Ambition 1: Elimination of avoidable grade 2, 3 and 4 pressure ulcers

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Market Place
Ambition 1: Elimination of avoidable grade 2, 3 and 4 pressure ulcers by December 2012

Lyn McIntyre
Head of Operations – Quality and Nursing
• “So, the first principle must be ‘do no harm’, When it goes wrong in the NHS, patients suffer and patients die. Safety for patients is at the heart of quality care and is the professional responsibility of nurses and doctors. So there is no trade off between safety and efficiency”.

• Rt Hon Andrew Lansley CBE, MP, Secretary of State for Health, June 2010 (Excerpt from: My ambition for patient-centered care’.
Background

• The 3 regions within NHS Midlands and East undertook the QIPP Safe Care pilot 2011

• Following clustering the SHA agreed the SHA Ambition – To eliminate avoidable Grade 2, 3 and 4 Pressure Ulcers by December 2012

• NHS Safety Thermometer chosen as the primary measurement tool
What is a pressure ulcer?

- A pressure ulcer is

  ‘A localized injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure or pressure in combination with shear’

- There are four categories of pressure ulcers from grade 1 to 4
Definition of ‘Unavoidable’ pressure ulcer

• Unavoidable means that the individual developed a pressure ulcer even though the individual’s condition and pressure ulcer risk had been evaluated.

• Goals and recognised standards of practice that are consistent with individual needs has been implemented.

• The impact of these interventions had been monitored, evaluated and recorded; and the approaches had been revised as appropriate.
Cluster wide approach to pressure ulcers

- Pressure ulcers are a significant burden to the NHS
- Have a detrimental effect on the patients health and wellbeing
- Original estimates in 2009-29,800 acquired in hospital; 20,700 in community with subsequent admission
- Potential £154 million saving
‘Call to action’

• Approach has worked well in the past (i.e. HSMR, HCAI)

• Share important characteristics; team who benchmarked, provided support and effective interventions and engagement

• First cluster led initiative, support by the SHA
# Harm Free Care

<table>
<thead>
<tr>
<th></th>
<th>Pressure Ulcer</th>
<th>VTE</th>
<th>CA-UTI</th>
<th>Fall</th>
<th>Audit score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 1</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Patient 2</td>
<td>x</td>
<td>√</td>
<td>x</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Patient 3</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patient 4</td>
<td>√</td>
<td>x</td>
<td>√</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>75%</strong></td>
<td><strong>75%</strong></td>
<td><strong>75%</strong></td>
<td><strong>50%</strong></td>
<td><strong>68</strong></td>
</tr>
</tbody>
</table>

- **All or none**:
  - Patient 1: x
  - Patient 2: x
  - Patient 3: √
  - Patient 4: x

- **25%**

Only 1 patient (25%) got harm free care.
Pressure Ulcers – the size of the issue

• Avoidable Pressure ulcers are a key indicator of the quality of nursing care

• Between Jan and Oct 2011 (grade 3&4)
  - 3325 Pressure ulcers

• The potential saving if these had been avoided is estimated as £20m
National Focus

• Will be key national quality indicator from April 2012

• Transparency in reporting in public

• NHS Outcomes Framework – Domain 5

• National CQUIN for 2012/13
Highlights from the NHS Midlands and East pilot Pre and Post Clustering

• Some variation in PU prevalence between old SHA areas with a general reduction in prevalence
• Evidence from the SHA Cluster pilot suggests about 50% PU’s are Grade 3 and 4
• Data highlights that PU’s in community settings is double acute settings
• View findings with caution – larger scale and complete sampling will significantly increase confidence in fair comparison and ability to detect change
The NHS Safety Thermometer measuring ‘harmfree care’ at the point of care

- Measures patients that are ‘harm free’ at the point of care in a systematic way
- Asks questions about four key outcomes:
  - Pressure ulcers
  - Falls
  - Urinary infection
  - VTE
- Integrates measurement into daily routines
- Supports improvements in patient care and patient experience
- Prompts immediate actions by healthcare staff
- Allows us to measure in any setting where care is being delivered
- Available to all from January 11th from [www.ic.nhs.uk](http://www.ic.nhs.uk)
Cluster PCT Roll Out

- November 2011
- December 2011
- January 2012
- February 2012 – test out measurement
- March 2012 – full SHA Cluster pilot
- April 2012 – CQUIN and full implementation
Key strands of programme

- Definitions and Grading
- Prevention Bundle
- Risk assessment tool
- Management & treatment framework
- Reporting and measuring systems e.g. SI/RCA, Safety thermometer
- Patient experience
- Engagement plan
- Measurement framework
Pressure Ulcers – Grading 1 - 4

Grade 1

Grade 2

Grade 3

Grade 4

Scottish Adapted European Pressure Ulcer Advisory Panel (EPUAP) - Healthcare Improvement Scotland

Midlands and East
Pressure Ulcers (category II-IV)
(Sept 2010 – Sept 2011)

Prevalence

- Prevalence
- Prevalence by category

Incidence

- Incidence
- Incidence by category

What does this mean?
- Suggestion of reduction from May 2011
- Both new and old reducing
- Change mostly in category 2s
Engagement

• It is essential we have an integral communication and engagement programme

• The programme needs to support both cultural and behavioural change

• Motivation and sustainability are key
Support (national)

• NHS Information Centre
  – Support to providers with use of safety Thermometer
  – Processing data
  – National reporting

• National Measurement Group
Support (Midlands & East)

- SHA teleconferences with PCT Clusters
- Monthly report on all feedback – good practice and sharing ways of implementing
- Quality Observatories
  - Fast track monthly reporting to SHA Board
  - In depth analysis of data
- SHA regional Implementation Groups
Questions
Challenge, Anticipated Benefits and Outcomes

Lyn McIntyre
Head of Operations – Quality and Nursing
Overview

To ensure the pressure ulcer management and reduction programme is successful in achieving the aim of eliminating all avoidable Grade 2, 3 and 4 pressure ulcers by December 2012, it is essential to have an integral communication and engagement programme.
The Challenges

- SHA Cluster over 88 provider organisations including acute, community and mental health
- 17 Primary Care Trusts across a geographical area the size of Belgium
- Over 280,000 plus staff
- The NHS is undergoing a period of unprecedented change
The programme requires strong leadership, a culture of safety and an infrastructure that supports consistently good practice.

It is a very stretching and challenging goal that cannot be achieved without support, encouragement and the authority to challenge the system.

And most importantly, a sustained will to succeed by December 2012.
Aims

• The programme needs to support both cultural and behavioural change, which is essential to delivering high quality, harm free care across the Midlands and East

• It is proposed to engage clinicians and senior staff through a two strand interconnecting engagement programme

• The aim is to develop and support local champions within the organisations across the Midlands and East and develop an online support campus
• Elements of the programme will be launched by a schedule of regional and cluster events, supported by the development of a communication campaign

• The campaign will build upon the ‘I trust you care’ initiative and will aim to ensure sufficient awareness, communication and media support throughout the programme

• Supporting material will be launched along with the Communications Strategy; this will include a monthly newsletter
The engagement programme needs to link with the 2 Communication Campaigns which feature the prevention of pressure ulcers

• ‘I trust you to care’
• Exploring professionals attitudes and approach to identifying the barriers to preventing pressure ulcers
In Summary

The programme needs to:

• Change behaviour and culture and sustain the improvement made in practice
• Sustain the level of commitment and motivation to deliver the elimination by December 2012
• Reach all staff across the health system and provide support to the people making the changes in practice
• Develop strong leadership and improve the patient experience
Questions?