

## Introduction

There is a large volume of literature focused on the prevention of pressure ulcers (PU) using specialist beds, mattresses, cushions and repositioning as the majority of pressure ulcers occur over the bony prominences, most typically on the sacrum and heels. However, very little of the evidence sets guidance on the correct placement and fixation of devices<sup>(1)</sup>. Education in how to use medical devices and when to use them is paramount to successful pressure ulcer prevention.

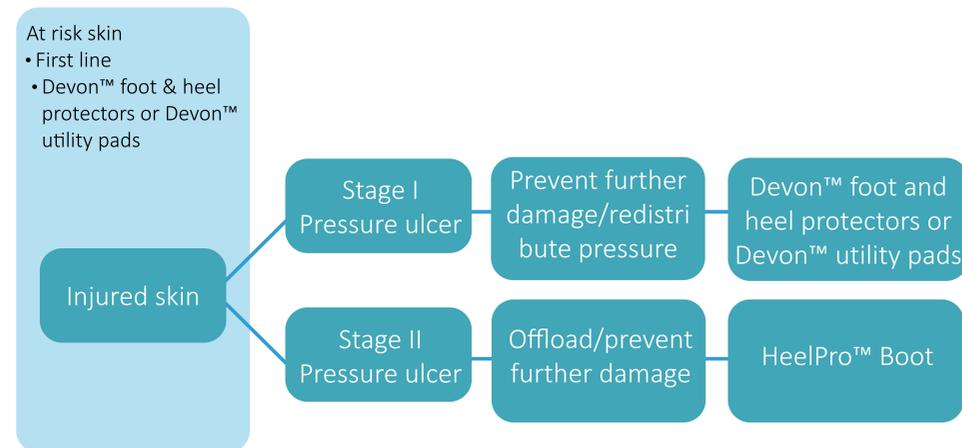
The Medway Trust Tissue Viability Nurse team (TVN) designed a pathway and an educational programme on how to prevent avoidable pressure ulcers, we were however faced with difficulties in delivering the education to all ward staff members as training off wards was problematic in a Trust with 588 beds.

The TVN team decided to start ward to ward visits in order to ensure they delivered education to all staff in regards to helping prevent avoidable pressure ulcers.

## Method

The TVNs designed a heel prevention pathway to be utilised across the Trust which utilised Devon™ foot and heel protectors and Devon™ utility pads (H&R Healthcare) as a first line product for prevention and up to stage I pressure ulcers with HeelPro™ Boot (Talarmade/Medicare Innovations) as a second line product for stage II and above as an offloading device.

### Pathway: how to prevent avoidable pressure ulcers



The educational programme which is known in the Trust as 'Trolley Dashes' started in February 2017 and consisted of 4 days over a monthly period.

The first dash we did was called a 'Heel Dash' and this involved the TVNs and company representatives going on to the wards approaching staff and educating them in relation to the heel prevention pathway along with products that are available and when and how these should be used.

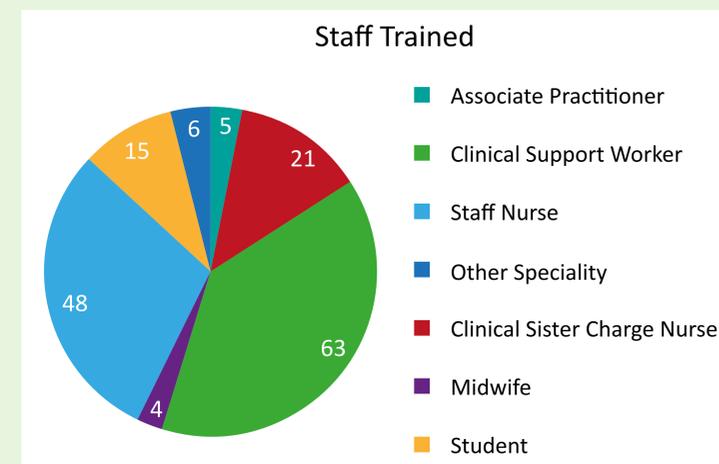
The 'Trolley Dashes' were carried out in February and March 2017 and focused on heel protection.

The ward staff were given the pressure prevention pathways and product information.

## Results

The results from the first dash were a great success showing a 51% reduction in PU at the heel from the previous quarter. A huge achievement, compared to the previous quarter (Quarter 4 - 16/17) n=27 heel ulcers reported vs. (Quarter 1 - 17/18) n=13 heel ulcers.

Over a period of 4 days, the TVNs managed to train a total of 162 members of staff on 32 wards including all members of the multi-disciplinary team.



## Discussion

Following the Heel Dash, evaluations were conducted with the staff expressing how much they enjoyed them and that they were a great way to deliver education on the ward without disrupting the patient care.

Due to the reductions in pressure ulcers following the introduction of the heel pathway and educational programme further Heel Dashes will be undertaken on a regular basis to ensure new staff are educated and to provide refresher training to existing team members with the aim to continue to improve on the excellent results and reduce the incidence of avoidable pressure ulcers even further.

## Conclusion

Since the trial began we have reduced the incidence of acquired heel pressure ulcers by 51% comparing this quarter to the previous quarter. The TVN team will continue to audit and to report more statistics correlating to the TVN educational activity to reduce avoidable pressure ulcers.

### References:

1) Device related pressure ulcers, Wounds UK, 2012.

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