



Aiming for clinical excellence in pressure ulcer management in critical care

Mary Muir
Clinical Development Manager

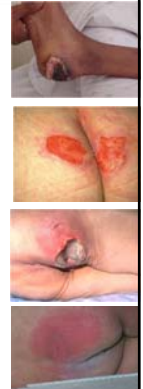
An avoidable injury

Up to 1-in-5 hospital patients have a pressure ulcer¹

More than 50% of wounds occur *after* admission²

Cost to healthcare providers = \geq 4% of budget³

95% may be avoidable with preventative care⁴





Pressure ulcers HUNTLEIGH
Clinical Excellence

Pressure ulcer audit and quality assurance programmes
how am I doing?

Benchmarking – *how do I compare?*

Clinical risk management – *did I cause harm?*

Continual practice improvement – *am I improving?*

Measuring expectations – *am I getting good value?*

Litigation Risk HUNTLEIGH

Regular risk assessment is not performed on admission
Lack of documentation of prevention care planning
65% of patients with ulcers acquire them under supervised care
62% of acquired ulcers are on the seating area

■ Seating
■ Heels
■ Other

Pressure Ulcers: HUNTLEIGH
An avoidable injury

Timing is critical – Pressure ulcers can occur within 2 hours!

Preventative care analysis shows little evidence of:^{1,2}

- Assessment on admission
- Plan of care on admission and reassessment
- Implementation of evidence based clinical practice guidelines⁵
 - Nutritional management
 - Mobility and repositioning
 - Appropriate use of therapeutic support surfaces
 - Management of seated patients

Increased litigation and financial risk
Expectation of poor outcomes

Pressure Ulcers:
An avoidable injury

HUNTLEIGH

Traditional audit focus:

Counts adverse events **after** the event


Includes category 1 wounds⁵

- Misdiagnosis
- Unreliable reporting

Uses raw prevalence data

- Impossible trend analysis
- Unable to benchmark
- Unfair comparisons & league tables

Does not measure the QUALITY of PREVENTATIVE CARE



HUNTLEIGH

PASSPORT
to clinical EXCELLENCE

A new approach to pressure ulcer prevalence reporting

Based upon clinical practice guidelines and the latest contemporary evidence

14

Acquired Prevalence
Case mix adjusted

HUNTLEIGH

Benchmarking

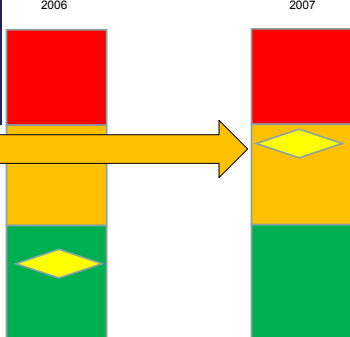
Trend analysis

Interpretation of quality programmes

2006

2007

Compared to the national reference, more ulcers developed during an episode of care than would be expected



Preventative care
Quality indicators trend analysis

HUNTLEIGH

Quality Indicators	2007	2008	Trend
Patients assessed within 6 hours	75%	80%	Green
Prevention plan of care for patients at risk	75%	75%	Yellow
Repositioning protocol for patients	70%	82%	Green
Patients with nutritional assessment	65%	40%	Red
Correct mattress utilisation in line with clinical protocol	93%	80%	Red
Correct cushion utilisation in line with clinical protocol	32%	47%	Green

Quality Indicators	2007	2008	Trend
'Advanced' mattress utilisation to prevent patients at an elevated risk, unable to reposition, developing pressure ulcers	32%	47%	Green
Patients with seating area ulcers allocated appropriate pressure reducing / relieving chairs and cushions when seated	30%	35%	Green

Hot spot identification
For focussed intervention

		Fully mobile	Needs assistance	Immobile
ITU Focus on high risk bed and seated patients & risk assessment	Not at risk	Green	Green	Green
	At risk	Green	Red	Green
	High risk	Green	Red	Red
	Very high risk	Red	Red	Red
HDU Focus on high risk immobile patients and those who need some assistance; check risk assessment skill	Not at risk	Green	Green	Green
	At risk	Red	Red	Green
	High risk	Green	Red	Red
	Very high risk	Green	Green	Red
CCU Focus on strategy for highest risk patients	Not at risk	Green	Green	Green
	At risk	Green	Green	Green
	High risk	Red	Red	Red
	Very high risk	Green	Green	Red

Financial burden

HUNTLEIGH

Annual estimated cost (conservative)³:

- Total number of inpatient admissions per year = 100,000
- 2.2% patients with acquired PU (ex G1) n = 2,200 per annum
- Cost to treat Grade 2 £4,000 (n=1,738) £6,952,000
- Cost to treat Grade 3 £6,000 (n=308) £1,848,000
- Cost to treat Grade 4 £8,000 (n=154) £1,232,000

Total Cost = £10,032,000

Summary

Reliable prevalence data
 Clear **trend analysis** and clinical **benchmarking**
 A focus on essential elements of **preventative care**
Litigation risk
Financial burden
 Identification of **hot spots**
Recognition and reward for best practice

HUNTLEIGH
 ARJOHUNTLEIGH

Give patient safety the green light

PASSPORT offers a new approach to clinical performance audit from ArjoHuntleigh, which targets the quality of care delivered rather than simply counting and describing the adverse events. Greater emphasis is placed on measuring local protocols, including early risk management, preventative care plans, and timely targeted evidence-based interventions. ArjoHuntleigh's clinical experts will work with you to identify and measure the key quality indicators in your facility, compare against agreed benchmarks, present results and recognise excellent performance and/or improvement. To find out more visit www.passport-to-excellence.com

PASSPORT

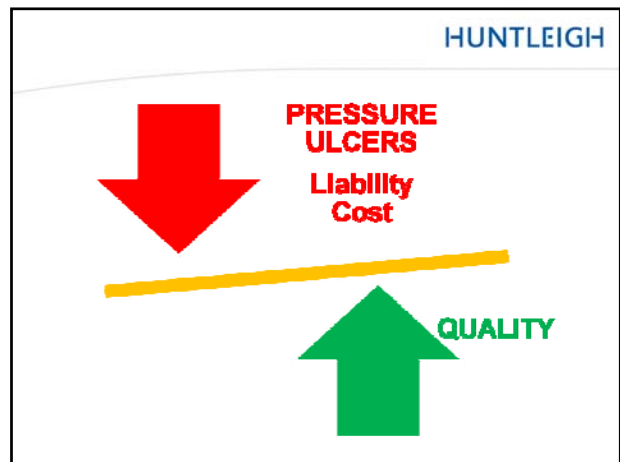
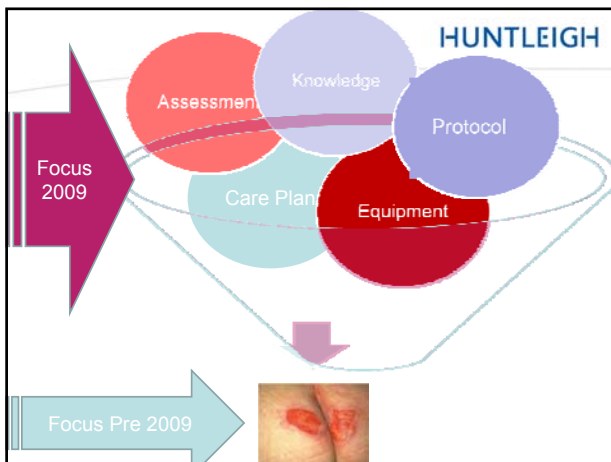
Dr Barbara Braden **HUNTLEIGH**



“ Based on my own experience, I am confident that this programme will improve patient safety while recognising and rewarding best practice **”**

“ We turned our audit focus to emphasise the measurement of these care processes, provided feedback to nursing staff on the correlation with outcomes and saw facility-acquired ulcer rates drop by 200%! **”**

www.passport-to-excellence.com



HUNTLEIGH

PASSPORT[™]
 to clinical EXCELLENCE

Outcome Measurement
 Make it Relevant to your Practice