Implementing the NICE Pressure Ulcer Quality Standards

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What is a pressure ulcer?

• “An area of localised damage to the skin and underlying tissue caused by pressure, shear, friction and/or a combination of these”

  European Pressure Ulcer Advisory Panel EPUAP (2003)

• Commonly referred to as bed sores, pressure damage, pressure injuries and decubitus ulcers
Nurses

Physiotherapists

Occupational therapists

G.P.s

Acute medicine

Diabetologists

Podiatrist

Dieticians

Tissue viability

Patient at risk of PU

Care of the elderly

Renal Physicians

Stroke Medicine

Vascular Surgeons
Pressure ulcer prevention: the role of the multidisciplinary team.
(Samuriwo R. Br J Nursing 2012;21:S4-13).

“all the participants felt that doctors generally know very little about pressure ulcers, especially how to prevent them...”
Causes and Risk Factors

• pressure
• shearing
• friction
• moisture to the skin
• level of mobility
• sensory impairment
• continence
• level of consciousness
• acute, chronic and terminal illness

• comorbidity
• posture
• cognition, psychological status
• previous pressure damage
• extremes of age
• nutrition and hydration status
Pressure Ulcer Stages

Stage 1: Early stage where only the skin is affected.

Stage 2: Stage where the skin is broken, revealing the subcutaneous tissue.

Stage 3: Stage where the skin and subcutaneous tissue are damaged, and there is undermining or tunneling of the ulcer.

Stage 4: Most severe stage where the ulcer involves muscle, tendon, or bone.

Skin layers, subcutaneous soft tissue, and bone layers are shown in the diagrams.
Stage 1
Non-blanchable erythema

• Intact skin
• Non-blanchable redness
• Usually over a bony prominence
• Painful, firm, soft, warm or cool
• Indication patient is at high risk
• Reversible stage
Grade 1 pressure ulcers
Moisture Lesion?

**Pressure ulcer**

- **Causation:** Usually pressure and/or shear are present
- **Location:** More likely over bony prominences
- **Shape and edge:** Usually distinct edging and shape
- **Depth:** Pressure ulcers can be superficial or deep
- **Necrosis:** Necrosis may be present

**Moisture lesion**

- **Causation:** Usually moisture is present.
- **Location:** Less likely over bony prominences
- **Shape and edge:** Usually diffuse edging and shape
- **Depth:** Moisture lesions are rarely more than superficial
- **Necrosis:** Necrosis is never present
Why are pressure ulcers important?

• An estimated 4–10% of patients admitted to an acute hospital develop a pressure ulcer
• Major cause of sickness, reduced quality of life and morbidity
• Associated with a 2–4-fold increase in risk of death in older people in intensive care units
• Substantial financial costs
• Medicolegal aspects
### National data at a glance

<table>
<thead>
<tr>
<th>Type of incident</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed sores</td>
<td>4,968</td>
</tr>
<tr>
<td>Slips / trips / falls</td>
<td>1,121</td>
</tr>
<tr>
<td>Delayed diagnosis</td>
<td>385</td>
</tr>
<tr>
<td>Surgical error</td>
<td>251</td>
</tr>
</tbody>
</table>

*SOURCE: BBC INSIDE OUT*
Expensive?

• In 2004 the estimated annual cost of pressure ulcer care in the UK was between £1.4 billion and £2.1 billion a year.

• Mean cost per patient of treatment for a grade IV pressure ulcer was calculated to be £10,551.
What percentage are avoidable?

- May depend on setting
- May depend on starting level of PUs
- ?50-90%
- Probably 50-70% in current practice
- Downie et al Wounds UK | Vol 9 | No 3 | 2013

Following RCA 57% of all grade 3–4 hospital acquired PUs were deemed to be unavoidable
“unavoidable” Pressure Ulcers?

Did you:-

• Evaluate the patients condition and risk
  – At admission?
  – At all stages?

• Plan prevention?

• Implement prevention?

• Monitor and evaluate interventions?

• Revise interventions as required?

• Etc.
Clinical Guideline 179

Pressure ulcers: prevention and management of pressure ulcers

Issued: April 2014

NICE clinical guideline 179
guidance.nice.org.uk/cg179
Scope: Groups covered

- People of all ages.
- Subgroups that are identified as needing specific consideration will be considered during development but may include:
  - people who are immobile
  - people with neurological disease or injury (including people with multiple sclerosis)
  - people who are malnourished
  - people who are morbidly obese
  - older people
  - NHS care or NHS funded
Key clinical issues

a) Risk assessment, including the use of risk assessment tools and scales.
b) Skin assessment.
c) Prevention of pressure
   Support surfaces
   Repositioning
d) Assessment and grading of pressure ulcers.
e) Management of established pressure ulcers
Risk

1. Not at risk

2. At risk of developing a pressure ulcer: those who, after assessment using clinical judgment and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer

3. At high-risk of developing a pressure ulcer: usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool.
Prevention

• *Risk assessment*

• Carry out and document an assessment of pressure ulcer risk for adults:
  – being admitted to secondary care/care homes in which NHS care is provided, or
  – receiving NHS care in other settings (such as primary and community care and emergency departments) if they have a risk factor

• Reassess pressure ulcer risk if there is a change in clinical status.

• Develop and document an individualized care plan:
Prevention

• **Skin assessment**
  – skin integrity in areas of pressure
  – colour changes or discoloration\(^1\)
  – variations in heat, firmness and moisture (for example, because of incontinence, oedema, dry or inflamed skin).

• Start appropriate preventative action in adults who have non-blanching erythema and consider repeating the skin assessment every 2 hours until resolved.
Prevention

Repositioning

• Encourage adults at risk of developing a pressure ulcer to change their position at least every 6 hours, and high-risk patients at least every 4 hours. If they are unable to reposition themselves, offer help to do so, using appropriate equipment if needed. Document the frequency of repositioning required.
Healthcare professional training and education

• Provide training to healthcare professionals on preventing a pressure ulcer, including:
  – who is most likely to be at risk of developing a pressure ulcer
  – how to identify pressure damage
  – what steps to take to prevent new or further pressure damage
  – who to contact for further information and for further action.

• Provide further training to healthcare professionals in contact with high-risk patients for pressure ulcers. Training should include:
  – how to carry out a risk and skin assessment
  – how to reposition
  – information on pressure redistributing devices
  – discussion of pressure ulcer prevention with patients and their carers
  – details of sources of advice and support.
Management, including:

- Measurement and categorisation
- Debridement
  - Consider sharp and surgical debridement by trained staff if autolytic debridement is unsuccessful
- Pressure-relieving devices
- Nutritional interventions (including hydration) for people with and without nutritional deficiency
- Antimicrobials and antibiotics
- Wound dressings
- Management of heel pressure ulcers
- Other therapies, including electrotherapy, negative pressure wound therapy and hyperbaric oxygen therapy.
National CQUINs: There are four national CQUIN goals for 2014/15:

- Friends and Family Test
- Improvement against the NHS Safety Thermometer, particularly pressure ulcers.
- Improving dementia and delirium care, including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR).
- Improving diagnosis in mental health – where providers will be rewarded for better assessing and treating the mental and physical needs of their service users.
Chart 2: Types of Harms

In January 2015, 4.6% of reported patients had a pressure ulcer, 0.7% had a fall with harm, 0.7% had a urinary tract infection with a catheter, and 0.4% had a new venous thromboembolism. In January 2014 these percentages were 4.7%, 0.8%, 0.8% and 0.4% respectively.
Safety Thermometer

Pressure Ulcers

All Pressure Ulcers
New Pressure Ulcers

Proportion of patients

Month

Jul-12  Sep-12  Nov-12  Jan-13  Mar-13  May-13  Jul-13  Sep-13  Nov-13  Jan-14  Mar-14  May-14  Jul-14  Sep-14  Nov-14  Jan-15  Mar-15
PRIORITISING PRESSURE ULCER PREVALENCE:

• It is likely that most organisations will find that the majority of the harm they measure using the NHS Safety Thermometer is represented by pressure ulcers.
The NICE Quality Standard for Pressure Ulcers

Publication June 2015
List of quality statements

Statement 1. People admitted to hospital or a care home with nursing have a pressure ulcer risk assessment within 6 hours of admission.

Statement 2. People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.

Statement 3. People have their risk of developing pressure ulcers reassessed after a surgical or interventional procedure, or after a change in their care environment following a transfer.

Statement 4. People have a skin assessment if they are identified as high risk of developing pressure ulcers.

Statement 5. People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.

Statement 6. People at risk of developing pressure ulcers, who are unable to reposition themselves, are helped to change their position.

Statement 7. People at high risk of developing pressure ulcers, and their carers, receive information on how to prevent them.

Statement 8. People at high risk of developing pressure ulcers are provided with pressure redistribution devices.

Why are pressure ulcers important?

- Leadership needed
- Important patient safety issue
- Pressure ulcers can be prevented (>50%)
- Pressure ulcers are expensive for NHS
- Pressure Ulcer data will be/is scrutinised by commissioners and inspectors
- CQUINs based on pressure ulcer rates – local or national?
- Applies to all care setting – not just hospitals!
Thank You!

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