Impact Report: Reducing the incidence of pressure ulcers in acute hospitals in NHS Scotland

June 2018

The Scottish Patient Safety Programme (SPSP) is a unique national initiative that aims to improve the safety and reliability of health and social care and reduce harm, whenever care is delivered.

As part of Healthcare Improvement Scotland's ihub, SPSP is a coordinated campaign of activity to increase awareness of and support the provision of safe, high quality care, whatever the setting.

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland

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Background

The Scottish Patient Safety Programme (SPSP) – Acute Adult works with all health boards in Scotland to reduce the level of harm experienced by people using services.

In January 2014, pressure ulcer improvement work transferred from Leading Better Care (LBC) to SPSP; part of Healthcare Improvement Scotland, with an aim to reduce newly acquired pressure ulcers (grade 2-4) in hospitals and care homes by 50% by December 2017. This report summarises the work of the SPSP Acute Adult programme to reduce pressure ulcers in acute hospitals.

The problem

Pressure ulcers are an unwanted complication of illness, severe physical disability or increasing frailty that leads to poor experience for people and increased costs for health and social care. Reducing pressure ulcers remains a key safety priority for health and social care organisations across Scotland.

The improvement

The use of data for improvement

SPSP has a role in supporting staff to generate new ideas to improve patient outcomes and in collating outcome data to support boards to understand their current state and learn from each other.

Since 2014, SPSP has collated and shared data from hospitals in all boards in Scotland on the rate of newly acquired pressure ulcers (grade 2-4). An increased rate of pressure ulcers was seen in data over 2014-2016. This increase should be seen in context of improved reporting,

which is an important step in understanding the size of the problem in Scotland's hospitals. It was clear in early 2016 that achieving our aim would need greater improvement than originally understood.

Building confidence in the robustness of incidence reporting and an improved understanding of the use of data for improvement was an important component in reducing pressure ulcer incidence.

NHS boards submit bi-annual self-assessments to the SPSP team. Following each submission, meetings are held between SPSP and NHS boards to discuss improvements and barriers as identified in the data and assessment process.

SPSP uses Quality Improvement (QI) methodology, a key part of which is to support staff to test different approaches to achieve reliable processes, for example, SSKIN care bundle[1], and to understand the impact their changes are having on pressure ulcer incidence. By connecting process reliability and outcomes for people in acute care, staff can understand which processes are leading to improved outcomes and design and test changes. For example, testing and implementing a process to review pressure ulcer incidents and feed learning back into improvement plans.

Significant improvements were first seen in NHS Greater Glasgow & Clyde. They presented their learning at the Pressure Ulcer Networking Event, hosted by Healthcare Improvement Scotland, in May 2017. A further national networking was held in November 2017 to further share work carried out to reduce pressure ulcer incidence. This opportunity to share learning is a critical part of programme delivery and is consistently well attended and evaluated.

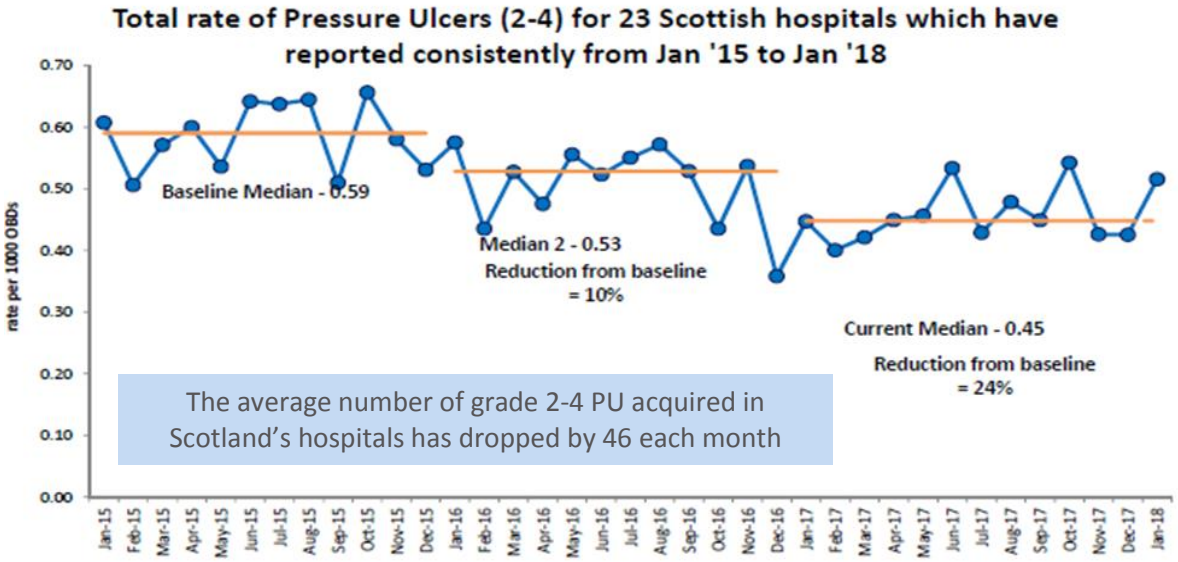
Case studies in acute care

As part of this improvement work, SPSP carried out case studies with NHS Greater Glasgow & Clyde, NHS Highland and NHS Tayside to better understand the barriers and opportunities to reducing pressure ulcers in hospitals. The boards reported several common approaches such as improved processes, including linking risk assessment and care planning, and changes to review processes to support clinical staff to review and accurately grade pressure ulcers at the bedside.

The result

SPSP Acute Adult has supported a 24% reduction in pressure ulcers (grade 2-4) acquired in 23 acute hospitals across Scotland.

The 24% drop in pressure ulcers is equivalent to 46 fewer per month. This means that there are 46 fewer people per month in Scotland's hospitals experiencing the pain and discomfort of a pressure ulcer, their length of stay is not extended because of the requirement for additional treatment which results in the avoidance of associated costs of approximately £184,000 per month[2] (if all were grade 2).



Next steps

We are delighted that we now see a reduction in the incidence of acquired pressure ulcers across 23 Scottish hospitals who have reported consistently between January 2015 and January 2018.

This has been achieved through technical process changes, making a critical connection between risk assessment and care delivery, as well as system changes including the way tissue viability experts work with front line nurses to learn from events and test and implement new ways of working. This combination of improvement approaches has resulted in better outcomes and experiences for people in acute care, their families and staff who are caring for them.

The ihub will continue to support boards to network, share learning and through regular data and self-assessment reviews.

References

[1] *Healthcare Improvement Scotland (2011), SKINN care bundle - http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability/sskin_care_bundle.aspx*

[2] *NICE Guidelines (2014), Costing statement: Pressure ulcers (CG179)*

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland

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