

Oxford pressure ulcer prevention and intervention service (OxPUPIS) working collaboratively to improve patient outcomes

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Summary

This pilot service was set up in January 2015, in collaboration with the pressure ulcer prevention and intervention service (PUPIS) at Morriston Hospital, Swansea. In the first year 38 new patients were assessed, all with varying diagnoses and grades of pressure sores. Service outcomes will be presented, together with what has worked well, and the challenges encountered.

Aims & Objectives

The service aims to offer:

- A holistic approach to pressure ulcer management by considering all aspects of the patient's lifestyle, positioning and functional goals to reduce the incidence of pressure ulcers.
- Joined up working between inpatient and outpatient services aims to improve the complete patient pathway, and reduce re-admissions and surgical interventions.
- Analysis of the data obtained to inform clinical guidelines and pathways for community services and acute trusts.

Background

The estimated cost of pressure ulcers to the NHS is £1.4-£2.1bn. It is also acknowledged that many pressure ulcers may be avoidable (Bennet et al, 2004; Clark, 2004; Downie et al, 2013). In many NHS organisations (including Oxford University Hospitals NHS Foundation Trust), pressure ulcer reduction has become a Commissioning for Quality and Innovation (CQUIN) target (Wicks, 2012).

In vulnerable people, it is generally accepted that the external effects of unrelieved localised pressure, shear forces and friction can and will result in tissue damage (Rithalia and Gonsalkorale, 1998; Brienza et al, 1996). People with limited mobility often sit in one chair for prolonged periods throughout the day, with wheelchair users spending up to 18 hours a day in a wheelchair (Stockton and Parker, 2002). Many are subject to sustained unrelieved pressures due to their lack of pressure-relieving movement. In the vulnerable inpatient population Gebhardt and Bliss (1994) found that older orthopaedic patients had an increased risk of pressure ulcer development when sitting for just over two hours.

OxPUPIS is a joint service between clinical staff working in the Oxford University Hospitals (OUH) Acute Trust and Oxford Health (OH) Community Trust Tissue Viability (TVN) teams, Wheelchair Service, Specialist Disability Service, and Rehabilitation Engineering.

The service accepts referrals from healthcare practitioners (HCPs) for patients with any category of pressure ulcer that has not responded to a period of appropriate local management. Due to limited capacity there is currently one day a fortnight dedicated to the outpatient service, the alternate week dedicated to the inpatient service. This aspect is currently more involved with the education of staff in terms of positioning, and the development of educational resources.

38 new patients have been assessed by the outpatient service in the first year: over half the appointments were carried out as home visits, and patients with a range of diagnoses and grade of pressure sore were seen, with an age range of 35 – 87 years.

Initial assessment with tissue viability nurse and clinical scientist can include:

- Clinical history
- Wound assessment
- Postural assessment
- Pressure mapping on relevant surfaces

At the assessment, immediate advice and education is provided where appropriate, and changes made to equipment or wound dressing regimes when available. Awareness is raised of posture management, positioning, pressure relief and wound care, both in acute settings (hospital staff) and in the community (patients and carers).

After the assessment, a letter of recommendation is provided to the patient and relevant HCPs, detailing recommendations for ongoing care – onward referrals are made as required. Different equipment may be recommended to be provided, or bespoke solutions may be developed if required.

The presentation will detail outcomes to date, and the future direction intended for the service.

Discussion

Issue of pressure reducing equipment in community services and acute trusts tends to be subjective. Variations in provision are seen between trusts, between the community and acute trust, between different services within one trust, and even between different clinicians within one service. This can lead to conflicting advice and equipment being provided to a patient.

With a more joined-up approach of working, the potential is there to reduce confusion and improve communication between HCPs in the inpatient and outpatient services, and the patient. By providing a link between the community and inpatient services, it is hoped that re-admissions associated with pressure damage will be reduced, and the need for surgical intervention minimised.

Data accumulated from OxPUPIS assessments is hoped to inform clinical guidelines for provision, aiming to reduce unnecessary or incorrect provision of expensive equipment. The goal being that those patients at highest risk receive equipment in a preventative, rather than a responsive, fashion. There is opportunity within a specialist service for a more objective and evidence-based method of product evaluation than is typically seen in the clinical field.

References

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