Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Pressure Ulcer Policy - Tissue Viability Top Ten

This procedural document supersedes: PAT/T 3 v.2 – Pressure Ulcer Prevention and Management Policy and incorporates PAT/T 4 – Guidelines for the Prevention and Management of Pressure Ulcers – PLEASE READ IN FULL.

Did you print this document yourself?
The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Author/reviewer: (this version)	Tracy Vernon – Lead Nurse, Tissue Viability
Date revised:	March 2015
Approved by:	Policy Approval and Compliance Group on behalf of the Patient Safety Review Group
Date of approval:	25 March 2015
Date issued:	28 April 2015
Next review date:	January 2018 **– extended to March 2019**
Target audience:	Clinical staff, Trust-wide

Pressure Ulcer Policy – Tissue Viability Top Ten

Amendment Form

Please record brief details of the changes made.

If the procedural document has been reviewed without change, this information will still need to be recorded although the version number will remain the same.

Version	Date Reviewed	Brief Summary of Changes	Author
Version 3	28 April 2015	• **Major changes have been made throughout, please read in full.** • The Tissue Viability Top Ten Initiatives were launched within the Trust in January 2010. These initiatives were developed to increase compliance within the aspects of the Pressure Ulcer Prevention and Management Strategy. • Format and style updated in accordance with CORP/COMM 1. • Tissue Viability – Top Ten Initiatives (version 5) added at Appendix 1 • Children's Tissue Viability - Top Ten Initiatives added at Appendix 2 • Maternity Tissue Viability - Top Ten Initiatives added at Appendix 3 • Equality Impact Assessment form included at Appendix 4	Tracy Vernon
Version 2	April 2006	Changes have been made which reflect the publication – NICE (2005) The Management of Pressure Ulcers in Primary and Secondary Care – A clinical practice guideline.	Tracy Vernon Maureen Lester Dawne Squires

Pressure Ulcer Policy -
Tissue Viability Top Ten

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1. INTRODUCTION

Pressure ulcers are caused when an area of skin and the tissues below are damaged as a result of being placed under pressure sufficient to impair its blood supply. Typically they occur in a person confined to bed or a chair by an illness and as a result they are sometimes referred to as 'bedsores', or 'pressure sores'. All patients are potentially at risk of developing a pressure ulcer. However, they are more likely to occur in people who are seriously ill, have a neurological condition, impaired mobility, impaired nutrition, or poor posture or a deformity (NICE 2014).

For a long time concern has been expressed about the pain, suffering and loss of dignity for individuals and the large burden imposed on carers and the health service by pressure ulcers.

Prevalence rates indicate that pressure ulcers remain a real issue with the associated negative effect on health and well-being (Gorecki et al 2009), and the associated financial cost of the management of the pressure ulcer (Posnett et al, 2009, Dealey et al 2012). The true cost of pressure ulcers is impossible to calculate. There is untold cost in terms of pain, suffering to the patient as well as the cost to the health service. The incidence of pressure ulcers and the costs associated with them are estimated at over £4 billion per year (Whitlock et al 2011).

As pressure ulcers have a complex and multifactor aetiology and can arise in a number of ways, interventions for prevention and treatment need to be applicable across a wide range of settings (NICE 2014). This policy clearly sets out roles and responsibilities with regard to pressure ulcer prevention for all members of the MDT.

The Tissue Viability Top Ten was introduced within the Trust in January 2010 to improve nursing knowledge at ward level. This was developed to facilitate the enhancement of quality care in relation to pressure ulcer prevention, treatment and management, ensuring a standard approach to care delivery.

- The Tissue Viability Top Ten Initiatives were reviewed in March 2015 – version 5

The Children's and Women's Tissue Viability Top Ten were developed in 2013:

- Children's Tissue Viability - Top Ten Initiatives - version 3
- Maternity Tissue Viability - Top Ten Initiatives - version 2

This policy is intended for all clinical staff working within Doncaster and Bassetlaw Hospitals NHS Foundation Trust and should be used in conjunction with the most recent edition of the Royal Marsden NHS Trust Manual of Clinical Nursing Procedures, Trust policies: **PAT/T 6 – Wound Management Guideline and PAT/T 7 – Wound Management Policy.**

2. PURPOSE

2.1 The purpose of this policy is to ensure that all patients at risk of developing pressure ulcers and any patients who have developed pressure ulcers are appropriately assessed and have a plan of care to reduce the risk of pressure ulcer development.

2.2 To provide a standardised approach to pressure ulcer prevention and management within the Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

2.3 To minimise the physical, psychological and financial cost of pressure ulcers to the patient and the Trust.

2.4 To ensure that the Trust complies with national guidance (NICE 2014)

2.5 To ensure that staff employed by the Trust are aware of the risks of pressure ulcer formation and development and always practise in line with the best available evidence (NMC 2015).

2.6 To ensure that a comprehensive assessment of the patient's individual health needs is taken into consideration in relation to pressure ulcer prevention and management and that a continuity of care is delivered during the patient's episode of care.

The aim of the Tissue Viability Top Ten is to give a better understanding of pressure ulcer prevention and management.

The components of the Tissue Viability Top Ten are:

1 Skin Inspection
2 Risk Assessment
3 Turn and Reposition
4 Pressure Ulcer Prevention and Management Care Plan
5 Equipment Provision
6 Nutritional Assessment
7 Preventive Skin care
8 Pressure Ulcer Categories
9 Wound Healing by Houses
10 Datix Web Incident Reporting and Safeguarding

3. DUTIES AND RESPONSIBILITIES

All clinical staff working on Trust premises are responsible for adhering to this policy and for reporting breaches of this policy to the person in charge and to their line manager. They need to be aware of their personal responsibilities in the prevention and management of

pressure ulcers. They should continually assess whether they personally meet the required standards.

Trust Board
The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place that effectively manage the risks associated with pressure ulcer prevention and management. Their role is to support the implementation of a Board to Ward culture to support a Zero Tolerance approach to pressure ulcers.

Director of Nursing and Quality is responsible for the development of pressure ulcer prevention and management strategies throughout the Trust to ensure best practice.

Matrons are responsible for ensuring implementation within their area of best practice by utilising the ward quality assurance toolkit. Any deficits identified will be addressed immediately to facilitate compliance with the policy.

Matrons hold the responsibility for leading the RCA process and action planning following the identification of hospital acquired pressure ulcers. All Hospital Acquired Pressure Ulcers Category 3 and 4 are required to be reported as Serious Incidents (SI's).

Ward/Department Manager is responsible for the implementation of this policy at ward/department level ensuring that all staff have read and understood the contents. It is also the responsibility of each Ward Manager to ensure that the correct information on the incidence of pressure ulcers is recorded on the Tissue Viability Dashboard.

The Ward Manager is responsible for ensuring that all patients with pressure ulcers are reported using the Tissue Viability Dashboard and the Trust's Adverse Incident process.

Registered Nurse
The Registered nurse should identify those patients at risk of developing pressure ulcers by considering known predisposing and precipitating factors and then plan, implement and evaluate appropriate research based care. This will include referring to the Tissue Viability Team and other members of the Multi-Disciplinary Team (MDT) where appropriate. They will also be responsible for the selection of pressure relieving equipment in accordance with hospital policy. **Registered nurses** are accountable for the nursing care that their patients receive and should therefore ensure that nursing students and healthcare assistants are appropriately supervised in care delivery.

Lead Nurse – Tissue Viability – extension 3359 DRI
The role of the Lead Nurse – Tissue Viability is to plan, implement and evaluate a strategic approach for Tissue Viability within the Trust and to identify and improve the knowledge and practice throughout the Trust. The Lead Nurse is responsible for advising the Trust Board in relation to the pressure ulcer strategy.

The Lead Nurse is also responsible for coordinating the implementation of the policy and regularly reviewing its effectiveness towards the prevention of pressure ulcers. The Lead

Nurse has the overall responsibility for the co-ordination of the ward and department referrals ensuring that patients are seen within a timely manner.

The Lead Nurse is also responsible for:

- Supporting the Care Groups in the implementation of this policy and to assist in the developing of strategies to reduce the incidence and prevalence of pressure ulcers.
- Providing training and education for health care practitioners, including but not exclusive; nurses, assistant practitioners, support workers, therapists and medical staff.
- Providing specialist expertise relating to pressure ulcer prevention and management.
- Providing specialist advice to managers, nursing, therapy and medical staff with regard to purchase and rental of pressure relieving equipment.

Ward Based Tissue Viability Practitioners
All inpatient areas, wards and departments will have a nominated Ward Based Tissue Viability Practitioner. They will be available to ward staff in the clinical area to give educational advice and support in relation to Tissue Viability. They will act as a communication link in order to increase awareness and dissemination of tissue viability strategies at ward level.

Competency based training is given to the Ward Based Tissue Viability Practitioners by the Tissue Viability Team.

Healthcare Assistant
The Healthcare Assistant is responsible for reporting changes i.e. deterioration or improvement at each shift to the Registered Nurse. Healthcare assistants are responsible for ensuring that certain aspects of care are implemented e.g. repositioning patients for pressure relief, in accordance with the care plan prescribed by the Registered nurse.

Medical Staff
The doctor will have overall responsibility to plan and coordinate the patient's medical treatments. Specifically, doctors have responsibility to maintain the patient's optimum physiological condition especially hydration, nutrition and infection. They should ensure referral to other professional disciplines in order to employ their specialist knowledge in assessing the needs of the patient.

Dietitian
Dietitians are responsible for making detailed nutritional assessments of patients referred to them and identifying which particular nutrients may be insufficient in the patient's diet to provide the necessary conditions for maintaining skin integrity.

Occupational Therapist
The Occupational Therapist will advise on the suitability and correct use of specialist equipment, such as cushions, seating and wheelchairs to alleviate the risk of pressure ulcer formation.

Physiotherapist
The Physiotherapist has an important role in the teaching of the patient and other professionals to handle and position patients so as to minimise trauma to the skin and promote recovery and early mobilisation.

4. PROCEDURE

See: Tissue Viability - Top Ten Initiatives
Children's Tissue Viability - Top Ten Initiatives
Maternity Tissue Viability - Top Ten Initiatives

5. TRAINING AND SUPPORT

Educational programmes for the prevention of pressure damage will be structured, organised and comprehensive and made available at all levels of health care providers, patients and family or care givers.

All staff will have access to study days/workshops/seminars relating to the prevention of pressure damage. A multi-disciplinary approach will be taken. The education programme will be updated on a regular basis based on the best evidence.

There will be an identified Ward Based Tissue Viability Practitioner on every ward or department. Competency based training study days/clinical sessions/seminars will be made available to every Ward Based Tissue Viability Practitioner. The Ward Based Tissue Viability Practitioner will be responsible for the facilitation of local training.

Staff will receive instructions and direction regarding pressure ulcer prevention and management practice and information from a number of sources:-

- Trust Induction
- Trust Policies and Procedures, available on the Intranet
- Ward/Department/Line Managers
- As part of the Tissue Viability educational strategy which can be delivered by a number of formats e.g. face to face, small groups, clinical sessions
- Feedback and learning from RCA's and adverse incident investigations.
- Displays and posters
- Trust Tissue Viability Team
- Advice is also available from the Trust Tissue Viability Dashboard
- Members of the public seeking advice and/or guidance on pressure ulcer issues are to be advised to contact the Tissue Viability Team initially.

6. MONITORING AND COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Monitoring Effectiveness
It is essential to monitor the incidence and severity of pressure ulcers within the Trust. Incidence measures the number of pressure ulcers developing in a specific clinical area over a period of time and to determine the most effective care and correct use of resources.

The incidence of Pressure ulcers within the Trust must be recorded on the Tissue Viability Dashboard and must be completed at the point of which a pressure ulcer has been identified.

It is the responsibility of each Ward Manager to ensure that the information required for their ward is recorded as accurately as possible.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Ward audits in relation to compliance with policy	Ward Manager/ Matron	Weekly	Deficits identified will be addressed via local action plan to comply with policy.
Training needs for pressure ulcer prevention and management	Ward and Department Managers Training and Education Department	Annually	• Professional Development Appraisal and • In response to issues identified in RCA and Adverse Incidents. • Attendance will be captured by the OLM system

7. DEFINITIONS

TIME – A concept which allows the principles of wound bed preparation to be understood.

Pressure Ulcer Categories – a framework to classify pressure ulcers.

Repositioning Schedule – a document which allows the mapping of patients positioning.

RCA – **R**oot **C**ause **A**nalysis is a method of problem solving that tries to identify the root causes of faults or problems.

Wounding healing by Houses – a local concept devised to accurately define the phases of wound healing.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Impact Assessment Policy and the Fair Treatment For All Policy.

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. **See Appendix 1**

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/T 6 – Wound Management Guideline
PAT/T 7 – Wound Management Policy

10. REFERENCES

- Dealey C, Posnett J, Walker A (2012) The cost of pressure ulcers in the United Kingdom. Journal Of Wound Care 21 (16) : 261- 6
- Dowsett C and Newton H (2005) Wound bed preparation; Time in practice. Wounds UK (13), 48-70
- European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. (2014) Prevention and treatment of pressure ulcers: Quick guide. Emily Haesler (Ed). Cambridge Media: Perth, Australia.
- Gorecki C, Brown JM, Nelson EA et al (2009) Impact of pressure ulcers on quality of life in older patients : a systematic review. Journal American Geriatric Society 57 (7) : 1175-83
- NICE (2014) Pressure Ulcers: prevention and management of pressure ulcers, clinical guideline 179
- Nursing and Midwifery Council (2015) The Code – Professional standards of practice and behaviour for nurses and midwives.
- Posnett J, Gottrup F, Lundgren H, Saal G, (2009) The resource impact of wounds on health-care providers in Europe. Journal Of Wound Care 18 (4) : 154-61
- Whitlock J, Rowlands S, Ellis G, Evans 2011 – Using the SKIN Bundle to prevent pressure ulcers – Nursing Times 107 (35): 20-3

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Pressure Ulcer Policy – Tissue Viability Top Ten	Corporate Nursing – Tissue Viability	Tracy Vernon	Existing Policy	20 March 2015

1) Who is responsible for this policy? Tissue Viability

2) Describe the purpose of the service / function / policy / project/ strategy? Policy updated using the latest evidence to promote the prevention and management of pressure ulceration

3) Are there any associated objectives? CQUIN, Safety Thermometer

4) What factors contribute or detract from achieving intended outcomes? – Nil

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** NA

6) Is there any scope for new measures which would promote equality? NA

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: January 2018

Checked by: **Tracy Vernon** **Date: 20 March 2015**