Risk assessment, pain and severe pressure ulcers

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Nixon et al., (2015) Pressure Ulcer Programme Of reSEarch (PURPOSE): using mixed methods (systematic reviews, prospective cohort, case study, consensus and psychometrics) to identify patient and organisational risk, develop a risk assessment tool and patient-reported outcome Quality of Life and Health Utility measures. Programme grants for applied research Volume 3 issue 6 September 2015

Risk assessment tools

1. Braden + training vs unstructured risk assessment + training vs unstructured risk assessment
2. Waterlow vs Ramstadius vs clinical judgement

No conclusive evidence to support any.

Moore and Cowman, 2014

Risk factors....

- Patient setting
- Disease specific
- Intrinsic factors
- Extrinsic factors
- Length of stay
- Operation time
- Body site specific
- Staffing levels and knowledge
- SCI
- Heel risk
- Nutrition: albumin

NIHR Pressure Ulcer Programme Of reSErch
£2 million, 2009-2013

Aims

Reduce the impact of PUs on patients through
1. early identification of patients at risk of PU
2. the development of methods to capture patient-reported outcomes
What causes pressure ulcers?

Sustained pressure with or without shear forces. (EPUAP/NPUAP/PPPIA, 2014)

(Gefen, 2008)

Risk factor + risk factor

- Do some risk factors impact on each other?
- What are these relationships?
- What do we understand about them?
- How can we predict this impact?

Case consideration

Pain and pressure ulcers

- Pain is often a symptom which helps with diagnosis.
- Patients with PUs report that pain is their most distressing symptom.
- Patients with PUs report that pain experienced prior to PU development was often ignored by health care professionals.


Pain and pressure ulcers

PURPOSE

Pain Cohort Study
Exploring the role of pain as an early predictor of Category 2 pressure ulcers

With kind permission of Jane Nixon on behalf of PURPOSE Pain Cohort Group
Severe PU Development:

- Is it the combination of risk factors?
- Is it time and what influences this?
- Is it organisational factors?
- Is it concordance?
- Is it that someone didn’t do something?

Findings:

- The ‘voices’ of those who developed severe pressure ulcers, and of their carers when they were involved, were not heard by staff
- Failures to recognise and act on warning signs
- Co-ordination failures, between patients, carers and staff, between staff in the same setting, between staff in different settings in the same organisation and between staff in different organisations.
  - This included:
    - Notes not following the patient
    - Ward reorganisation – team disruption
    - Communication between one care setting and another

Nixon et al., 2015

Findings:

- The larger and broader finding is that individuals developed severe pressure ulcers in environments where there were problems with the prevailing culture.
- This cultural explanation binds together the previous slides findings.
  - In most accounts there was a combination of problems
    - Some staff blaming colleagues or describing patients as ‘difficult’
    - Poor documentation and
    - Failures to act on repeated clear warning signs (i.e. to step up care provision when a superficial pressure ulcer was observed)

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SUMMARY

- There are many risk assessment tools – include different risk factors
- Risk factors can be categorised into primary and sub factors
- Some risk factors can be used as predictors of category 2 or above PU development
- Severe PU can develop where there are problems with the prevailing organisational culture.

References

- Nixon et al., (2015) Pressure Ulcer Programme Of reSeARCh (PURPOSE): using mixed methods (systematic reviews, prospective cohort, case study, consensus and psychometrics) to identify patient and organisational risk, develop a risk assessment tool and patient-reported outcome Quality of Life and Health Utility measures. Programme grants for applied research Vol 3 issue 6 September 2015.