Pressure Damage

Scoping workshop

7 January 2015
An introduction to KSS PSC

Kay Mackay
7 January 2015
Kent Surrey Sussex 
Patient Safety Collaborative

We work across whole patient pathways and across health and care services to develop and implement solutions to local safety priorities.

We are here to support our members and colleagues across health and social care, help them to meet their patient safety pledges and to find safer ways of working.
Our mission

To improve quality of care for patients in all care settings and conditions; through a clearer understanding of the risk of harm, effective use of measurement, collaborative learning and effective systems of leadership, resulting in improved patient safety.
Where we fit in

KSS PSC → KSS AHSN → NHS England

We report via KSS AHSN to NHS England and work alongside national patient safety campaigns.
Our priorities

- Pressure damage
- Sepsis
- Safe discharge and transfer
- Medication errors
- Acute Kidney Injury

Measurements of patient safety

Leadership, culture and capability
Our approach

• Work collaboratively
• Engage with and involve patients and carers
• Use data effectively to benchmark and inform learning
• Work with health and social care, academia and industry, public and private services, members of the public together with patients and carers, clinical and non-clinical staff at all levels, from board to front line
• Demonstrate sustainable improvements in patient safety outcomes.
Aim of today

- To raise awareness of the Patient Safety Collaborative
- To understand issues relevant to pressure damage in KSS
- To understand the current reported position of incidence of pressure damage
- To co-design a programme of improvement
- To agree how the PSC can help
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Why Pressure Damage?

Jo Habben

7 January 2015
Pressure Damage workstream

“If he has a bedsore, it’s generally not the fault of the disease, but of the nursing.”

Florence Nightingale
Knowledge base

• A truly vast library of literature and research means the causation of pressure damage is widely acknowledged and understood (we know What, Why and How).

• Updated NICE guidance CG179- issued April 2014. (Current consultation on quality standards).
  https://www.nice.org.uk/guidance/gid-qsd92/resources/pressure-ulcers qs-draft-guidance-for-consultation2

• This is a multidisplinary healthcare issue, not just for specialist tissue viability nurses but for all healthcare professionals to show leadership, insight and detailed awareness of.

• Patient and carer education is paramount.

• Change in practice and lessons learned need to be led by front line staff: trust action plans, whilst at a corporate level can assure the executive board, are not always implemented or communicated effectively within the healthcare teams delivering the nursing care.
Pressure ulcer pain may be caused by tissue trauma from sustained loads, inflammation, damaged nerve endings, infection, dressing changes, debridement, operative procedures, and other treatments.

Pain is an ever-present problem in patients with pressure ulcers. As a protective physiologic mechanism, pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Irrespective of a patient’s age or health status, pressure ulcer pain needs to be assessed and treated because it has widespread physical and psychosocial implications for the patient, family, and clinician.
Focus on the why

“I keep six honest serving men, They taught me all I knew, Their names are What and Why and How and Where and When and Who.”
Rudyard Kipling
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Patient Story

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Ralph’s story

Watch Ralph’s story at

https://www.youtube.com/watch?v=6akWr0bEdLM
Ralph’s story

Ralph Edmunds passed away last year.

Ralph’s family have asked that we show this video today to help raise awareness of the effects pressure ulcers have on patients, and also to highlight the excellent care Ralph received from Kent Community Health NHS Trust.
What does the data say?

Kate Cheema

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Data, data everywhere but not a drop to drink!
Key questions

Why do we need to measure anything?

- Are we making an improvement?
- What does the variation look like across the PSC?
Our Approach

Principles

1. Measurement for improvement, not judgement
2. Understanding variation as well as change
3. Encourage ownership of data and information at the frontline
4. Focus on learning opportunities
5. Use what we have where possible and drive the improvement of data quality
6. Develop measurement skills
Atlas of Variation
Making Safety Data Visible

- Web platform accessible to all
- High level measures for whole PSC
- Three key data presentations
- Designed to help answer our two key questions:
  - Are we making an improvement?
  - What does the variation look like across the PSC?
A time series analysis showing where we have been, where we are and helping us evidence where there has been a change. SPC methodologies can be applied to ensure that any change identified is statistically valid.

A mapping analysis helping to understand where best practice resides and help see any patterns linked to location.

A funnel plot illustrating the variation between organisations in the system, helping us answer the question about specific areas to prioritise, and providing a picture of the current state of the problem in terms of the variation we would wish to reduce.
Key messages: time series analysis
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Key messages: time series analysis

1. Evidence of improvement in both acute and non-acute settings but more recent in non-acute
2. Prevalence slightly higher in non-acute settings, with no evidence of change over time
Key messages: mapping analysis
Key messages: mapping analysis

Upper quartile value: 0.10%
Lower quartile value: 0.63%
Key messages: mapping analysis

1. Clear variation between organisations
2. No obvious pattern linked to size or location
Key messages: funnel plots (variation)
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Key messages: funnel plots (variation)

1. Large variation between organisations, particularly in acute settings
2. Suggests lack of consistency ("completely different systems")
3. Reducing variation as important as bringing rates down
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Refreshment Break

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Measurement - discussion

Kate Cheema

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In your mixed groups
Consider the following questions

• What do you use? Why, and how can we use it across the PSC?

• Your challenges with data:
  – Capacity
  – Capability
  – Analysis and ownership
  – Sharing

• What support do you need to make the most of your data?
Tabletop discussions
In your mixed groups
Consider the following questions

• What examples already exist of improvement work that others can learn from?

• What should we all avoid – lessons from failure?
Lunch

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What should we do?

A draft driver diagram

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Driver Diagram

AIM
To reduce the incidence of pressure damage in all care settings in Kent Surrey and Sussex

OUTCOME
Reduced grade 2-4 pressure ulcers developed in every care setting in KSS

By how much: x%
By when: March 201x

PRIMARY DRIVERS

- Improve clinical practice in primary prevention and treatment of pressure damage.
- Improved measurement and reporting of pressure damage in KSS
- Improved patient and family involvement in prevention of pressure damage
- Improved culture and capacity to prevent pressure damage.
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### SECONDARY DRIVERS

- Risk identification and risk assessment of pressure damage
- Implementation of SSKIN bundle (define)
- Education for staff on assessment and bundle.
- Education for staff to ensure knowledge and understanding of improvement and data for improvement.
- Improved confidence in reporting methodology
- Robust comparable baseline
- Patient and carer information on assessment
- Patient and carer integral to treatment process
- Continuous communications among team and with patient and carer.
- Communications on transition between care settings
- Culture and climate supports improvement
- Board and clinical leadership
- Team Leadership for improvement
- Education and training for QI.
Group work

• What should the priorities be for the Pressure Damage workstream in Year 1?

• How can the KSS PSC best support spread of innovations in pressure damage care?

• How can KSS PSC best support improvements in care home sector?
Thank you

Safe Journey Home

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