

Preventing Pressure Ulcers and Quality Improvement 2022- 2023

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(Data sourced from Datix and performance team 2023)



SBUHB Quality Assurance Audit

Feb 2023- April 2023

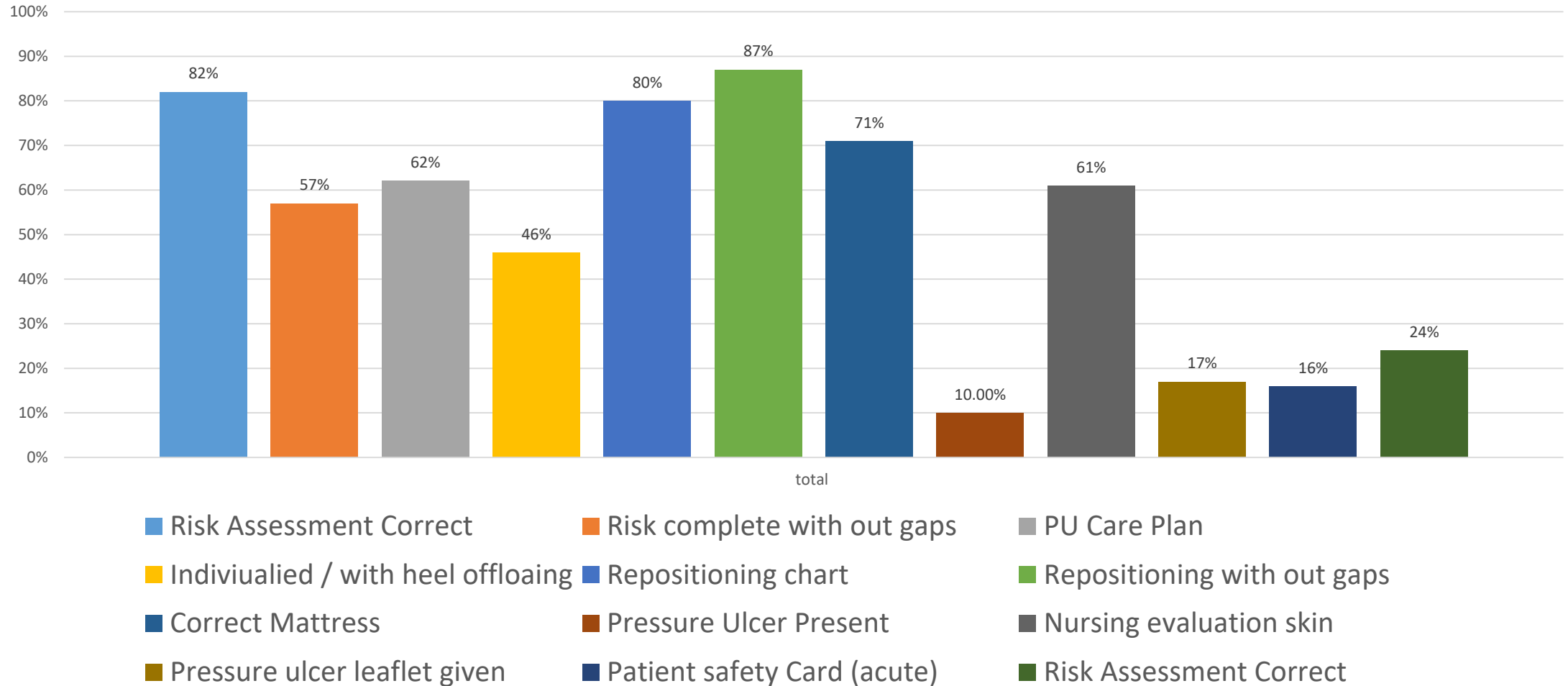
Auditors: Tissue Viability Nurse team / PUPIS CNS

Purpose: To gain assurance that Pressure Ulcer prevention measures are being undertaken by auditing staff compliance with Risk assessment, SKIN Care Bundles, Care Planning's, Documentation and Heel offloading.

Methodology: In-patient / District nursing notes

Sample: Randomly selected patients who have been identified as at risk on Purpose T

HB Quality Assurance Audit Results Compliance

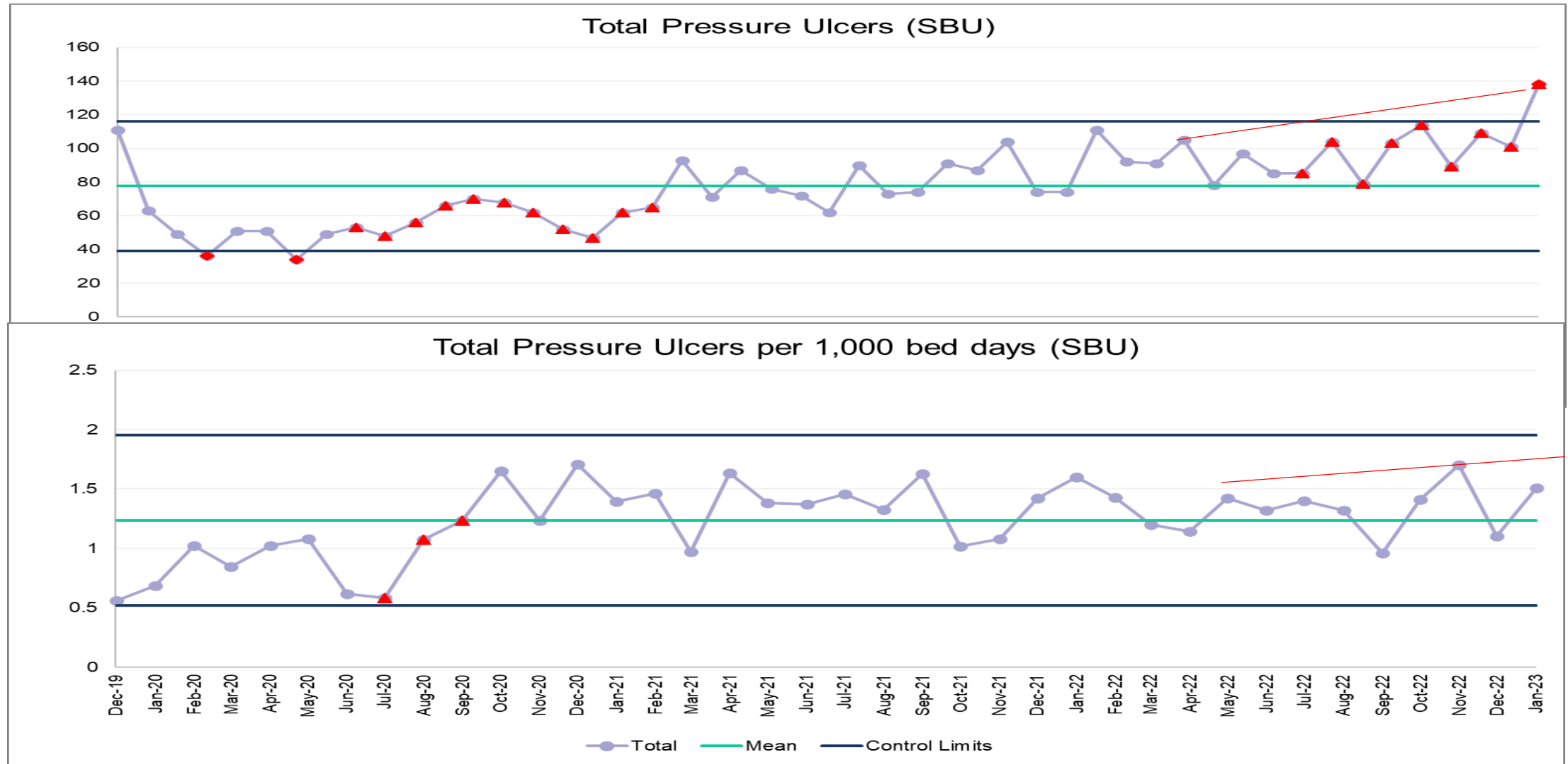


	Morrleston	Singleton	Neath	Neath & Portabot Community	Swansea Community	MH/LD	total
Risk Assessment Correct	53%	57%	92%	91%	100%	100%	82%
Risk complete with out gaps	56%	57%	100%	8.30%	66%	66%	57%
PU Care Plan	26%	47%	69%	100%	100%	33%	62%
Individualied / with heel offloaing	6%	42%	53%	100%	75%	0%	46%
Repositioning chart	15%	84%	100%	100%	100%	100%	80%
Repositioning with out gaps	40%	57%	84%	83%	88%	100%	87%
Correct Mattress	60%	89%	100%	90%	88%	0%	71%
Pressure Ulcer Present	30%	10%	7%	16%	0%	0%	10%
Nursing evaluation skin	60%	84%	69%	67%	88%	0%	61%
Pressure ulcer leaflet given	0%	15%	0%	50%	40%	0%	17%
Patient safety Card (acute)	10%	0%	38%	n.a	n.a	n.a	16%
Risk Assessment Correct	8%	11%	15%	41%	70%	0%	24%

Thematic Analysis –Top themes

- Repositioning, Care planning, equipment failure and assessment or function.
- Skin bundle incorrectly completed- not acting upon the red mark
- Challenges around themes related to reporting anatomical position. Heels have been identified as SBUHB target area.
- No Heel Offloading – No heel offload with flotron boots
- Lack Of staff knowledge and skill
- Lack of information giving to patients
- High agency staffing levels
- Reduced TVN service
- Poor training compliance % or unknown

SBU HB Combined Community & Hospital Health Acquired Pressure Ulcers



SBU Performance- Percentage change 22- 23

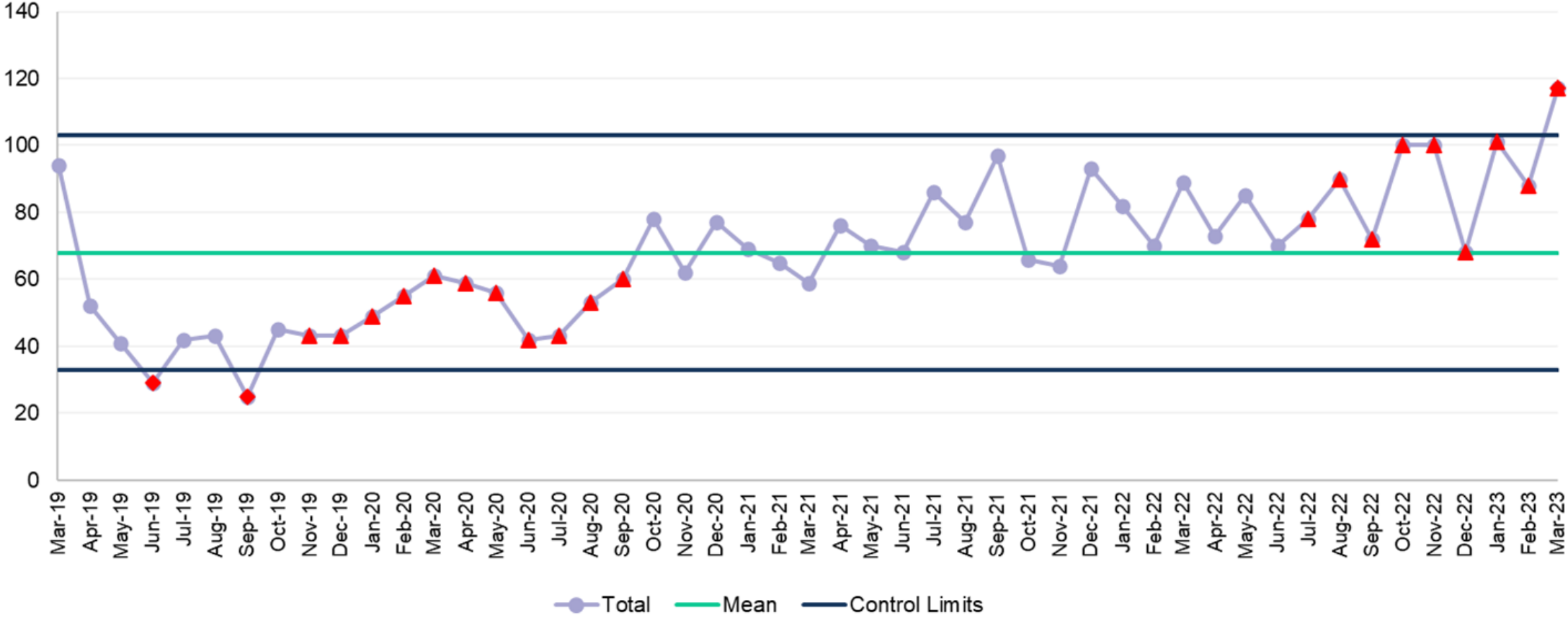
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Overall % change
PC&C	104	117	135	149	
% Change	15%	11%	15.38 %	9.8%	35% Annual Percentage
Hospital	144	139	163	197	
% Change	11.7%	15%	23.02%	18%	31% Annual percentage

How are the Service Groups Doing?

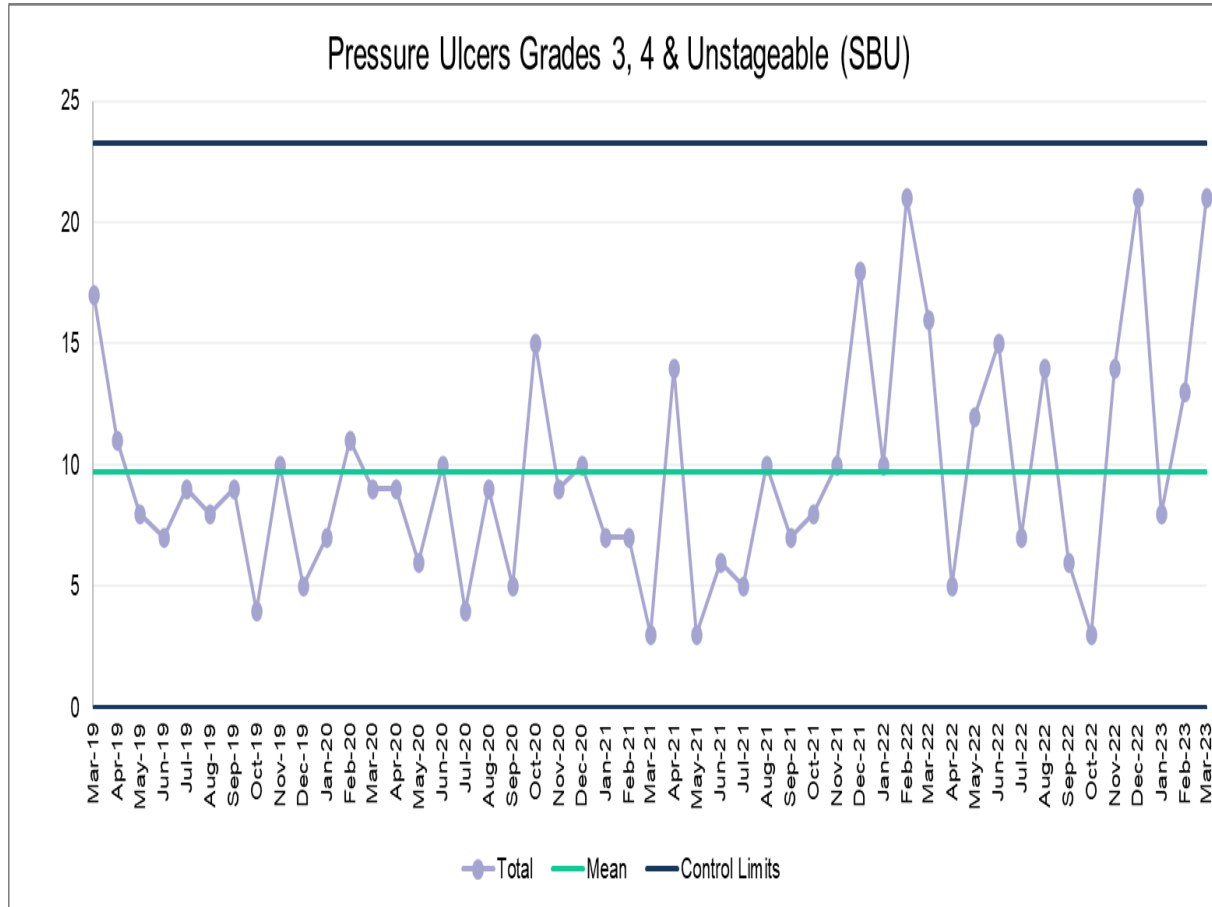
	Morrison Hospital SDU	Singleton Hospital SDU	NPTH SDU	P&C	MHLDs	Total
Category 1/Device-related pressure ulcer category 1	97	34	1	51	1	184
Category 2/Device-related pressure ulcer category 2	215	86	11	131	1	444
Category 3/Device-related pressure ulcer category 3	11	4	1	16	0	32
Category 4/Device-related pressure ulcer category 4	1	0	0	7	0	8
Unstageable Pressure Ulcer/Device-related unstageable pressure Ulcer	15	3	2	60	2	82
Suspected Deep Tissue Injury/Device-related suspected deep tissue injury	131	38	6	191	1	367
Device-related mucosal pressure ulcer	1	0	0	0	0	1
Total	471	165	21	456	5	1118

SBUHB Pressure Ulcer Severity

Pressure Ulcers Grades 1,2 & SDTI (SBU)

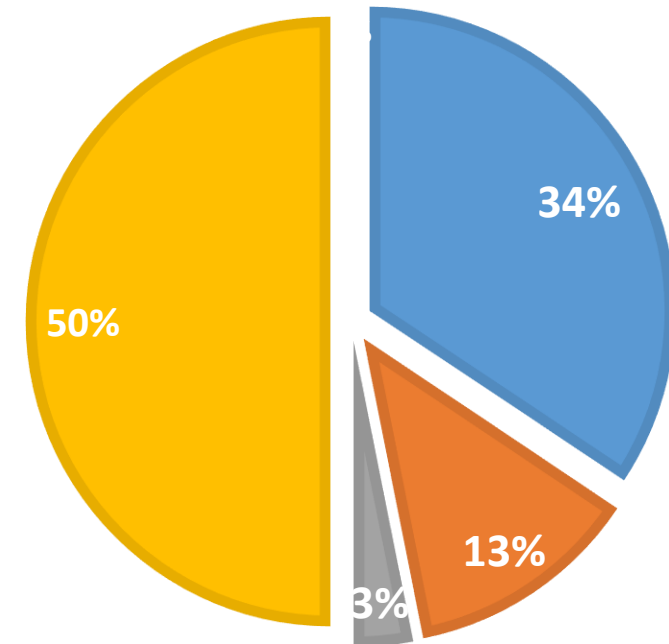


SBU HB Pressure Ulcer Deep Damage Annual Report 2022-2023



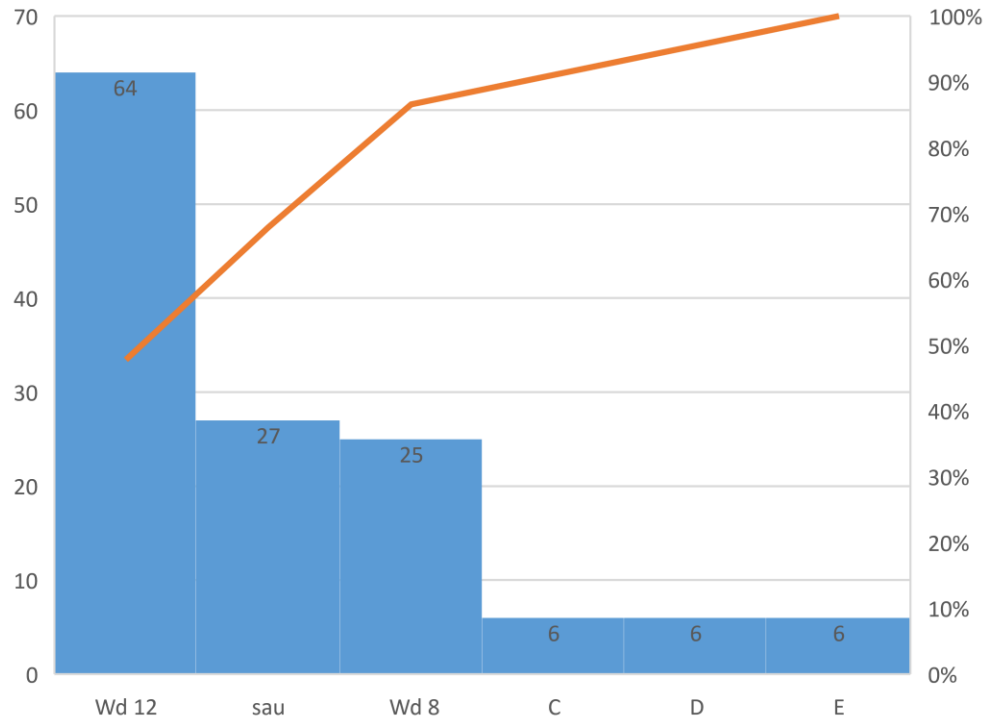
PRESSURE ULCER CATEGORY 3/DEVICE-RELATED PRESSURE ULCER CATEGORY 3

■ Morriston ■ Singleton ■ NPH ■ PC ■ MHL

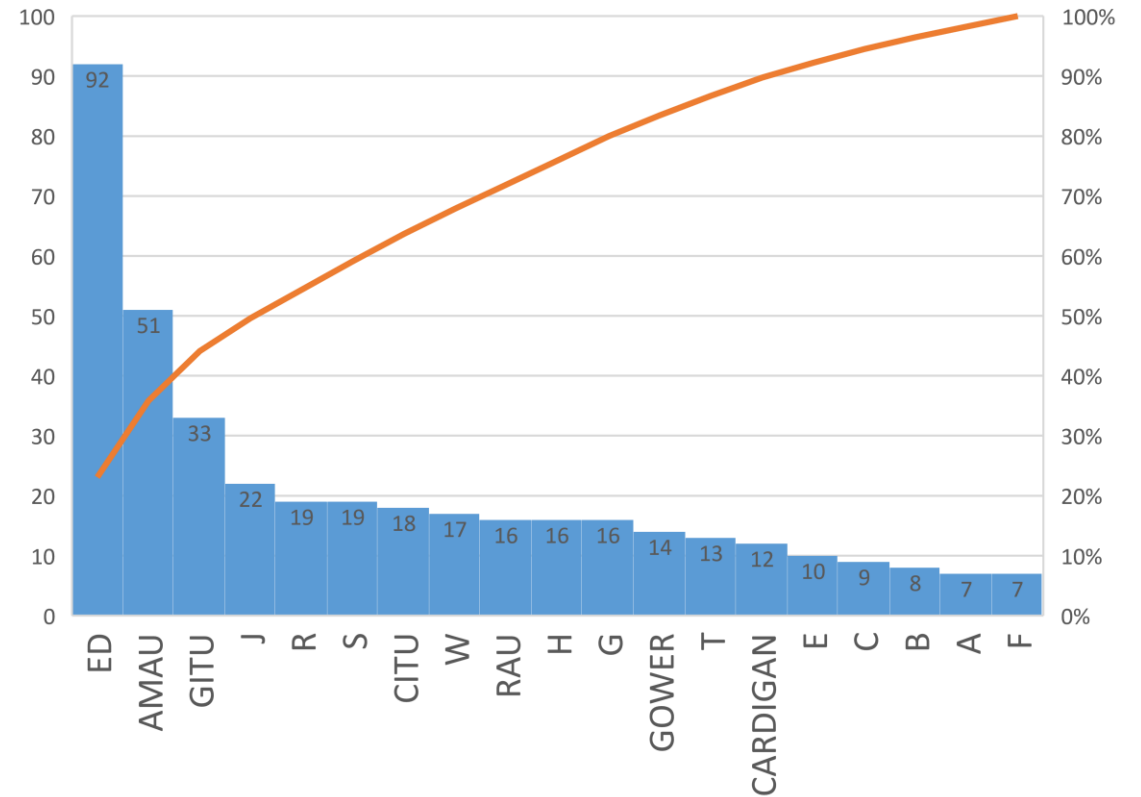


Acute Hospital Hot Spots Annual Report 2022-2023

NP&SSG

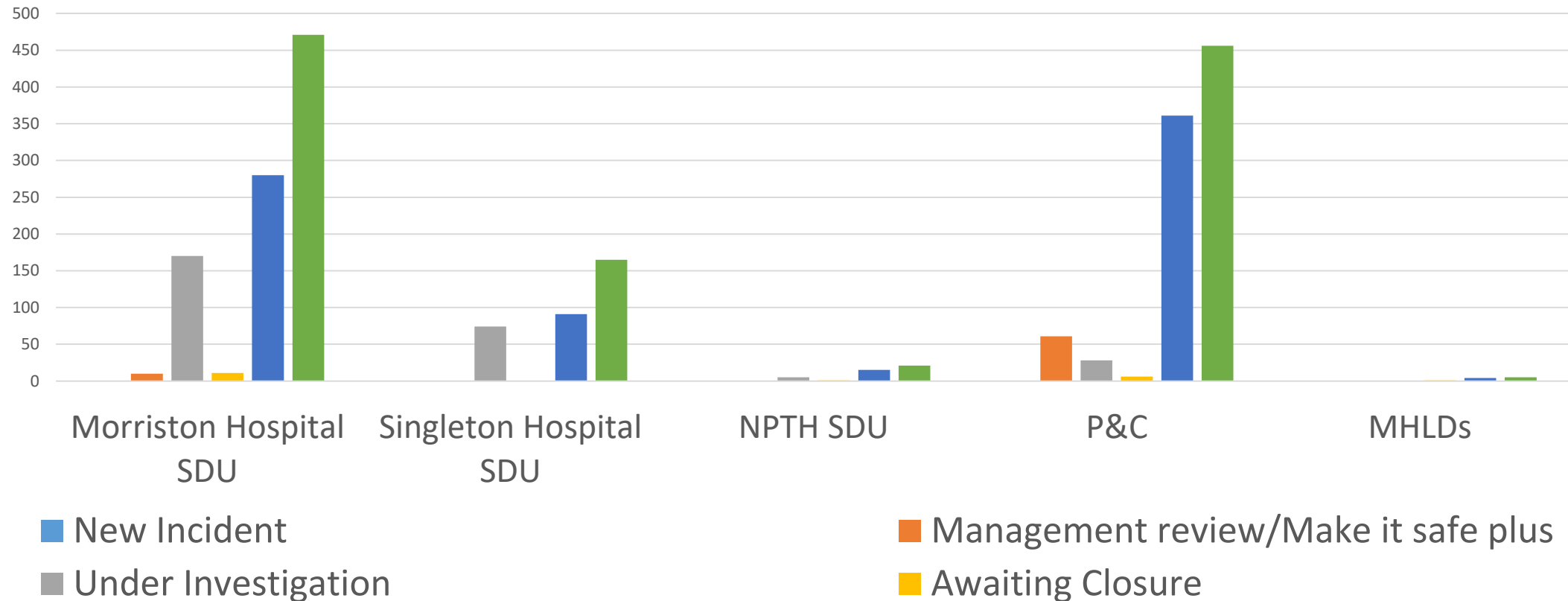


Morriston Hot Spot



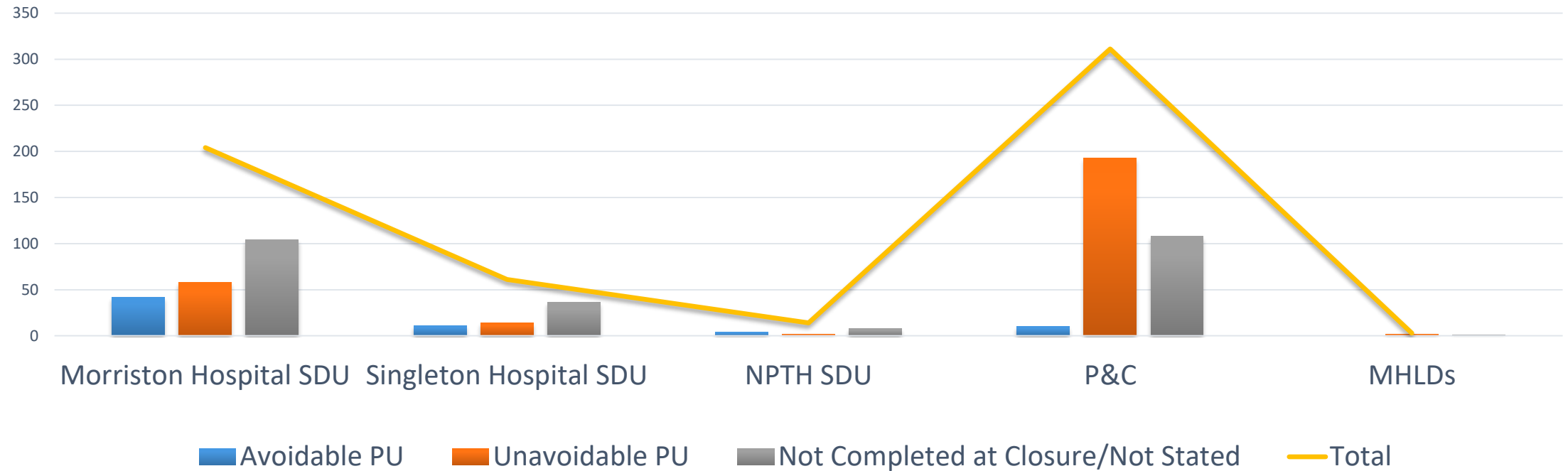
Governance and Incident Closures

Incident Status



Aviodability 2022-2023

Scruinty Outcomes



<u>Closed Incidents</u>	<u>Hospital</u>	<u>Community</u>
No Closure /outcome	74	193
Avoidable PU	57	10
Unavoidable PU	74	197

End of year 2022-2023

- When comparing 2022 we have seen 30% percentage change increase in incidents overall for the HB.
- PU Audit indicates these figures Indicate HB compliance requires addressing.
- Education and skills log of compliance is required.
- Reported Incidents on the larger numbers were superficial documentation nature
- Hot spot areas identified for all inpatient areas remain – unplanned admission areas but significant improvements in Hot spot areas in general
- 50% PU incidents still require investigation and closure more promptly – consider duty of Candour
- Primary care seeing low Avoidability outcomes post scrutiny.
- No TVN service MDU remains a Patient safety Risk. 20 RR. Medical Illustration is key.

Key Issues & QI improvements Required

- Hospital sites Overall have seen an increase in incidents 30% percentage change from previous Quarter. MSG seeing a upward trajectory and NP&SSG seeing a reduction.
- Reported Incidents on the larger numbers were superficial in nature 90%
- Information and patient Education
- Dashboard per 1000 bed days.
- Hot spot areas identified for all inpatient areas remain – unplanned admission areas but significant improvements in Hot spot areas for AMAU in MSG were identified on audit
- Governance and Datix concerns that make data questionable.
- Care planning and information giving poor
- PU incidents require investigation and closure more promptly.
- No TVN service MSG remains a Patient safety Risk. 20 RR. Medical Illustration is key.
- MDT approach and discharge planning requires addressing
- Training compliance

Governance & scrutiny

- Terms of reference are renewed for Scrutiny- Duty Candour
- All Wales DU and TVN T&F group address key priorities for Datix Cymru amendments for improvements for Reporting and Investigating.
- Risk & Assurance and TVN group set up to address governance and reallocation of Incidents, admitted to unscheduled care.
- AW Reporting and Investigating pressure ulcer guidelines are being updated, will incorporate Skin assessment in darker skin tones
- Full HB audits Min 6 monthly. QA & Point prevalence.

Wales Concerns Management System (January 2023)			Wales Concerns Management System (January 2023)		
Action	Request for change	Rational's response	Action	Request for change	Rational's response
2. General					
2.1.1	Please add option to allow reporting age through body map to choose anatomical site	Anatomical location can currently only be chosen if scanned from a photo review is not completed in a timely manner or not completed at all for Grade 3 pressure damage the only way we can identify anatomical location will be via the site of the reporting. Resulting in no ability to map reports of anatomical location of pressure damage.	2.1.2	Please REMOVE - Multiple associated skin damage (MASC) not relevant to reporting	Not relevant to reporting
2.1.2	Request that it becomes mandatory that the incident cannot be closed without focused review completed	Presently the incident can be closed without a pressure ulcer focused review being completed	2.1.3	Can managers/clinicians be mandated to complete - this may be to ensure they cannot contact promptly to more investigation	Presently this is not, and managers do not get an assigned priority, therefore they cannot contact promptly to more investigation
2.1.3	Request that it becomes mandatory that incident cannot be closed without an availability outcome	Presently incident can be closed without availability outcome	2.1.4	Can managers/clinicians be mandated to complete - this may be to ensure they cannot contact promptly to more investigation	Presently this is not, and managers do not get an assigned priority, therefore they cannot contact promptly to more investigation
2.1.4	Please Restructure the drop down list for Pressure Ulcer Incident Type/Stage The list should flow as follows: Pressure ulcer Cat 1 Pressure ulcer Cat 2 Pressure ulcer Cat 3 Pressure ulcer Cat 4 Suspected Deep Tissue Injury Pressure ulcer Stageable Deep ulcer pressure ulcer Cat 1 Deep ulcer pressure ulcer Cat 2 Deep ulcer pressure ulcer Cat 3 Deep ulcer pressure ulcer Cat 4 Deep ulcer pressure ulcer Deep ulcer Suspected Deep Tissue Injury Deep ulcer pressure ulcer Stageable Deep ulcer Suspected Deep Tissue Injury with dual option being (Wound associated damage (WASC) Non/Wound associated)	Order related pressure ulcer drop down options are as per list, with WASC damage options appearing in between and are therefore mixed	2.1.5	Can it be highlighted in some way that this includes cat. 2 & 4 Unstageable pressure ulcers	Staff are not making the connection that 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 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All Wales Tissue Viability Nurse Forum - Requested amendment to Pressure Ulcer Reporting template for Datix Cymru/Datix for Wales Concerns Management System (January 2023)			All Wales Tissue Viability Nurse Forum - Requested amendment to Pressure Ulcer Reporting template for Datix Cymru/Datix for Wales Concerns Management System (January 2023)		
Action	Request for change	Rational's response	Action	Request for change	Rational's response
2.2	Can an information box indicate that all Cat 2 and above require a focused review and a specialist opinion if closed without a Cat 2 or above pressure damage choice visible?		2.3	Is this pressure ulcer also related to a Cast, Oxygen tubing, Catheter, etc? PUSSE ADD 'REMARK' - if yes, complete 'Special review' investigation box	
			2.4	Is staffing not question?	

PAN PACIFIC PRESSURE INJURY CLASSIFICATION SYSTEM FOR DARK SKIN TONES

Normal skin

Stage 1 Intact skin with non-blanchable redness of a localized area usually over bony prominences. Darkly pigmented skin may not have visible blanching. Its colour may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage 1 pressure injuries may be difficult to detect in individuals with darkly pigmented skin tone. May indicate 'at risk' individuals (in hearing sign of risk).

Stage 2 Partial thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising (bruising indicates suspected deep tissue injury). Stage 2 pressure injuries should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.

Stage 3 Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon or muscle are not exposed. Slough may be present but does not obscure depth of tissue loss. May include undermining and tunnelling. The depth of Stage 3 pressure injuries varies by anatomical location. The bridge of nose, ear, occiput and malleolus do not have subcutaneous tissue and Stage 3 ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Stage 3 pressure injuries. Bone/tendon is not visible or directly palpable.

Stage 4 Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunnelling. The depth of a Stage 4 pressure injury varies by anatomical location. The bridge of nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage 4 pressure injuries can extend into muscle and/or supporting structures (e.g. fascia, tendon or the joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

Unstageable Full thickness tissue loss in which the ulcer base is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough is removed to expose the base of the wound, the true depth (and therefore Stage) cannot be determined. Stable (dry, adherent, intact without erythema or fluctuant) eschar on the heels serves as the body's natural (biological) cover and should not be removed. Evolution may include a thin blister over a dark wound bed. The wound may further extend and be covered by this eschar. Evolution may be rapid, exposing additional layers of tissue even with optimal treatment.

Suspected Deep Tissue Injury Purple or maroon localized area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further extend and be covered by this eschar. Evolution may be rapid, exposing additional layers of tissue even with optimal treatment.

Other Projects



- Health IO app - Pressure ulcer images /changes
- Care home long term care PU and wound management Project.
- Photo app – acute
- Chair traffic light system
- Bed tender –new Equipment
- Electronic wound assessment –incorporating skin bias assessment tools
- Offload PU App for staff and patient information app is made available free of charge for specific devices.
- Device related prevention management
- Planned- SCIL QI project to reduce HB acquired PU by 20% (Ward 12 pilot)