

# **QUALITY IMPROVEMENT PLAN (QIP) TARGETS QUARTERLY TRUST BOARD REPORT**

***PRESSURE ULCERS  
April 2022 - March 2023***

***7 September 2023***

## **PROGRESS TO DATE**

All Acute adult inpatient wards are expected to complete the Skin Care Bundle audits on a Bi-monthly basis, their compliance is then reported quarterly to the PHA. To support staff and patients in regards to pressure ulcers there are regionally produced pressure ulcer leaflets available, all areas within the Trust have been made aware of these resources and how to obtain them. The Tissue Viability (TV) team continue to share all relevant information via the TV SharePoint site which all staff have access to.

The TV SharePoint site has been streamlined with a focus on accessibility for staff and a section specifically for Pressure Ulcers (PU) has been maintained, with an additional section on pressure ulceration within maternity services.

Face to face, education sessions on pressure ulcer prevention and management have been ongoing in an effort to improve knowledge and skills, particularly in departments with avoidable pressure damage. This is followed up with an action plan for the area to reduce the risk of re-occurrence. Furthermore, the regionally endorsed PHA eLearning Programme, which is available for staff to access via HRPTS, is actively promoted by the TV Team. The eLearning programme would be considered essential training for nursing staff and may become mandatory in the future.

The TV Team host quarterly TV Link Nurse meetings, to promote learning and evidence based practice around all things related to TV. Within these forums pressure ulcers and their management are a standing agenda item; time is provided to discuss current issues around trends and management of pressure ulcers across the Western Trust. It is worth noting that in recent years there has been an increase in attendance from Community and Private Nursing home staff at these meetings. Staff from the acute ward within the hospitals are encouraged to attend with the Emergency Department (ED) staff now attending more frequently.

The Annual STOP Pressure Ulcer Day was held in November 2022, the Clinical Lead for Occupational Therapy (OT) within the Trust presented on specialist seating and equipment, and the Charge Nurse from the Stroke Unit presented on the promising results from the SEM Scanner Trial (this new device detects Pressure Ulcers prior to the clinical appearance facilitating quicker pro-active prevention measures). Throughout the week, the Tissue Viability Nurses actively engaged with and encouraged staff to discuss Pressure Ulcer prevention and management to raise awareness.

Post Incident Reviews have been established with ward/department managers completing the investigation for Stage 2 pressure damage and in conjunction with TV Nurse for Stage 3, Stage 4, unstagable and suspected Deep Tissue Injuries (DTI's). If an avoidable pressure ulcer has been determined the TV Nurse will conduct a Spot Audit on the adherence to the SSKIN Bundle and arrange a meeting with the manager to develop an action plan going forward to consolidate learning and reduce risk of re-occurrence. This is also recorded on the Trust Datix system.

The regionally agreed Purpose T and SSKIN Bundle was launched in July 2023. Purpose T is a validated Risk Assessment Tool, which has robust evidence to indicate that it is more accurate in identifying those patients at risk than the previous Braden Risk Assessment Tool. While the new SSKIN bundle will provide evidence based care and ensure better continuity of care across Trust hospitals and departments. The TV team is offering ongoing support in the implementation and has to date provided 17 face-to-face education sessions on Purpose T/ SSKIN Bundle. These were provided across the three acute hospital sites and community. Further training is ongoing by the CEC. There is also an e-learning module on Purpose T available via the HSC, which staff have been encouraged to complete.

DATIX reports are screened daily, which enables the team to remove inappropriate/inaccurate reports and to identify patients who require TV input prior to an official referral to the service. This process also supports staff to ensure appropriate care plans have been implemented.

Guest et al (2020) reports on average there is an annual increase of 32% in Pressure Ulcer development. Hospital acquired PU data (reported below) for 2022/23 showed an overall increase of 23.1% from the previous year. A minimal increase (2.7%) was noted in avoidable Stage 3 and 4 Pressure Ulcers despite a significant increase (42.1%) in the overall number of Stage 3 and 4 Pressure Ulcers (The above figures demonstrate a rise in the overall incidence in Pressure Ulcer but it is encouraging to see that a small proportion of these were attributed to avoidable pressure damage). These figures still remain lower than those reported in 2019/20 and 2020/21.

Within the last year the Trust has had a minimal rise in avoidable pressure ulcers. This is likely due to ongoing targeted education and action plans the TV team has facilitated with a small number of areas/departments within the Trust. The team aims to continue this, as resources allow with the aim of further reducing pressure damage in 2023/24. On reviewing the compliance of the Skin Care bundle the Trust's overall performance is relatively static. Overall there were 108 stage 3 & 4 PU's of which 71 (66%) were unavoidable. This further demonstrates that the patient cohort within the acute wards are more complex with multiple co-morbidities making them more susceptible to PU's.

The Safe and Effective Care meeting is used to discuss areas that are struggling to maintain an acceptable level of compliance with all audits including the Skin Bundle. The newly established Trust Accountability and Assurance Framework will replace this meeting in the future, with all audits being discussed directly with the Assistant Directors of each directorate. Where needed action plans will be created and reviewed as part of this forum. The Nursing and Midwifery Quality and Assurance Network are currently undertaking a review and refresh of Nursing Key Performance Indicators (KPI'S) reported to the Public Health Agency (PHA) to ensure they are fit for purpose, which includes the Skin Bundle.

**Figure 1: Record of Pressure Ulceration development across WHSCT since 2013-2023**

Pressure ulcer rates per 1000 bed days Year	Rate per 1000 bed days	Hospital acquired pressure ulcers	Percentage Increase / decrease	Hospital acquired stage 3 and 4 pressure ulcers	Hospital acquired stage 3 and 4 avoidable ulcers
2013-14	0.6	182	baseline	N/A	N/A
2014-15	0.6	157	-13.7	N/A	N/A
2015-16	0.8	209	+33.1	18	4
2016-17	0.9	246	+17.7	38	6
2017-18	1.2	344	+39.8	43	14
2018-19	1.4	373	+8.4	17	9
2019-20	2.2	462	+23.9	28	12
2020-21	1.7	386	-16.5	110	43
2021-22	1.1	277	-28.2	76	36
2022-23	1.2	341	+23.1	108	37

**Figure 2: Compliance with SKIN bundle completion across acute wards**

2022/23	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Skin bundle compliance: <b>92%</b>	92%	91%	94%	91%
Overall PU Rate: <b>1.2 per 1000 bed days</b>	1.43	1.39	0.90	1.12

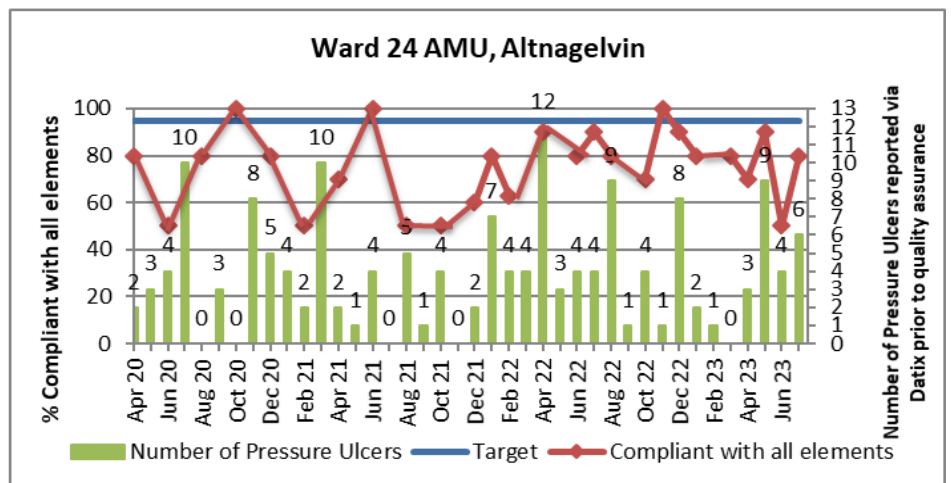
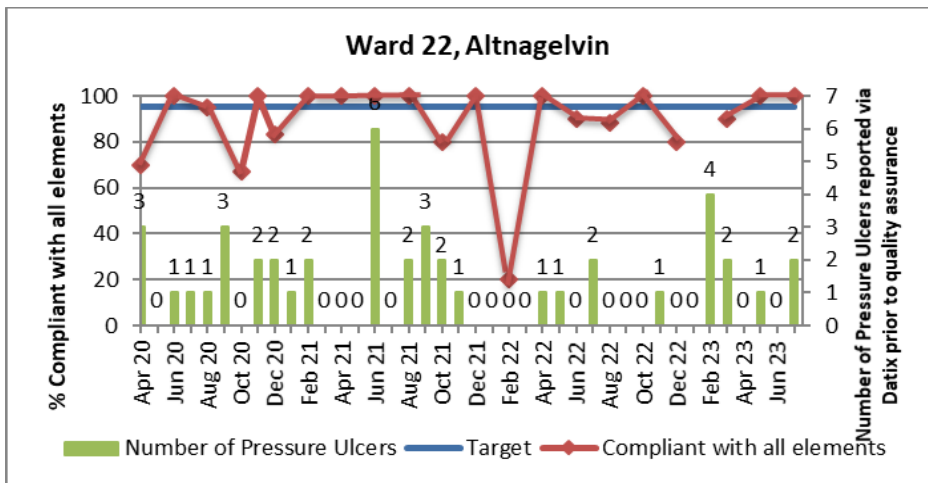
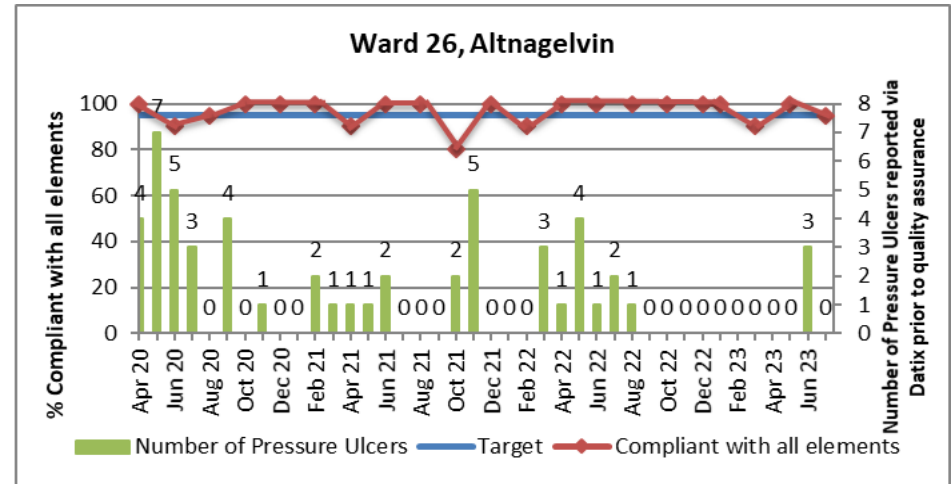
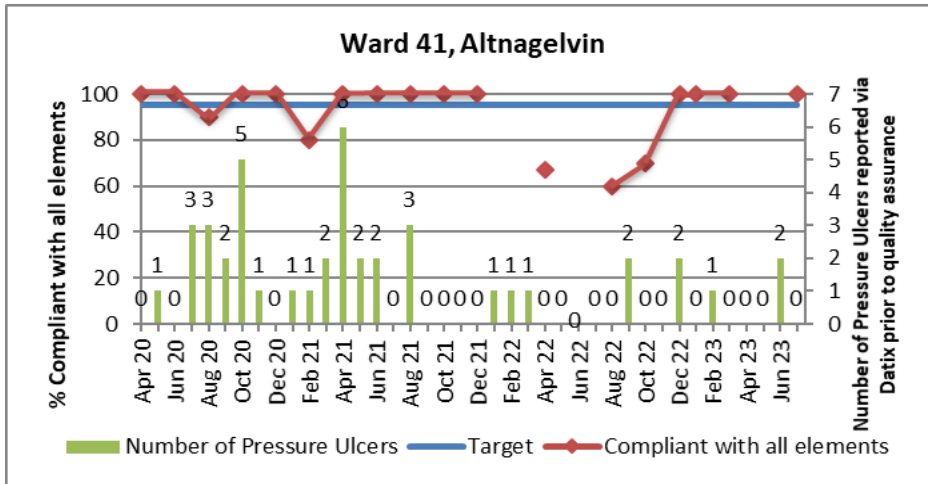
**Figure 3: Pressure ulcers reported to PHA following data cleansing and quality assurance 2022/23**

Total number of pressure ulcers reported across Acute sites 2022/23	Pressure Ulcers Stage 3 and 4	Avoidable pressure ulcers
<b>341</b>	<b>108</b>	<b>37</b>

**Figure 4: Compliance with the Skin Care Bundle for each adult inpatient ward is demonstrated in the graphs below and numbers of pressure injury developed prior to data cleansing:-**

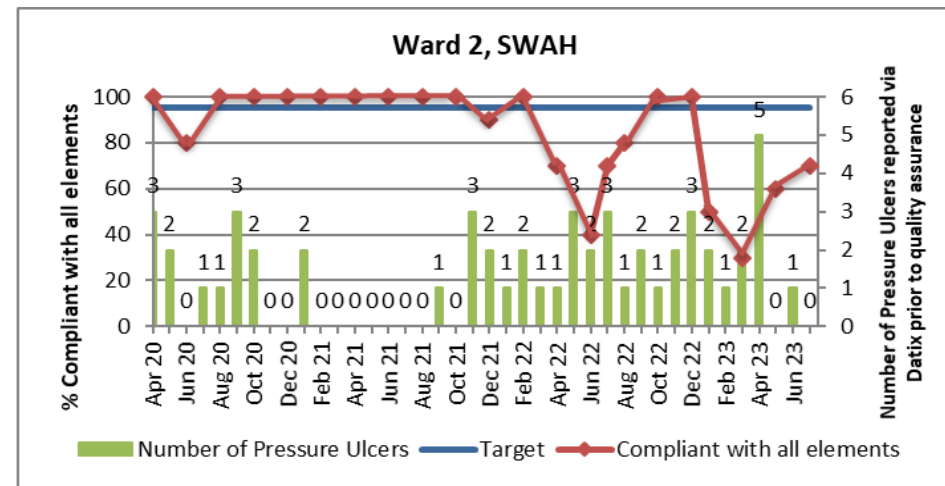
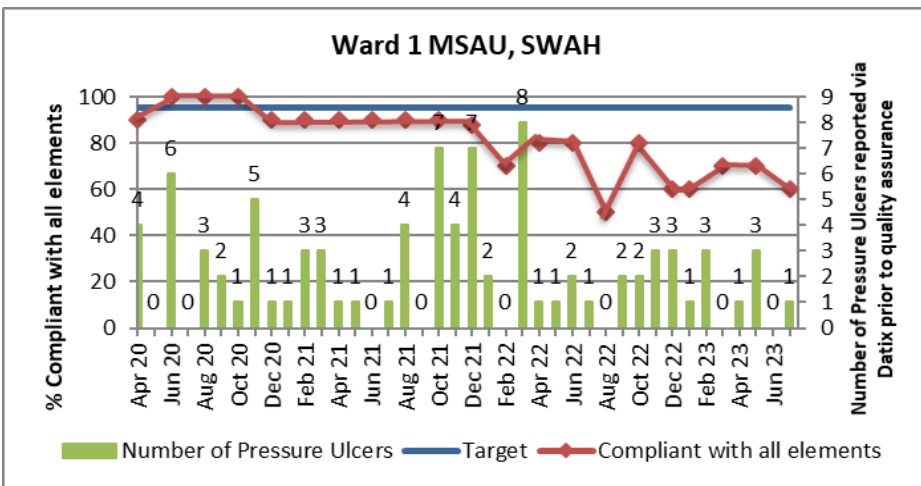
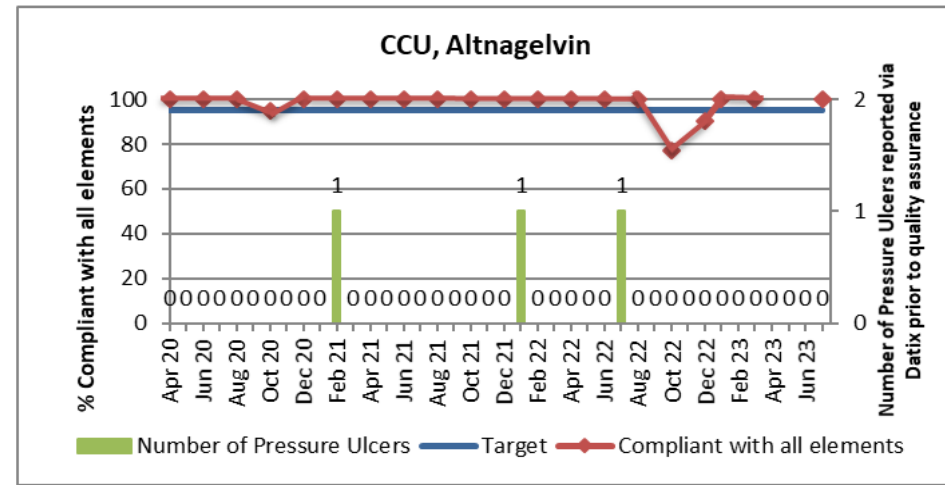
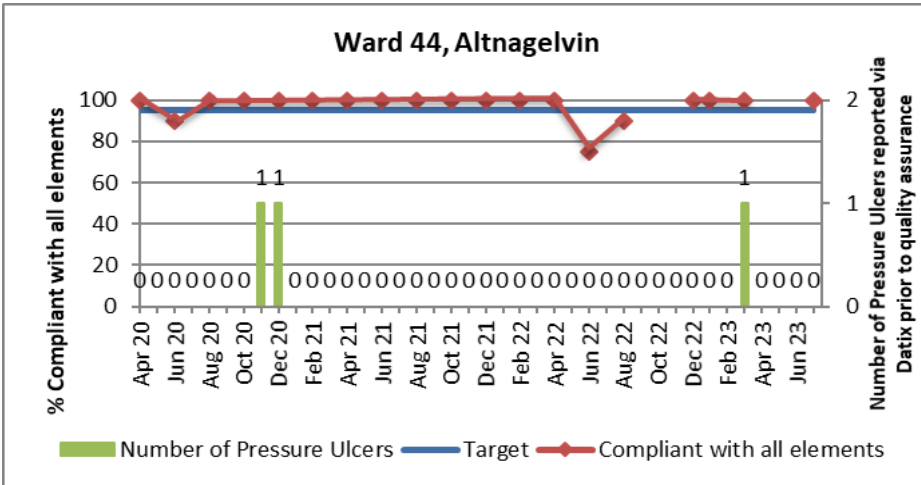
**Pressure Ulcers**

**Target: From April 2016 measure the Incidents of pressure ulcers (stage 3&4) occurring in all adult inpatient wards and the number of those which were avoidable. To monitor and provide reports on Skin Care bundle compliance and the rate of pressure ulcers per 1,000 bed days.**



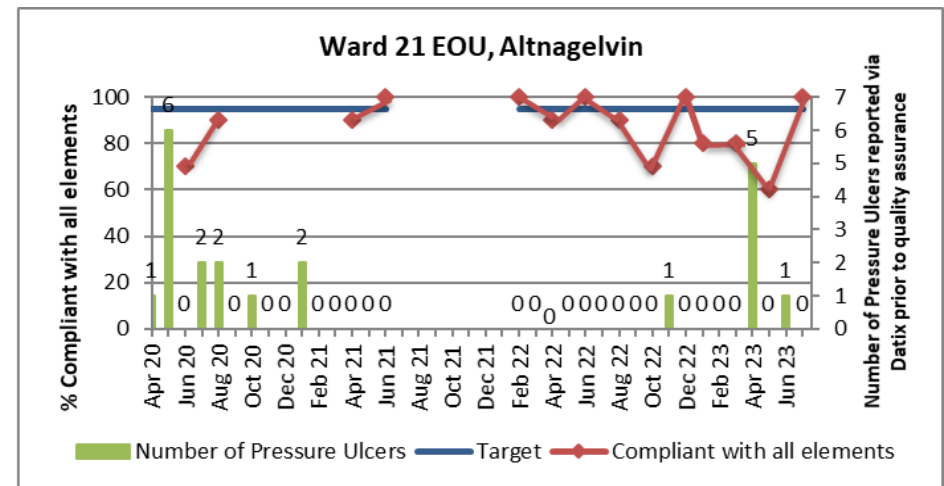
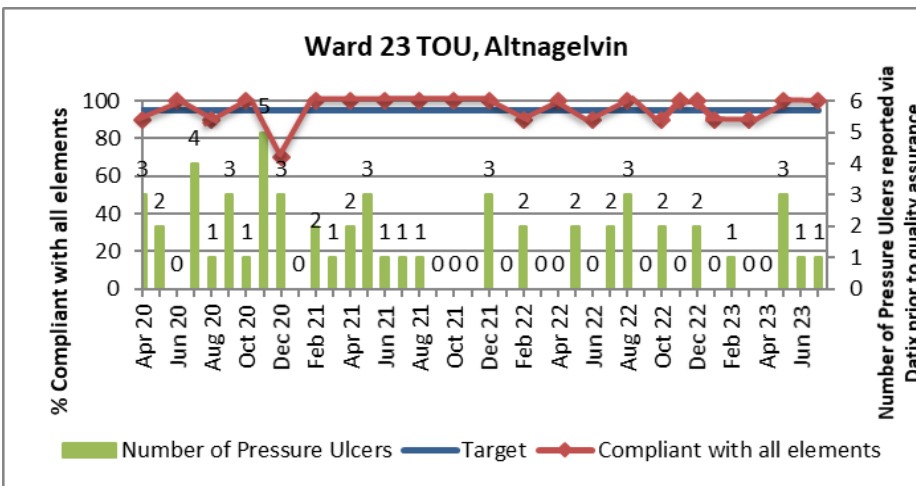
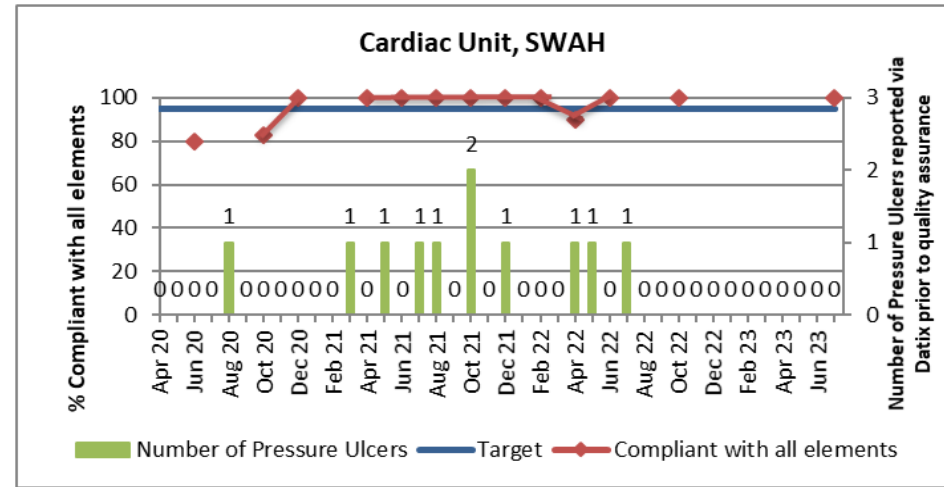
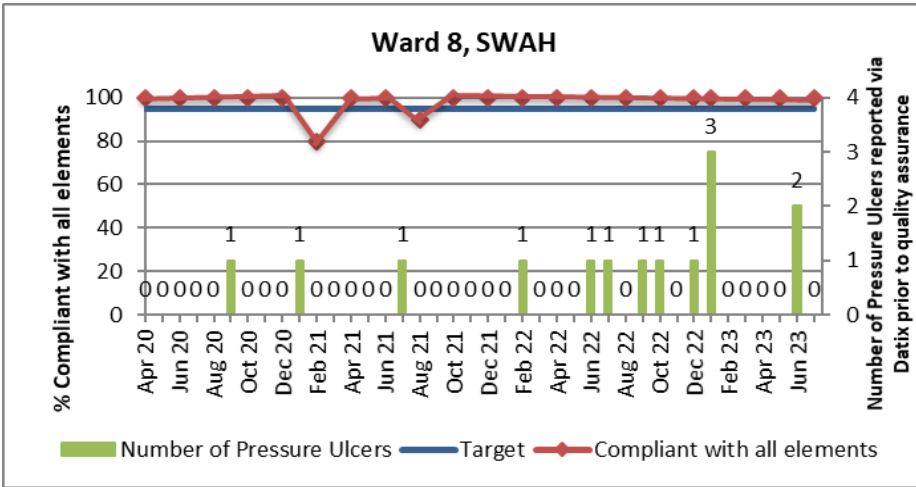
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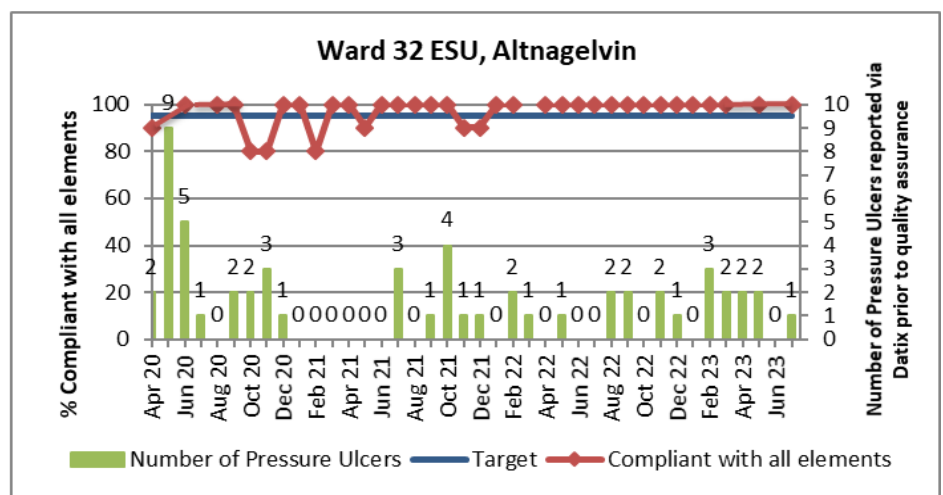
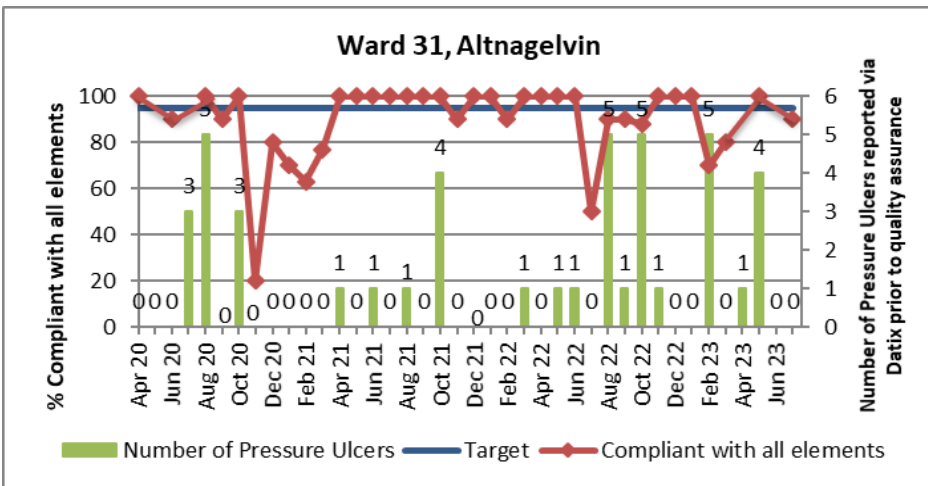
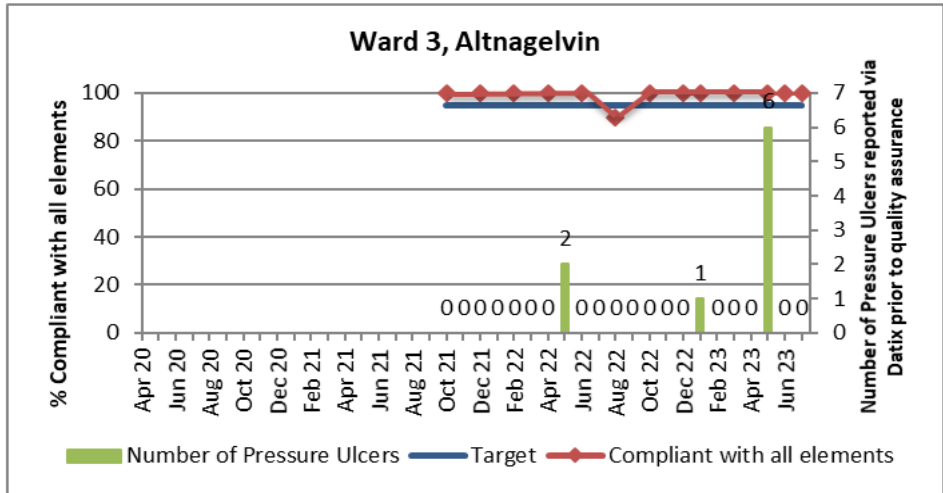
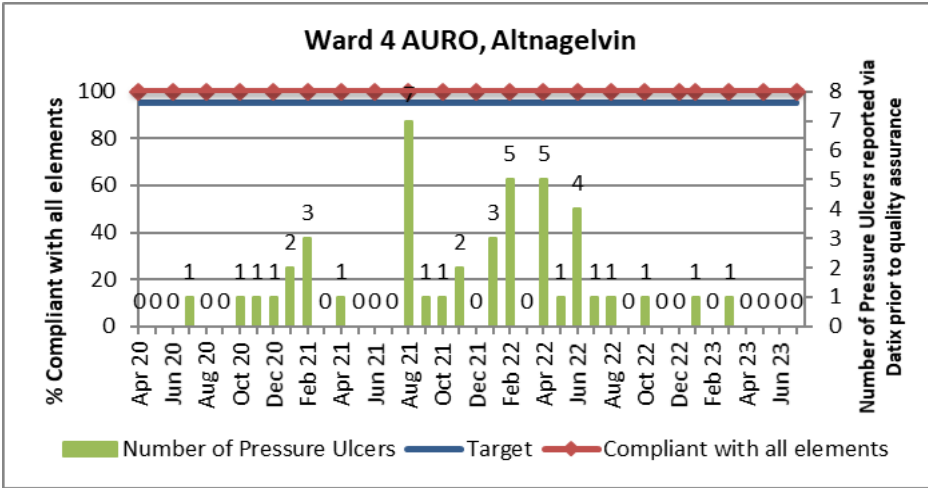
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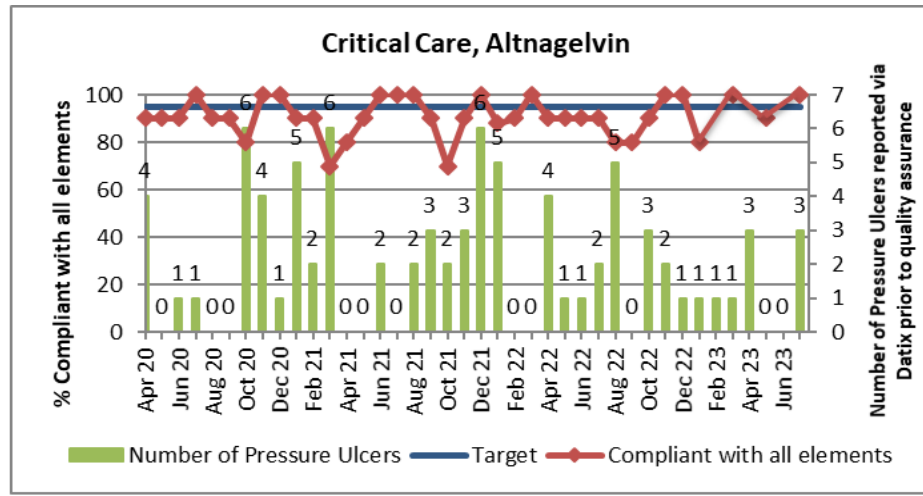
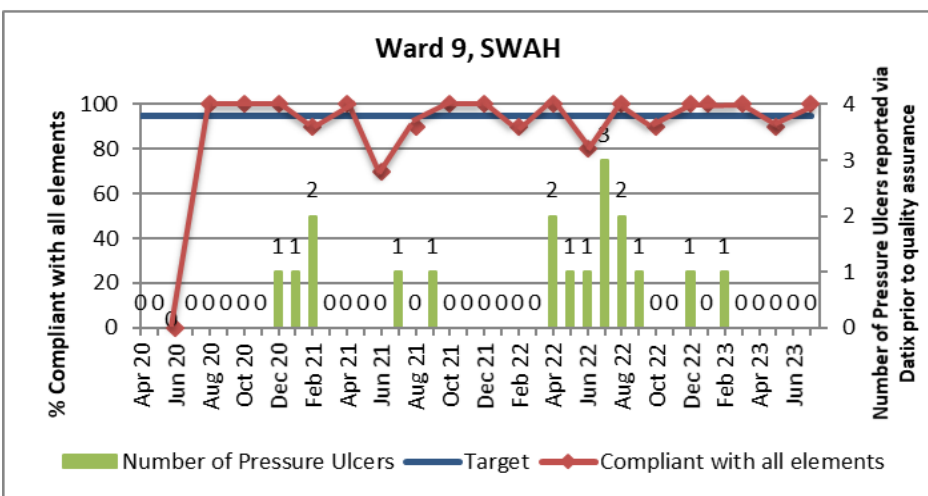
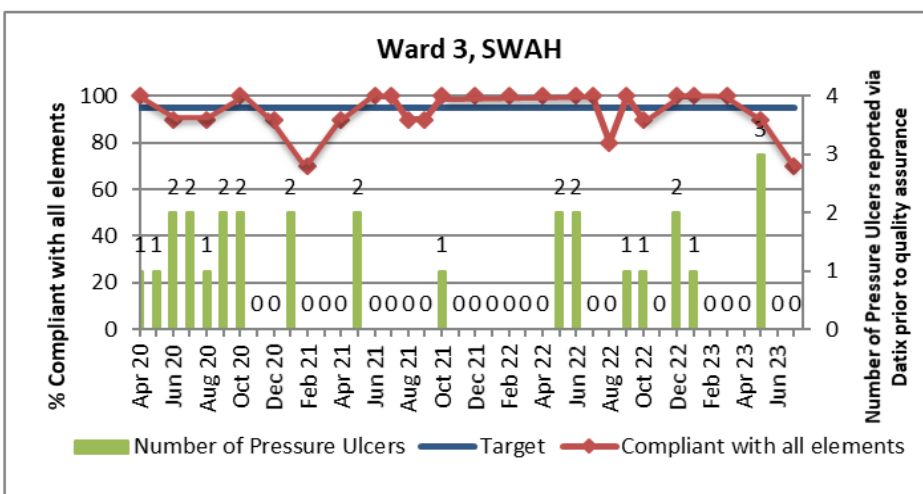
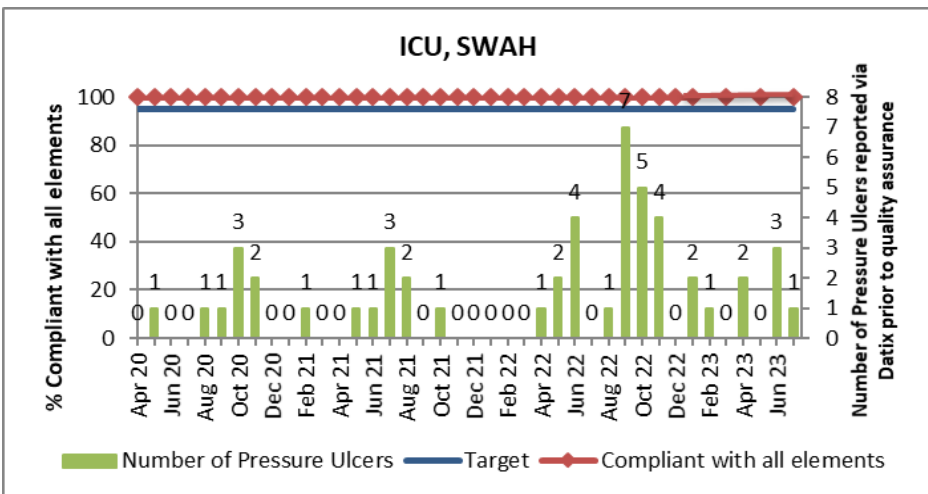
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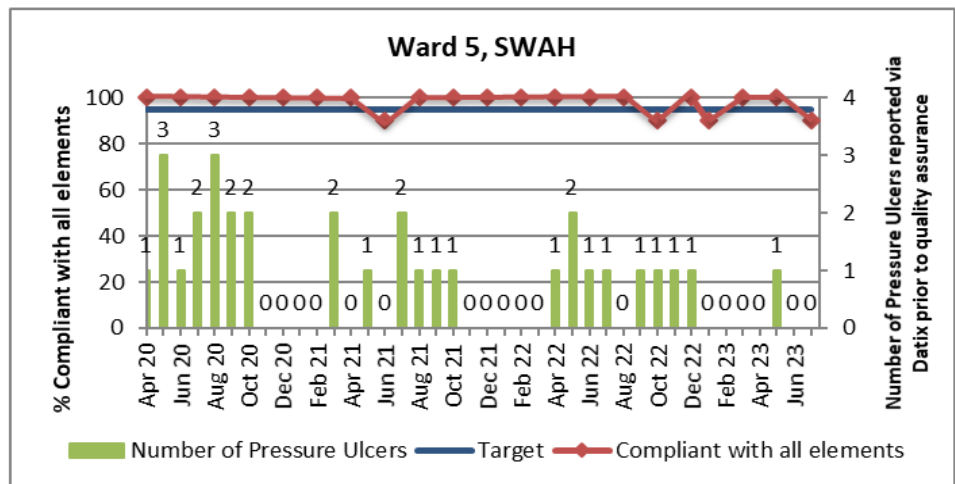
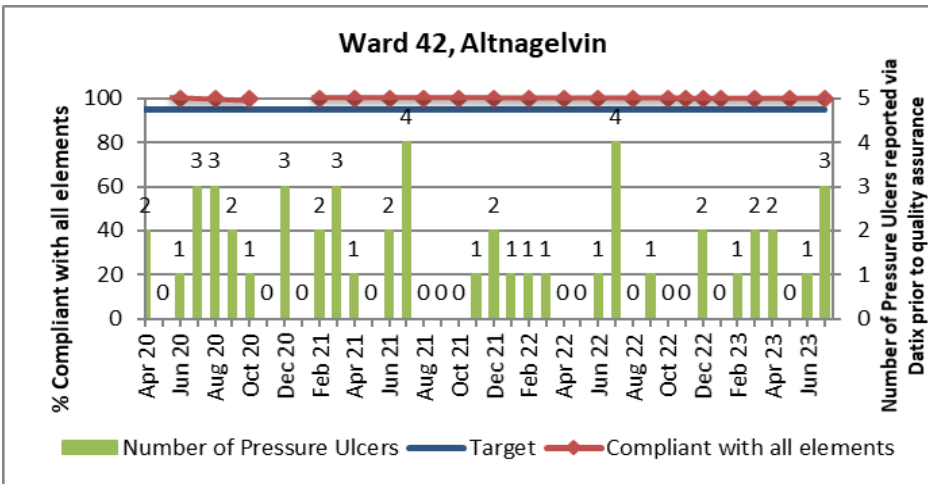
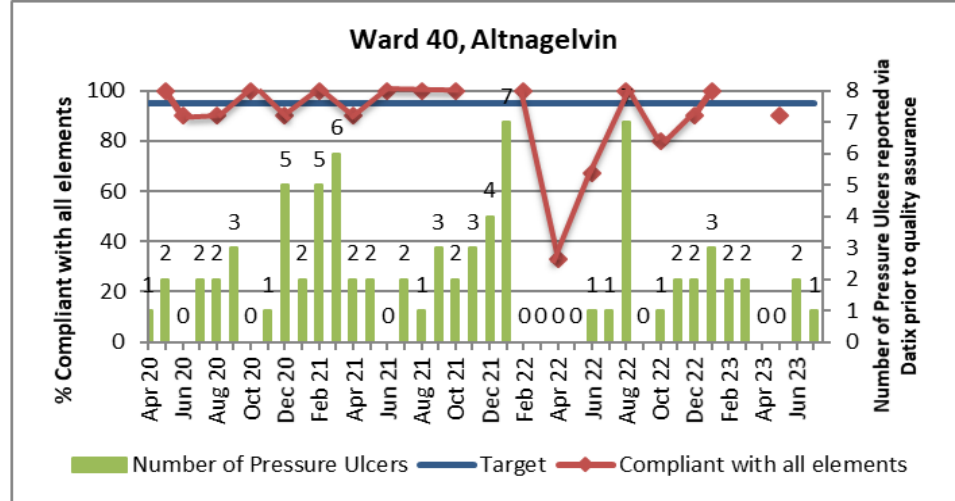
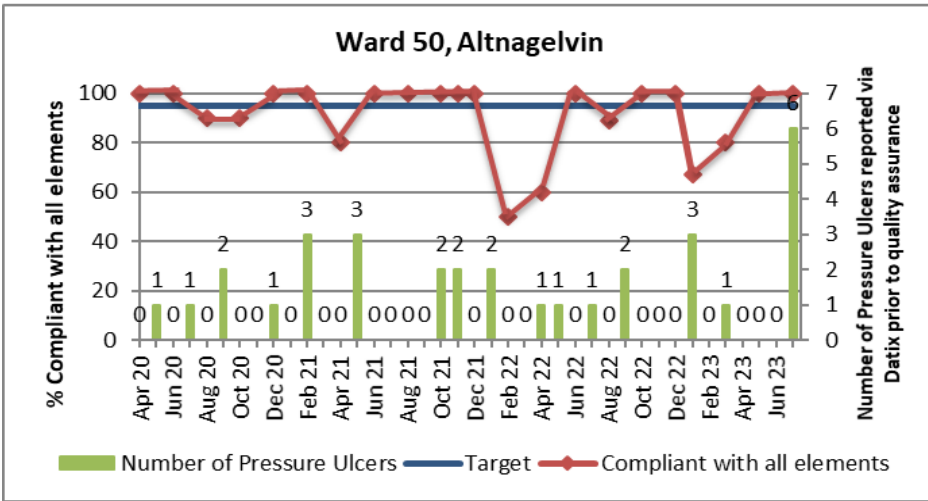
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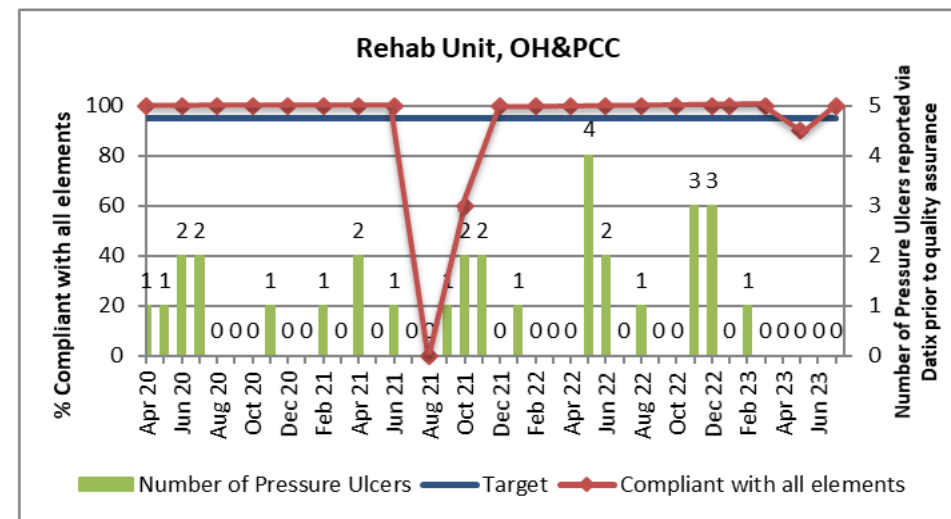
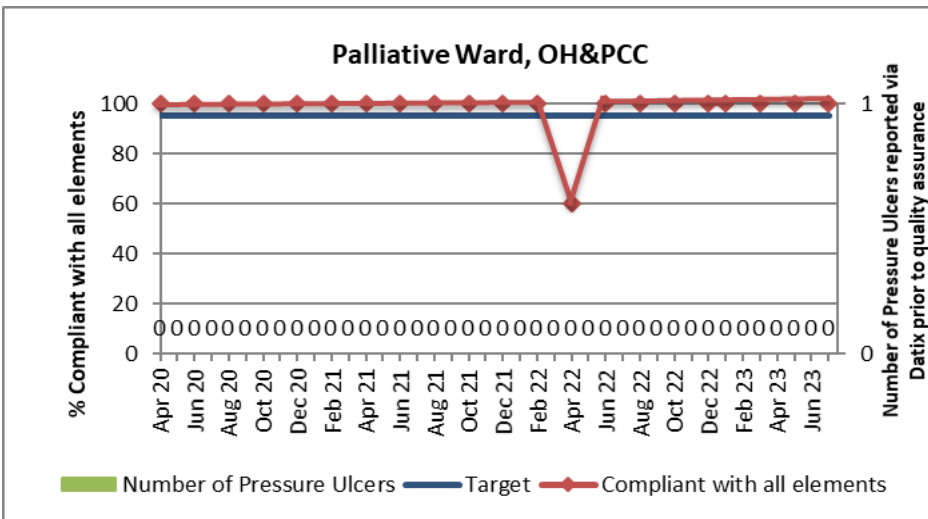
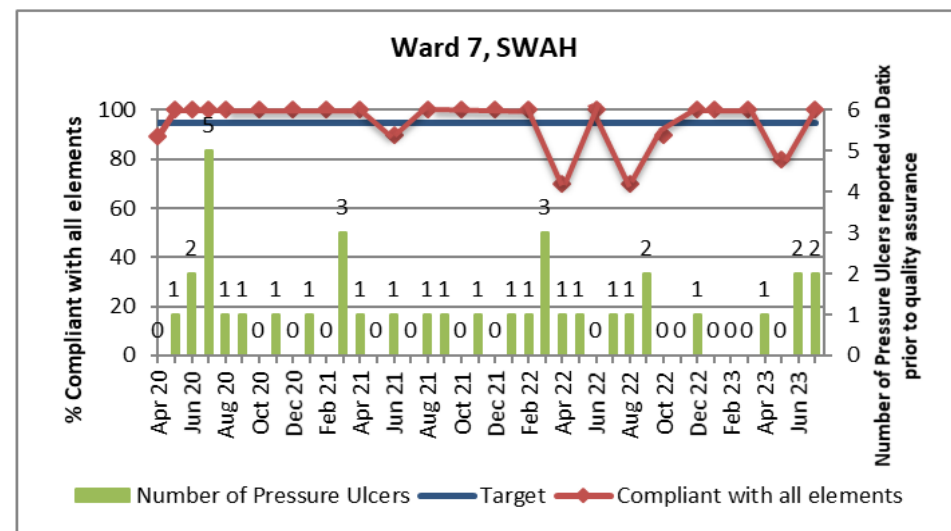
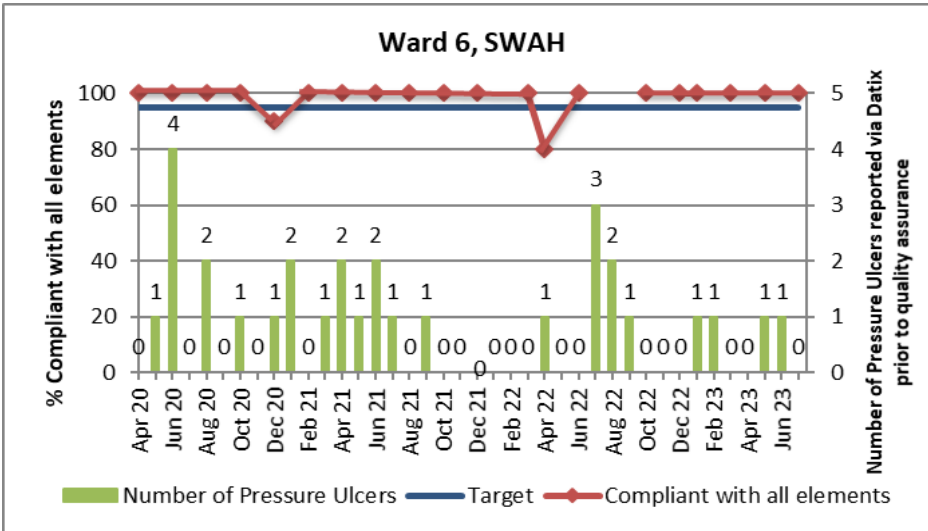
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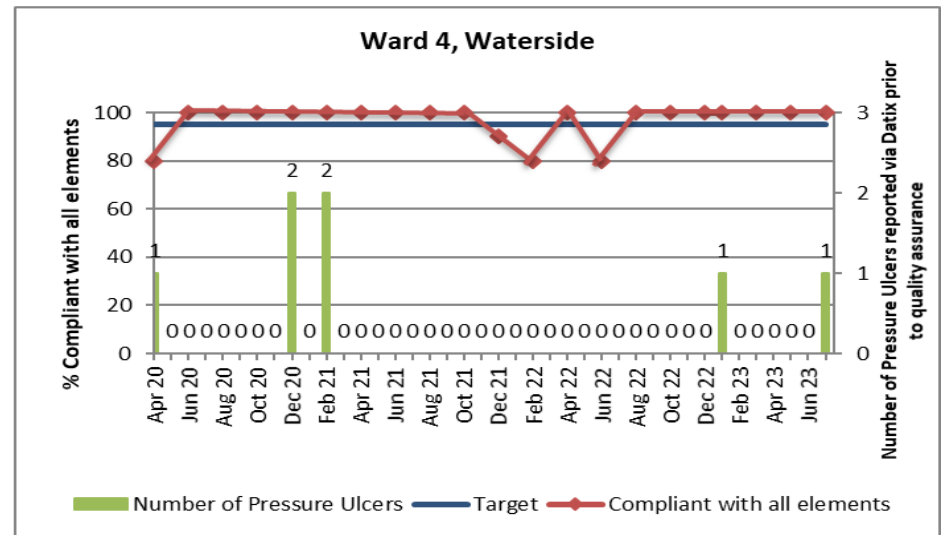
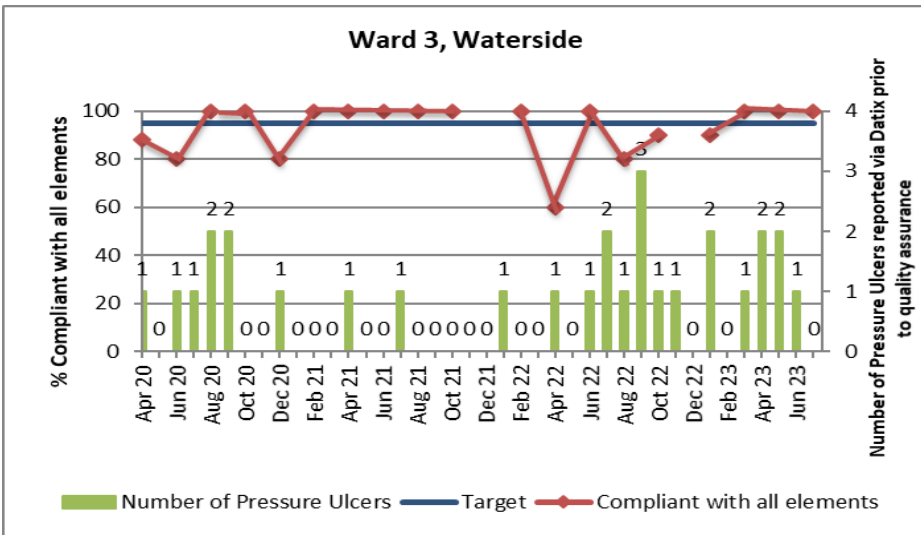
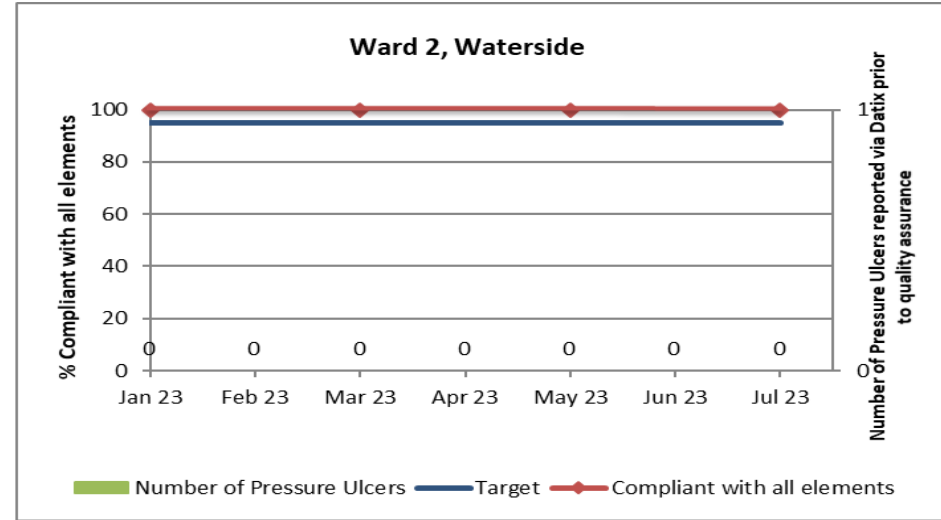
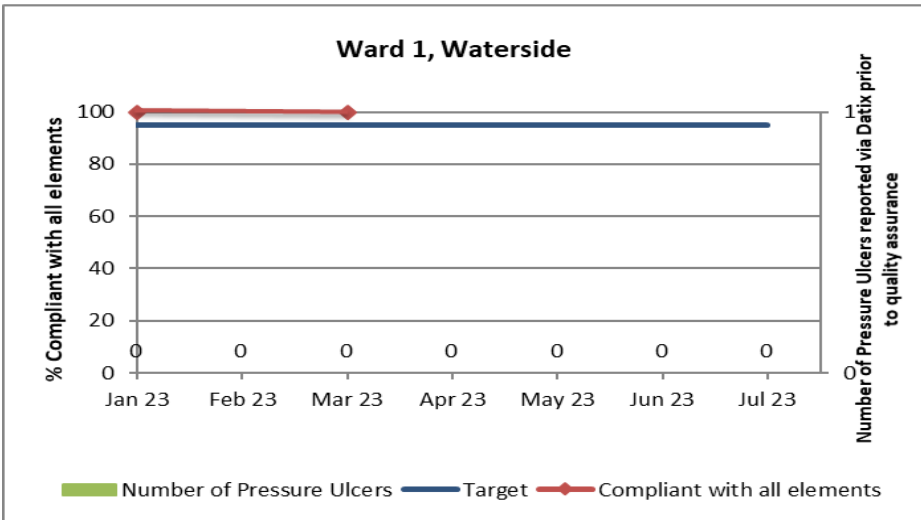
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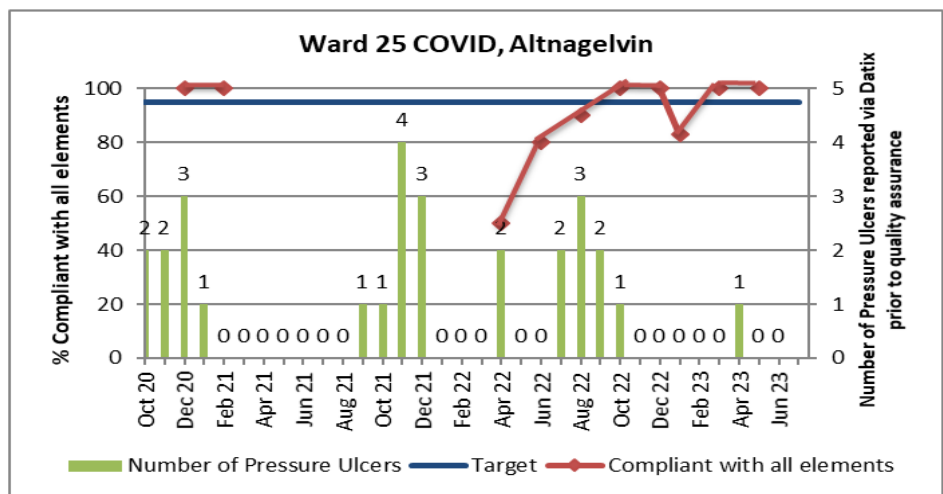
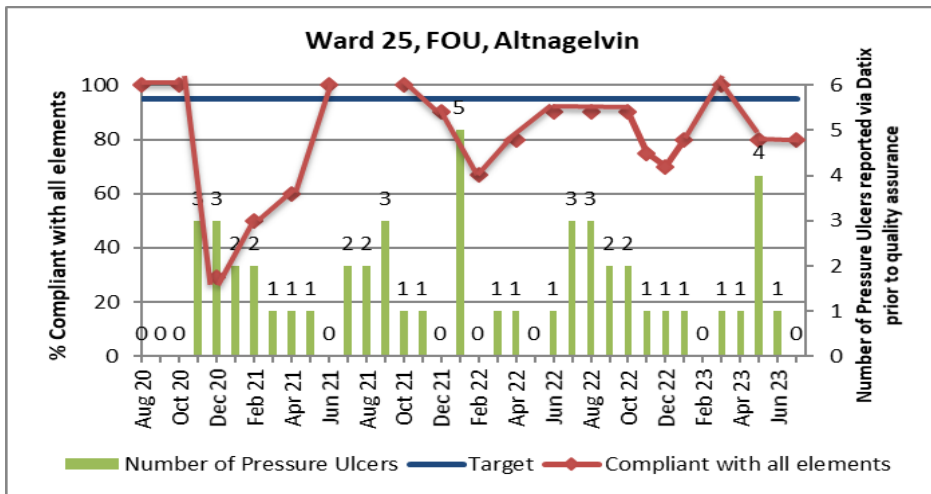
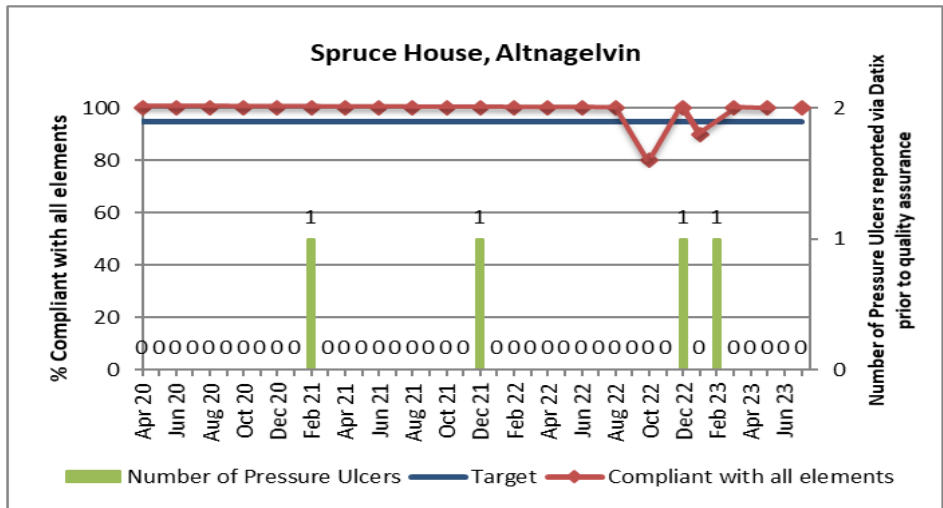
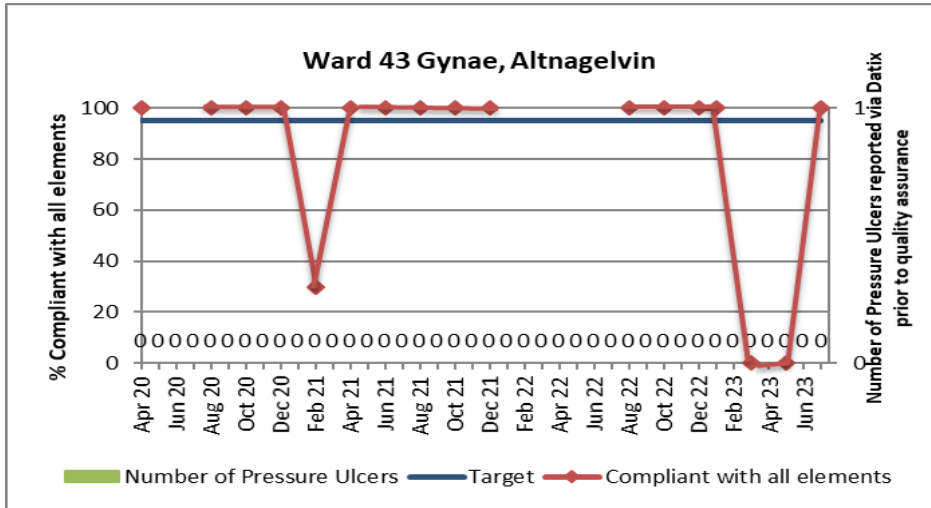
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