



Tissue Viability Society

Achieving Consensus in Pressure Ulcer Reporting

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Purpose of Document

- This document is for all organisations that are involved in the reporting of pressure ulcers. It represents the consensus view of a large number of Tissue Viability Nurses and healthcare professionals from across England and we recommend its adoption.



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Summary

- The NPUAP/EPUAP (2009) definition should be used to describe a pressure ulcer.
- Skin damage determined to be as a result of incontinence and/or moisture alone, should *not* be recorded as a pressure ulcer.
- A lesion that has been determined as combined; that is, caused by incontinence, moisture and pressure should be recorded as a pressure ulcer.



Avoidable / Unavoidable

- Both avoidable and unavoidable pressure ulcers should be reported.
- For *national* reporting purposes, the Department of Health definitions for avoidable/unavoidable pressure ulcers should be used.



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Avoidable Pressure Ulcer

- “Avoidable” means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following:
- evaluate the person’s clinical condition and pressure ulcer risk factors;
- plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice;
- monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.”



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72 hours

- Prompt pressure ulcer risk assessment and formal examination of an individual vulnerable to pressure damage, together with knowledge regarding their previous circumstances of care/use of pressure relieving equipment will point to the origin of pressure damage.
- A time-frame is immaterial and misleading, thus the 72-hour rule should be discarded.



Classification

- The NPUAP/EPUAP (2009) classification should be used, including the category of 'unstageable'.
- Further education is required before the category of deep tissue injury is used in pressure ulcer reporting.



Incidence V Prevalence

Pressure ulcer incidence is a more accurate measure of pressure ulceration than prevalence, and is therefore the recommended method of data collection.



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Monitoring of Pressure Ulcers

- Monitoring at ***national*** level should identify both the overall burden of pressure ulcers to the NHS and performance of individual trusts and use a standardised data set.
- Monitoring at ***local*** level should be undertaken to ensure trusts meet local targets and benchmarks. It is acknowledged that such monitoring will vary between organisations.
- Monitoring at ***organisational*** level will include all of the above and any additional data to monitor effectiveness of local strategies or identify specific organisational issues.



SIRI

A Serious Incident Requiring Investigation (SIRI) should be undertaken if serious harm from pressure damage arises, using the following criteria:

- Loss of limb
- Loss of life
- Requiring surgery for their pressure ulcer
- Transfer for care of pressure ulcer e.g. transfer to Plastics for treatment
- Cluster of pressure ulcers in a clinical area (as defined by DPC)
- At the provider organisation discretion



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Root Cause Analysis

- For all category 3 and 4 pressure ulcers, root cause analysis (RCA) should be undertaken by the senior nurses responsible for the care of the patient and where the injury is believed to have occurred. Any findings/actions required should be reviewed and agreed by the Tissue Viability Nurse (TVN).
- The detail and quality of pressure ulcer RCA templates should be improved and include a standard data collection set.
- Individuals completing the RCA process and associated documentation should be competent to do so, and should seek training and support where necessary.



Standardised Data set - Indicators

- Indicator 1: measures the cumulative incidence of all newly acquired **pressure ulcers**
- Indicator 2: measures the cumulative incidence of **patients** with newly acquired pressure ulcers.
- Indicator 3: measures **device-related** pressure ulcers separately



Numerators

- Numerator 1: The total number of new pressure ulcer(s) that have developed upon patients in the preceding month
- Numerator 2: The total number of patients that have developed new pressure ulcers in the preceding month
- Numerator 3: The total number of new device-related pressure ulcer(s) that have developed upon patients in the preceding month



Numerator Inclusions

- All newly developed pressure ulcers of Category 2 or above
- All new pressure ulcers acquired after admission/transfer in a healthcare setting where expert assessment and clinical history does not ascertain damage started prior to admission



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Numerator Exclusions

- Pressure ulcers present on day of admission/transfer in a healthcare setting and those where the damage began prior to admission.
- Category 1 pressure ulcers (as their presentation may not be a clear pressure ulcer.)
- Skin damage from moisture e.g incontinence dermatitis



Denominator

- Inpatient Incidence per 1000 bed day = Total bed days divided by 1000.
- Community/Primary Care Organisations per 10,000 population = PCO population estimate divided by 10,000



Publication and Dissemination

- WWW.tvs.org.uk
- Journal of Tissue Viability
- Through Networks to all who have an interest in Pressure ulcer reporting including
 - Nurse Directors
 - Clinical Governance / Safety Leads
 - Commissioners SHA's



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Acknowledgement.

- Changing what we do is hard work
- We are in challenging times
- Pressure ulcers are prevented by those at the bedside it is the managers job to ensure they are there to do it and know what to do.
- Working together we can achieve our common goal.



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Thank you for listening

And in the world of the great team working guru
Bob the Builder.

“Working together we get the job done”

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