

Lifting the Lid on Preventing and Reducing Pressure Damage in Residential Homes with the Medway Box

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Introduction

In 2015/16 local data and audits highlighted a high percentage of PUs within local residential homes (RHs) and as with every organisation in England, Medway Community Health (CH) have strived to reduce pressure ulcer (PU) incidents across the community.

It is recognised that patients within these settings require higher health management as they present with chronic long-term diseases and multiple co-morbidities including end of life care.

Carers within these establishments are often unprepared for this type of high need management and have minimal knowledge and understanding in how to care for and prevent avoidable injuries such as pressure damage. This

is compounded by a high turnover of staff thus increasing the demand on the Community Nursing Service as residential care is provided by social as opposed to healthcare staff.

Medway Community Tissue Viability Team wanted a way to reduce acquired PUs, whilst shaping the future for a substantive prevention of PUs in the RH setting and to create future best practice that maintained PU reduction.

The initiative was to empower the current workforce within RHs to take ownership of the project as this would be key to its continued success. They would be tasked to reduce the occurrence of significant pressure damage by early recognition and intervention of tissue damage (red mark) which would have a positive effect on patient care and outcomes as well as financial costs.

Method

This project utilised 2 initiatives; education and preventative equipment. 23 RHs were included in the initiative.

The Medway Community Tissue Viability Team designed the **Medway Stop Box** to be placed at each RH, it was red in colour to make it stand out and easily visible to the RH staff. It contained products to aid pressure ulcer prevention (Proshield® system, Devon™ and Kerrapro™) which the RH staff were encouraged to apply as soon as a red mark on a patient's skin was discovered. A flow chart was provided to further guide RH staff. Face to face training was delivered with the **Medway Stop Box** by the company representatives, Tissue Viability Team and the Community Nursing Team Leader.



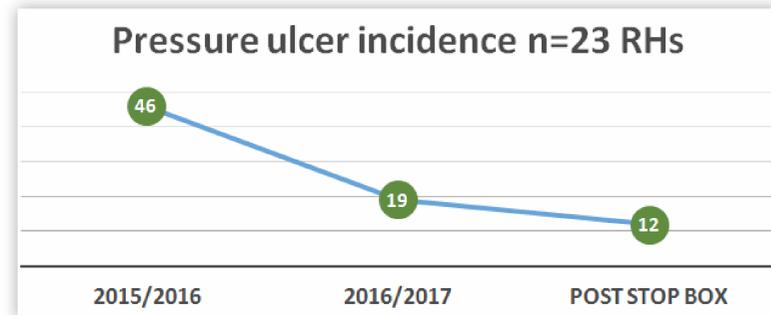
Pilot:

A pilot study was conducted in two RHs with the highest number of PU incidents in Medway. Community Nurses were engaged with the pilot and consented to ensure their part of the process would be completed. The pilot was reviewed to assess the **Medway Stop Box** effectiveness of reducing PUs and to obtain feedback from the RH staff on their confidence in caring for patients at risk of PU damage. Following the successful pilot the programme was rolled out to a further 21 RHs.

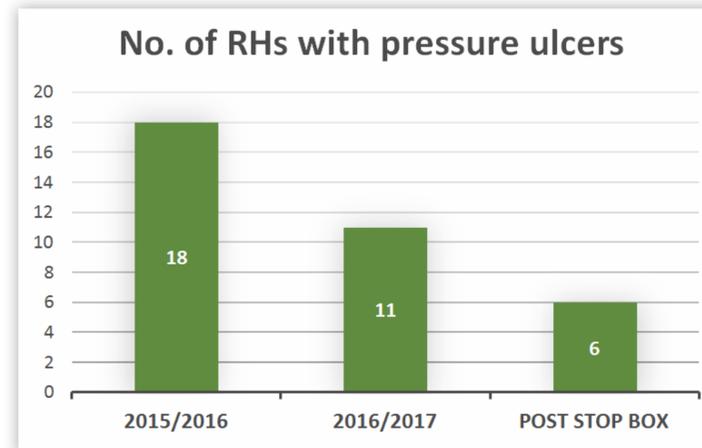
Results

The results from the pilot were very encouraging, staff felt more confident and the results showed a significant reduction of 10 PUs to 4 over 6 months. The team enrolled a further 21 RHs over the following 12 months.

Overall Grade 2 and above pressure damage reduced by 59% across the 23 nursing homes from 46 in 2015/2016 to 19 during 2016/2017. Only 2 of the 23 RHs had the **Medway Stop Box** for the full 12 months duration therefore the full benefits were not fully realised. The PU incident rate was reduced by 73% post implementation compared to the previous year.



Of the 23 RHs enrolled into the **Medway Stop Box** programme the incidence rate was reduced significantly by 67% (6 vs.18) post implementation and 74% of RHs with Zero PUs post enrolment.



Discussion

Introducing an innovative proactive preventative program where there was clear evidence that some of the vulnerable patients were developing avoidable pressure damage, has improved patient care, safety and empowered care home staff to take the lead in pressure ulcer prevention within their roles in residential homes and improved education.

This initiative has not only reduced PU incidence rates but also resulted in improved working relationships with external private residential homes, industry, Community Nursing staff and the Tissue Viability Service.

During the study 2 RHs had avoidable incidences which has resulted in full skins training and investigation as a joint initiative with the RHs and Community Team. This reinforces the requirement that continued support is needed for carers to maintain standards¹.

The RH staff felt more confident in their care provision and felt that they would like to manage other simple wound care with training, and ongoing support, therefore plans are in place to start a skin tear pathway for RH staff.

Conclusion

The **Medway Stop Box** is a box of products to allow RH staff to apply directly to a patient when they notice a red mark on a patient's skin. The education and equipment has empowered RH staff to respond to patient's needs, understand importance of repositioning, preventative measures and referral to Community Nurses.

The mean cost per patient of treatment varies from £1,064 (Grade 1 pressure ulcer) to £10,551 (Grade 4)². The **Medway Stop Box** initiative has reduced the number of avoidable pressure ulcers dramatically across the community sector, which in turn has reduced costs to the patient and the NHS.

References:

- SIGN (2010) Management of chronic venous leg ulcers: A national clinical guide
- NICE Quality standards & indicators briefing paper <https://www.nice.org.uk/guidance/qs89/documents/pressure-ulcers-qs-briefing-paper2>

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