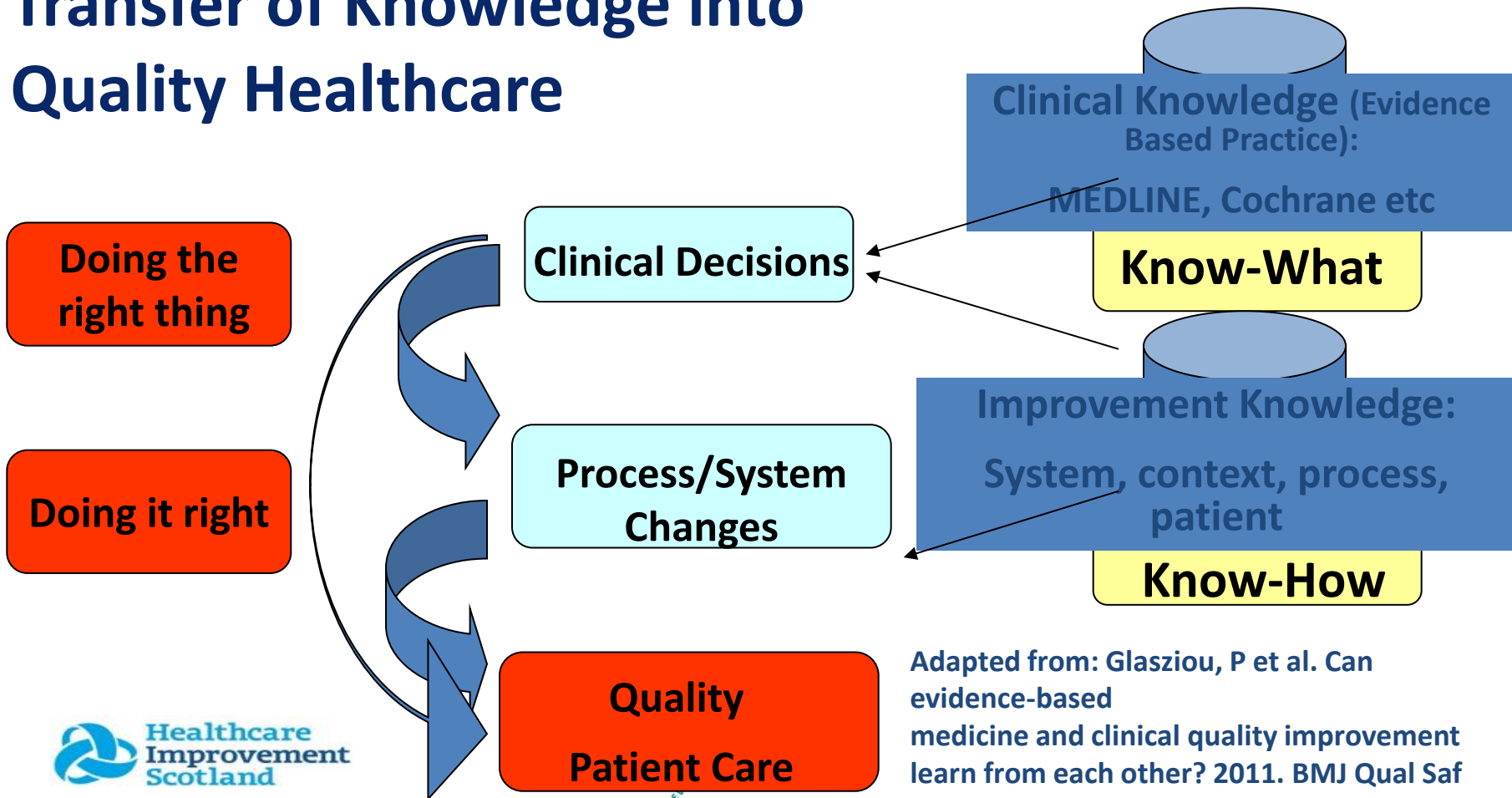
## Theory of Knowledge

1. Develop a theory
2. Use PDSA to test
3. Bring knowledge in to the system

## Understanding Variation

1. Variation is expected
2. Understand when to improve
3. Understand when not to tamper

# Transfer of Knowledge into Quality Healthcare

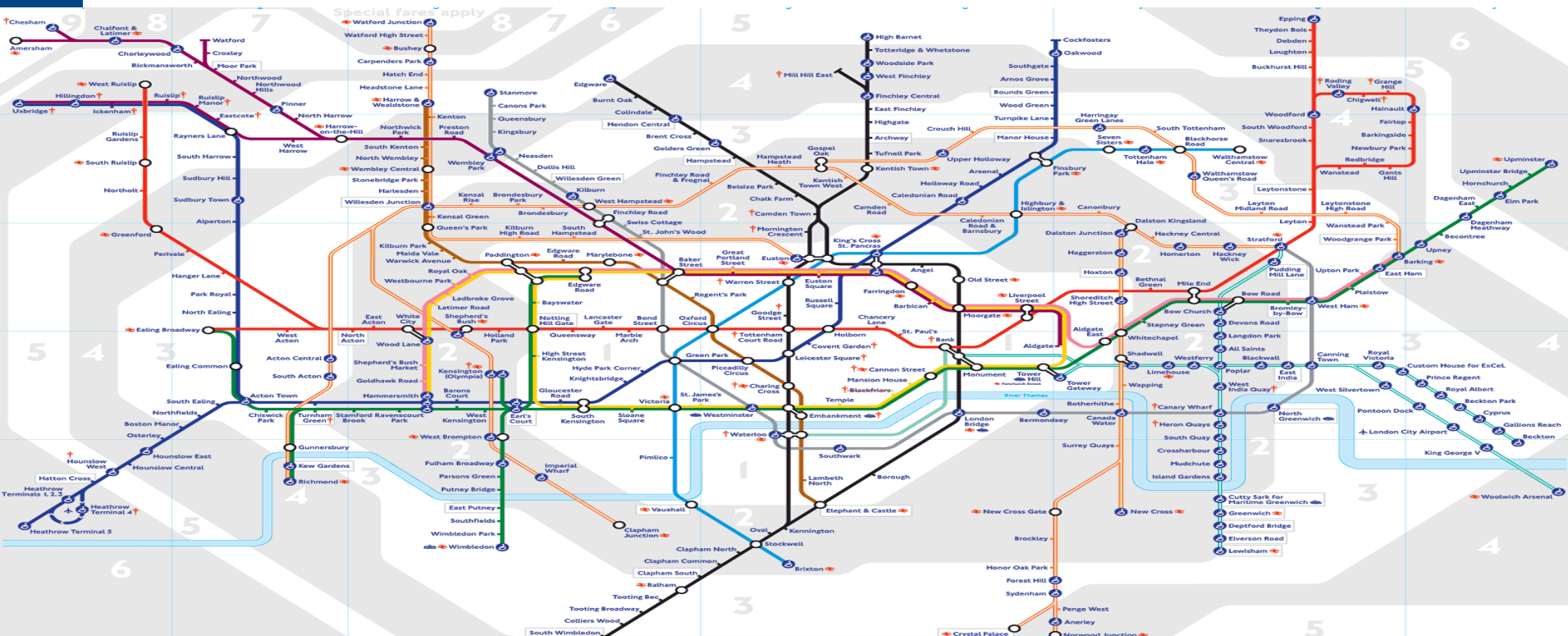


Adapted from: Glasziou, P et al. Can evidence-based medicine and clinical quality improvement learn from each other? 2011. BMJ Qual Saf 20 (supp 1): i13-i17

# What is a system?

*“An interdependent group of items, people, or processes working together toward a common aim”*

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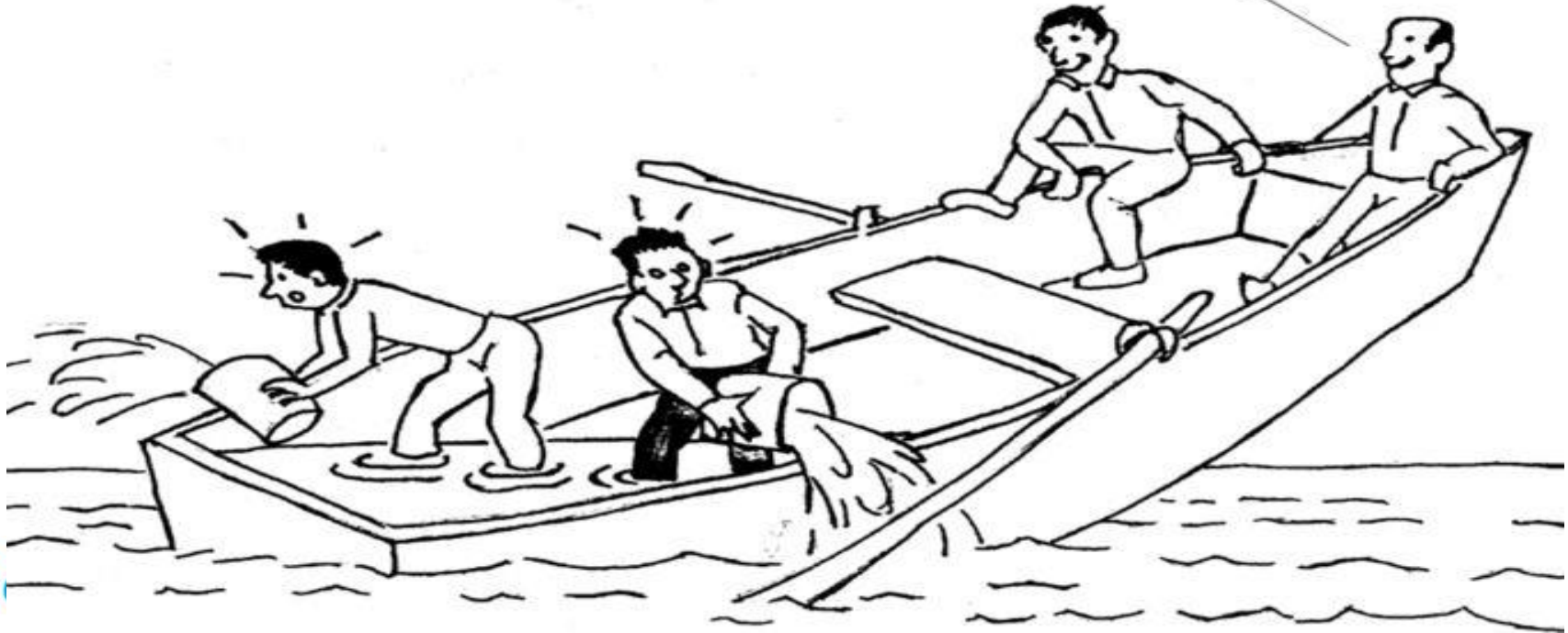
# Room for improvement?



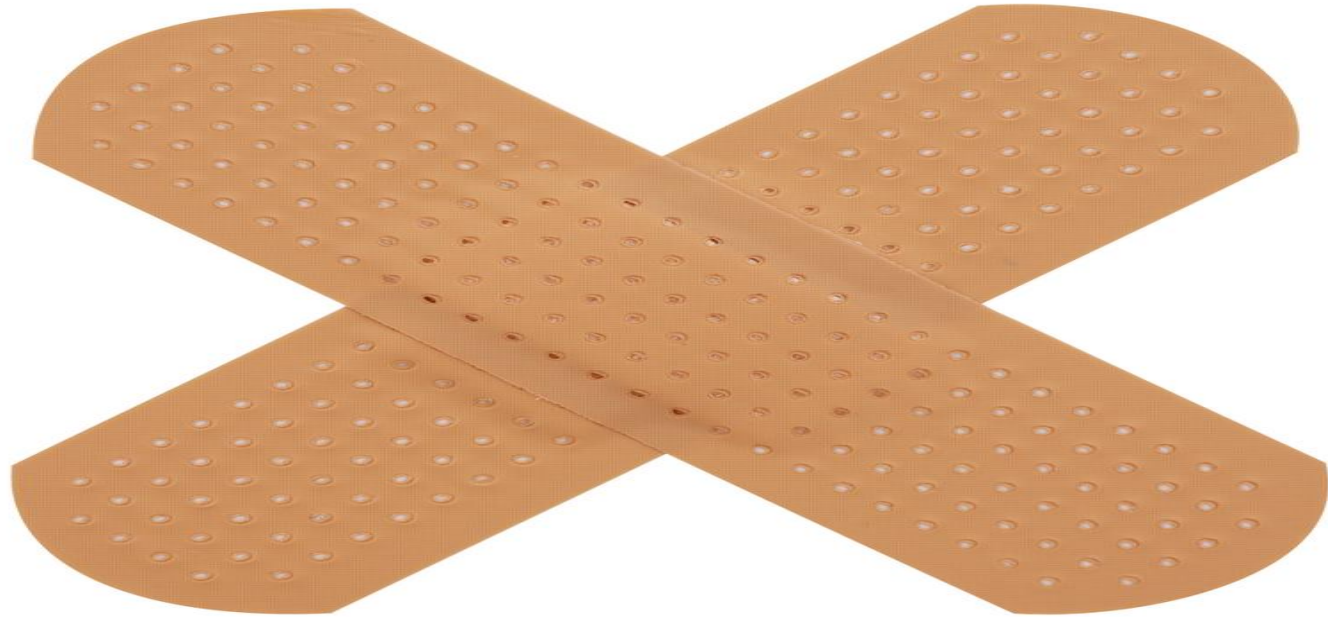


## A purpose shared by different people across the system

Sure glad the hole isn't at our end.



## Find the root causes, avoid sticking plasters

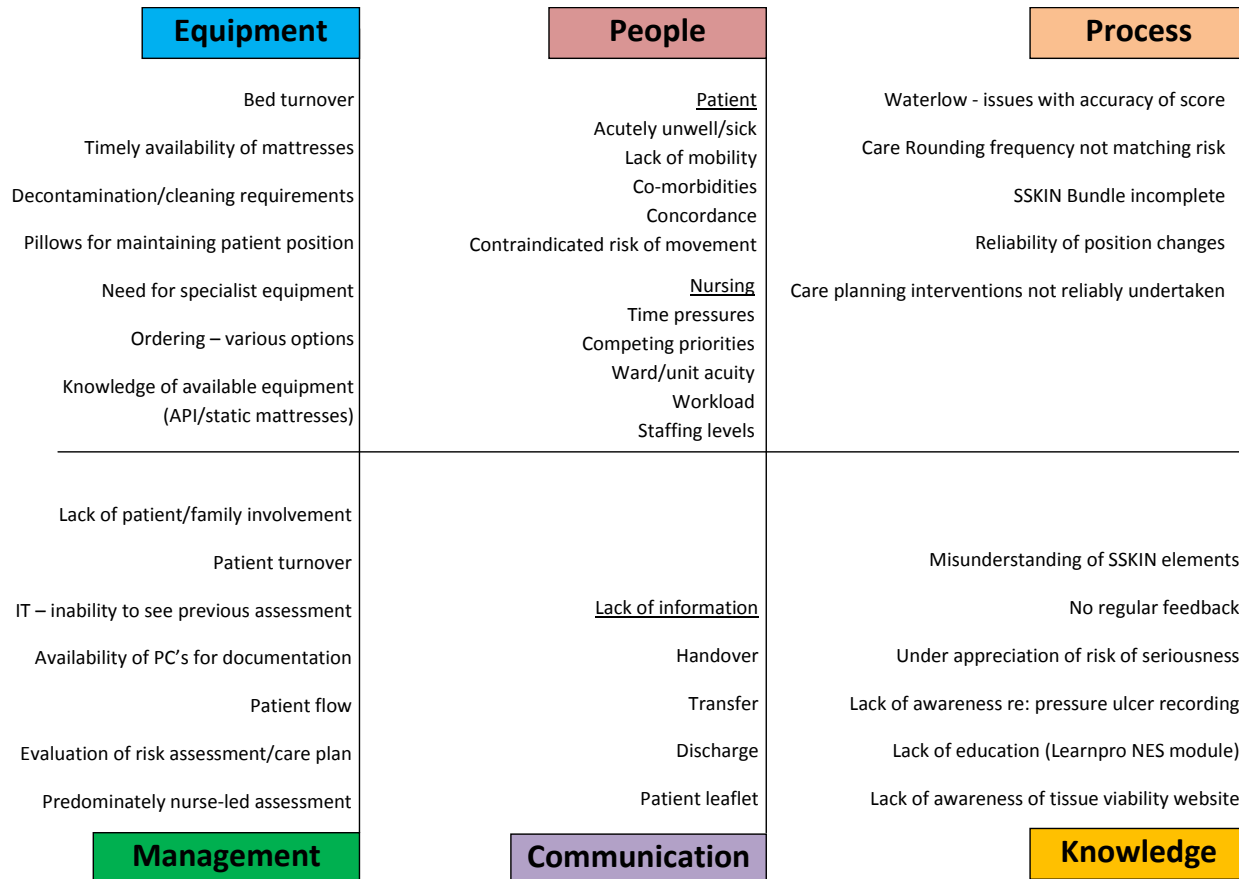


# Understanding your system – process mapping



# Fishbone Factors

**Pressure  
Ulcer  
Development**



# Improvement method – building and testing your theory

## Model for Improvement



Thinking

Learning by  
doing

# Background to PU reduction in NHS Scotland

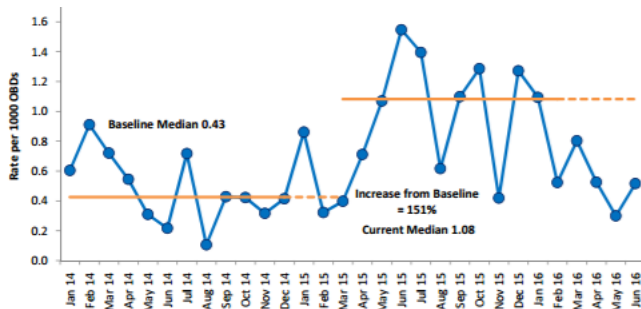
- PU work migrated to SPSP from LBC in 2014
- SPSP support with interventions, measurement and networking
- Focus on measuring outcome
- Improved reporting of outcome
- Limited progress in achievement of national aim
- A need to better understand barriers and enablers – case studies
- Consider revisions required to SPSP approach

## Aim

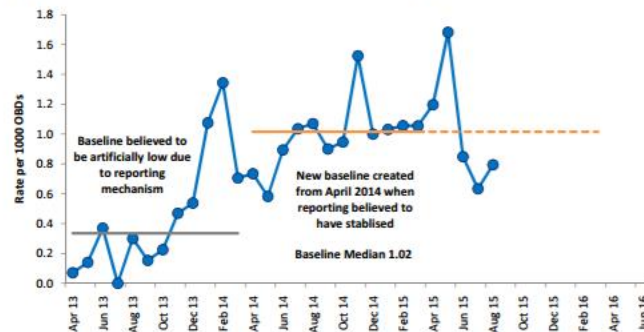
**Reduce newly acquired pressure ulcers in hospitals by 50% by December 2017.**

# Visible data

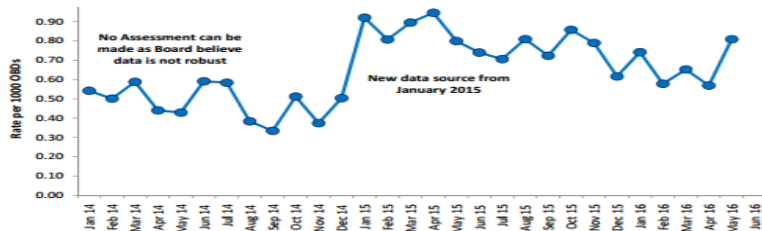
Pressure Ulcer (Grade2-4) Rate



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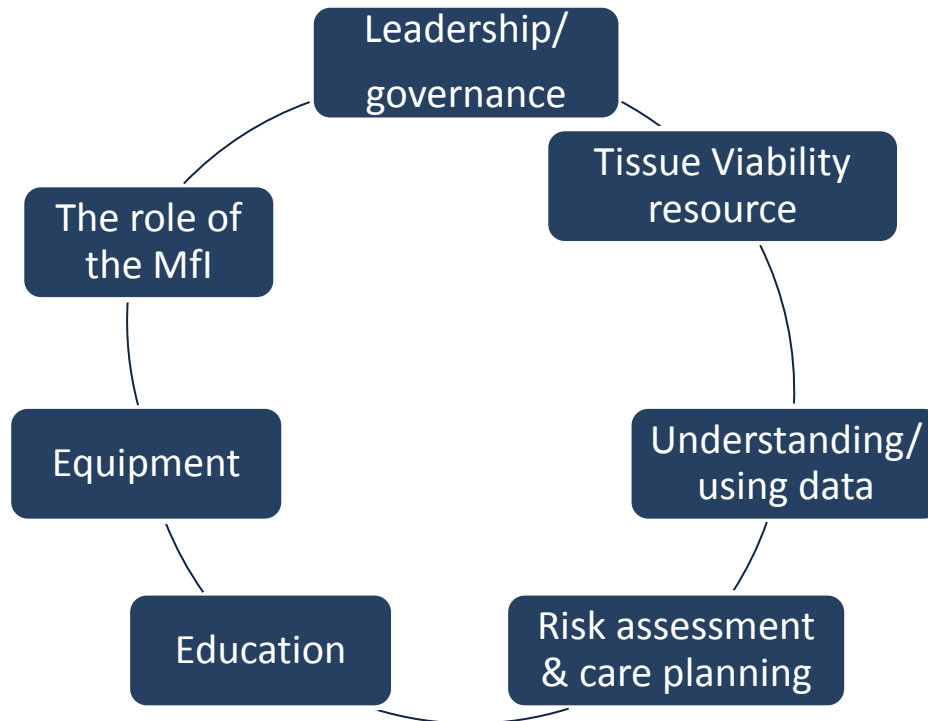


This is an improvement !

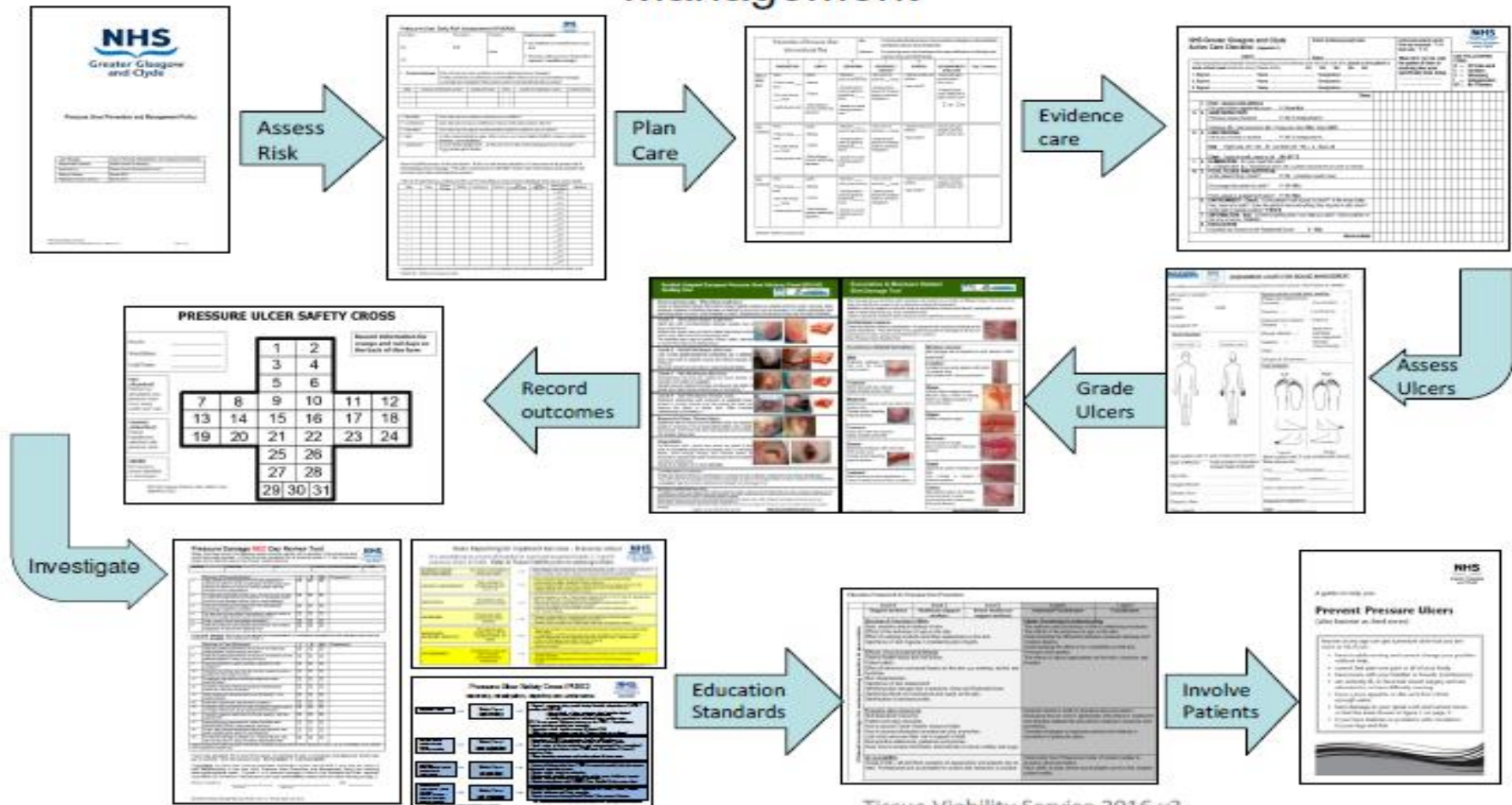
## Case Studies



# Learning from Pressure Ulcer reduction



## Acute - Top 10 Tools for Pressure Ulcer Prevention and Management



# Lessons learned from red day reviews:

- Incomplete documentation
- Waterlow not correctly completed
- Waterlow not executed properly
- Inconsistency in Active Care prescribing
- Gaps in Active care completion
- Care planning absent



# Pressure Ulcer Daily Risk Assessment (PUDRA)



Surname: _____ Forename: _____		Hospital: _____		<b>Points to consider:</b> <ul style="list-style-type: none"> <li>• Use within 6 hrs of admission to care area</li> <li>• Re-assess daily and more frequently if a person's condition changes</li> </ul>
Sex: _____ DoB: _____		Ward: _____		
CHI _____				

<b>1 Pressure Damage</b>	Does the person have redness and/or existing pressure damage? <b>IF YES, prescribe a minimum of 2 HOURLY Active Care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.</b>
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Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

<b>2 Mobility</b>	Does the person require assistance to mobilise?
<b>3 Continence</b>	Does the person have continence issues with urine and/or faeces?
<b>4 Nutrition</b>	Does the person appear malnourished and/or unable to eat or drink?
<b>5 Skin</b>	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
<b>6 Judgement</b>	In your clinical judgement, is this person at risk of developing pressure damage? <b>If Yes, please give details:</b>

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY Active Care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
/ /	:							_____hrly	
/ /	:							_____hrly	
/ /	:							_____hrly	
/ /	:							_____hrly	
/ /	:							_____hrly	
/ /	:							_____hrly	
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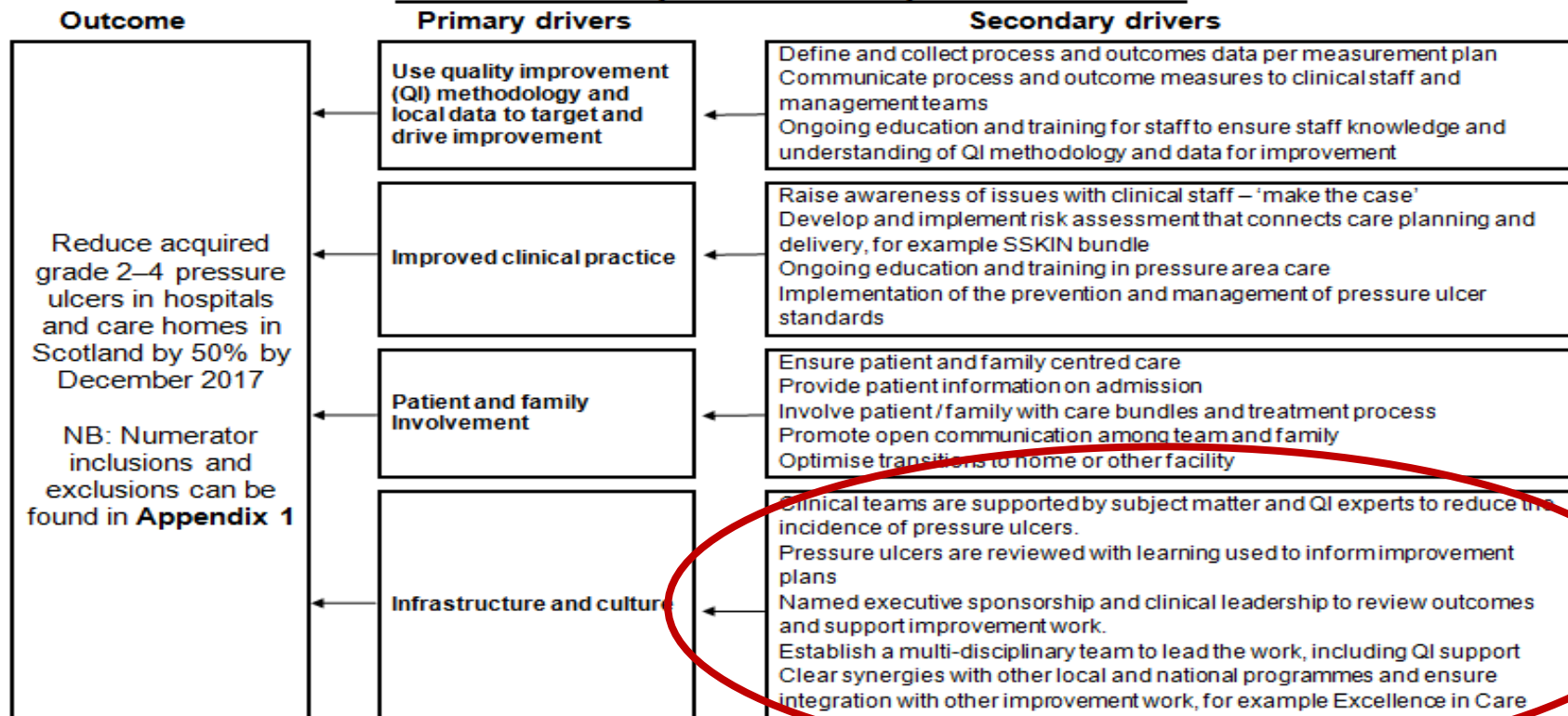
Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

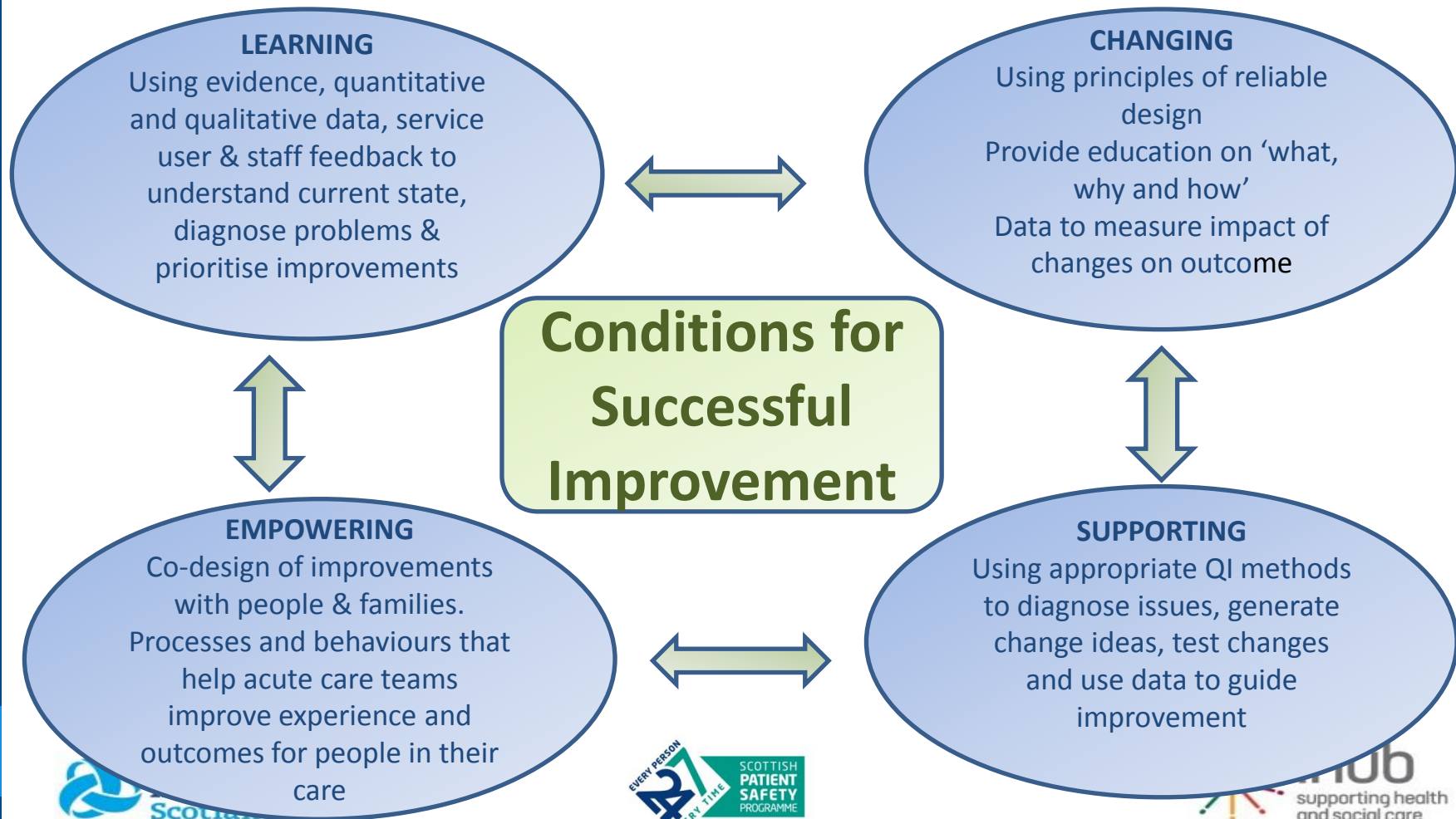
NHSGGC PUDRA October 2015

Attach Addressograph		Prevention of Pressure Ulcer Interventional Plan				Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.		
		5 SKIN INSPECTION	5 SURFACE	6 KEEP MOVING	1 INCONTINENCE / MOISTURE	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of initial plan		<b>Check:</b> <ul style="list-style-type: none"> <li>• Pressure areas hourly</li> <li>• Skin under medical devices hourly</li> <li>• Specify medical devices used</li> </ul>	<b>Specify:</b> <ul style="list-style-type: none"> <li>• Mattress: _____</li> <li>• Cushion: _____</li> <li>• Detail additional pressure redistributing equipment: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Reposition: _____ hourly in bed and chair</li> <li>• Overnight padding / carer has agreed to repositioning hourly</li> <li>• Specify any manual handling equipment used: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Skin care to be carried out: _____ hourly</li> <li>• Specify products required for increased moisture / continence management: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Optimise nutrition and hydration</li> <li>• Refer to MUST</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss and agree plan with patient / family / carer</li> <li>□ YES □ NO</li> <li>• Prevent Pressure Ulcer: toilet given to patient / family / carer?</li> <li>□ YES □ NO</li> </ul>	Date discussed: _____
Date reviewed:		<b>Check:</b> <ul style="list-style-type: none"> <li>• Pressure areas hourly</li> <li>• Skin under medical devices hourly</li> <li>• Specify medical devices used</li> </ul>	<b>Specify:</b> <ul style="list-style-type: none"> <li>• Mattress: _____</li> <li>• Cushion: _____</li> <li>• Detail additional pressure redistributing equipment: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Reposition: _____ hourly in bed and chair</li> <li>• Overnight padding / carer has agreed to repositioning hourly</li> <li>• Specify any manual handling equipment used: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Skin care to be carried out: _____ hourly</li> <li>• Specify products required for increased moisture / continence management: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Optimise nutrition and hydration</li> <li>• Refer to MUST</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss and agree plan with patient / family / carer</li> <li>□ YES □ NO</li> </ul>	Date discussed: _____
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# Revised approach to PU reduction

## NHS Scotland prevention of pressure ulcers



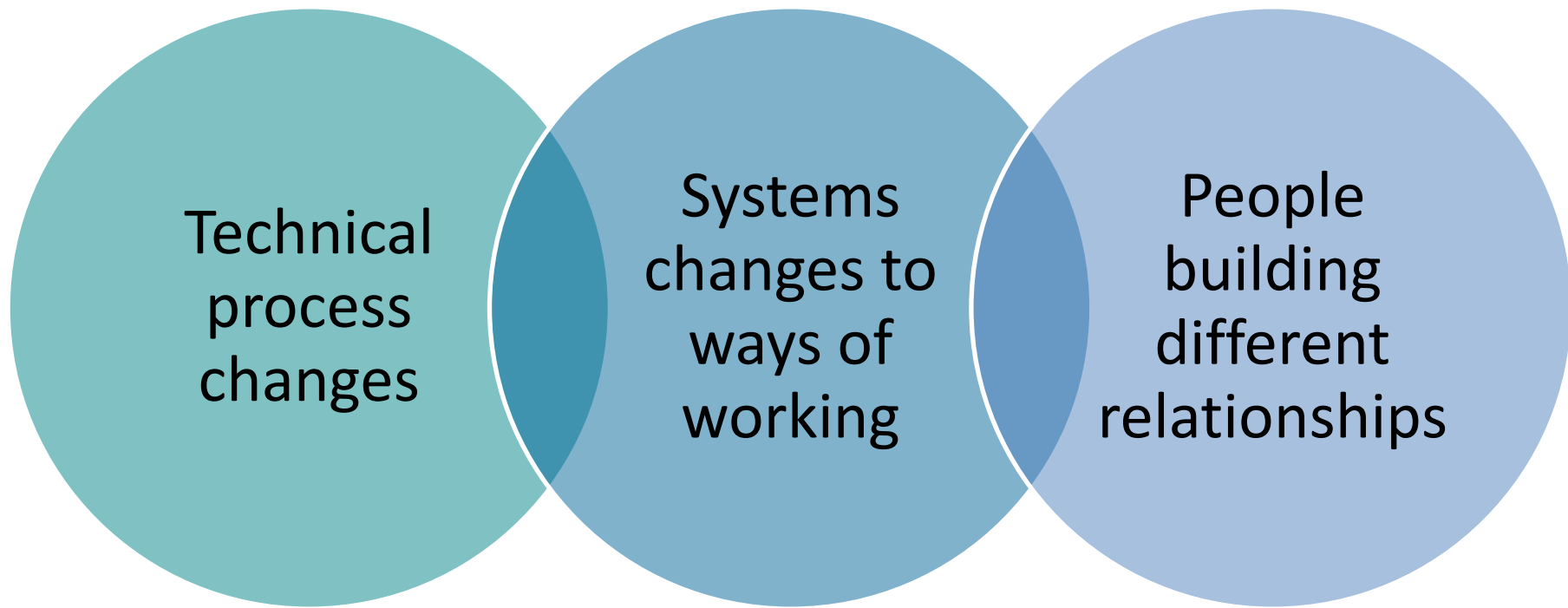




# TEAMWORK

*integrity and accountability for commitment to excellence*

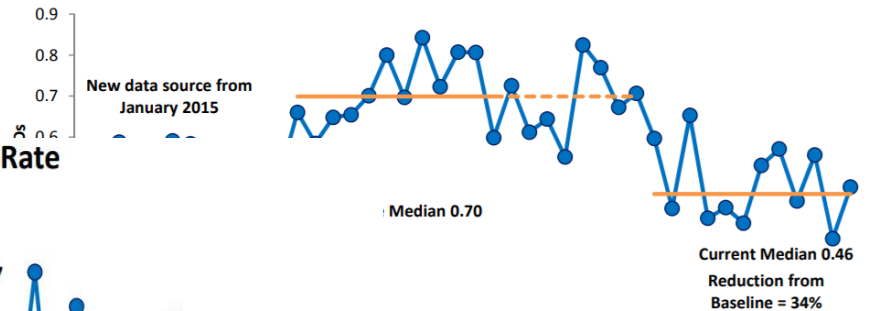
Communication...



# Data

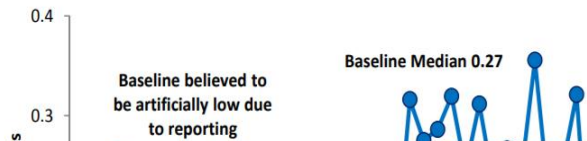
All Acute Sites  
NHS GG&C

## Pressure Ulcer (Grade2-4) Rate



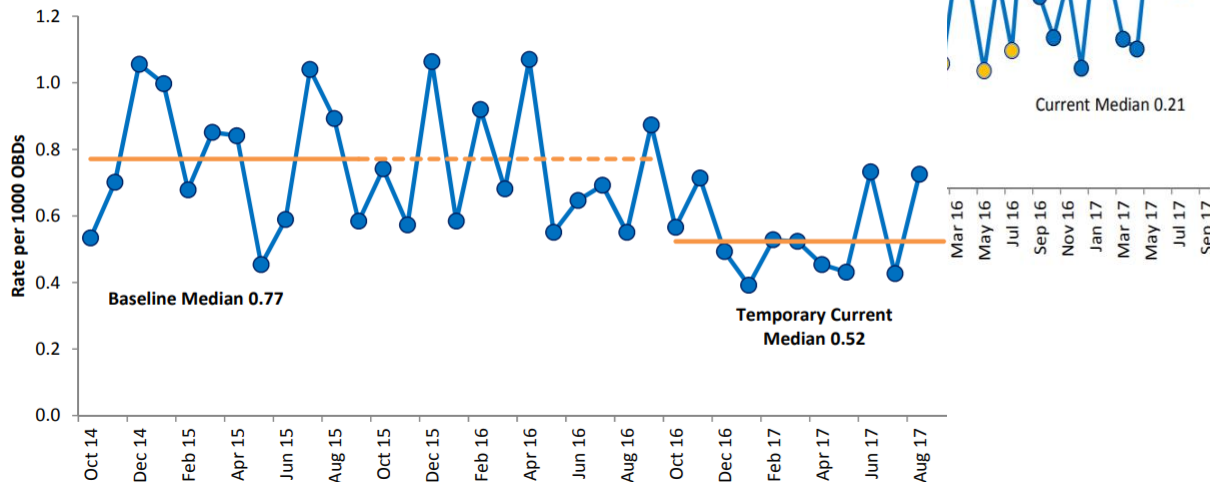
All Acute Sites  
NHS Lothian

## Pressure Ulcer (Grade2-4) Rate

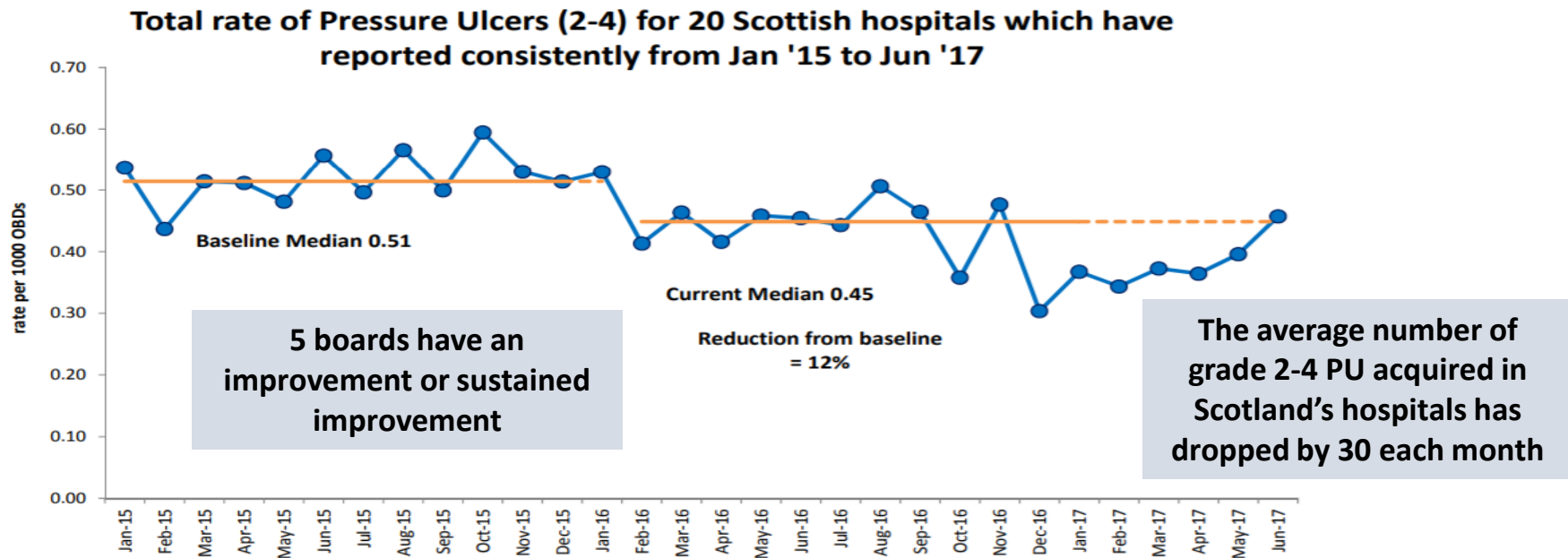


All Acute Sites  
NHS Tayside

## Pressure Ulcer (Grade2-4) Rate



# What is the data telling us?



As part of Healthcare Improvement Scotland's Improvement Hub (ihub), SPSP activities support the provision of safe, high quality care, whatever the setting.



***‘The secret of success is getting started’ - Mark Twain***

## Prevention and Management of Pressure Ulcers

Standards

September 2016

# Team Scotland





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# Thank you

