



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

CONSULTATION:	Draft Standards for Prevention and management of Pressure ulcers consultation
ORIGINATING SOURCE:	Healthcare Improvement Scotland
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Draft Standards for Prevention and Management of Pressure Ulcers – Consultation

Healthcare Improvement Scotland is currently developing national standards for the prevention and management of pressure ulcers. A key element of our standards development process is public and staff consultation and we would like to hear your views and comments.

We would particularly appreciate your comments on the following aspects of each standard and please note all comments are welcome:

- Standard statement
- Rationale
- Criteria

To help you complete this survey, we have included text from all the standard statements, rationales and criteria throughout.

As the consultation will close on Friday 8 April 2016, please return your completed form before then either via email or via post to:

- Karen Grant, Project Officer, Healthcare Improvement Scotland, Delta House, 50 West Nile Street, Glasgow, G1 2NP
- Hcis.standardsandindicators@nhs.net

Please be advised that all comments submitted will be anonymised. A full consultation report will be available from Healthcare Improvement Scotland in autumn 2016.

Thank you for taking part.

Standard 1: Leadership and Governance

Standard statement

The organisation demonstrates leadership and a commitment to the prevention and management of pressure ulcers.

Do you agree with the standard statement? **YES** NO

Do you have any comments about the standard statement?

What audit process is envisaged to review this evidence?

Rationale

A strategic and integrated organisational approach to care supports pressure ulcer prevention and management, and the achievement of positive outcomes for people at risk of, or identified with, a pressure ulcer.

Do you agree with the rationale? **YES** NO

Do you have any comments about the rationale?

Criteria

1.1

The organisation can demonstrate the implementation of:

- (a) pressure ulcer prevention and management policies and procedures
- (b) multidisciplinary input to pressure ulcer prevention and management
- (c) collection, monitoring, review and action on data relating to pressure ulcer prevention and management
- (d) ongoing quality improvement in pressure ulcer prevention and management
- (e) organisational risk assessments for reducing the risk of pressure ulcer development, and
- (f) Healthcare Improvement Scotland standards for pressure ulcer prevention and management.

Do you have any comments about this criterion?

1.2

The organisation has a designated lead person with responsibility for activities detailed in Criterion 1.1.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

How will this apply across home care and private nursing care settings?

1.3

There are agreed pathways for people requiring specialist advice, equipment and timely referral, particularly where this expertise is not available within the service or organisation.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

Essential as many individuals do develop tissue breakdown whilst waiting for the appropriate pressure relieving device

1.4

There is safe, effective, and person-centred communication and transfer of information to ensure continuity of care between teams and settings.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

This dialogue should also include the subject's immediate family/ carer

Do you have any general comments about this standard?

Standard 2: Education, Training and information

Standard statement

Education and training on the prevention and management of pressure ulcers are mandatory for all healthcare and social care staff involved in pressure ulcer care.

Information and support is available for people at risk of, or identified with, a pressure ulcer, and/or their representatives.

Do you agree with the standard statement? **YES** **NO**

Do you have any comments about the standard statement?

What consideration is there to work with undergraduate education providers in Scotland to develop early awareness of the condition?

Rationale

To minimise the incidence of people developing pressure ulcers, staff involved in delivering care are educated and trained in the prevention and management of pressure ulcers.

Information about what causes a pressure ulcer and self-management advice to people at risk or receiving care (and/or their representatives) can support them in the prevention and management of pressure ulcers.

Do you agree with the rationale? **YES** **NO**

Do you have any comments about the rationale?

Criteria

2.1

The organisation:

- (a) assesses staff education and training needs
- (b) evaluates the provision, quality and uptake of training, and
- (c) addresses any gaps or unmet educational or training needs.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

As part of this organisations should be encouraged to identify the key ways different staff groups relate to reduction in pressure ulcer development. To assist this, a list of common triggers relative to different staff groups could be a useful appendix to this document e.g. physiotherapy instruction to patients push themselves up using their heel.

2.2

All staff have access to clear guidance on:

- (a) their roles and responsibilities in relation to pressure ulcer prevention and management, and
- (b) identifying and addressing their own education and training needs.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

Would this include private nursing / care homes?

2.3

The organisation implements an education programme that meets the needs of staff and includes as a minimum:

- (a) mandatory induction and training for all staff involved in pressure ulcer care appropriate to roles and work place context
- (b) annual updates on pressure ulcer prevention and management
- (c) awareness of local and national guidelines and policies
- (d) awareness of organisational documentation, for example, risk assessment tools and care planning, and
- (e) improvement methods to reduce and monitor pressure ulcers.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

How will this be monitored? The context definer in 2.3.a re 'appropriate to roles and work place content' should be used in the main stem and apply to each of the sub criteria a-e

2.4

Education and training programmes, appropriate to roles and work place context, include:

- (a) risk assessment and ongoing monitoring

- (b) care planning, preventative strategies and evaluation/review
- (c) pressure reducing strategies
- (d) pressure ulcer assessment and management
- (e) prevention and management of infection
- (f) supportive care for long term conditions and palliative and end of life care, and
- (g) when and how to access specialist advice.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

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2.5

The education and training needs of specialist practitioners, for example, tissue viability nurses and podiatrists, are aligned to professional development frameworks.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

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2.6

People at risk of, or identified with, a pressure ulcer (and/or their representatives) are provided with support and information, in a format appropriate to their needs, on:

- (a) risk factors associated with pressure ulcers
- (b) how to prevent pressure ulcers
- (c) early identification of signs and symptoms of pressure ulcer development
- (d) when and who to report any concerns or skin changes to, and
- (e) treatment options for pressure ulcers, including self-management, equipment and devices.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

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Do you have any general comments about this standard?

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Standard 3: Assessment of risk for pressure ulcer development

Standard statement

An assessment of risk is undertaken as part of initial admission or referral, and informs care planning.

Do you agree with the standard statement? **YES** **NO**

Do you have any comments about the standard statement?

A standard assessment sheet could be a useful part of admissions documents and helpful appendix to this document

Rationale

Pressure ulcers can develop quickly, particularly in people considered at high risk, for example, those who have limited mobility, diabetes, or those who are malnourished or at the end of life. An assessment of risk prevents and reduces the likelihood of developing pressure ulcers or further damage to existing pressure ulcers.

Structured risk assessment tools are used to support clinical judgement.

Do you agree with the rationale? **YES** **NO**

Do you have any comments about the rationale?

Criteria

3.1

An assessment of risk for pressure ulcer development, or further damage to existing pressure ulcers, is undertaken and documented as a minimum:

- (a) within 24 hours of initial admission to any care setting, or
- (b) on the first visit after being assigned to a team or service, for example, a community nurse caseload, hospital at home, social care, or care at home.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

A standardised document to support this could be helpful.

3.2

A structured risk assessment tool is used to support clinical judgement in the assessment of pressure ulcers.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

3.3

For neonates, children and young people at risk of pressure ulcers, an age appropriate, structured risk assessment tool is used to support clinical judgement.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

3.4

Each formal assessment of risk for pressure ulcer development includes:

- (a) inspection of the person's skin, particularly areas over bony prominences and areas in contact with equipment and devices
- (b) assessment of risk factors and other contributing factors such as mobility, pre-existing medical conditions, palliative and end of life care needs, bladder and bowel function, and nutritional status
- (c) assessment of the person's needs within their environment, including positioning, equipment and devices
- (d) how to support the person (and/or their representative) and their ability to self-manage, and
- (e) planned review and reassessment.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

Why is this different to what would take place daily?

3.5

Where an assessment of risk has not been undertaken, or a skin inspection has been refused or cannot be undertaken, the reason is explored with the person and documented in the

person's records.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

A daily pressure assessment chart, used in the context of patients identified as at risk, would support this

Do you have any general comments about this standard?

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Standard 4: Reassessment of risk

Standard statement

Regular reassessment of risk for pressure ulcer development or further damage to an existing pressure ulcer is undertaken to ensure safe, effective and person-centred care.

Do you agree with the standard statement? **YES** **NO**

Do you have any comments about the standard statement?

Should be on a daily basis if the individual has been identified at "high" risk

Rationale

Regular reassessment of risk is essential to the prevention and management of pressure ulcers, and can prevent further damage to existing pressure ulcers. Risk reassessment ensures that any changes in a person's circumstances, for example, if the person becomes acutely unwell, has a fall, undergoes an operation or their mobility is reduced, is recorded and used to inform care plans.

Reassessment, undertaken alongside the evaluation of existing care plans, also identifies whether existing interventions are managing the risk appropriately. It is important to note that there will not always be changes to the risk assessment score, particularly in those already identified as at high risk despite further changes or deterioration to their condition.

The timings and process for reassessment should be agreed locally as guidance varies depending on care setting.

Do you agree with the rationale? **YES** **NO**

Do you have any comments about the rationale?

Criteria

4.1

A reassessment of risk is undertaken when an observed or reported change has occurred in the person's condition or changes noted on skin inspection. Any existing care plans are evaluated and revised if required.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

Essential part of continued monitoring. A standardised chart to capture such an assessment and record it would be helpful.

4.2

A structured risk assessment tool is used to support clinical judgement.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

Ensures continuity of care

4.3

Where a care plan has not been implemented or followed, for example, personal choice, or limited access to equipment or services, this is explored with the person and documented in their records.

Do you agree with this criterion? **YES** NO

Do you have any comments about this criterion?

It should be documented but surely the only reason the guideline would not be implemented would be personal choice as everyone SHOULD have access to the care available. A standardised chart could support documentation.

Do you have any general comments about this standard?

Standard 5: Care planning for prevention and treatment

Standard statement

A care plan is initiated and implemented to reduce the risk of pressure ulcer development and to manage an existing pressure ulcer.

Do you agree with the standard statement? **YES** **NO**

Do you have any comments about the standard statement?

A standardised document would support application when staff move between locations

Rationale

Person-centred care planning is important to the primary prevention of pressure ulcers for people at risk. The care plan is based on the outcomes of the risk assessment, consideration of risk factors and clinical expertise.

If it is likely the person will develop a pressure ulcer or further deterioration of an existing ulcer is established, prevention strategies are adopted. This should also include support to the person (and/or their representatives) to self-manage their pressure ulcers.

Staff are aware of locally agreed policies and processes to deliver safe, effective and person-centred care, including whether to escalate to or liaise with a specialist team such as podiatry, tissue viability service or vascular service, to ensure the person's needs are met.

The prevention strategy should always include all elements of the SSKIN care bundle:

- Skin inspection
- Support surfaces and equipment requirements
- Keep patients moving
- Incontinence and moisture management
- Nutrition and Hydration assessment.

Do you agree with the rationale? **YES** **NO**

Do you have any comments about the rationale?

An algorithm could be developed to assist in the implementation of this guideline

Criteria

5.1

A person-centred care plan is initiated and implemented for people at risk of, or identified with, an existing pressure ulcer.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

5.2

The person-centred care plan includes:

- (a) the outcome from the risk assessment and skin inspection
- (b) management of other risks or contributing factors, for example, bladder function or nutritional status
- (c) frequency of repositioning and requirements for equipment and devices
- (d) details of self-management strategies and information, and
- (e) planned reassessment of risk.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

5.3

The person-centred care plan is used to inform handovers, care transitions and discharge planning.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

5.4

The person-centred care plan is reviewed to ensure it meets the ongoing needs and outcomes of the person (and/or their representative).

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

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Do you have any general comments about this standard?

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Standard 6: Assessment, grading and care planning for identified pressure ulcers

Standard statement

People with an identified pressure ulcer will receive a person-centred assessment, grading of the pressure ulcer and care plan.

Do you agree with the standard statement? **YES** **NO**

Do you have any comments about the standard statement?

A standardised baseline and review assessment document / daily chart would support access to an equitable standard of assessment and review and staff familiarity with requirements, irrespective of the location of their work.

Rationale

Evidence shows that treatment can only begin once a full assessment of the person and their pressure ulcer(s) has been undertaken. Appropriate treatment of the person and their pressure ulcer(s) will reduce the risk of complications.

Full assessment will help identify contributing factors, including factors that may prevent healing (such as diabetes, palliative and end of life care, bladder or bowel dysfunction, nutritional status or reduction in mobility) and ensure a person-centred care plan is developed and implemented. This assessment includes consideration of all aspects of care including social circumstances and ability to self-manage.

Pressure ulcer grading is undertaken using the nationally agreed grading tool, Scottish Adapted EPUAP, which supports diagnosis and ensures optimum treatment is delivered.

Regular ongoing reassessment is also required to prevent the risk of further deterioration in the person's condition (see Standard 4) and to help identify potential infection or sepsis.

Do you agree with the rationale? **YES** **NO**

Do you have any comments about the rationale?

Criteria

6.1

All pressure ulcers are assessed and graded by a registered healthcare professional using the nationally agreed grading tool and moisture lesion tool.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

6.2

For people with an identified pressure ulcer, a full assessment is undertaken and the following is documented as a minimum:

- (a) assessment of the pressure ulcer(s) (type, location and measurements)
- (b) grading of the pressure ulcer(s)
- (c) wound bed tissue type
- (d) assessment of risk factors or other contributory factors such as mobility, pre-existing medical conditions, palliative and end of life care needs, bladder or bowel function, and nutritional status
- (e) any clinical signs of local or systemic infection
- (f) volume and type of exudates
- (g) odour
- (h) management of pain
- (i) rationale for treatment, including dressing and treatment choice, and
- (j) planned review and evaluation of treatment.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

A standardised form would ensure that all those assessing the wound were recording all the relevant information

6.3

Following assessment and grading, a person-centred care plan for pressure ulcer management is agreed, initiated and implemented, with an identified review period.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

6.4

For grade 3 and 4 pressure ulcers, a significant event analysis must be undertaken and an action plan implemented as part of ongoing improvement.

Do you agree with this criterion? **YES** **NO**

Do you have any comments about this criterion?

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6.5

Regular reassessment and evaluation of care plans are undertaken (see Standard 4).

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

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6.6

There is timely access to appropriate equipment, devices and dressings to assist in the management of pressure ulcers and prevention of further skin breakdown.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

See comments at 4.3

6.7

There is safe, effective and person-centred communication and transfer of information to ensure continuity of care between teams and settings.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

This should be mandatory

6.8

Staff are knowledgeable about the recognition and prevention of infection and sepsis, including escalation and referral pathways.

Do you agree with this criterion? YES NO

Do you have any comments about this criterion?

This would be covered with initial training and regular development events

Do you have any general comments about this standard?

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If you have identified gaps within the document, please provide further information below.

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Is there anything which the project group should consider when finalising these standards?

To support the application of the standards and staff familiarity with process, despite moving location, it would be helpful to have the addition of a recommended assessment chart template to guide assessment initially and at defined review points thereafter, as guided by the initial assessment.

Any other comments?

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Would you like to receive an electronic copy of the final standards and consultation report?

<input checked="checked" type="checkbox"/>	Yes
<input type="checkbox"/>	No

PERSONAL DETAILS

Please enter your details below:

Name	<input type="text" value="Prof H Scott, in consultation with clinical experts"/>
Job title	<input type="text" value="Honorary Secretary"/>
Organisation	<input type="text" value="Royal College of Physicians and Surgeons of Glasgow"/>
Email address	<input type="text" value="Lindsey.Borthwick@rcpsg.ac.uk"/>

Thank you for taking the time to complete this survey.

Please be aware that the closing date for consultation is Friday 8 April 2016.

All the comments and suggestions we receive will remain confidential (processed in line with the Data Protection Act 1998) and will only be used to help develop the final pressure ulcers standards.

The consultation report will be published alongside the final standards in autumn 2016

If you have any queries relating to the draft standards please contact Karen Grant at karenggrant2@nhs.net or call 0141 225 5569.