

**THE WALTON CENTRE FOR NEUROLOGY AND NEUROSURGRY NHS FOUNDATION TRUST**

**Incidence and Prevalence of Pressure Ulcers**

**Annual Report  
April 2010 to March 2011**

**Date**

**April 2011**

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## **1. Introduction**

The Trust is committed to promoting patient safety and is signed up to the Safety Express, which aims to significantly reduce pressure ulcers. The safety of patients should be everyone's top priority

One of the DoH 10 "High Impact Actions for Nursing" is "Your Skin Matters" which is aimed at no avoidable pressure ulcers. The reduction of pressure ulcers and treatment as outlined in NICE guidance were also a Trust CQUINN for 2010/11.

The cost implications to the NHS in the treatment of pressure ulcers are substantial and are estimated at 4% of NHS expenditure. The goal of the Safety express in relation to pressure ulcers is to reduce the incidence of grade 1 and 2 pressure ulcers and promote a culture of non-acceptance for pressure ulcers.

Pressure ulcers are clearly an issue of safety. They can cause serious pain and severe harm to patients and cost the NHS billions of pounds each year to treat. Yet in the majority of cases they can be prevented if simple measures are followed. Pressure ulcers should be seen as avoidable adverse incidents not an inevitable fact of life.

## **2. Background**

All patients on admission to the Walton Centre have a formal pressure ulcer risk assessment using a validated assessment tool to assist in identifying those patients that are likely to develop a pressure ulcer. On the acute ward areas this is the "Waterlow Assessment Tool" and in critical care the "Jackson and Cubbin". The risk assessment identifies the presence of any predisposing and precipitating factors which may influence the development of pressure ulcers. Further assessments are undertaken following any change in condition. All assessment are documented in the patients risk assessment booklet

Those patients who are assessed as at being "at risk" treatment plans are initiated that detail preventative measures to be implemented to prevent development of pressure ulcers and/or promote healing for those patients with pressure ulcers.

If a patient develops or presents with a pressure ulcer the ulcer is graded to give an accurate picture of the amount of tissue damage. The Walton Centre follows the four stage grading system as recommended by the National Pressure Ulcer Advisory Panel. This method classifies grade 1 damage as being persistent non-blanching hyperaemia without any break in the skin to grade 4 being full thickness tissue damage with extensive destruction and tissue necrosis extending to underlying bone. Ungradeable tissue damage is where the actual depth of the ulcer is completely obscured by slough and/or eschar in the wound bed.

All patients who are admitted with pressure ulcers or patients who acquire pressure ulcers whilst in our care are referred to the tissue viability nurses. This data is entered onto the data base and the incidence is reported monthly via the balanced scorecard.

A root cause analysis is undertaken following any patient who acquires a pressure ulcer grade 2 and above. This is crucial to identify practice and implement changes to improve where necessary.

Annual prevalence studies are undertaken to identify the proportion of the total patient population who have a pressure ulcer on the day in question.

This report will detail the comparable data for the incidence of patients admitted with pressure ulcers and those who acquire them whilst in our care for the period April 2009 to March 2010 and April 2010 to March 2011.

Prevalence results will form part of the report for the same period.

### 3. Incident Report

Data is collected from all patients who are admitted with or acquire a pressure ulcer whilst in our care. The incidence is reported monthly and forms part of the nursing metrics of the balanced score card. These results are presented at quality Board meetings.

**Table 1**

The following table identifies the number of patients who are admitted with pressure ulcers for the period 2010 to 2011 compared to 2009 to 2010

	Grade 1 09/10	Grade 1 10/11	Grade 2 09/10	Grade 2 10/11	Grade 3 09/10	Grade 3 10/11	Grade 4 09/10	Grade 4 10/11	Ungradable 09/10	Ungradable 10/11
April	0	2	0	2	0	0	0	0	0	0
May	0	1	0	0	0	0	0	1	0	0
June	0		1	0	0	0	0	0	0	0
July	0	1	0	3	0	0	0	0	0	0
August	0		0	4	0	1	0	0	0	0
Sept	0	2	1	4	0	0	0	0	0	0
Oct	0	1	2	1	0	0	0	0	0	0
Nov	0	1	0	1	0	1	0	1	0	0
Dec	0	0	2	2	0	0	0	0	0	0
Jan	0	0	1	1	1	0	0	0	0	0
Feb	0	0	1	0	0	0	0	0	0	0
March	2	2	3	1	0	0	0	0	0	1
Total	2	8	11	19	1	2	0	2	0	1

Green = decrease on the same period in previous year

Red = Increase on the same period in previous year

**Table 1**

Identifies the total number of patients admitted with existing pressure ulcers. Of the total numbers 6 of the patients had more than one pressure ulcers which is reflected in the figures.

## Comments

- The above table identifies that the majority of pressure ulcers are grade 1 and 2 superficial damage only. It is noted that there is an increase in the numbers admitted for 2010 to 2011 compared to 2009 to 2010. This may be attributed to the increased incidence noted nationally and the need to raise awareness that pressure ulcers are mainly avoidable incidents and should not be considered as the norm.
- The priority for patients who are admitted with pressure ulcers is to promote healing and prevent further breakdown. Therefore comprehensive treatment plans are essential. These are audited on a monthly basis and reported via the balanced score cards
- Relief of pressure is the main method used in the prevention and management of pressure ulcers. Regular re-positioning of the patient and the use of pressure relieving equipment may achieve this. The function of the pressure relieving equipment is to redistribute the weight of the patient to reduce the duration of pressure and shear, both of which contribute to the development of pressure ulcers.

**Table 2**

**The data below highlights the number of Walton Centre Foundation Trust acquired pressure ulcers 2010/2011 compared with 2009/2010**

	Grade 1 09/10	Grade 1 10/11	Grade 2 09/10	Grade 2 10/11	Grade 3 09/10	Grade 3 10/11	Grade 4 09/10	Grade 4 10/11	Ungradable 09/10	Ungradable 10/11
April	0	0	2	3	0	0	0	0	0	1
May	0	0	2	0	0	0	0	0	0	0
June	1	2	1	0	0	0	1	0	0	0
July	1	1	3	1	0	0	0	0	0	0
August	1	2	0	2	0	1	0	0	0	0
Sept	0	0	1	5	0	0	0	0	0	0
Oct	0	0	0	4	0	0	0	0	0	0
Nov	1	0	0	1	0	0	0	0	0	1
Dec	0	0	2	1	0	0	0	0	0	0
Jan	0	0	4	2	0	0	0	0	0	0
Feb	1	0	0	1	0	0	0	0	0	1
March	2	1	0	3	0	0	0	0	0	2
<b>Total</b>	<b>7</b>	<b>6</b>	<b>15</b>	<b>23</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>

Green = decrease on the same period in previous year

Red = Increase on the same period in previous year

## **Table 2**

Identifies the total number of patients who acquired pressure ulcers whilst in our care. Of the total numbers 3 of the patients had more than one pressure ulcers which are reflected in the figures.

## **Comments**

- The above table identifies that the majority of pressure ulcers are grade 1 and 2 superficial damage only. It is noted that there is an increase in the numbers acquired for 2010 to 2011 compared to 2009 to 2010. This correlates with the noted increase nationally and the need to implement strategies to prevent avoidable pressure ulcers.
- The largest number of pressure ulcers is grade 1 and 2, superficial breaks; therefore preventing further breakdown is paramount in their management.
- All ungradeable pressure ulcers once the eschar and/or slough were removed were all grade 2 with no deep tissue loss.
- All patients who acquired pressure ulcers were assessed at being “at risk”. All preventative measures had been implemented.
- The proportion of ungradeable pressure ulcers are mostly developed on the heels, predominately with critically ill patients nursed on critical care. These patients are physically compromised requiring complex interventional care increasing their risk of developing pressure ulcers.

## **4 Summary**

There were a total number of 5121 admissions for the year April 2010 to March 2011 giving a pressure ulcer incidence rate of 0.7% for patients acquiring pressure ulcers whilst in our care. This remains unchanged from the previous period of April 2009 to March 2010 and compares favourably with the national average of 7%.

Although the incidence of pressure ulcers has remained unchanged from the previous year the tables identify there has been an increase in the numbers of hospital acquired. The expansion of critical care has seen an increase in the admission of trauma patients. These patients are likely to have unstable spinal injuries and raised intracranial pressures which are a risk factor for acquiring a pressure ulcer. Trust guidelines have been reviewed to reflect this and agreed spinal neck clearance has been included. All spinal patients admitted to the critical care are referred to the spinal nurse specialist.

A number of initiatives have been implemented throughout the year to address an increase in the incidence of pressure ulcers within the critical care area. These include implementing a clear care pathway, use of the turning clock, increased educational sessions and Trust wide study days. These initiatives have been rolled out across the Trust and will continue to be monitored and audited on a monthly basis.

## **5 Prevalence Study**

Prevalence refers to the presence of both old and new pressure ulcers identified at one time in a specified population. Prevalence surveys provide useful baseline information and pressure ulcer incidence is one of the markers of quality of care. The prevalence surveys also looking at the following preventative measures:

- If the patient was being nursed on the appropriate support surface for the degree of tissue damage evident.
- Accurate documentation had been completed.
- Appropriate referrals were made to the multi-disciplinary team
- Risk assessments had been performed and patients re-assessed following any change in condition.
- Treatment plans were implemented
- Turning charts were in use
- Appropriate dressings to promote optimal healing were in use



## Results

**Table 1**

Table 1 identifies the total number of patients seen, the number with pressure ulcers and the total number of pressure ulcers

<b>Number of Patients</b>	130	<b>Total Number of Pressure Ulcers</b>	10
<b>Number of Patients with Pressure Ulcers</b>	5	<b>Overall Prevalence</b>	4 %
<b>Number of Patients with Pressure Ulcers Excluding Grade 1</b>	5	<b>Overall Prevalence excluding Grade 1</b>	4 %
<b>Number of Patients with Hospital Acquired Pressure Ulcers</b>	2	<b>Overall Prevalence Hospital Acquired</b>	2 %

## Comment

- The prevalence study identified an overall rate of 4% with 2% of the overall rate being hospital acquired. This compares to an overall rate of 6% for 2009 to 2010 with 4% of the rate hospital acquired. All pressure ulcers for both years were grade 1 or 2 there was no full thickness damage. These results compare with a national prevalence of 15%.
- All patients who acquired pressure ulcers were identified as being “at risk” and all appropriate preventative measures had been implemented.
- Prevalence results are discussed with link professionals and ward managers.

These results are encouraging as our prevalence rates remain low and have shown a decrease from last year, however there is no room for complacency as we move towards zero tolerance for all preventative pressure ulcers

## **6 Way Forward for 2011/12**

The Trust is committed to reducing the incidence of pressure ulcers. Initiatives that have been introduced will continue to be monitored on a monthly basis and reported via the balanced score cards. These initiatives include:

- Continue to report monthly incidence
- Continue to be involved with Safety Express
- Continue to develop link professionals and continue quarterly link professional meeting to increase their knowledge and skills to enable them to update staff within their own clinical areas
- Continue with education sessions and organised study days for all staff
- Monitor the implementation of the care pathway and audit appropriate interventions are in place.
- Monthly risk assessment audits to continue and report via balanced score cards
- RCA for all grade 2 and above pressure ulcers acquired within the Trust. Outcomes and recommendations to be fed back to clinical
- Undertake annual prevalence survey