



# Scottish Patient Safety Programme – Reducing Pressure Ulcers in Care Homes Improvement Programme (SPSP-RPUCH)



**Induction Event**  
**27-28 June 2016**





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

**WELCOME  
BACK**



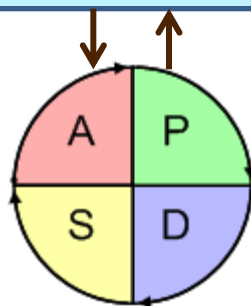
SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

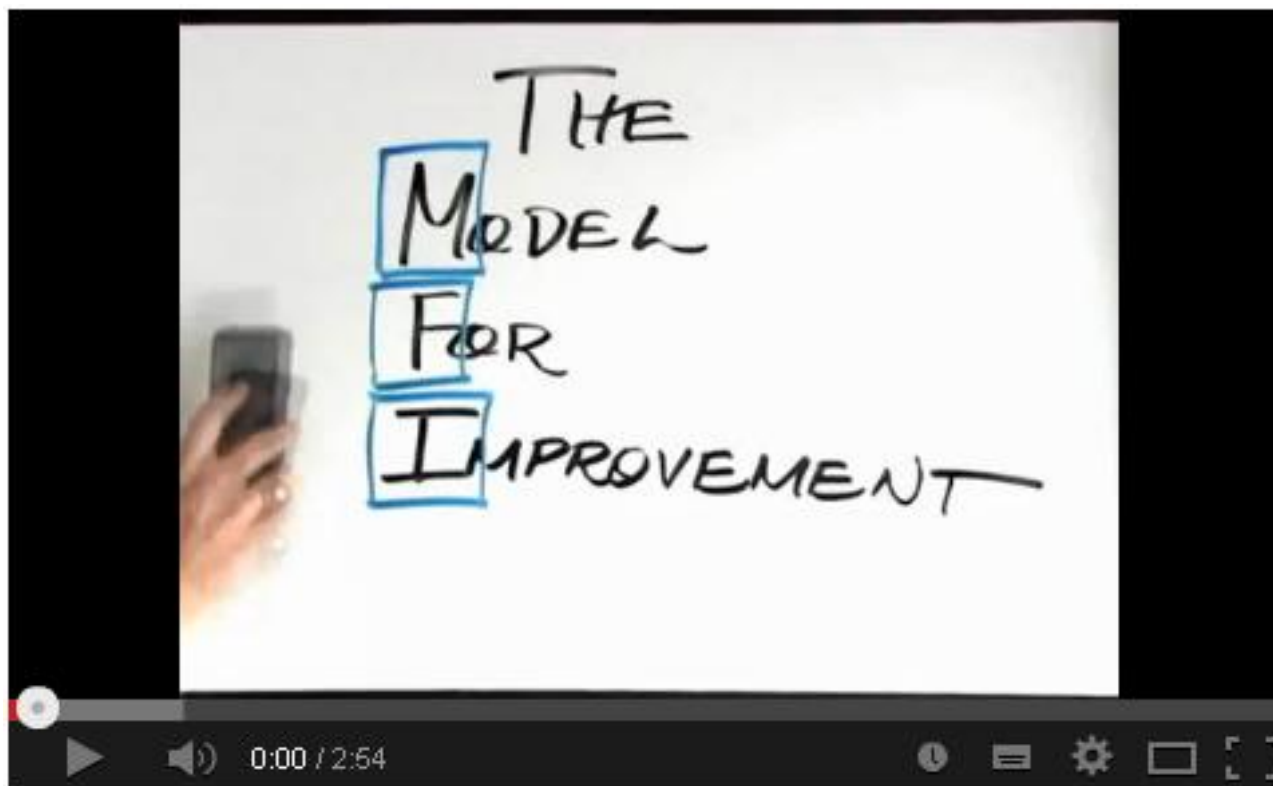
PRIMARY  
CARE

you said,

we did

## MODEL FOR IMPROVEMENT





# Hopes and fears



# Ground rules

- Be present
- Participate
- Listen openly
- Ask if you don't understand
- Challenge if you disagree
- Respect the learning
- Vegas rule
- Hawaii





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

Teach, Learn,  
Inspire

*Stirling*



# Agenda – Day 2

Timings	Content
09.00	Reflections on Day 1
09.30	What pressure ulcers matter and why they occur
10.15	What is a care bundle?
11.00	Refreshments
11.15	Evaluation and data collection
11:45	Other improvement work in care homes
13.00	Lunch
13.45	Brainstorming of ideas
14.30	Refreshments
14.45	Next steps planning
16.00	Close of session



SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

# Why pressure ulcers matter and they occur

**START  
WITH  
WHY**



Q How many people over 65 will develop a pressure ulcer?

A 1 in 23

B 1 in 150

C 1 in 15

D 1 in 230

£1,000,000

Q How many people developed a pressure ulcer in a care home setting in Scotland in 2014?

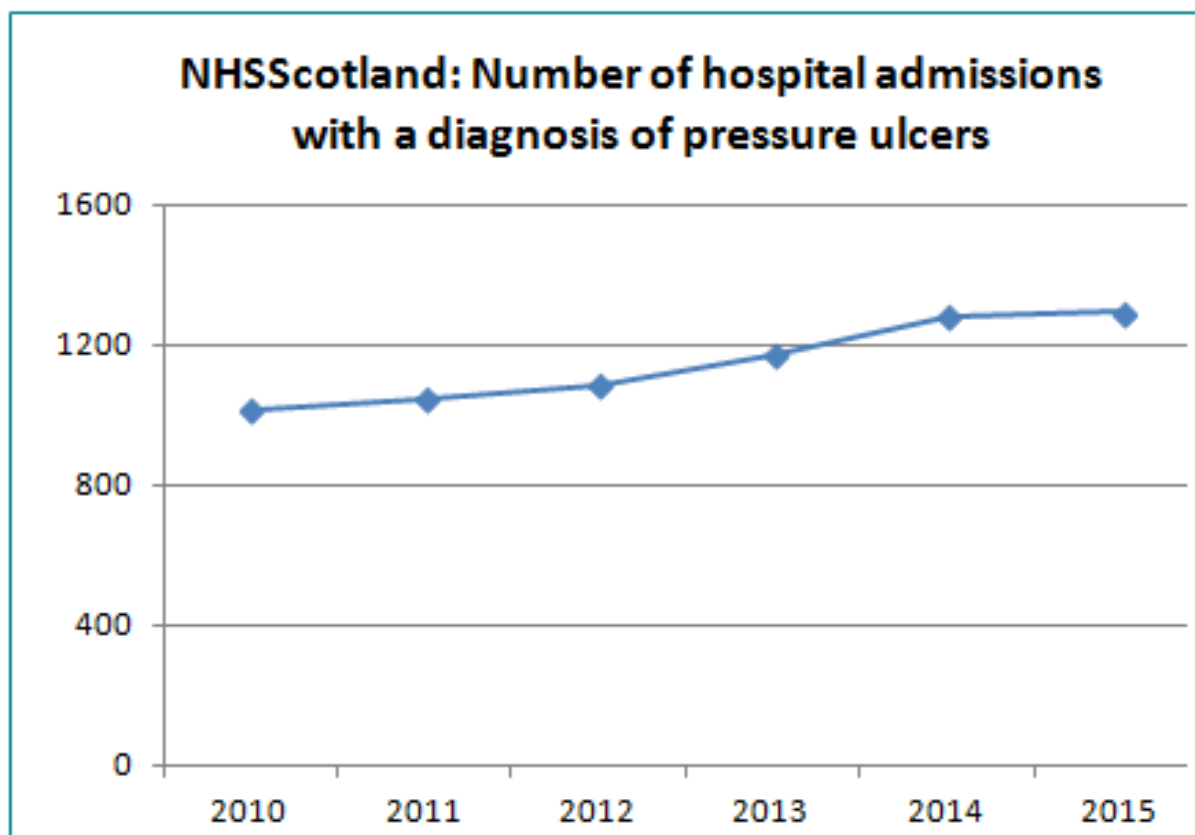
A 896

B 1,124

C 1,533

D 1,863

£1,000,000



Source: ISD Scotland, SMRO1  
Extract date: 22/04/2016

## Impact on residents

# Pain



Infection → death

# Distress

Odour / drainage

# Financial impact

Have you or a loved one ever suffered from pressure sores?



## Your right to consider compensation

Significant awards of damages have already been made to pressure sore victims. Those awards have even extended to the families of loved ones who have died, and suffered pressure sores in the very late stages of life.

### The courts have awarded payments like these:

£8,500 for a 67-year-old man who suffered grade 2 pressure ulcers to both heels for a period of two months.

£21,500 to the estate of a 77-year-old man who developed a grade 3-4 sacral pressure sore which persisted for 9 months and accelerated his death.

Over £100,000 for a 55-year-old man who developed grade 4 pressure sores on his sacrum, heels and the back of his head.

Over £40,000 for a woman who developed a pressure sore having been given an epidural during childbirth.

## Contact us for FREE help and advice

If you or a loved one – an elderly relative, perhaps – have suffered from pressure sores in the last 30 months, we urge you to seek legal advice as soon as possible. After three years, no compensation claim is possible.

The expected cost of healing a pressure ulcer in the UK  
from **£1,064** (grade 1)  
to **£10,551** (grade 4).



SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

# Pressure Ulcers in Care Homes

What is the scale of the problem in care homes?

Why do pressure ulcers happen in care homes?

Root cause analysis?





# Pressure Ulcers Standards

## Summary of draft standards

- Standard 1: The organisation demonstrates leadership and a commitment to the prevention and management of pressure ulcers.
- Standard 2: Education and training on the prevention and management of pressure ulcers are mandatory for all healthcare and social care staff involved in pressure ulcer care.
- Information and support is accessible to people at risk of, or identified with, a pressure ulcer, and/or their representatives.
- Standard 3: An assessment of risk is undertaken as part of initial admission or referral, and informs care planning.
- Standard 4: Regular reassessment of risk for pressure ulcer development, or further damage to an existing pressure ulcer, is undertaken to ensure safe, effective and person-centred care.
- Standard 5: A care plan is initiated and implemented to reduce the risk of pressure ulcer development and to manage an existing pressure ulcer.
- Standard 6: People with an identified pressure ulcer will receive a person-centred assessment, grading of the pressure ulcer and care plan.



# Joyce O'Hare

# Fatal Accident enquiries

- Care Commission/Inspectorate has given evidence at 3 FAls where care home residents have died following an infected pressure ulcer
- Findings:
  - Serious failings in standards of care and support
  - Poor record keeping
  - Staff not competent or had sufficient training to provide good care and support
  - Poor staffing levels/inadequate staff supervision

# Pressure for change (2007)

- A review of Care Commission inspection, complaints and enforcement activity in care homes for older people 2002-2006
- Findings from:
  - 29 Inspections
  - 31 Complaints
  - 11 Enforcement notices

# Why we did the review

*“Our role is to inspect care homes for older people, investigate complaints and enforce standards of care.*

*From these activities we found some aspects of poor practice in preventing, caring for and treating pressure ulcers.*

*We wanted to share this information so that we can make recommendations for change to improve care.”*

# 6 Key themes of review

1. Allocation/maintenance of pressure reducing equipment (Beds, mattresses, seat cushions)
2. Policies and procedures relating to pressure ulcer prevention, care and treatment
3. Care planning and recording of pressure ulcer prevention care and treatment
4. Training/education for all grades of staff
5. Pressure ulcer assessment, care and treatment
6. Pain assessment/management in pressure ulcer care and treatment

# **Allocation/maintenance of pressure reducing equipment**

## **FINDINGS**

**Insufficient amounts/how many/who's using?**

**Not being allocated on based clinical need**

**Sheepskins/fibre filled overlays in place**

**Minimal staff training on how to select/use equipment**

**Maintenance contracts/cleaning procedures**

**Sourced from? Confusion about homes responsibilities**

# Policies and Procedures

## FINDINGS

**None in place or out of date**

**Not based on current best practice**

**Evidenced but not implemented - Staff hadn't read them**

**No pre-admission/transfer process for pressure ulcer prevention, care and treatment**



# Care planning

## FINDINGS

Some areas had a risk assessment tool in place – usually Waterlow

Evaluated monthly – routine task

Identify resident at risk – no care plan!

Care plans in place – did not always reflect the resident's individual needs

No resident/family involvement in process

# Training/Education

## FINDINGS

**No regular updates**

**Difficulties in accessing appropriate training/support for staff**

**Lack of advice/support from Tissue Viability Nurse/Community Nurse in most areas**

# **Pressure ulcer assessment, care and treatment**

## **FINDINGS**

**No formal wound assessment process**

**Lack of knowledge re appropriate  
dressings**

**Prescribing, storage, administration and  
disposal of dressings**

# **Pain assessment/management in pressure ulcer care/treatment**

## **FINDINGS**

**Pain was a big feature in complaints**

**No formal assessment process in place**

**Inadequate knowledge re pain,  
assessment and management**

# Current position – what our inspection and complaints inspectors say 2016

- “Unreliability of assessment –Waterlow scoring”
- “Person identified at risk – no care plan in place, no real focus on prevention”
- “Residential care – don’t know how to risk assess – encouraging to use PPURA”
- “Pressure ulcer safety cross – not all using this – some homes don’t understand how to use”
- “Some homes use SSKIN bundle – not sure what they are meant to do”
- “Wound assessment process – patchy use of assessment tools and pressure ulcers not always graded or accurately graded”
- “Matching assessment to treatment choice”
- “Wound photography – no policy/consent/data protection issues”

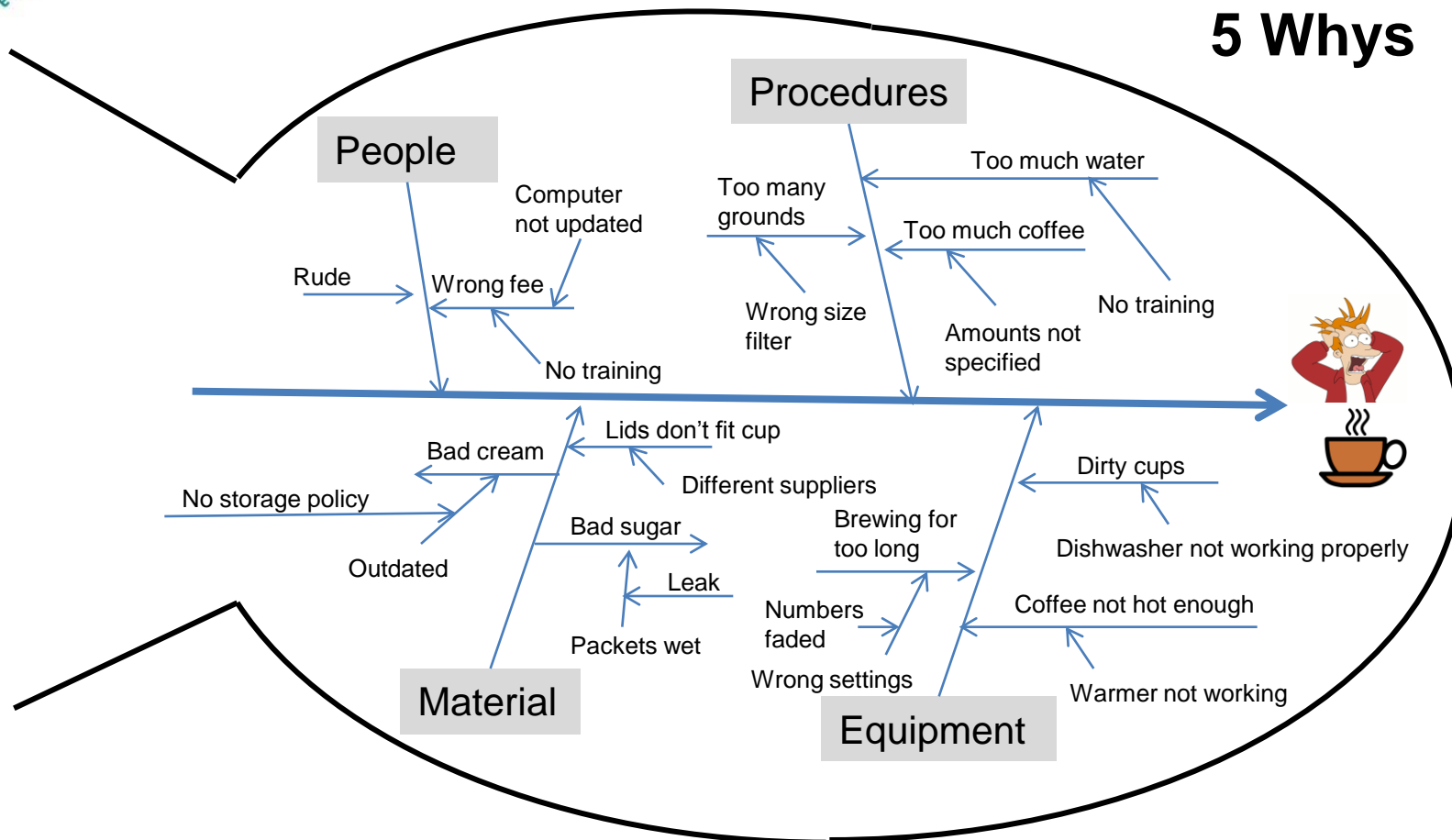


# Addressing the right issues



# Fishbone diagram

## 5 Whys



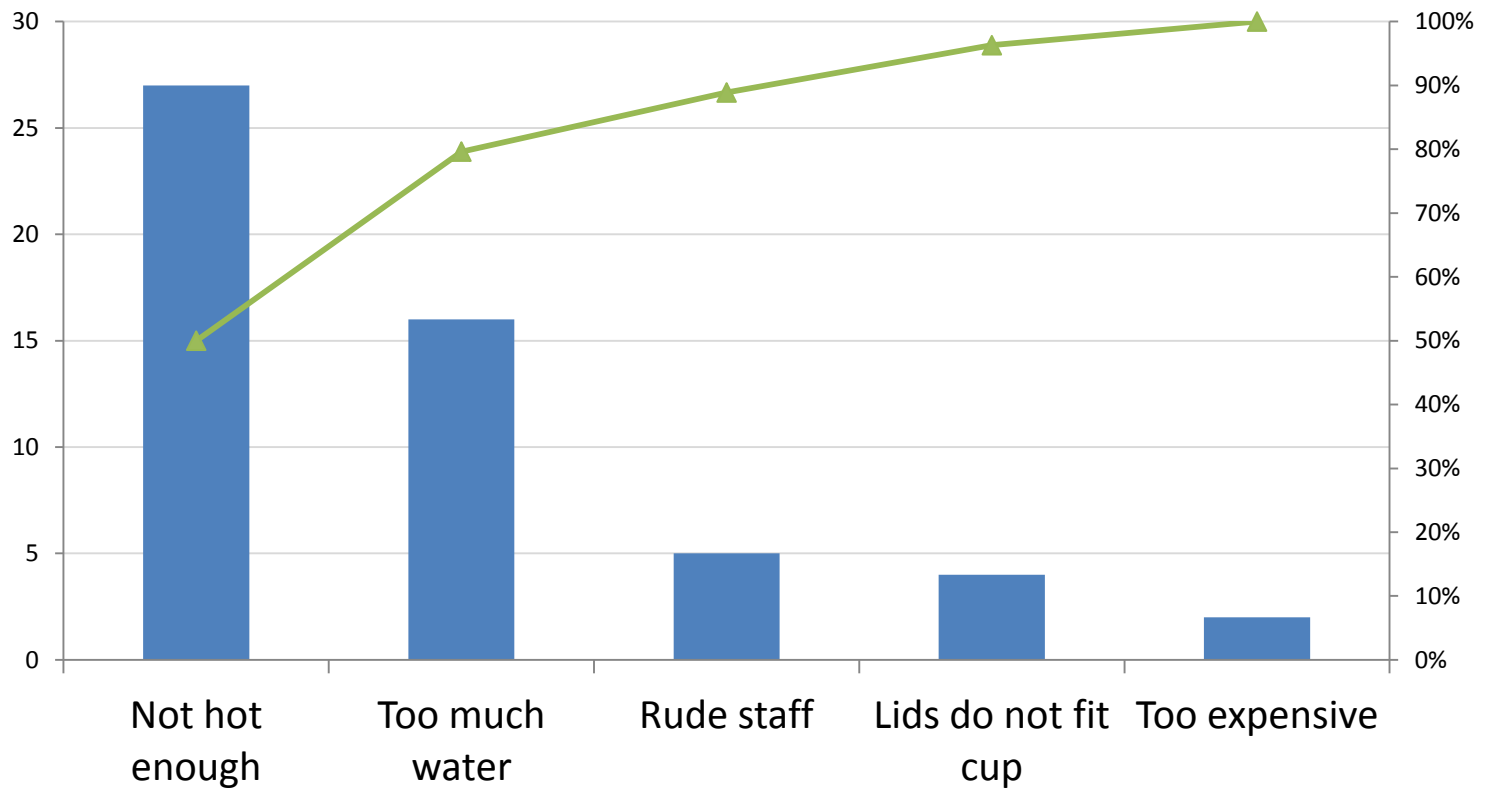
# Fishbone diagram

1. Create your **own fishbone diagram** to illustrate what causes pressure ulcers in care homes
2. You have **5 dots each**. Stick them next to the issues you think cause pressure ulcers more commonly. More than one dot can be allocated to one cause.



# Pareto Diagram

80%-20% rule



# Data vs Opinion

“Without **data** you're just another person with an **opinion**.”

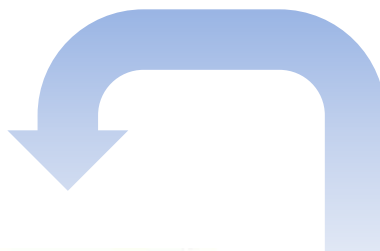
**W. Edwards Deming**



# Baseline data

- Safety Cross
- Pressure Ulcers investigation tool?
- Best practice self-assessment vs detailed self-assessment?

# Data mindset



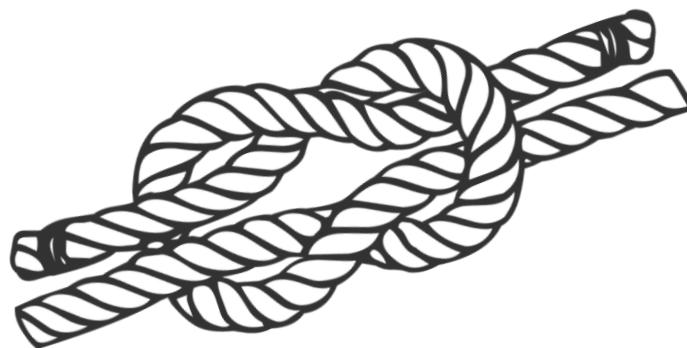
Aspect	Improvement	Accountability	Research
<u>Aim</u>	Improvement of care	Comparison, choice, reassurance, spur for change	New knowledge



**Discuss potential challenges and barriers in using data in care homes**



# Care bundles





# EXPLORE THE BUNDLE CONCEPT


***Requires examination and redesign of  
existing care processes through  
measurement and testing***

# What is a Care Bundle?

A care bundle is a set of **evidence based interventions** that when used together **significantly improve outcomes**

- A small set of evidence-based interventions
- Defined patient segment/population
- Origins – Intensive Care bundles
- When implemented together will result in better patient outcomes

# Why use Care Bundles?

- Reliable implementation of care bundles for processes  improved outcomes
- Drives teamwork, communication and local ownership
- Defines a shared baseline
- Reduces unwanted variation
- Clear who has to do what and when, within a specific time frame\*.

\*With thanks to Carol Haraden, PHD, 'What Is a Bundle?' [www.ihl.org](http://www.ihl.org)





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

## Essential elements of a Bundle

- 3–5 interventions (elements) which have been agreed by clinical team
- Bundle elements are relatively independent
- Bundle is used for specific patient group, usually in one location
- Bundle should allow for local adaption (not too prescriptive)
- For measurement, all components need to be completed ‘all-or-none’ measurement

With thanks to Resar R, Griffin FA, Haraden C, Nolan TW. *Using Care Bundles to Improve Health Care Quality*. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2012.

# A care bundle is not .....



# SSKIN Bundle

A simple 5 item checklist protocol to reduce pressure ulcers:

**S** **urface:** make sure your patients have are on the right surface

**S** **kin inspection:** early inspection means early detection. Show patients & carers what to look for

**K** **ee** your patients **moving**

**I** **ncontinence/moisture:** your patients need to be clean and dry

**N** **utrition/hydration:** help patients have the right diet and plenty of fluids

## SSKIN Care Bundle

## KEY

### Care delivered

√ - Yes

X - No (record why not)

Name
Frequency of care delivery (circle as appropriate)    1hrly    2hrly    3hrly    4hrly
Date
Time – record using 24 hour clock
<b>Surface</b>
Mattress appropriate (please state)
Cushion appropriate (please state)
Functionality/integrity check of equipment performed
<b>Skin Inspection</b>
All pressure areas checked
Redness present Y/N
<b>Keep moving</b>
B      Right side
E      Left side
D      Back
CHAIR
<b>Incontinence</b>
Urine
Bowels
<b>Nutrition</b>
Diet (please state)
Fluids (please state)
Supplement(s) (please state)
<b>Initials</b>



SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

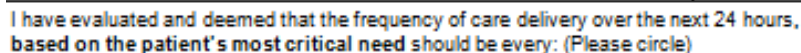
PRIMARY  
CARE

Attach Addressograph		Prevention of Pressure Ulcer Interventional Plan			<p><b>Aim:</b> To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.</p> <p><b>Outcome:</b> To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.</p>		
	<b>S</b> <b>SKIN INSPECTION</b>	<b>S</b> <b>SURFACE</b>	<b>K</b> <b>KEEP MOVING</b>	<b>I</b> <b>INCONTINENCE / MOISTURE</b>	<b>N</b> <b>NUTRITION</b>	<b>S</b> <b>SELF MANAGEMENT / SHARED CARE</b>	<i>Sign / Comments</i>
<b>Date of initial plan:</b>	<p><i>Check:</i></p> <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>	<p><i>Specify:</i></p> <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 patient / 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><input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>- "Prevent Pressure Ulcers" leaflet given to patient / family / carer?</li> <li><input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<p>Date discontinued: _____</p>
<b>Date reviewed:</b>	<p><i>Check:</i></p> <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>	<p><i>Specify:</i></p> <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 patient / 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 changes to plan with patient / family / carer</li> <li><input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<p>Date discontinued: _____</p>
<b>Date reviewed:</b>	<p><i>Check:</i></p> <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>	<p><i>Specify:</i></p> <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 patient / 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 changes to plan with patient / family / carer</li> <li><input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<p>Date discontinued: _____</p>

## DATE \_\_\_\_\_

**Attach Addressograph label**

Ward:



1 hr      2hr      3 hr      4hr      6hr

1. Signed..... Name..... Designation .....

2. Signed..... Name..... Designation .....

3. Signed..... Name..... Designation .....

USE FOLLOWING CODE

O= Off the ward

**D= Declined**

**V= Variant**

R= Refused

**S= Sleeping**

I = Independent

Individual patient needs –

Red mat required Y / N    Bed rails Y/N

**'Must do's' for me. Ask the patient if there is anything they want specifically done today.**

[illegible]





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME


PRIMARY  
CARE

# How reliable is your bundle?

## How will you know?



# Care Bundle Data – a process measure



All or nothing



Small frequent samples





## Some examples

### Diabetes data from 59 practices

Measure	% of patients achieving
GHB done	95.4
BP done	95.0
Cholesterol done	93.6
Smoking recorded	96.2
GHB $\leq$ 7.4%	55.3
BP<140/80	38.7
Cholesterol $\leq$ 5	75.0
Non smoker	82.9

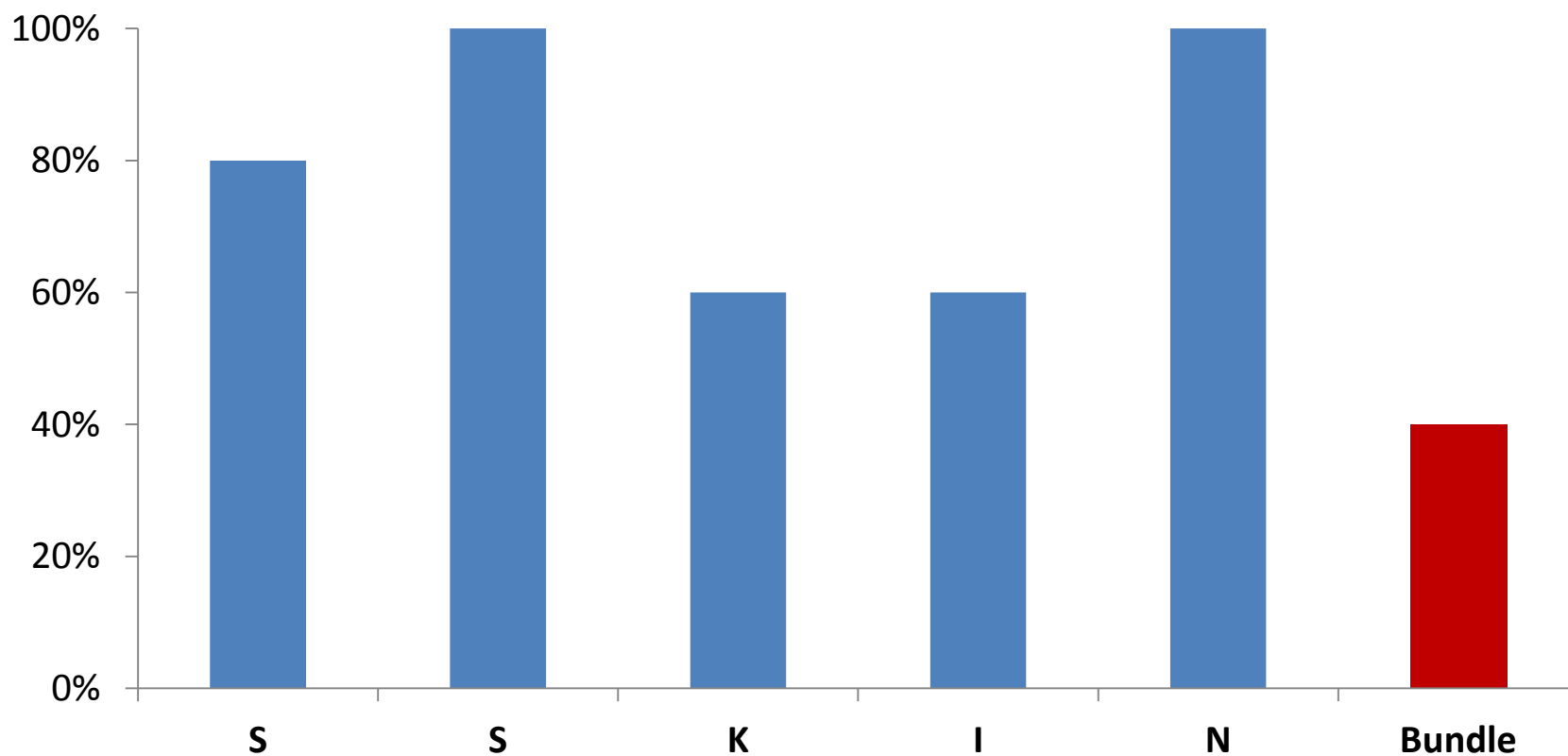
## Some examples

Measure	% of patients achieving	% of patients with all care done
GHB done	95.4	 <p>88.3</p> <p>Could do better?</p>
BP done	95.0	
Cholesterol done	93.6	
Smoking recorded	96.2	
GHB ≤ 7.4%	55.3	 <p>16.2</p> <p>Ouch!</p>
BP < 140/80	38.7	
Cholesterol ≤ 5	75.0	
Non smoker	82.9	

# Understanding variation

	S	S	K	I	N	Bundle	
client 1	yes	yes	no	no	yes	no	
client 2	yes	yes	yes	yes	yes	yes	
client 3	no	yes	yes	yes	yes	no	
client 4	yes	yes	yes	yes	yes	yes	
client 5	yes	yes	no	no	yes	no	
client 6	yes	yes	no	no	yes	no	
client 7	yes	yes	yes	yes	yes	yes	
client 8	no	yes	yes	yes	yes	no	
client 9	yes	yes	yes	yes	yes	yes	
client 10	yes	yes	no	no	yes	no	
	S	S	K	I	N	Bundle	
reliability		80%	100%	60%	60%	100%	40%

## SSKIN reliability - 10 clients - 1 week



# SSKIN Bundle in Acute Care – lessons learned

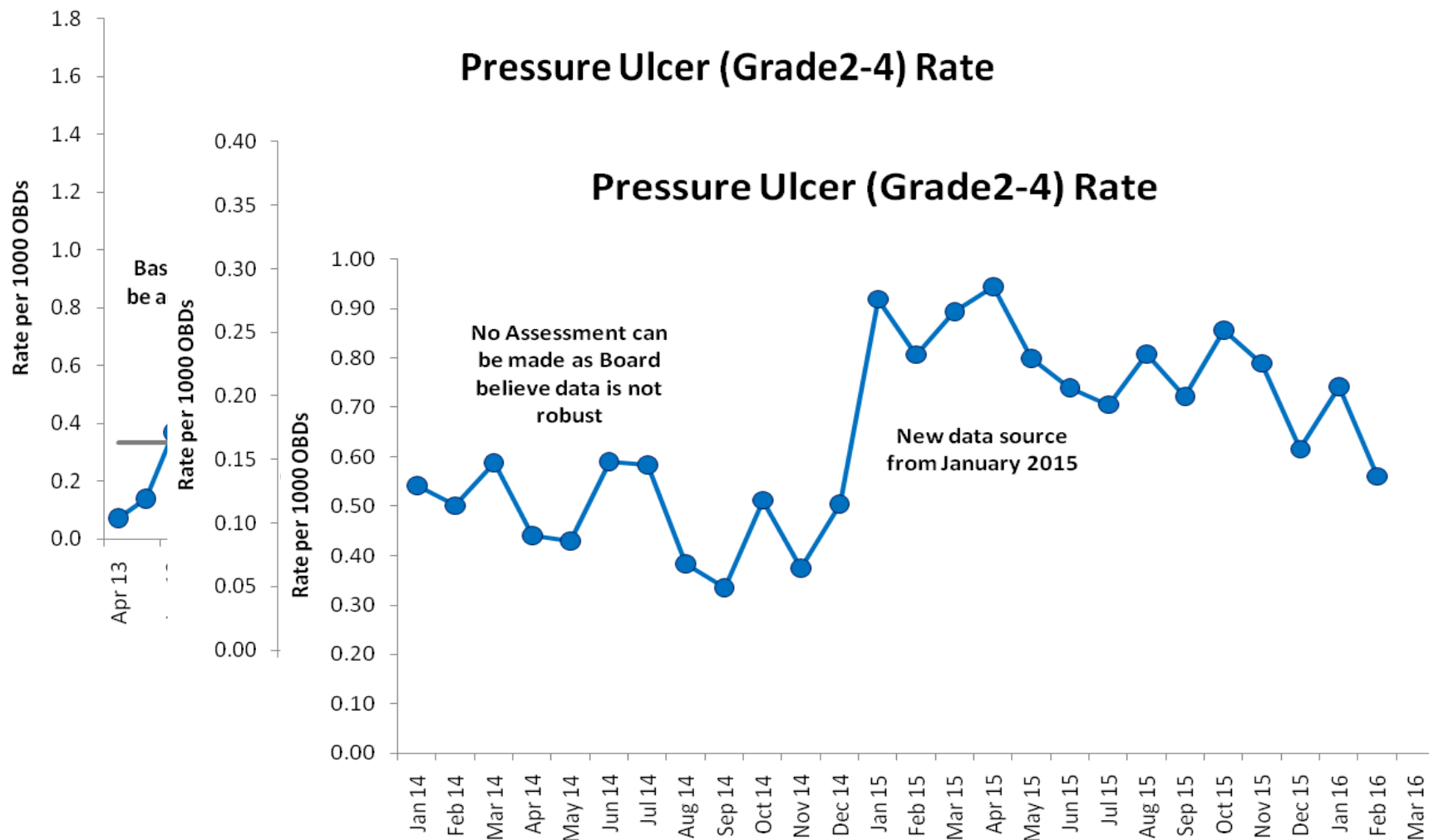
- Frequency of each element is decided – ‘prescribed’ - by risk assessment
- Documentation is built in to existing care processes
- Data is used to understand reliability of each element AND whole bundle
- Any bundle exists to support professional judgement
- The SSKIN bundle – or any other bundle – does not cover everything

## Successful teams have paid attention to ...

Aim	Primary Driver	Secondary Driver
<b>Building a culture of Improvement</b>	Using data for improvement	Process reliability
		Connecting process & outcome
		Visibility
	Learning from events	Informing improvement plans
		New ideas
	Team working	Using all available resources
		Sharing successes & challenges
		Celebrating success
		New ideas

# What are we trying to accomplish – the outcome?

## Pressure Ulcer (Grade2-4) Rate



- How would this bundle be applied in care homes?
- What would be the operational definition for each question? (eg. Frequency)

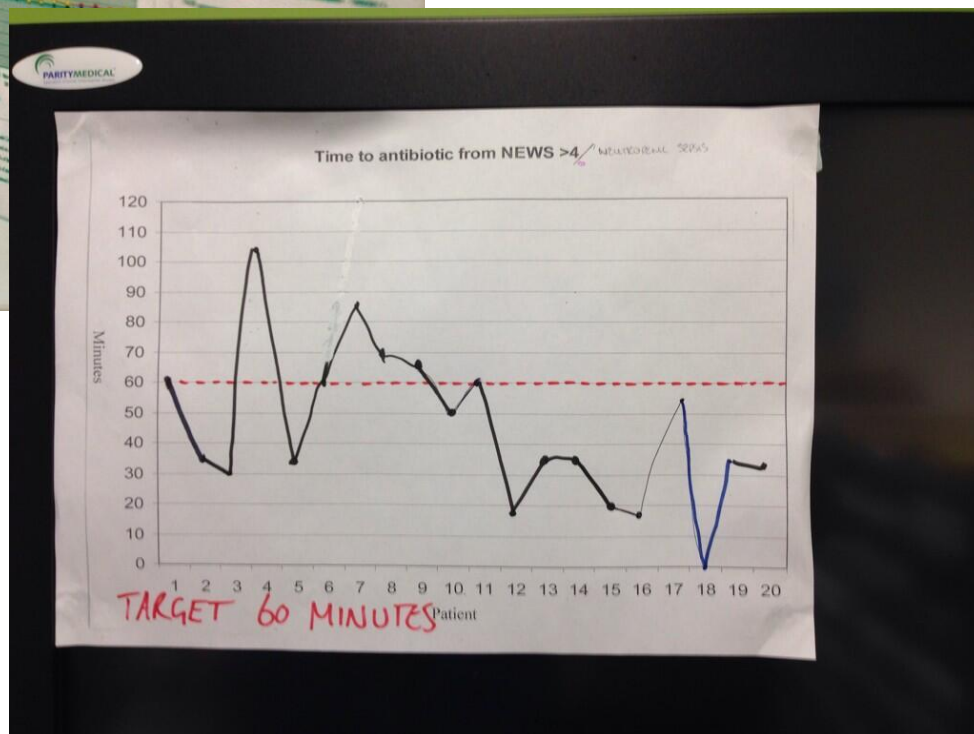




SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

# It's about what you do with the data...



## Like what?

- Test a change (PDSA)
- Share at team meeting
- Notice board
- Ask patients



SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE



“Without data  
you’re just  
another person  
with an opinion.”

- W. Edwards Deming,  
Data Scientist

# Evaluation

Sarah Harley

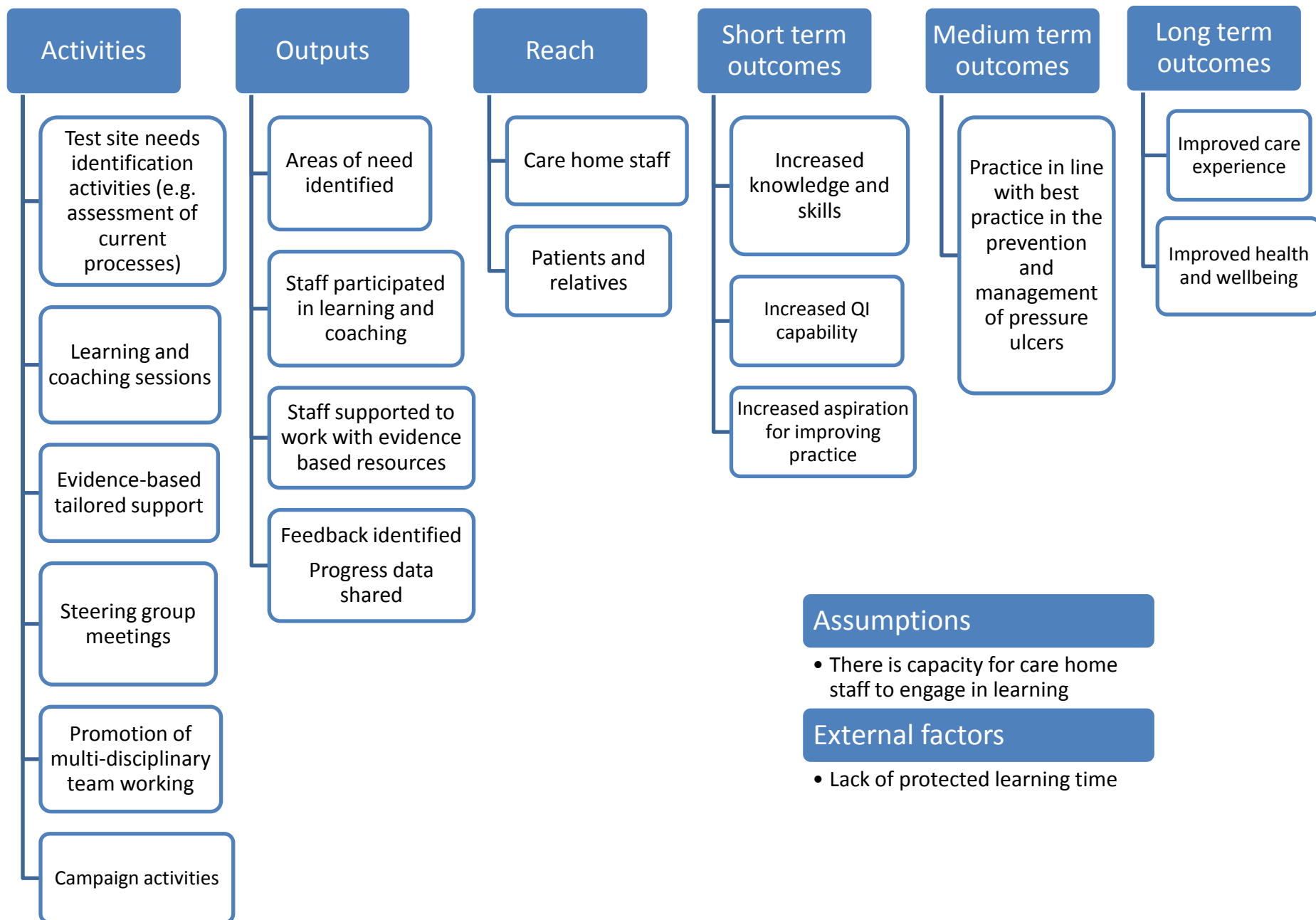
Health Services Researcher

# Why evaluation is needed

- **Improves programme design and implementation**
  - by assessing and adapting the programme activities
- **Demonstrates programme impact and how this was achieved**
  - by enabling success or progress to be accounted for

# Aligning evaluation to the programme

STAGE	Before programme begins	New programme	Established programme	Mature programme
APPROACH	Formative	Formative	Summative	Summative
QUESTIONS	To what extent is the need being met? What can be done to address the need for improvement?	Is the programme working or operating as planned?	Is the programme achieving it's objectives?	What predicted and unpredicted impacts has the programme had?
EVALUATION TYPES	Needs assessment	Process evaluation	Outcome evaluation	Impact evaluation



# Brainstorming the logic model

- Brainstorm your ideas for the logic model under each category:
  1. the activities required to influence change (are there any gaps?)
  2. the short term outcomes you expect of these activities (change in knowledge, confidence?)
  3. the medium term outcomes you expect in terms of improvement in practice
  4. any assumptions and external factors that you can identify

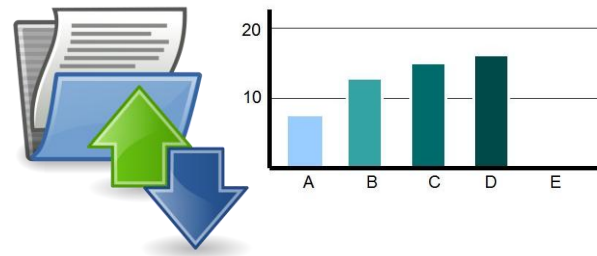




SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

# Data collection



## For discussion

- Care home profile sheet
- Self-assessment spreadsheet for PU prevention
- Monthly progress report
- Data collection spreadsheet vs/ & CI notification system
- Pressure Ulcer Investigation tool

Qualitative data and  
Quantitative data




# Improvement in Care Homes



SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

The Royal Wolverhampton   
NHS Trust

# **ASSKINE-THE COLLABORATIVE APPROACH TO REDUCING PRESSURE ULCERS IN CARE HOMES**

Lorraine Jones

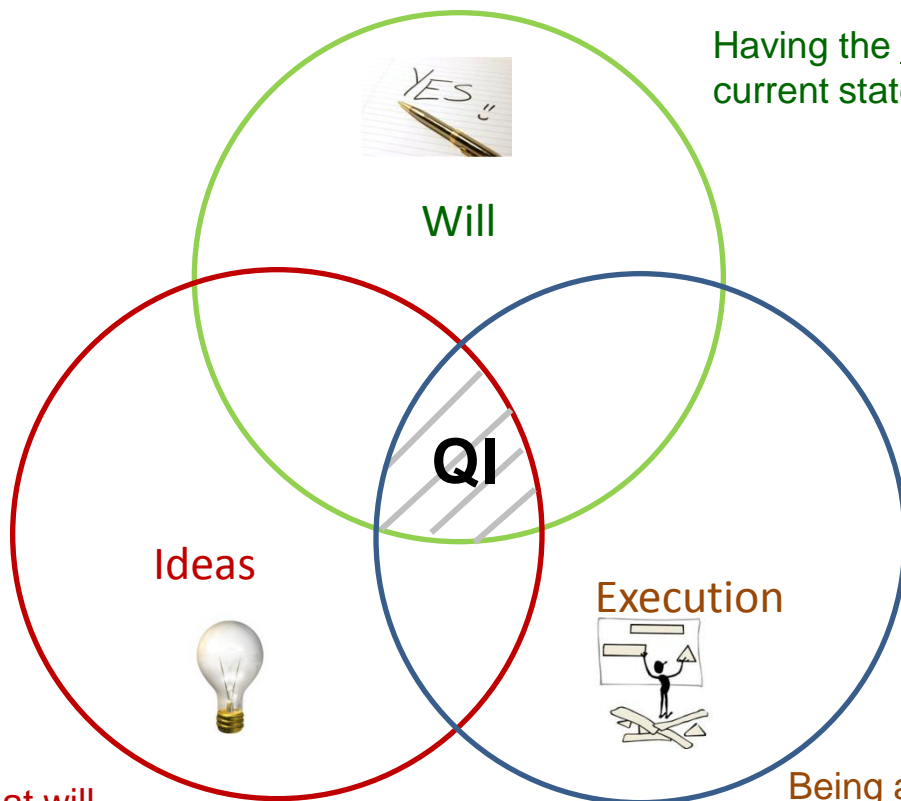
Tissue viability Lead Nurse

[lorraine.jones12@nhs.net](mailto:lorraine.jones12@nhs.net)

01902 695361

# Brainstorming of change ideas

# Primary Drivers for Improvement



Having the Will (desire) to change the current state for a better one

Will

Ideas

Execution

QI

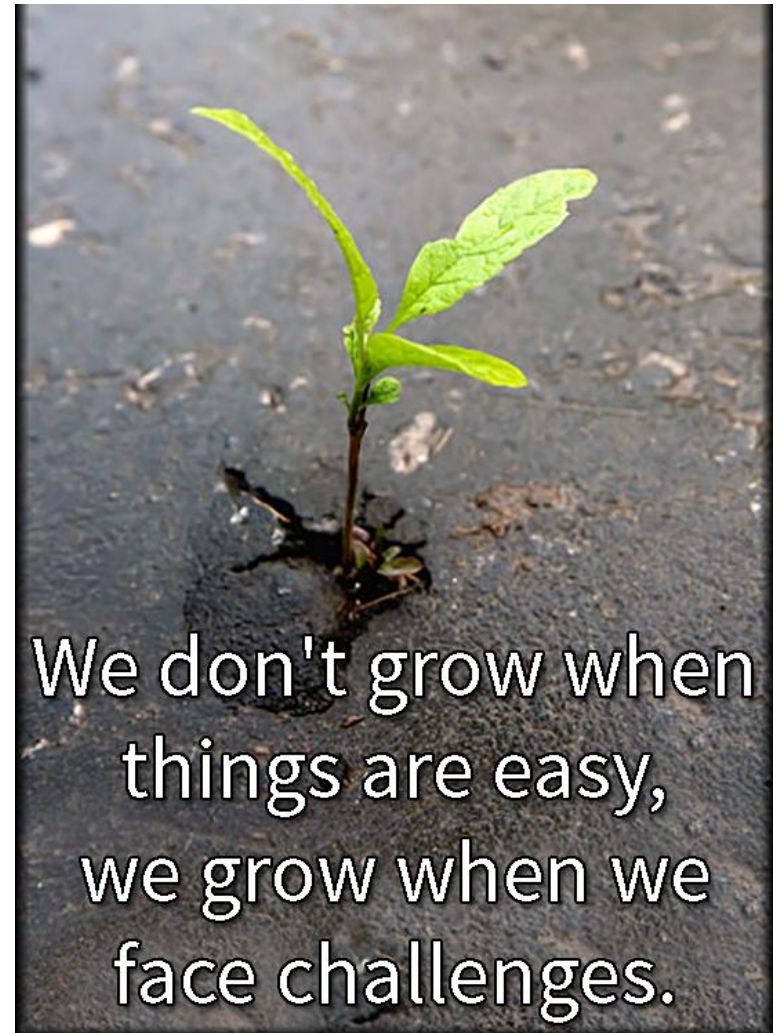
Developing ideas that will contribute to achieve a better state

Being able to execute the ideas, applying quality improvement theories, tools and techniques

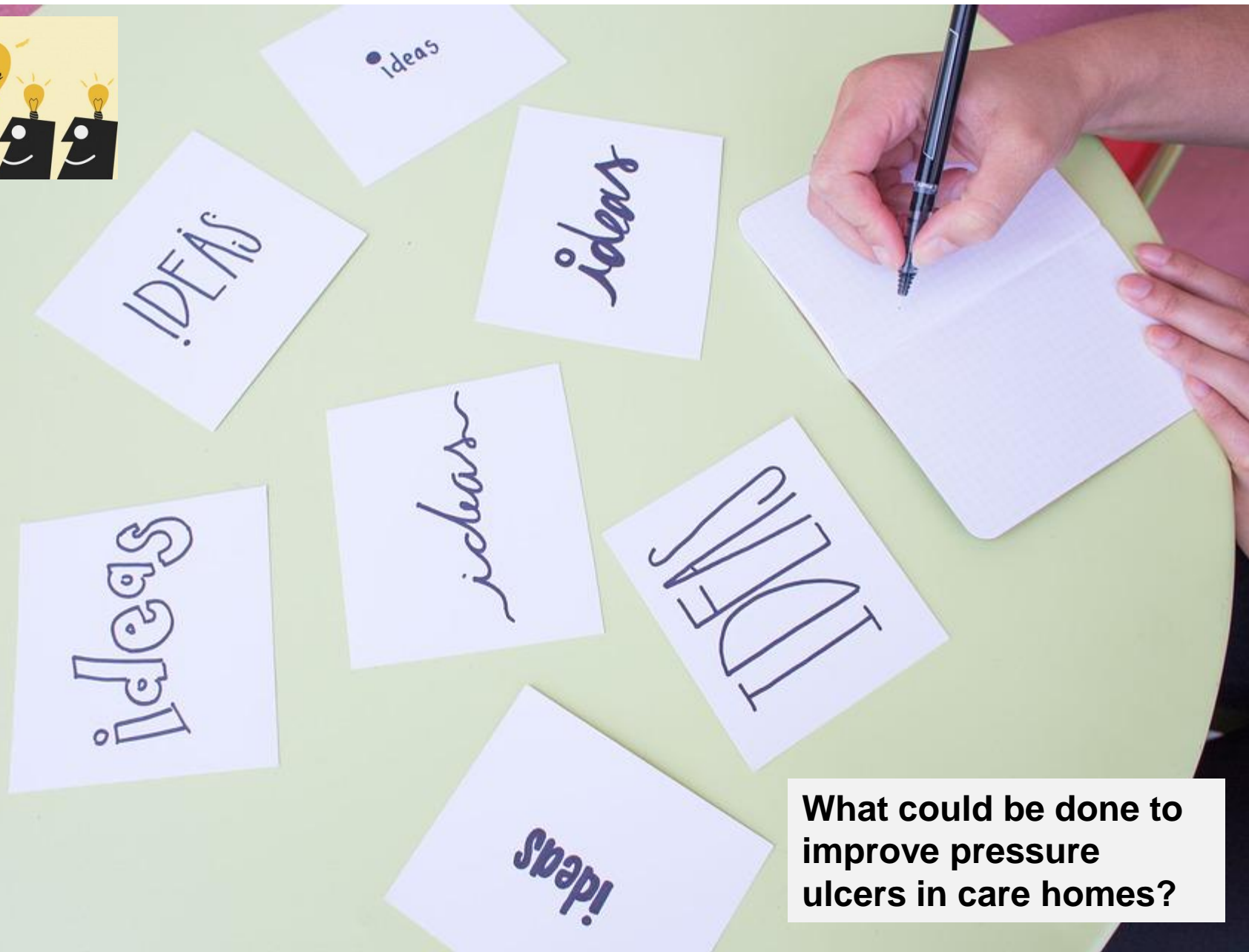
# Innovation, Improvement and Generating Ideas

The greatest discovery comes  
not from seeing new  
landscapes but in seeing the  
familiar with new eyes

***Marcel Proust***



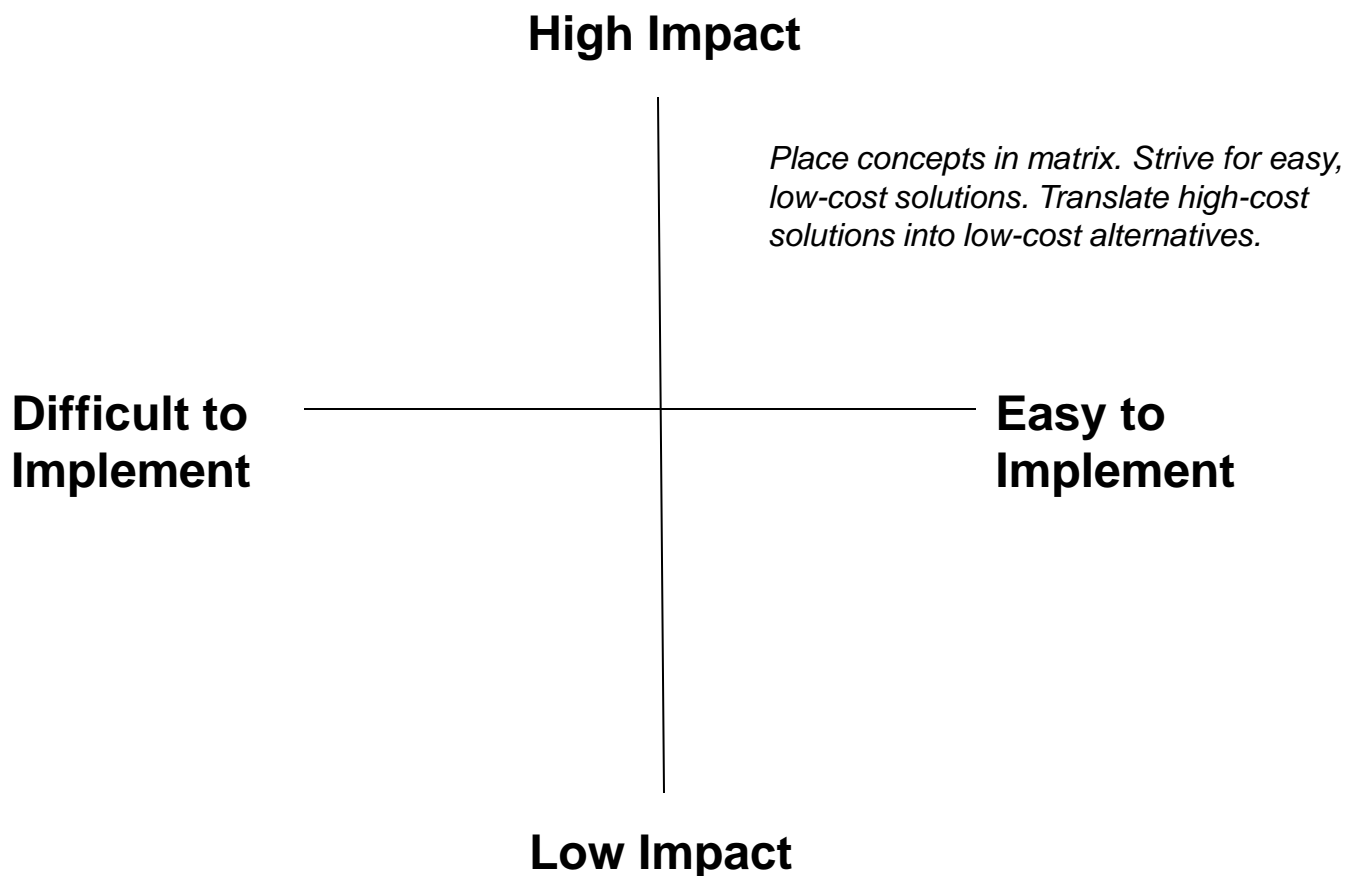
We don't grow when  
things are easy,  
we grow when we  
face challenges.



**What could be done to improve pressure ulcers in care homes?**



# Matrix of Change Ideas





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

# Planning next steps

## Next steps – for us

- Finalise the revised draft agreement
- Send details of the programme's secure webpage
- Ensure presentations from past 2 days are uploaded
- Ensure dates for Steering Group meetings available on the site
- Draft scale up strategy
- Continue visiting local teams
- Send baseline data collection forms asap
- Produce an overarching fishbone diagram, driver diagram, ideas matrix

## Next steps – for you

- Sign off agreement
- Finalise recruitment of care homes
- Gather baseline data and know your system
- Gather intelligence on where there are opportunities for improvement
- Start preparing for Learning Sessions 1
- Give feedback on baseline data collection forms



SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

# Steering Group Membership

2 people from each participating H&SCPs:

- Clinical Lead
- Facilitator

# Dates for your diary

## Steering Group Meetings

Thursday 18 August

Tuesday 24 October

Tuesday 13 December

Tbc February

*Glasgow or Edinburgh, venue tbc*

## Learning sessions

Wednesday 14 September – D&G

Wednesday 22 September – A&B

Wednesday 28 September - ED

Thursday 29 September – P&K

*Locally – **Please select a date***





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE



# Planning time

- Reflect on all the discussions over the last two days

Agree your action plan (what, who, by when)





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

PRIMARY  
CARE

# Feedback from H&SCP teams



We are almost there!

# RPUCH Scaling up discussion with IHI



# Feedback on today's sessions

- What has gone well?
- What has gone not so well?
- What could we do differently?
- Any other comments?

