



**WELCOME** to the second edition of our newsletter.

We will keep you up to date on progress as the collaborative progresses and as we work together to achieve our ultimate Zero goal. As agreed at our second learning session, work is underway to develop a standardized grading/staging chart for recommended use across all sites, including, community, residential and acute settings and we hope to share it with you soon.

*The Collaborative Working*

## Pressure Ulcer Risk Assessment: The First Step in Planning Prevention Strategies

Risk assessment is the first step in planning pressure ulcer prevention strategies. The purpose of this assessment is to identify those at risk of pressure ulcer development by identifying key factors considered important. A pressure ulcer is defined as a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. It is important to be aware of this definition in order to put a pressure risk assessment into context.

Currently, no one risk assessment tool exists that has been shown to have 100% sensitivity and specificity. Risk assessment tools are used to identify risk should no interventions be put in place. As such, it is almost impossible to determine the sensitivity and specificity of any given tool because interventions offered to an individual automatically alter the identified risk status. It has been argued that, if there was the “perfect” tool, there would not be a requirement for any others and yet over 40 tools are presently in existence.

Pressure ulcers occur due to prolonged unrelieved exposure to externally applied mechanical forces. The highest rate of mobility problems occur among the older population. Therefore, it is logical that activity and mobility are the highest predictors of risk. It is argued here that the risk assessment process should begin with an assessment of mobility and activity and should proceed to a more complete assessment should impairments in these be identified.

In this way, the process is simplified and focuses attention to the key causative factor, which is pressure/shear.

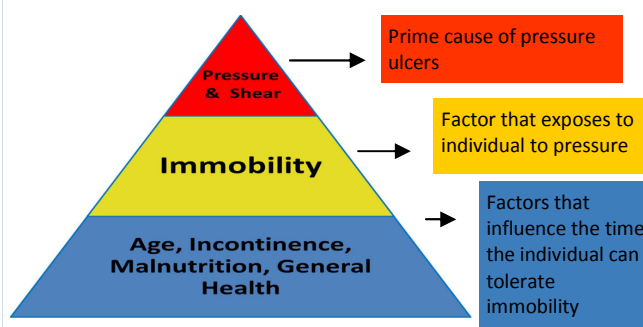


Figure 1: Hierarchy of Risk Factors (Moore et al., 2011)

Pressure/shear is the prime cause of pressure ulcers and those who are exposed to pressure/shear are those who are immobile and cannot relieve pressure from bony prominences. The older population display the greatest propensity for mobility problems. Therefore, it is logical that the first question to ask is whether the patient can move independently or not. If problems regarding mobility and activity are identified, then the remaining process of risk assessment should ensue. If no problems regarding activity and mobility are noted, then the patient is unlikely to develop a pressure ulcer.

This is a synopsis of Professor Zena Moore’s article—to read the full article please go to

[www.hse.ie/pressureulcerstozero](http://www.hse.ie/pressureulcerstozero)

*Professor Zena Moore*



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## 'No Pressure' for the Team at Beaumont



Members of the Beaumont Team

Beaumont Hospital has two (35 bedded) wards taking part in the pressure ulcer collaborative efforts, one medical and one surgical. Efforts are focused on creating awareness of pressure ulcer prevention and implementing a multidisciplinary team (MDT) approach. A new bulletin board on the medical ward has been developed with information for staff about the collaborative including a newly developed algorithm chart, updated care plan incorporating new SSKIN bundle, the grading chart and posters identifying patients pressure points. We have been successful in creating awareness at ward level,

utilising the pressure ulcer to zero 'hands sign' to identify those patients at risk of pressure sores.

The "hands sign" is colour coded to flag turn times with purple on one side and yellow with a 'please turnover' (PTO) indicator at the bottom to encourage staff to turn patients regularly. This sign has also been an aid to staff for educating patients and families on how they can help themselves reduce the risk of pressure ulcer development. The team have continued utilising a multidisciplinary approach including revision of patient seating, reducing shear, correct use of barrier creams, revision of current pressure relieving devices and implementation of the nutritional Malnutrition Universal Screening Tool (MUST) tool. The safety cross is also proving effective in highlighting the incidents of pressure ulcers at ward level. The team is working hard to reduce their pressure ulcer numbers, they firmly believe "one harm is one too many"!

## Teams in Dublin North City Rise to the Pressure Ulcer Challenge

The three teams, participating in Dublin North City (*Blanchardstown Primary Care, Clarendon Residential Unit for Older Persons, Cuan Aoibheann, Residential Unit for Young Adults, St. Mary's Hospital*) are reporting progress with pressure ulcer awareness. Both residential units are implementing the SSKIN bundle and encouraging the front line staff to monitor incidents using the safety cross. The collaborative has brought the staff in each team together and there is a noted sharing of skills and improved communications across the multidisciplinary team. The collaborative has also brought the talents of staff to the fore; designing a poster, the development of a shared database and practical in-service training. The Clarendon Team have taken an innovative approach and organised a learning event for front line staff with talks from the occupational therapist and

dietician emphasising the multidisciplinary approach. To encourage staff to participate, pre and post questionnaires were used with all the staff who attended the event and names of participating staff were entered into a draw for some beautiful prizes! All teams have faced challenges; the community setting has its own dynamics where staff often work alone and do not have daily face-to-face contact. However, the learning sessions have provided a great focus for the teams to network with other services and to realise that being part of a collaborative "you belong to something bigger" (team participant).



Some of the multidisciplinary team members from Clarendon

## 'Momentum is building' in Our Lady of Lourdes Hospital



The 6th Floor team at OLOL

Momentum is starting to build in Our Lady of Lourdes Hospital's 'pilot unit' 6<sup>th</sup> Floor East around strategies to promote awareness of pressure ulcer avoidance.

Safety briefing at the nursing handover is used to highlight clients in 'at risk' and 'at high risk' categories. An emphasis has been placed on measuring outcomes. All members of the multidisciplinary team are completing an online self-assessment on the ability to effectively categorise grading of pressure ulcers. A new universal sign for above beds of 'high risk' patients is in development. A greater focus is being placed on client and family education. Pressure Ulcer Preven-

tion leaflets and patient satisfaction questionnaires with specific questions related to pressure ulcer prevention have been circulated within the ward. Ten-minute multidisciplinary education sessions commenced in May. These sessions are for all healthcare professionals, including dietitians, physiotherapists, occupational therapists, tissue viability nurse specialist and the audit and quality improvement team. An information sheet will be distributed to participants. To measure effectiveness, an evaluation sheet will also be distributed.

The dietitian department is developing a patient and family information sheet on the prevention of avoidable pressure ulcers. On a final note the safety cross is showing the staff that all these planned and coordinated efforts are working!

## Tara Winthrop are Fighting Pressure Ulcers One by One



Some members of the Tara Winthrop multidisciplinary team

The multidisciplinary team at Tara Winthrop are working hard and enjoying the journey of getting to zero on pressure ulcers. Rosamma, the ADON/TVN and lead has had tremendous success with healing a grade 4 pressure ulcer on an elderly patient. Vikki from the Physiotherapy Department has completed training throughout Tara Winthrop on 'Positive Range of Motion' exercises, where all care and nursing staff are tutored in the prevention of contractures in residents with advanced dementia through regular passive movements whilst administering care. Their new Acronym, ALARMS, A- Assessment of Risk, L- Look at skin, A- Adequate Nutrition, R- Reposition, M-Moisture Balance, S- Safe Surface has

re-ignited their passion in all things related to pressure ulcer care. Re-education regarding recognition of the different grades of pressure ulcers from 1-4 is continuing as is re-training in fluid measurement and continence assessment. A full audit by the Physiotherapy Department on sliding sheets as well as re-training all staff in their usage has proved to be very successful. 'Bed Sore prevention week' has been organised to heighten awareness amongst relatives and residents at Tara Winthrop. A questionnaire will be conducted pre and post learning to evaluate efficacy of the education delivered. The 'Story Board' presented at the learning session has taken pride of place on our public notice board to align with 'The Bed Sore prevention week'. The excitement around creating the five minute video for the next collaborative meeting is tangible and bringing out the silliness in everyone. Thanks to the 'collaborative' for bringing us all together and making quality and learning FUN!

## Annette Bartley Visits the Teams in Virginia and Cavan



As part of the Pressure Ulcer to Zero Collaborative, Annette Bartley Quality Improvement Consultant has been visiting teams in their workplaces to offer support and advice as the collaborative progresses. On May 2<sup>nd</sup> Annette visited the teams from Virginia Health Care Centre and Cavan Monaghan

Hospital Group. The visits were hugely beneficial and gave the members an opportunity to discuss the progress, challenges and successes of this large scale project on their ward. Annette's visit also provided staff with a forum to ask questions and engage in a valuable discussion around pressure ulcer prevention. The feedback from both site visits has been very positive. Team members commented that it gave staff who have not been at the learning days an opportunity to discuss and learn more about this work and to engage with Annette on a one to one basis. Others expressed the value of being able to sit down and talk about their work to date.

## Newsflash: Rates of Pressure Ulcers in Decline in Meath

At the second learning session, each team had an opportunity to provide an update on their work in a 'news style format'. The participants from Meath Residential Care of Older People were among the teams who embraced this challenge. They produced a six-week 'breaking news report' about their efforts to educate staff, residents and families on pressure ulcer prevention.

We learnt that in week 1, the team developed a flower traffic light system to identify pressure ulcers, with a Red Poppy symbolising 'Danger', a Yellow Daffodil symbolising 'At Risk' and a Green Shamrock symbolising 'Healthy skin'. A crisis was averted in week 3 when Mrs D's "tender spot" was quickly cushioned. By week 5, the weather in Meath had improved and residents were feeling the benefits of moving about outside in the fresh air. The Meath team concluded their news

flash with reports of a 'BUG' on the suite. The 'BUG' being a greater focus on increasing resident's fluid intake.

Well done to all the teams who presented their news reports. Each update was both creative and humorous, while emphasising the important message about reducing 'pressure ulcers'.



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