Draft Standards for Prevention and Management of Pressure Ulcers – Consultation

Healthcare Improvement Scotland is currently developing national standards for the prevention and management of pressure ulcers. A key element of our standards development process is public and staff consultation and we would like to hear your views and comments.

We would particularly appreciate your comments on the following aspects of each standard and please note all comments are welcome:

- Standard statement
- Rationale
- Criteria

To help you complete this survey, we have included text from all the standard statements, rationales and criteria throughout.

As the consultation will close on Friday 8 April 2016, please return your completed form before then either via email or via post to:

- Karen Grant, Project Officer, Healthcare Improvement Scotland, Delta House, 50 West Nile Street, Glasgow, G1 2NP
- Hcis.standardsandindicators@nhs.net

Please be advised that all comments submitted will be anonymised. A full consultation report will be available from Healthcare Improvement Scotland in autumn 2016.

Thank you for taking part.

Standard 1: Leadership and Governance

Standard statement
The organisation demonstrates leadership and a commitment to the prevention and management of pressure ulcers.

Do you agree with the standard statement? YES

Do you have any comments about the standard statement?

It is difficult to disagree with this statement.

Rationale
A strategic and integrated organisational approach to care supports pressure ulcer prevention and management, and the achievement of positive outcomes for people at risk of, or identified with, a pressure ulcer.

Do you agree with the rationale? YES

Do you have any comments about the rationale?

The rationale would be more convincing if evidence to demonstrate that adherence to the criteria outlined at 1.1 and the general standard statement results in improved outcomes for patients rather than improved processes alone.

Criteria

1.1
The organisation can demonstrate the implementation of:

(a) pressure ulcer prevention and management policies and procedures
(b) multidisciplinary input to pressure ulcer prevention and management
(c) collection, monitoring, review and action on data relating to pressure ulcer prevention and management
(d) ongoing quality improvement in pressure ulcer prevention and management
(e) organisational risk assessments for reducing the risk of pressure ulcer development, and
(f) Healthcare Improvement Scotland standards for pressure ulcer prevention and management.

Do you have any comments about this criterion?

In general, quality improvement should focus on outcomes rather than processes.

We are concerned that the scale of work required by organisations to demonstrate adherence to these criteria – the process - may divert resources from the provision of direct care to patients at risk of pressure ulcers. It would be simpler and perhaps more meaningful to state that the organisation can demonstrate a reduction, or no rise, in the incidence of pressure ulcers.

1.2
The organisation has a designated lead person with responsibility for activities detailed in Criterion 1.1.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

Larger Boards may need to think about how this is best achieved.

1.3
There are agreed pathways for people requiring specialist advice, equipment and timely referral, particularly where this expertise is not available within the service or organisation.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

"Timely" should be defined somewhere.

These pathways should be generic, constructed by HIS or another body like SIGN, and not locally developed.

1.4
There is safe, effective, and person-centred communication and transfer of information to ensure continuity of care between teams and settings.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

This issue is duplicated under section 6.7.

Transfer of information between acute care and the community is vital – yet remains very challenging without an IT infrastructure which bridges the gap between primary and secondary care.

Do you have any general comments about this standard?

Implementation in a social care setting may be very challenging to audit and monitor. Consideration should be given as to how to make this a robust process in all patient care settings.

Stating some clear standards for numbers of carers or nurses or dieticians per patient would be a positive step, as pressure ulcer reduction in care environments like hospital wards means having enough people to do the real caring – lifting and handling, toileting etc.

Standard 2: Education, Training and information

Standard statement
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 available for people at risk of, or identified with, a pressure ulcer, and/or their representatives.

Do you agree with the standard statement? YES

Do you have any comments about the standard statement?

Again, this is a very generic statement. Agree, providing there is clarity on level of education and training for different grades and disciplines as at 2.3.

Rationale
To minimise the incidence of people developing pressure ulcers, staff involved in delivering care are educated and trained in the prevention and management of pressure ulcers.

Information about what causes a pressure ulcer and self-management advice to people at risk or receiving care (and/or their representatives) can support them in the prevention and management of pressure ulcers.

Do you agree with the rationale? YES

Do you have any comments about the rationale?

As above, this is stating the obvious.

Criteria

2.1
The organisation:

(a) assesses staff education and training needs
(b) evaluates the provision, quality and uptake of training, and
(c) addresses any gaps or unmet educational or training needs.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

Some clarity may be required for Boards on this without being too rigid.

2.2
All staff have access to clear guidance on:

(a) their roles and responsibilities in relation to pressure ulcer prevention and management, and
(b) identifying and addressing their own education and training needs.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

Only caveat with (b) is that some staff may not be aware of their education and training needs.

2.3
The organisation implements an education programme that meets the needs of staff and includes as a minimum:

(a) mandatory induction and training for all staff involved in pressure ulcer care appropriate to roles and work place context
(b) annual updates on pressure ulcer prevention and management
(c) awareness of local and national guidelines and policies

(d) awareness of organisational documentation, for example, risk assessment tools and care planning, and

(e) improvement methods to reduce and monitor pressure ulcers.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

(b) – in addition to whenever a new/updated guideline is released.

2.4

Education and training programmes, appropriate to roles and work place context, include:

(a) risk assessment and ongoing monitoring

(b) care planning, preventative strategies and evaluation/review

(c) pressure reducing strategies

(d) pressure ulcer assessment and management

(e) prevention and management of infection

(f) supportive care for long term conditions and palliative and end of life care, and

(g) when and how to access specialist advice.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

2.5

The education and training needs of specialist practitioners, for example, tissue viability nurses and podiatrists, are aligned to professional development frameworks.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

2.6
People at risk of, or identified with, a pressure ulcer (and/or their representatives) are provided with support and information, in a format appropriate to their needs, on:

(a) risk factors associated with pressure ulcers
(b) how to prevent pressure ulcers
(c) early identification of signs and symptoms of pressure ulcer development
(d) when and who to report any concerns or skin changes to, and
(e) treatment options for pressure ulcers, including self-management, equipment and devices.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

Do you have any general comments about this standard?

This will require resourcing.

Standard 3: Assessment of risk for pressure ulcer development

Standard statement
An assessment of risk is undertaken as part of initial admission or referral, and informs care planning.

Do you agree with the standard statement? YES

Do you have any comments about the standard statement?

No.

Rationale
Pressure ulcers can develop quickly, particularly in people considered at high risk, for example, those who have limited mobility, diabetes, or those who are malnourished or at the end of life. An assessment of risk prevents and reduces the likelihood of developing pressure ulcers or further damage to existing pressure ulcers.

Structured risk assessment tools are used to support clinical judgement.

Do you agree with the rationale? YES

Do you have any comments about the rationale?

Risk assessment tools alone will not classify all patients with accuracy, and clinical judgement should continue to be encouraged.

Criteria

3.1
An assessment of risk for pressure ulcer development, or further damage to existing pressure ulcers, is undertaken and documented as a minimum:

(a) within 24 hours of initial admission to any care setting, or

(b) on the first visit after being assigned to a team or service, for example, a community nurse caseload, hospital at home, social care, or care at home.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

We are less clear how feasible this would be for 3.1 (b) but it is extremely important, as evidenced by standard 4, that re-assessment is carried out with any change in health or frailty.

3.2

A structured risk assessment tool is used to support clinical judgement in the assessment of pressure ulcers.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

3.3

For neonates, children and young people at risk of pressure ulcers, an age appropriate, structured risk assessment tool is used to support clinical judgement.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

3.4

Each formal assessment of risk for pressure ulcer development includes:

(a) inspection of the person's skin, particularly areas over bony prominences and areas in contact with equipment and devices

(b) assessment of risk factors and other contributing factors such as mobility, pre-existing medical conditions, palliative and end of life care

needs, bladder and bowel function, and nutritional status

(c) assessment of the person's needs within their environment, including positioning, equipment and devices

(d) how to support the person (and/or their representative) and their ability to self-manage, and

(e) planned review and reassessment.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

(b) should include assessment of cognition as this affects the ability to recognise risk and self-manage.

The assessment should also include a measure of the capacity of the current care setting to provide the care necessary to reduce risk – are there sufficient staff to complete the documentation and do the regular turning, wound inspections, continence management, etc?

3.5

Where an assessment of risk has not been undertaken, or a skin inspection has been refused or cannot be undertaken, the reason is explored with the person and documented in the person's records.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

It could specify discussion with senior team member to ensure no alternatives.

Do you have any general comments about this standard?

No.

Standard 4: Reassessment of risk

Standard statement

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.

Do you agree with the standard statement? YES

Do you have any comments about the standard statement?

This standard is as important as Standard 3 and possibly more so. The importance of ongoing reassessment as a patient's condition changes cannot be overemphasised.

Rationale

Regular reassessment of risk is essential to the prevention and management of pressure ulcers, and can prevent further damage to existing pressure ulcers. Risk reassessment ensures that any changes in a person's circumstances, for example, if the person becomes acutely unwell, has a fall, undergoes an operation or their mobility is reduced, is recorded and used to inform care plans.

Reassessment, undertaken alongside the evaluation of existing care plans, also identifies whether existing interventions are managing the risk appropriately. It is important to note that there will not always be changes to the risk assessment score, particularly in those already identified as at high risk despite further changes or deterioration to their condition.

The timings and process for reassessment should be agreed locally as guidance varies depending on care setting.

Do you agree with the rationale? YES

Do you have any comments about the rationale?

Whilst appreciating timings and processes should be agreed locally there could be some stipulation for <u>maximum</u> time between reassessments.

Criteria

4.1
A reassessment of risk is undertaken when an observed or reported change has occurred in the person's condition or changes noted on skin inspection. Any existing care plans are evaluated and revised if required.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

4.2
A structured risk assessment tool is used to support clinical judgement.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

4.3
Where a care plan has not been implemented or followed, for example, personal choice, or limited access to equipment or services, this is explored with the person and documented in their records.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

Again, this could specify that this must be discussed with senior team members.

Do you have any general comments about this standard?

No.

Standard 5: Care planning for prevention and treatment

Standard statement
A care plan is initiated and implemented to reduce the risk of pressure ulcer development and to manage an existing pressure ulcer.

Do you agree with the standard statement? YES

Do you have any comments about the standard statement?

No.

Rationale
Person-centred care planning is important to the primary prevention of pressure ulcers for people at risk. The care plan is based on the outcomes of the risk assessment, consideration of risk factors and clinical expertise.

If it is likely the person will develop a pressure ulcer or further deterioration of an existing ulcer is established, prevention strategies are adopted. This should also include support to the person (and/or their representatives) to self-manage their pressure ulcers.

Staff are aware of locally agreed policies and processes to deliver safe, effective and person-centred care, including whether to escalate to or liaise with a specialist team such as podiatry, tissue viability service or vascular service, to ensure the person's needs are met.

The prevention strategy should always include all elements of the SSKIN care bundle:

- **S**kin inspection
- **S**upport surfaces and equipment requirements
- **K**eep patients moving
- **I**ncontinence and moisture management
- **N**utrition and Hydration assessment.

Do you agree with the rationale? YES

Do you have any comments about the rationale?

No.

Criteria

5.1
A person-centred care plan is initiated and implemented for people at risk of, or identified with, an existing pressure ulcer.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

5.2
The person-centred care plan includes:

(a) the outcome from the risk assessment and skin inspection
(b) management of other risks or contributing factors, for example, bladder function or nutritional status
(c) frequency of repositioning and requirements for equipment and devices
(d) details of self-management strategies and information, and
(e) planned reassessment of risk.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

Many care plans have significant overlap so excessive paperwork and duplication of information should be avoided.

5.3
The person-centred care plan is used to inform handovers, care transitions and discharge planning.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

5.4
The person-centred care plan is reviewed to ensure it meets the ongoing needs and outcomes of the person (and/or their representative).

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

Do you have any general comments about this standard?
No.

Standard 6: Assessment, grading and care planning for identified pressure ulcers

Standard statement
People with an identified pressure ulcer will receive a person-centred assessment, grading of the pressure ulcer and care plan.

Do you agree with the standard statement? YES

Do you have any comments about the standard statement?

HIS could usefully lead on the creation of a standardised assessment document.

Rationale
Evidence shows that treatment can only begin once a full assessment of the person and their pressure ulcer(s) has been undertaken. Appropriate treatment of the person and their pressure ulcer(s) will reduce the risk of complications.

Full assessment will help identify contributing factors, including factors that may prevent healing (such as diabetes, palliative and end of life care, bladder or bowel dysfunction, nutritional status or reduction in mobility) and ensure a person-centred care plan is developed and implemented. This assessment includes consideration of all aspects of care including social circumstances and ability to self-manage.

Pressure ulcer grading is undertaken using the nationally agreed grading tool, Scottish Adapted EPUAP, which supports diagnosis and ensures optimum treatment is delivered.

Regular ongoing reassessment is also required to prevent the risk of further deterioration in the person's condition (see Standard 4) and to help identify potential infection or sepsis.

Do you agree with the rationale? YES IN PART

Do you have any comments about the rationale?

If the assessment is patient centred there should be a list of key criteria that MUST be documented. It is suggested below that this is done for the wound

itself, but not for the person, which is not being patient-centred.

Criteria

6.1
All pressure ulcers are assessed and graded by a registered healthcare professional using the nationally agreed grading tool and moisture lesion tool.

Do you agree with this criterion? NOT SURE

Do you have any comments about this criterion?

Unsure why the healthcare professional has to be "registered"? Surely any individual who is trained in the assessment could undertake the assessment?

6.2
For people with an identified pressure ulcer, a full assessment is undertaken and the following is documented as a minimum:

(a) assessment of the pressure ulcer(s) (type, location and measurements)
(b) grading of the pressure ulcer(s)
(c) wound bed tissue type
(d) assessment of risk factors or other contributory factors such as mobility, pre-existing medical conditions, palliative and end of life care needs, bladder or bowel function, and nutritional status
(e) any clinical signs of local or systemic infection
(f) volume and type of exudates
(g) odour
(h) management of pain
(i) rationale for treatment, including dressing and treatment choice, and
(j) planned review and evaluation of treatment.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

As noted above there is a suggestion here of a mandatory list of features that must be documented as a minimum about the wound, but no similar list about

the person with the wound.

6.3
Following assessment and grading, a person-centred care plan for pressure ulcer management is agreed, initiated and implemented, with an identified review period.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

6.4
For grade 3 and 4 pressure ulcers, a significant event analysis must be undertaken and an action plan implemented as part of ongoing improvement.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

It is not clear who should undertake the SEA. If a patient is admitted to hospital with a grade 3 or 4 pressure ulcer is it the hospital or the nursing home/care setting that the patient came from?

6.5
Regular reassessment and evaluation of care plans are undertaken (see Standard 4).

Do you agree with this criterion? YES IN PART

Do you have any comments about this criterion?

This is quite vague - there should be some specification of maximum time between reviews.

6.6
There is timely access to appropriate equipment, devices and dressings to assist in the management of pressure ulcers and prevention of further skin breakdown.

Do you agree with this criterion? YES IN PART

Do you have any comments about this criterion?

Again 'timely' needs to be defined.

6.7
There is safe, effective and person-centred communication and transfer of information to ensure continuity of care between teams and settings.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

This is a duplication of Standard 1.4. 'Timely' could be added.

6.8
Staff are knowledgeable about the recognition and prevention of infection and sepsis, including escalation and referral pathways.

Do you agree with this criterion? YES

Do you have any comments about this criterion?

No.

Do you have any general comments about this standard?

No.

If you have identified gaps within the document, please provide further information below.

The definition only describes pressure; there is no mention of shear or friction injuries which are also key mechanisms of skin injury. The referenced Best Practice Statement (2009) also requires updating in this regard and would be a valuable addition to this standard.

Is there anything which the project group should consider when finalising these standards?

There are no graphics in the document – adding these could improve readability and engagement with the subject.

Any other comments?

This document contains many obvious statements about the general principles of clinical care of all patients, not just those with pressure ulcers. The document could usefully be shortened to focus on the key elements of prevention and treatment of such wounds.

Would you like to receive an electronic copy of the final standards and consultation report?

	Yes
x	No

PERSONAL DETAILS

Please enter your details below:

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Thank you for taking the time to complete this survey.

Please be aware that the closing date for consultation is Friday 8 April 2016.

All the comments and suggestions we receive will remain confidential (processed in line with the Data Protection Act 1998) and will only be used to help develop the final pressure ulcers standards.

The consultation report will be published alongside the final standards in autumn 2016

If you have any queries relating to the draft standards please contact Karen Grant at karengrant2@nhs.net or call 0141 225 5569.