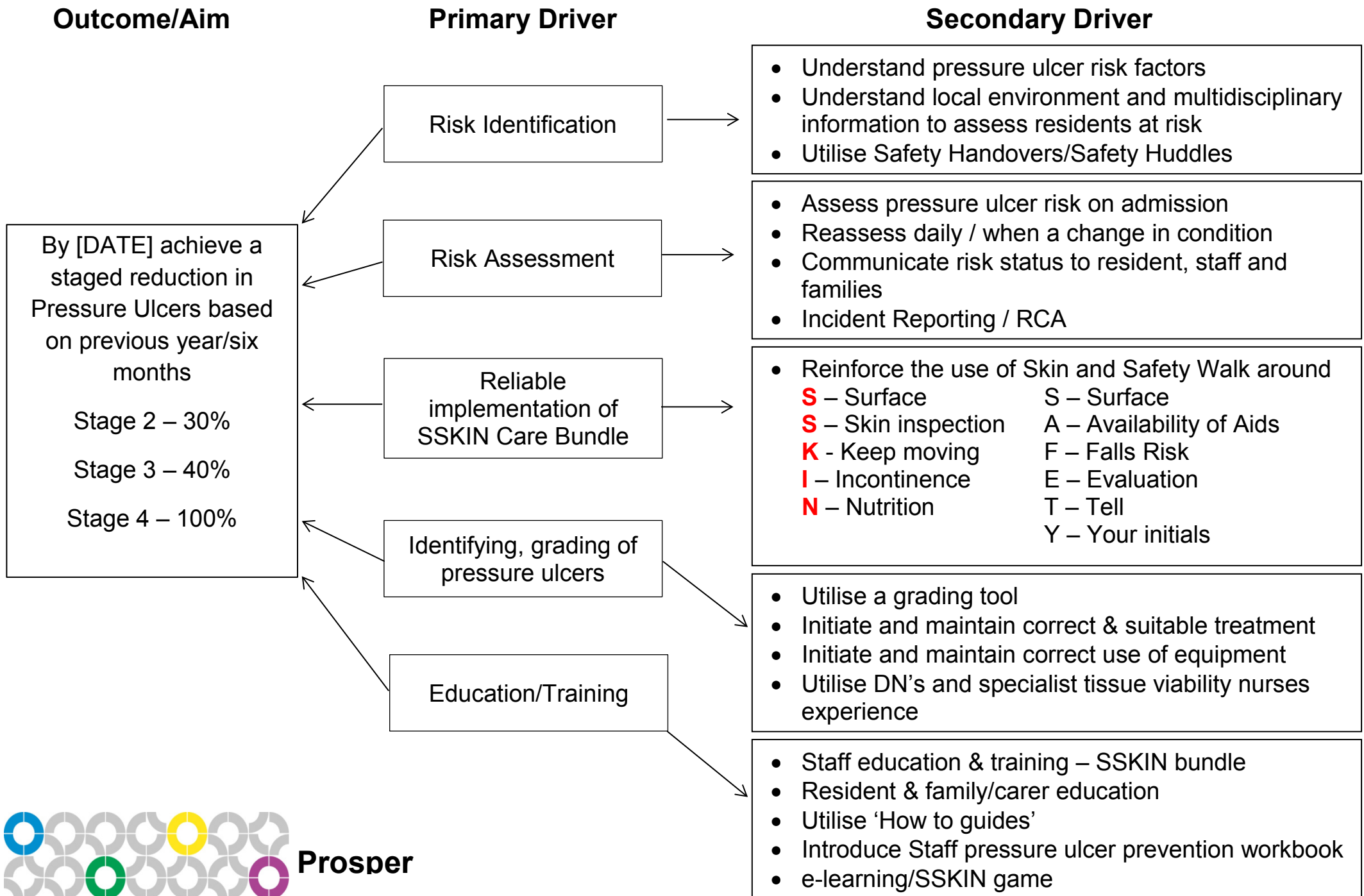


Prosper: Pressure Ulcer– Driver Diagram



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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
Risk Identification	<ul style="list-style-type: none"> • Understand pressure ulcer risk factors • Understand local environment and multidisciplinary information to assess residents at risk • Utilise Safety Handovers/Safety Huddles 	<ul style="list-style-type: none"> • Educate staff, residents and families on pressure ulcer factors • Utilise resident and carer information leaflets • Engage with multidisciplinary teams to identify those at high risk • Look at the local environment of the residents – bed bound, lack of mobility, things that prevent movement. • Set a clear aim for reducing pressure ulcers • Engage with staff to find out the barriers that prevent risk assessments from being completed within in 6hrs of admission (for pressure ulcers) • Identify processes to remove barriers and work with staff to achieve • Utilise safety handovers / SBAR approach/ Safety Huddles • Review documentation – SSKIN bundle, Body Maps
Risk Assessment	<ul style="list-style-type: none"> • Assess pressure ulcer risk on admission • Reassess daily / when a change in condition • Communicate risk status to resident, staff and families • Incident Reporting / RCA 	<ul style="list-style-type: none"> • Incorporate into pre admission assessment • Utilise skin pressure body maps • Monitor compliance with completion of risk assessments, aim for 95% compliance • Consider feasibility of visual communication processes to identify residents at risk • Verbal communication – incorporate residents at risk in safety handovers • Monitor compliance with daily re-assessment of risk • Develop monitoring/feedback and learning loop • Develop weekly reporting process to identify resident harms, including pressure ulcers

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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
<p>Reliable implementation of Skin Safety Care Bundle</p>	<ul style="list-style-type: none"> • Reinforce the use of Skin and Safety Walk around, SSKIN bundle <p>S – Surface S – Skin inspection K - Keep moving I – Incontinence N – Nutrition</p> <p>S – Surface A – Availability of Aids F – Falls E – Evaluation T – Tell Y – Your initials</p>	<ul style="list-style-type: none"> • Consider identifying SSKIN champions • Consider introducing Skin and Safety walk around <p>Surface</p> <ul style="list-style-type: none"> • Review the use of pressure relieving devices, have the resident’s weight/needs changed? • Make sure residents sheets are smooth • Use the 30 degree tilt approach where appropriate <p>Skin inspection</p> <ul style="list-style-type: none"> • Inspect skin/pressure areas with a frequency dependant on risk and clinical advice, dependant on individual’s needs. • Utilise pressure area body maps • Consider Introducing the Heals up campaign/compact mirrors for heal inspection <p>Keep moving</p> <ul style="list-style-type: none"> • Make sure residents are encouraged /assisted to move positions regularly. • Minimise pressure damage by using manual handling equipment when turning residents at high risk. • Consider introducing intentional SSKIN walk around to prompt residents to change position. <p>Incontinence</p> <ul style="list-style-type: none"> • Identify methods to manage the moisture of residents whose skin is exposed to increased moisture (wound drainage, continence issues, leaks, discharge, excessive sweating, fit of underwear). • Make sure skin is kept clean and dry (N.B excessive dry

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		<p>skin presents an increased risk).</p> <ul style="list-style-type: none"> • Use Skin and Safety Walk around to encourage use of toilet, catheter care, check to meet resident’s hygiene needs. <p>Nutrition</p> <ul style="list-style-type: none"> • Introduce nutrition and hydration tools (Gulp , MUST tool) to monitor nutritional and fluid balance. • Use prompts that alert staff to support residents with fluid intake, at risk of malnutrition, require assistance at meal times • Develop monitoring, feedback and learning loop. • Refer residents to dietician where appropriate according to risk assessment. • Use SSKN and/or Safety Walk around to introduce prompts such as ‘would you like a drink? Can you reach your drink?’ • Make sure residents on fortified supplements receive their drinks. • Make sure oral hygiene needs of residents are met. <p>Surface</p> <ul style="list-style-type: none"> • Review the use of pressure relieving devices, have the resident’s weight/needs changed? • Make sure residents sheets are smooth • Use the 30 degree tilt approach where appropriate <p>Availability of aids</p> <ul style="list-style-type: none"> • Make sure call bell is within reach for resident • Make sure drinks are within reach for resident • Make sure adapted cutlery is made available to

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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
		<p style="text-align: center;">resident’s dependant on individual need</p> <ul style="list-style-type: none"> • Make sure moving and handling equipment is available <p>Falls Risk</p> <ul style="list-style-type: none"> • Make sure aids are within reach • Make sure areas are de-cluttered to promote a safe environment • Make sure footwear of resident is appropriate and safe <p>Evaluation</p> <ul style="list-style-type: none"> • Consider introducing a Skin and Safety walk around • Make sure any changes are recorded on revised documentation. <p>Tell</p> <ul style="list-style-type: none"> • Make sure the appropriate people are aware of any changes i.e staff, seniors, nurses, district nurses
Identifying, grading of pressure ulcers	<ul style="list-style-type: none"> • Utilise a grading tool • Initiate and maintain correct & suitable treatment • Initiate and maintain correct use of equipment • Utilise DN’s and specialist tissue viability nurses experience 	<ul style="list-style-type: none"> • Reinforce the use of the pressure ulcer grading tools • Make sure staff know about the tool to aid with pressure ulcer recognition and assist with their education/competency • Utilise the SSKIN care bundle approach • Utilise the 30 degree tilt approach • Work in partnership with residents, families and multi-disciplinary teams to improve the quality of pressure of ulcer prevention care provided to residents • Know how to contact the Tissue Viability Advisors if required • Make sure the skills, knowledge and competency of your team are up to date.
Education/Training	<ul style="list-style-type: none"> • Staff education & training – 	<ul style="list-style-type: none"> • Utilise formal and informal learning opportunities to

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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
	<p>SSKIN bundle</p> <ul style="list-style-type: none"> • Resident & family/carer education • Utilise 'How to guides' • Introduce Staff pressure ulcer prevention workbook • e-learning/SSKIN game 	<p>educate your staff</p> <ul style="list-style-type: none"> • Consider 10 min power training sessions for care staff on duty - SSKIN bundle • Utilise E-learning, Stop the pressure website online games and educational resources • Use resident stories to educate, motivate and inspire staff. • Provide residents and families with information on risks of pressure ulcers on admission or change in their condition • Educate residents and families on how they can help minimise pressure ulcer risk. • Work with residents and families as co-partners in care • Review and update tissue viability guidance • Introduce incident reporting and RCA process for all pressure ulcers stage 2 and above, use for knowledge and learning loops.

Resources

SSKIN: five simple steps to help prevent and treat pressure ulcers;

<http://nhs.stopthepressure.co.uk/> - SSKIN bundle resources, care homes section with downloadable fact sheets, body maps, posters and guidance materials. Stop the pressure online educational game for staff.

<http://www.nice.org.uk/guidance/cg179> NICE guidance on prevention and management of pressure ulcers

http://www.wounds-uk.com/pdf/content_10475.pdf - pressure ulcer management

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<http://www.epuap.org/> - Pressure Ulcer resource section with guidance and downloadable posters etc.

SBAR: Situation Background Assessment Recommendation is an effective and efficient way to communicate important information. SBAR offers a simple way to help standardize communication and allows parties to have common expectations related to what is to be communicated and how the communication is structured.

<http://www.ihl.org/resources/Pages/Tools/SBARToolkit.aspx> - SBAR tool kit