Welcome to the Coloplast Pressure Ulcer Summit

2 July 2014

ARJOHUNTLEIGH
GETINGE GROUP

Coloplast

Program Directors

Kavitha Ramkhelawan

Market Manager

Coloplast -Wound Care

Nilendhree Boodhram

Market Manager

Coloplast -Ostomy and Continence

AGENDA

08:00-09:00	Breakfast and registration	Rachel and Rhulani
09:00-09:10	Welcome and opening	Jesper Johnsen Steen - Country Manager -Coloplast
09:10-09:40	Defining the pressure ulcer	Professor Magda Mulder-Principal school of nursing university of the Free State
09:40-10:10	The challenges of pressure ulcers in the hospital-a CEO's perspective	Dr Ray Billa CEO Helen Joseph Hospital
10:10-10:30	**TEA AND EXHIBITION**	
10:30-11:00	Cost and Incidence of pressure ulcers in a public hospital setting South Africa	Sr Guliwe-Operational Manager Wound Care specialist Helen Joseph Hospital
11:00-11:45	The importance of good wound management and accurate record keeping	Professor Magda Mulder-Principal School of Nursing University of the Freestate
11:45-12:30	A pressure ulcer project from the UK	Richard Shorney- U.K – Director Real Healthcare Solutions
12:30-13:30	**LUNCH AND EXHIBITION**	
13:30-14:15	Risk assessment	Sr Helen Loudon-Quality assurance manager
14:15-14:45	A Patients perspective-living with a pressure ulcer	Ari Seirlis- CEO QASA
14:45-15:30	The legal aspects relating to pressure ulcers	Elsabe Klink- Advocate- EK Consulting
15:30-15:45	**TEA AND EXHIBITION**	
15:45-16:30	The European guidelines and NPUAP	Liezl Naude- Wound Care Specialist. Founder Eloquent Health
16:30-17:00	Panel discussion-focusing on the way forward	Liezl Naude- Wound Care Specialist, Founder Eloquent Health
17:00:17:15	Vote of thanks and closing	Dave Dudley Marketing Manager Coloplast

ARJOHUNTLEIGH
GETINGE GROUP

Coloplast

Welcome and Official Opening of the Summit

Jesper Johnsen Steen

Country Manager

Coloplast South Africa

Main Objective of the Summit

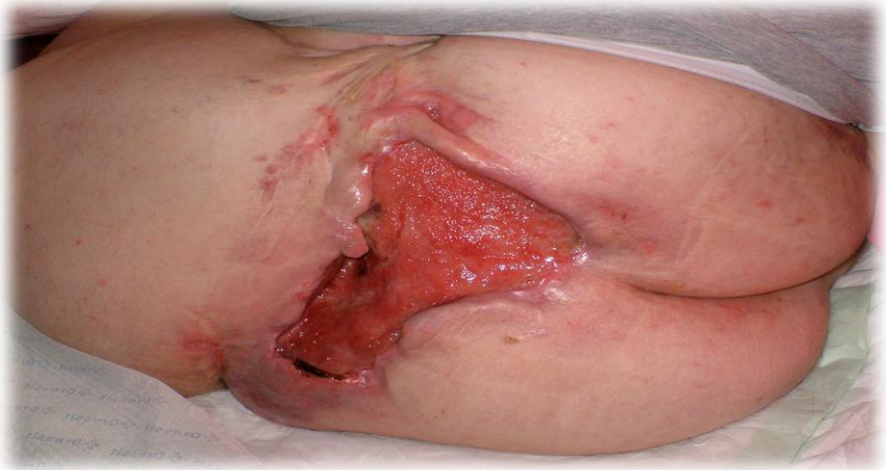
- A platform to share national and international best practices pertaining to pressure ulcers
- Understand the challenges we all face
- Create solutions for change going forward

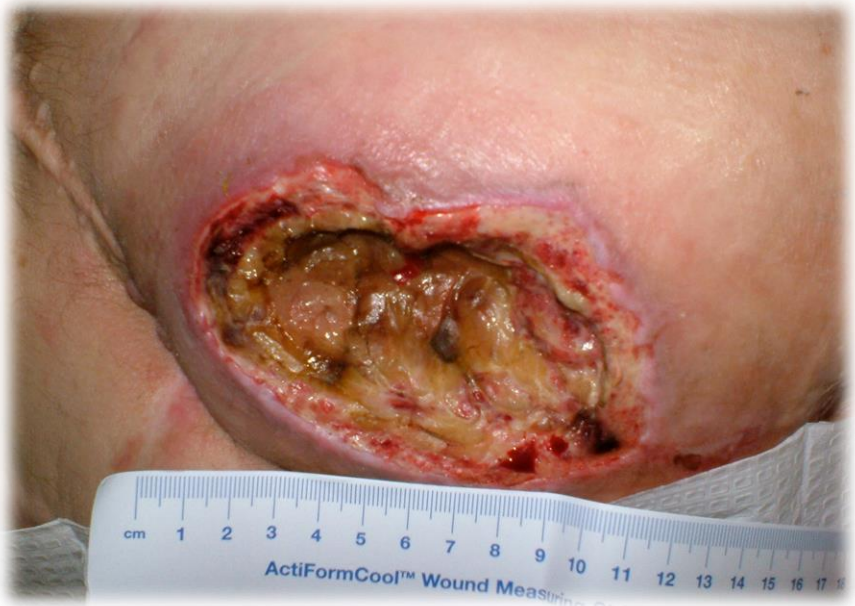
Pressure Ulcers is a severe and life threatening complication which is highly preventable.

I am certain that Pressure Ulcers cost the South African Department of Health

Millions of rands each year.

Understanding the Pathophysiology behind the Pressure Ulcer





Defining the Pressure Ulcer

- **Professor Magda Mulder**
- Head of the School of Nursing at the University of the Free State
- Clinical Coordinator of the Wound Care course which is presented by the Academy for Continuous Nursing Education.
- She is the editor and co-editor of various textbooks - among others the book: *Basic Principles in Wound Care* published by Pearson's Education
- Prof Mulder is a member of the Wound Healing Association of Southern Africa (WHASA's) Executive Committee.

COLOPLAST PRESSURE ULCER SUMMIT

T: 051 401 9111 info@ufs.ac.za **www.ufs.ac.za**

PROF MAGDA MULDER
SCHOOL OF NURSING
FACULTY OF HEALTH SCIENCES

© Copyright reserved
Kopiereg voorbehou

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

DEFINITION OF A PRESSURE ULCER

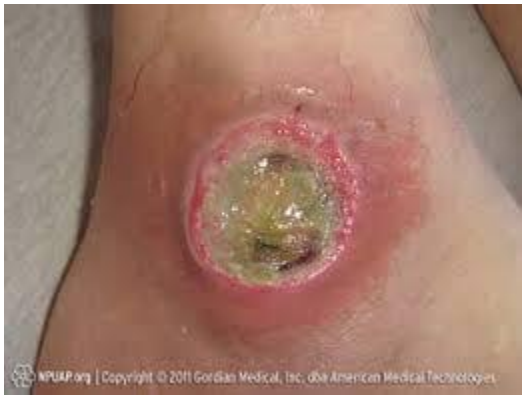
“ A pressure ulcer is an area of unrelieved pressure over a defined area, usually a bony prominence – resulting in:

- Ischemia
- Cell death and
- Tissue necrosis”

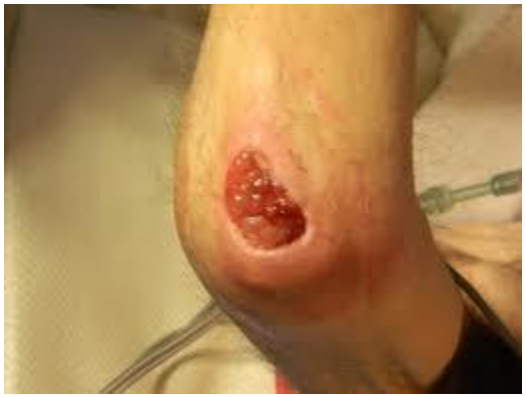
(NPUAP)

© Copyright reserved Kopiereg voorbehou

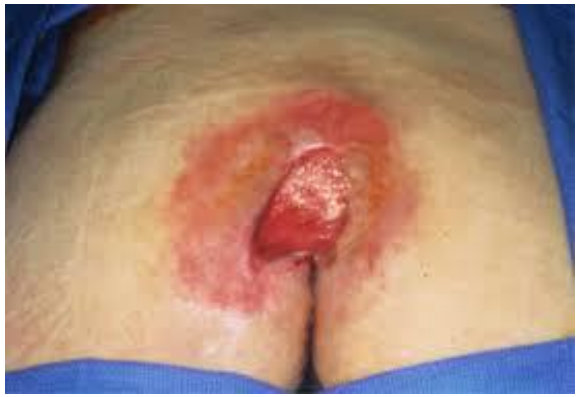
LOCATION OF PRESSURE ULCERS



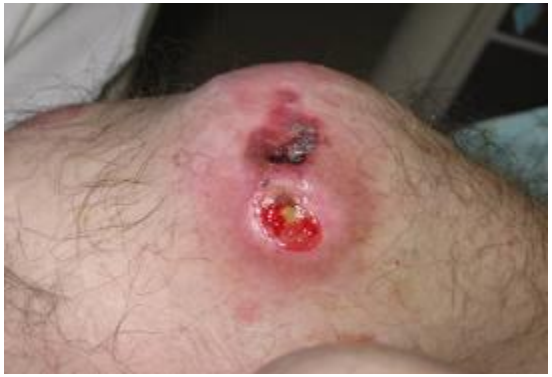
Maleolus



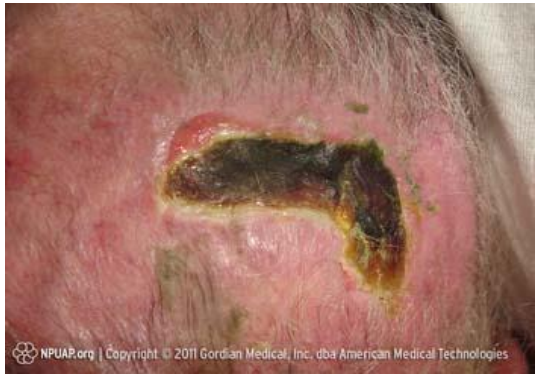
Elbow



Sacral



Knee



Occiput

© Copyright reserved Kopiereg voorbehou

UFS UV

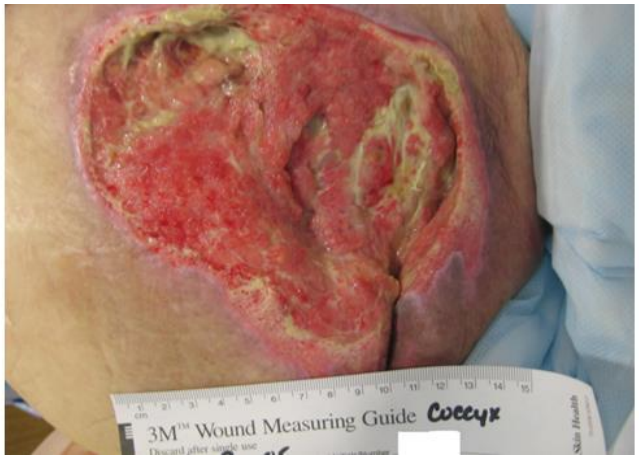
EPIDEMIOLOGY

- Each year more than 2,5 million people in the USA develops Pressure Ulcers
- 2/3 of Pressure Ulcers occur in patients older than 70 years
- Incidence of Pressure Ulcers:
  - Acute care settings: 0.4 – 38%
  - Long-term care: 2.2 – 23.9%
  - Home care: 0 – 17%

© Copyright reserved Kopiereg voorbehou

COMPLICATIONS OF PRESSURE ULCERS

Pressure ulcers can develop in severe and complex wounds



© Copyright reserved Kopiereg voorbehou

SERIOUS COMPLICATIONS OF PRESSURE ULCERS

- Cellulites
- Bacteremia
- Sepsis
- Osteomyelitis
- Sinus Tract abscess
- Renal failure
- Septic arthritis
- Squamous cell carcinoma
- Periurethral fistula
- Amyloidosis

© Copyright reserved Kopiereg voorbehou

MORTALITY

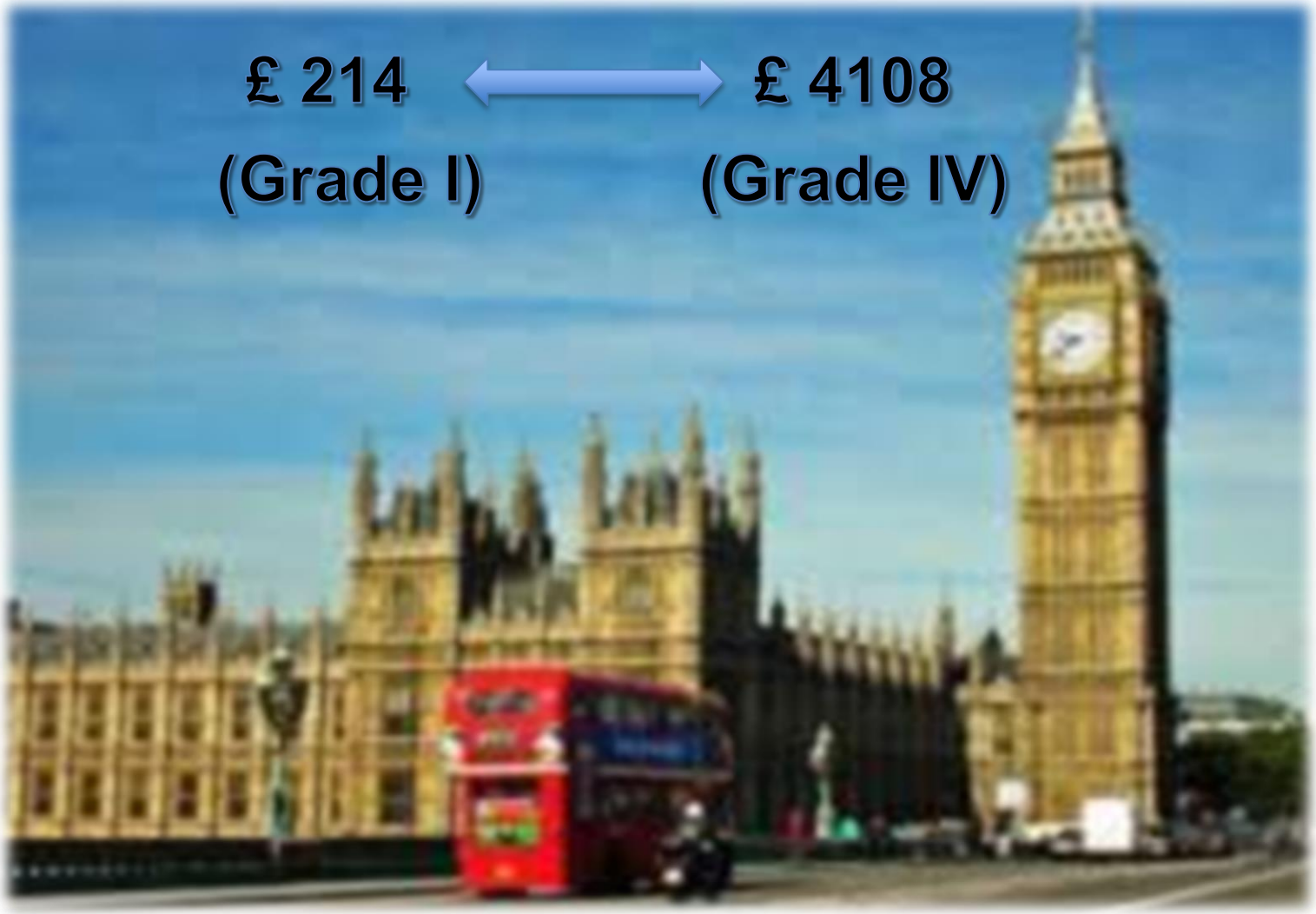
± 60,000 people die of complications

© Copyright reserved Kopiereg voorbehou

COST OF PRESSURE ULCERS: USA

© Copyright reserved Kopiereg voorbehou

COST OF PRESSURE ULCERS: UK



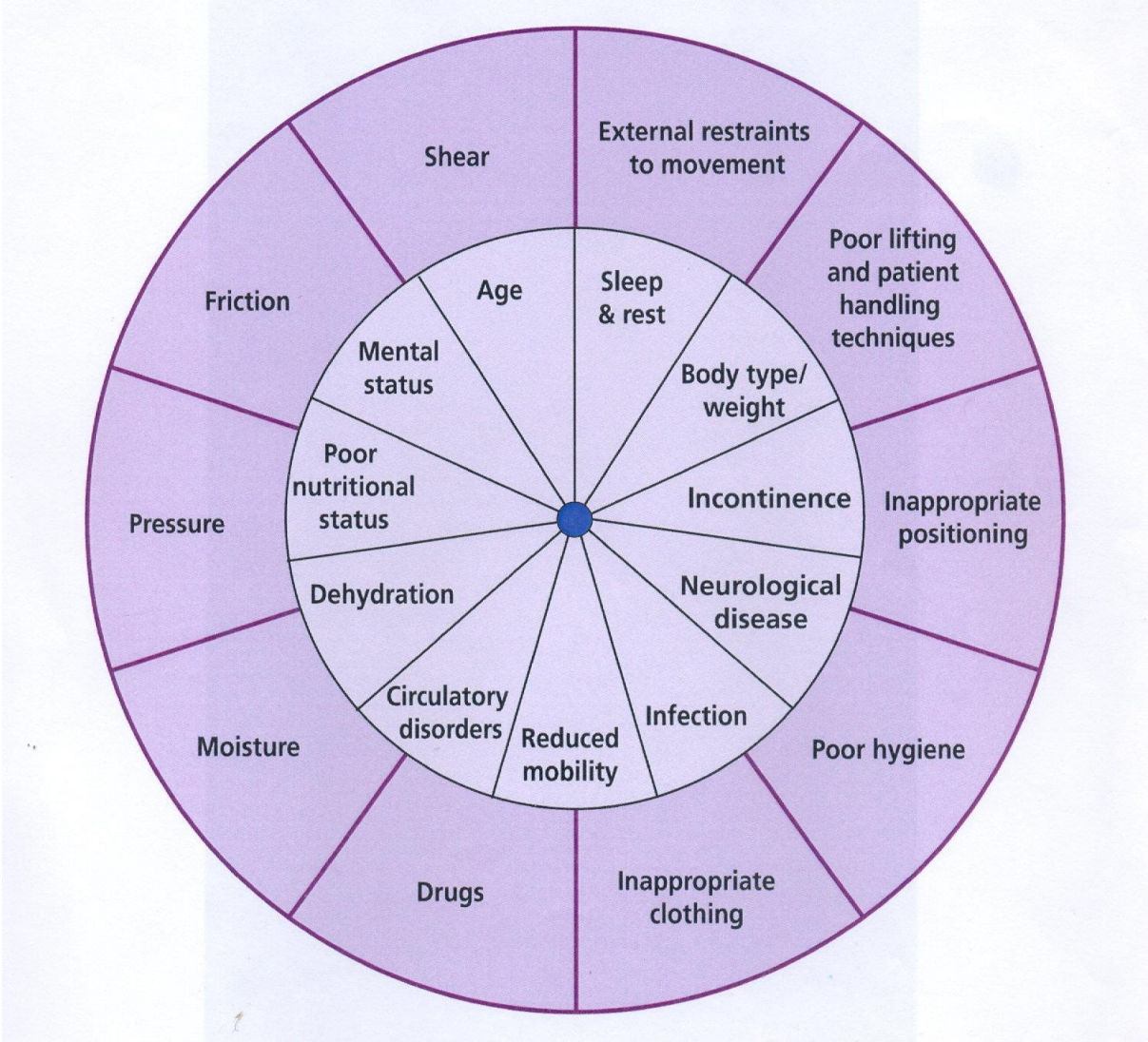
© Copyright reserved Kopiereg voorbehou

REIMBURSEMENT OF PRESSURE ULCER COST

Centers for Medicare and Medicaid Services in the USA has determined it will no longer reimburse hospitals for treating Pressure Ulcers

© Copyright reserved Kopiereg voorbehou

AETIOLOGY



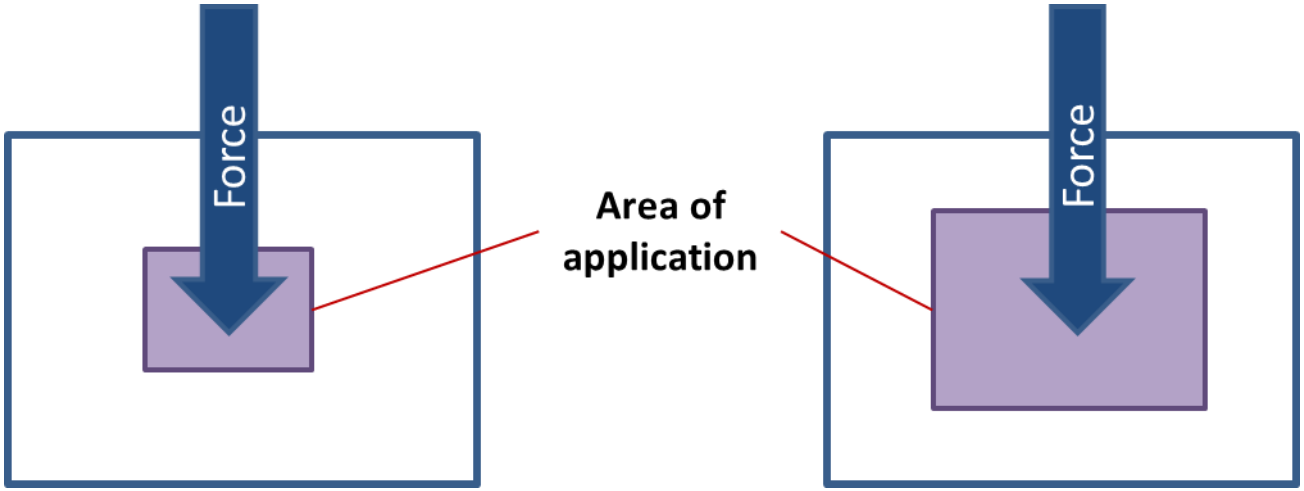
© Copyright reserved Kopiereg voorbehou

EXTRINSIC FACTORS

- Pressure
- Shear
- Friction
- Moisture

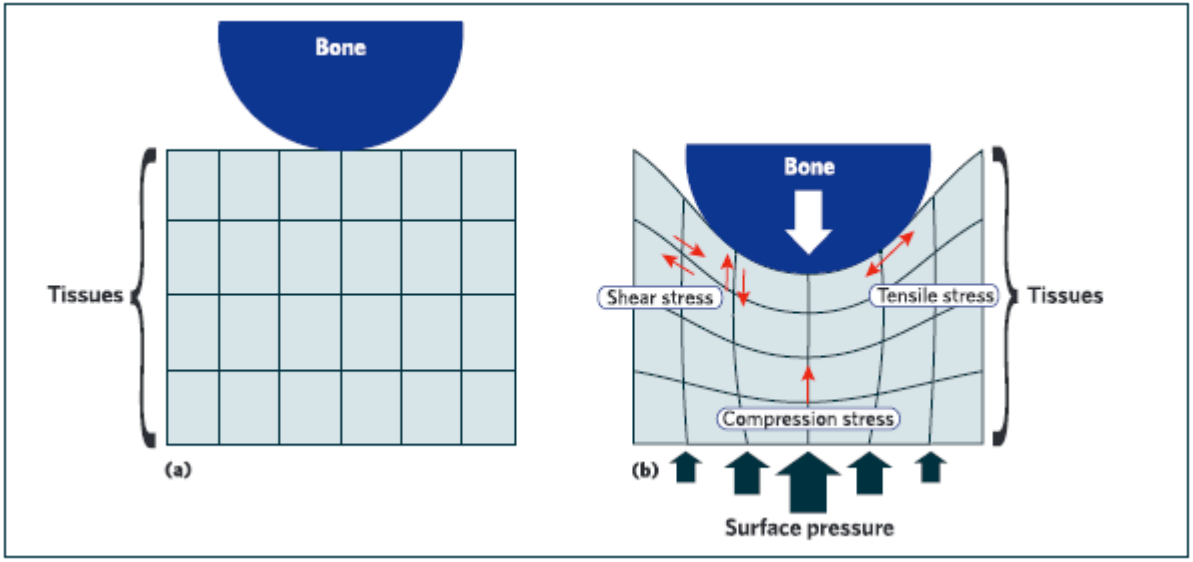
© Copyright reserved Kopiereg voorbehou

WHAT IS PRESSURE



© Copyright reserved Kopiereg voorbehou

PRESSURE OVER A BONY PROMINENCE



© Copyright reserved Kopiereg voorbehou

PATHOPHYSIOLOGY OF PRESSURE DAMAGE

Pressure damage → Blood flow / Inadequate oxygenation → Pale skin

Relief of pressure → Reactive Hyperaemia → Red discoloration

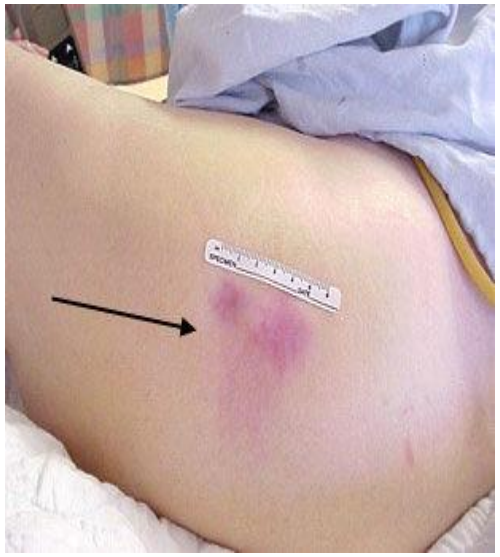
© Copyright reserved Kopiereg voorbehou

PATHOPHYSIOLOGY OF PRESSURE DAMAGE

Prolonged ischemia

- Blood cells aggregate
- Capillaries are blocked
- Capillary walls are damaged
- Induration
- Skin discoloration
- Non blanchable erythema

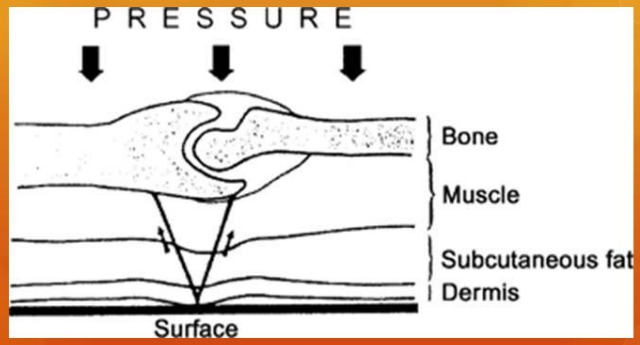
Stage I
Pressure Ulcer



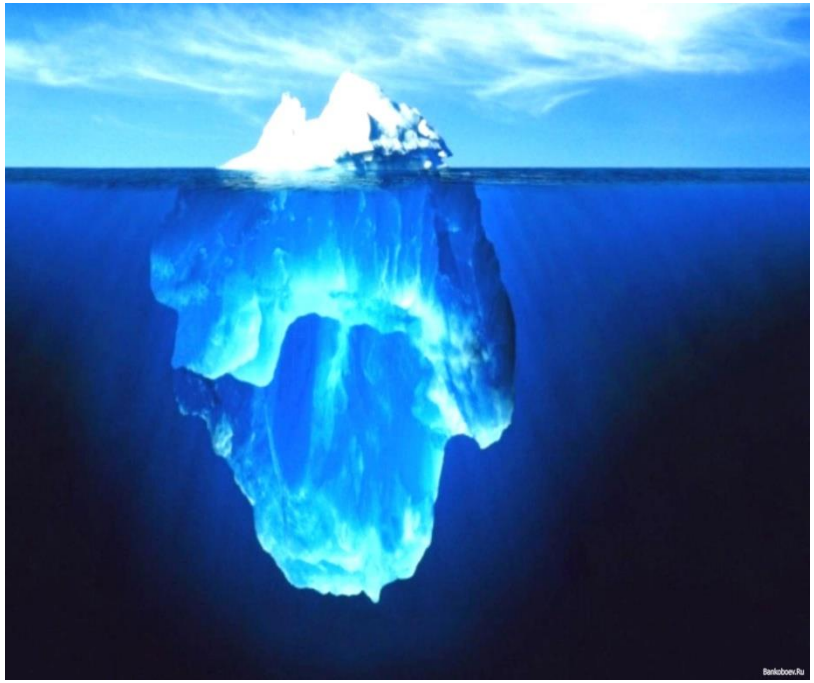
© Copyright reserved Kopiereg voorbehou

PATHOPHYSIOLOGY OF TISSUE DAMAGE

Pressure Ulcer Gradient



Pressure is the greatest at the bony prominence and gradually lessens in a cone-shaped gradient to the periphery.



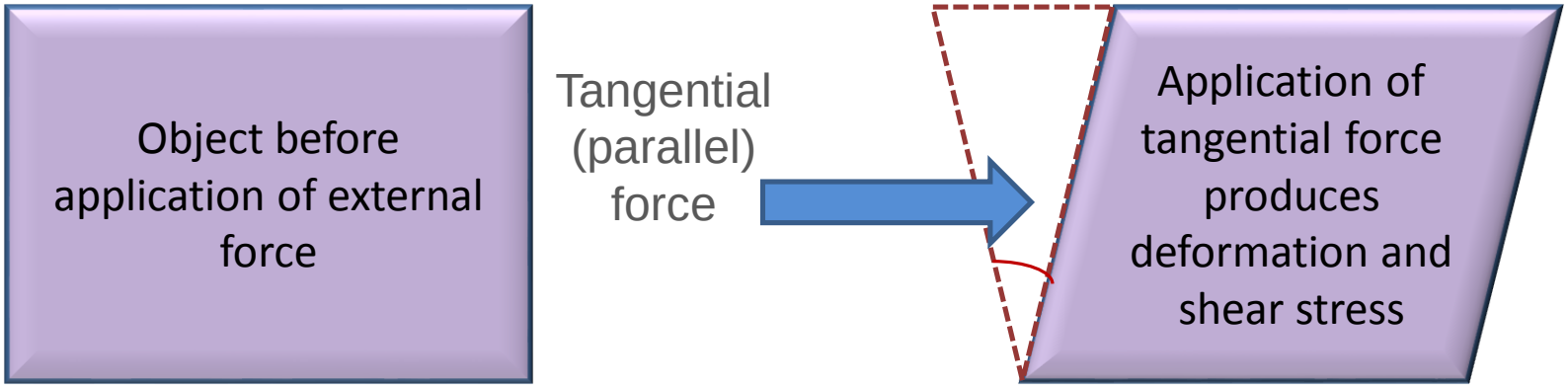
© Copyright reserved Kopiereg voorbehou

PATHOPHYSIOLOGY OF PRESSURE ULCERS

Continued ischaemia → Necrosis of the skin plus underlying tissue and superficial and deeper tissue breakdown

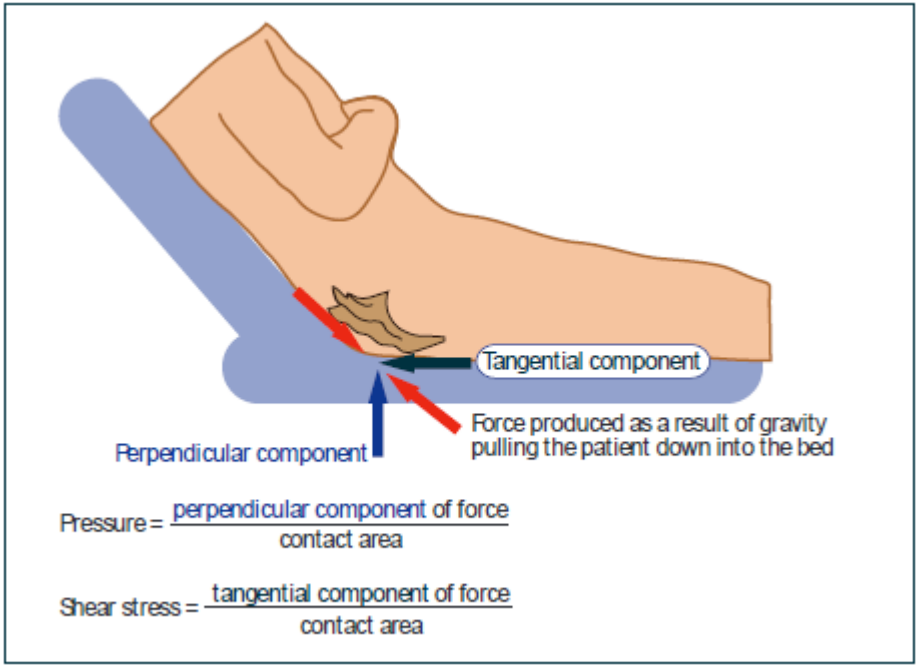
© Copyright reserved Kopiereg voorbehou

WHAT IS SHEAR?



© Copyright reserved Kopiereg voorbehou

PRESSURE AND SHEAR



© Copyright reserved Kopiereg voorbehou

WHAT IS FRICTION?

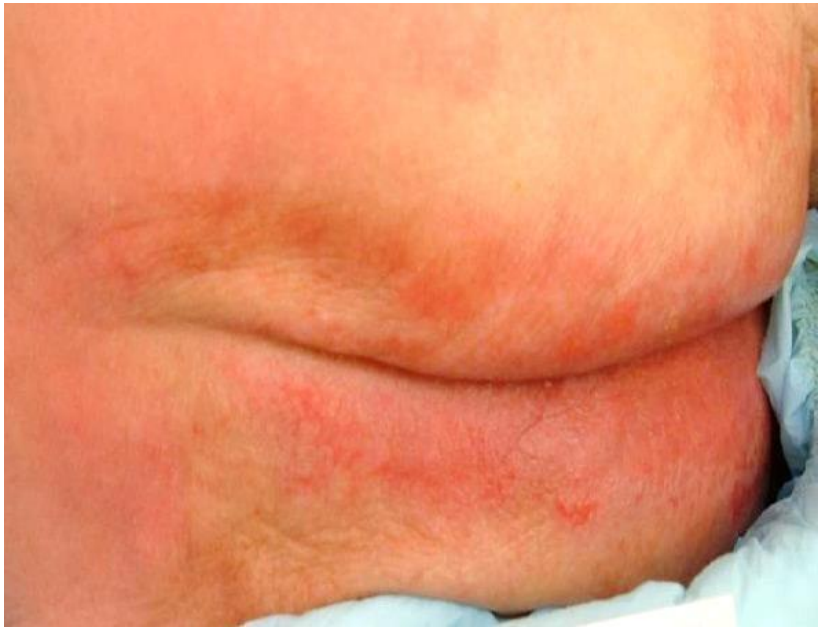
Friction between skin and an external surface results in loss of upper layer of skin – *the stratum corneum*

© Copyright reserved Kopiereg voorbehou

MOISTURE

Incontinence dermatitis:

- Softening of the upper layers of skin
- Changing the cutaneous chemical environment
- Causing skin to adhere to underlying surface



© Copyright reserved Kopiereg voorbehou

INTRINSIC FACTORS

- Nutrition:
  - Malnutrition
  - Hypoproteinemia
  - Anemia

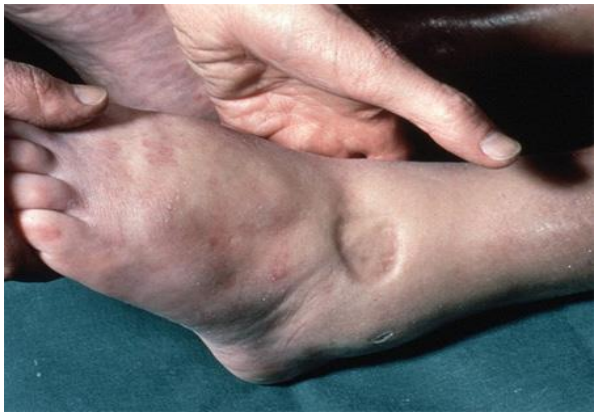
© Copyright reserved Kopiereg voorbehou

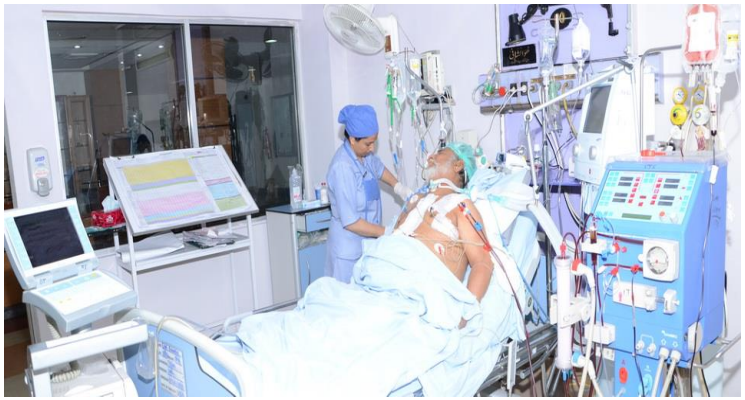
AGE

- Preterm infants
- Elderly patients

© Copyright reserved Kopiereg voorbehou

OXYGEN DELIVERY





Low tissue oxygen delivery

© Copyright reserved Kopiereg voorbehou

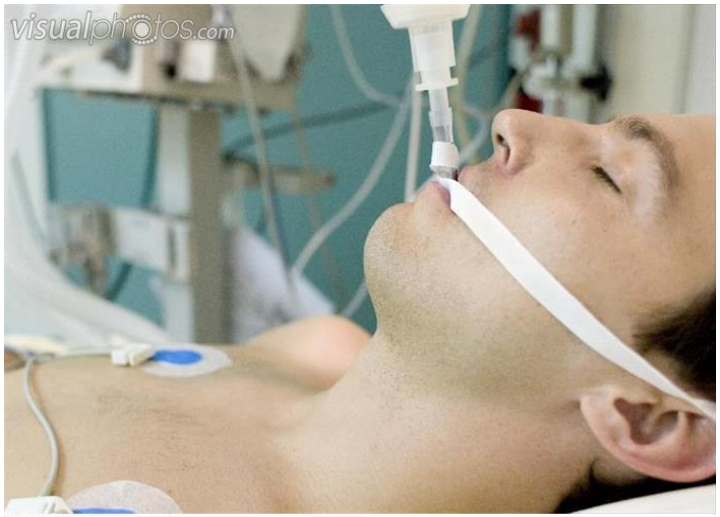
IMPAIRED SENSORY PERCEPTION

- Neuropathy
- Paraplegic
- Patients who are heavily sedated or an anesthetized patient

© Copyright reserved Kopiereg voorbehou

IMMOBILIZATION BY SEVERE ILLNESS

- Multiple trauma
- Stroke
- Head injury
- Motor-neuron disease
- Multiple sclerosis



© Copyright reserved Kopiereg voorbehou

CONCLUSION

More than 90% of Pressure Ulcers are caused by medical error, and at a cost of more than $3.8 billion per year (2008), they rank among the most costly U.S. medical errors reported.

“Prevention is better than cure”

© Copyright reserved Kopiereg voorbehou

Thank You
Dankie

T: 051 401 9111 info@ufs.ac.za **www.ufs.ac.za**

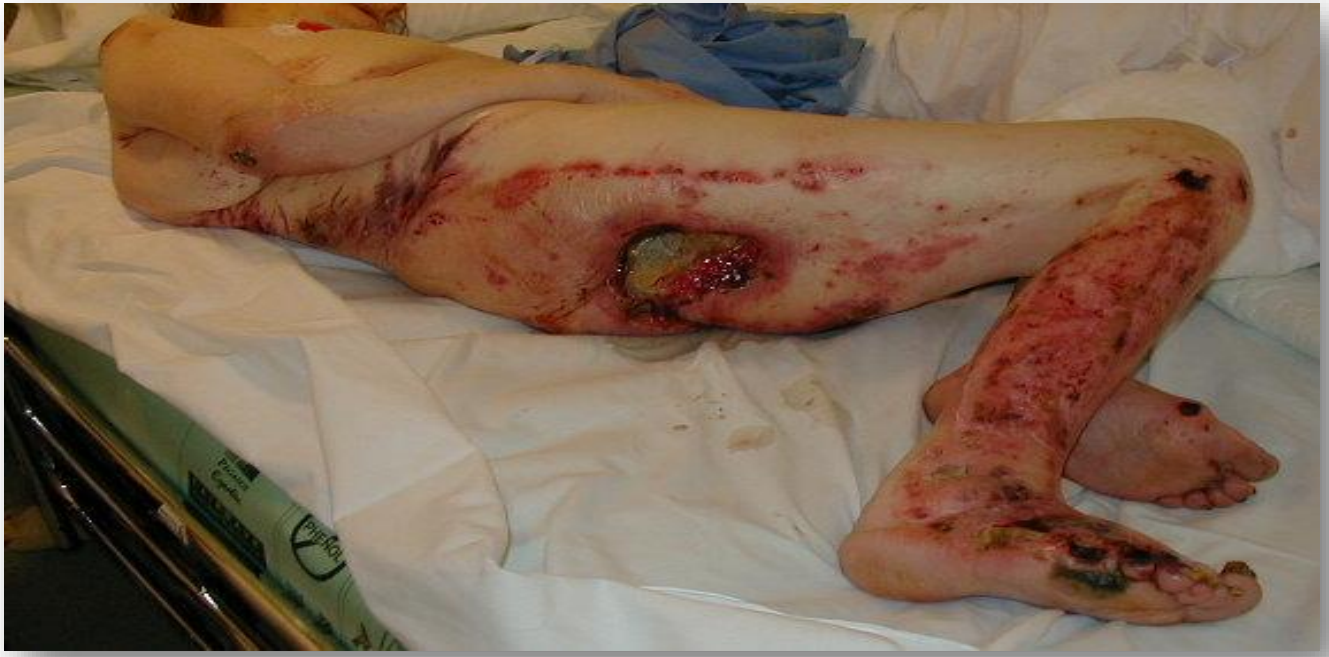
© Copyright reserved
Kopiereg voorbehou

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

Pressure Ulcers-Effects all in the hospital

- A Pressure Ulcer incident does not only effect the patient in the hospital.
- This incident has a direct impact on all hospital staff...including the hospital CEO



The Challenges of Pressure Ulcers in the hospital- A CEO's Perspective

Dr Raymond Billa

CEO Helen Joseph Hospital

Johannesburg

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

HELEN JOSEPH HOSPITAL

GAUTENG DEPARTMENT OF HEALTH

Pressure Ulcers Summit

CEO's Perspective

2 June 2014

Dr. M. R. Billa

" 'Taking care of you"

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

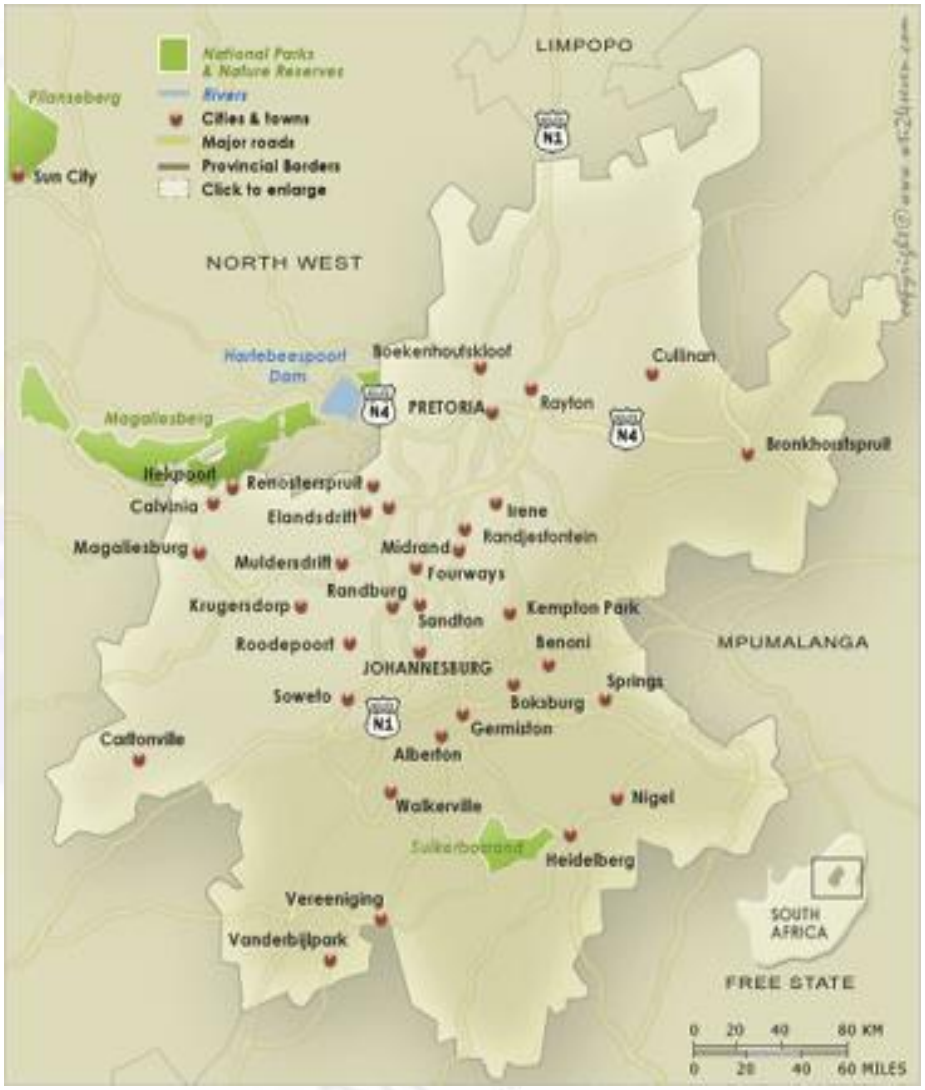
Presentation Outline

1. Mandate & Location
2. Profile
3. Vision, Mission, Values & Brand Promise
4. Measures to Assess Quality of Nursing Care
5. 6 Quality Priorities
6. Pressure Ulcers as a Measure of Quality of Health Care
7. Incidence of Pressure Ulcer at HJH
8. Media Reports
9. Conclusion

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Mandate & Location

- Situated in region A, ward 69 within the Auckland Park suburb in the Johannesburg metro.
- Serves a population of about 1million
- Tertiary institution linked to the Wits Medical School and Ann Latsky Nursing College and share several services with Rahima Moosa Mother & Child Hospital



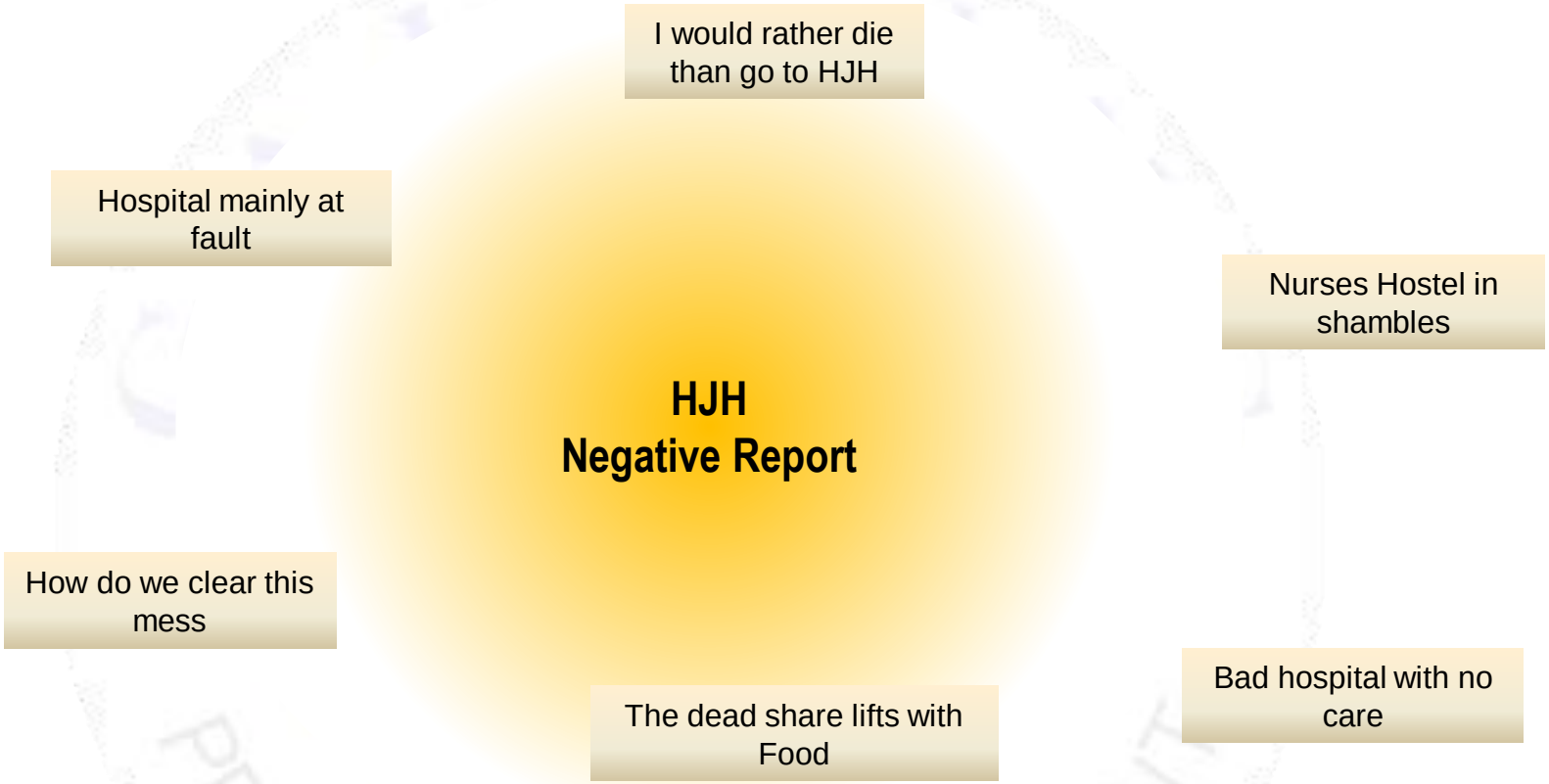
health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Profile

- Built in 1962 as a 700 bed J.G. Strydom Tertiary Hospital with the intention of supporting the then proposed RAU Medical School.
  - Bed space not fully realized as the medical school plans were halted.
- Total building size 2.500 sqm on a 50 000 sqm erf
- Approved beds is 484.
- Currently utilising 576 beds
- 10 ICU beds plus 12 “High Care” beds
- Medical beds: 372 plus 50 level 1 beds at Selby Park hospital.
- Surgical beds: 194 (60 of which are Orthopaedic beds)
- Theatre complex: comprising of 12 theatres only 9 functional
- Folateng: private unit comprising 40 beds being integrated now

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Negative Articles Aug – Oct 2013



health and social development
Department: Health and Social Development
GAUTENG PROVINCE

VISION

"A caring provider of excellent quality tertiary health services"

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

MISSION

"To provide tertiary services to all our stakeholders in the community through ethical, caring and competent staff "

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

VALUES

1. **Integrity**
   - *Honesty*
   - *Trust*
   - *fairness*
2. **Teamwork**
   - *Collaboration*
   - *support*
3. **Respect**
   - *humility and*
   - *selflessness*
4. **Transparency**
   - *Open*
   - *Accessible*
5. **Communication**
   - *Effective sharing*
   - *Information flow*
   - *Active conveying*
6. **Accountability**
   - *Commitment*
   - *competence*
7. **Caring**
   - *Compassionate*
   - *kind and*
   - *concerned*

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

BRAND PROMISE

"Taking care of you"

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Measures to Assess

Quality of Nursing Care

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Quality Improvement Plan Progress

6 Priorities	Challenges	Action Plan/Outcome
Staff attitudes	• Lack of communication • Pressure care plan post discharge • Work loads • Inaccurate record keeping	• Brand promise • Strategic plan outcome • Decreased no. of complaints • prevention and care of pressure ulcers part of operational plan for nursing
Cleanliness	• Part of general care and prevention of acquired infections	• Brand promise • Strategic plan outcome • Decreased no. of complaints • Prevention and care of pressure ulcers part of operational plan for nursing • Skin care/incontinence
Infection control	• General cleanliness • Decrease number of acquired pressure sores	• As above in cleanliness • Wound care in-service training and workshops • Proper utilisation of supplies & equipment

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Quality Improvement Plan Progress - Cont.

6 Priorities	Challenges	Action Plan/Outcome
Drugs & other supplies availability	• EDL out of stock • Non-availability of supplies for continued care in wards • Misuse of products	• Improve stock management • Training of procurement staff • Other initiatives to be discussed later

Waiting times	• Good progress made
	  • Pharmacy
	  • Themba Lethu Clinic
	  • Patient Administration
	• Patients coming for wound dressings only
		• Home delivery for other wound care
		• Discharge plan for pressure care dressings
		• Customer Care Hostesses/Queue Marshalls

Safety and security	• Pressure ulcer identification • Risk Assessment	• In-service training on pressure identification and care • Partnership with suppliers • Prevention Strategies

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Schedule Weekly Management Meetings

WEEKS	AGENDA FOCUS	ACTIVITY REPORT	ATTENDENCE
1.	Monthly scheduled walk-about	- Areas identified for action - Support visit - Assess compliance with National Core Standards - Assess if all 6 Quality Priorities addressed appropriately - Corrective action and feedback done on the spot where necessary	- CEO and All members of Exco - All Nursing - Infection control Practitioner - Quality assurance managers - OHS - Managers/coordinator - Cleaning supervisors - Facility management - Unit supervisors

2.	Department Report/ Operational Plan progress report	Report based on an Operational Plan
		- Achievements
		  ○ Indicator progress
		  ○ Project in place – progress
		- Challenges
		- Plans to overcome challenges
		- Support required
			- All members of Exco

3	Budget focus- cost containment progress update ○ Finance Management Committee(FMC)	- Update on budget expenditure - Identify cost drivers - Continuous plan to stay within budget	- All members of Exco - FM committee- Members (appointed)
4	Walk about Action Plan	- Selected areas as per 6 quality priority areas : Core Standard compliance - Assess progress made on walk-about done first week	- CEO and All members of Exco - All Nursing - Infection control Practitioner - Quality assurance managers - OHS - Managers/coordinator - Cleaning supervisors - Facility management - Unit supervisors
5.	Regular Exco Meeting(if 5-week month)	- Open forum for Exco members - Open agenda - Presentation on Management Topical update/Interests	- All Members of Exco

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Specialised Clinical Units

- 10 Bed ICU
  - Ward 12: 4 beds (being planned as High Care Unit)
- Stoma and Wound Care Clinic
- Renal Dialysis Unit
- Breast Clinic
- Pain Clinic
- Male Medical Circumcision Unit
- Themba Lethu HIV Clinic
- TB ward
- TB Focal Point

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Positive Articles Aug – Oct 2013

A smile for victims

Letter to the editor

From breast cancer victims to a care giver

HJH CEO respond

HJH
Positive Report

Positive experiment at HJH

Patients get parcels

Thembalethu clinic machine

PROVINCIAL GOVERNMENT

Conclusion

- Heightened awareness of prevalence of pressure sores in the wards/hospital
- High on the agenda of management – Nursing and CEO
- Pursuing collaboration with private sector on nurse education and procurement awareness
- Value this summit as highlighted short-comings in monitoring of problem
- Further improvements and interactions with other stakeholders like Central Office to be strengthened
- Other management initiatives to be pursued

health and social development
Department: Health and Social Development
GAUTENG PROVINCE

Thank you

Tea and Exhibition

10:10am-10:30am

Program Directors

Kavitha Ramkhelawan

Market Manager

Coloplast -Wound Care

Nilendhree Boodhram

Market Manager

Coloplast -Ostomy and Continence

Cost and incidence of Pressure Ulcers in South Africa

- In order to create solutions we need to understand magnitude of the problem in South Africa
- This is a very grey area.
- Global statistics are so easily available, however in South Africa it is extremely difficult to source this type of data

- We are pleased to say that finally health care professional are more forthcoming with this extremely important data

The cost and incidence of pressure ulcers in a public hospital setting in South Africa

- Sr Thoko Guliwe
- Operational manger and wound care specialist
- Stoma therapist
- Helen Joseph Hospital - Johannesburg

Incidence and costing of pressure ulcers in A public hospital setting in South Africa

Presented By Sister T Guliwe

Helen Joseph Hospital
Stoma And Wound Care Unit

Key Notes

Incidence

- The measure of the risk of developing a new condition within a specified period of time.

Costing

- Value attached to goods or services i.e. how much do you pay?

Background

- Pressure ulcers are the most common problems which occur in hospitals.
- Literature on the subject indicates that a lot of money is expended in managing this problem.
- 12-66% of pressure ulcers are caused during surgery.(source: data collected for patients who underwent neurosurgical procedure)

May & June 2014 statistics of pressure ulcers

During the month of May 2014:

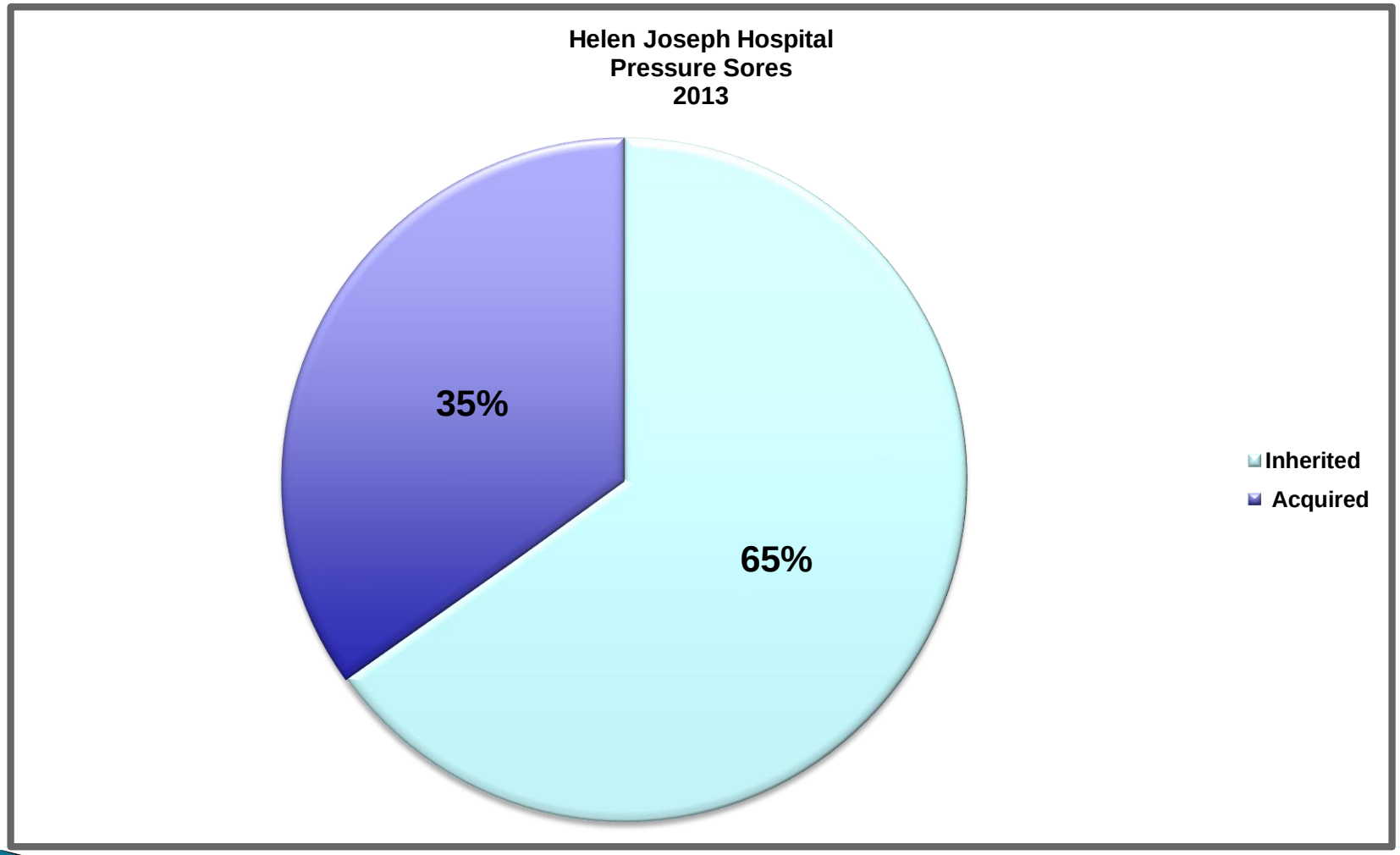
- 31 incidence of inherited pressure ulcers and
- 16 acquired incidence were recorded.

During the month of June 2014:

- 34 incidence of inherited pressure ulcers and
- 10 acquired incidence were recorded.
- Data analysis
- Loop holes – preventative measures.
- Missed opportunities –reporting ,referral, documentation.

Data Analysis

- Loop Holes – Preventative Measures.
- Missed-opportunities – Reporting ,


Helen Joseph Hospital
Pressure Sores
2013
35%
65%
Inherited
Acquired

Costing in management of each pressure ulcer according to grading

Grade 1

- Protective dressing.
- Barrier cream.
- Preventative measures.

Grade 2

- As above
- If there is tissue destruction , the tissue type is sloughy – need for debridement with hydrogel or collagen

Costing In Management Of Each Pressure Ulcer Grades Continued…

Grade 3

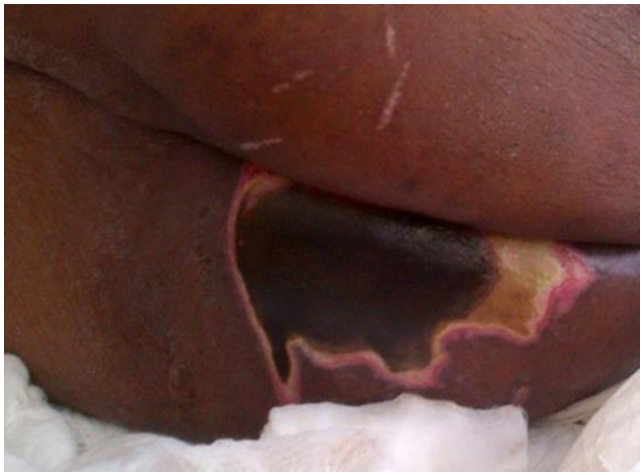
- Hydrogel
- Calcium alginate
- Foam dressing

Grade 4

- As above
- Both grades needs debridement if there is sloughy and necrotic tissue
- Vac and skin graft

Stage X –Unstageable

- Tissue –sloughy and necrotic
- Depth unknown.
- Debridement –surgery
  - -Enzymatic
  - -Autolysis
  - -Vac And Skin Graft



Cost Analysis Of Grade 3&4

- Health care costs associated with pressure ulcers are significant and their financial burden is likely to increase even further.

- **Nos. Of Pressure Ulcers VS Cost**

- Medical Cost - 1pu = R10000

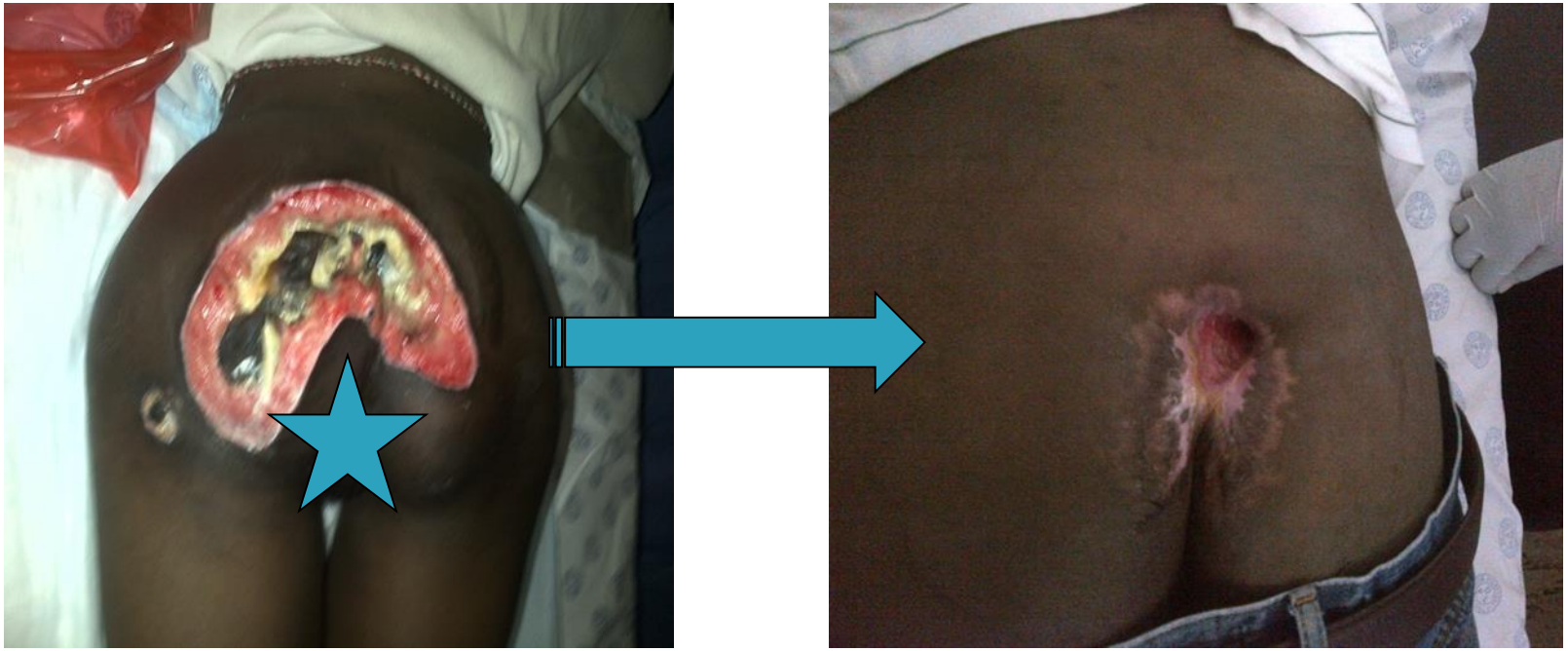
NB: This Is Just An Estimation .

Cost Drivers

In the treatment of full thickness pressure ulcer

- Nursing time related to wound care.
- Nursing time devoted to positive charge.
- Dressing products.
- Antibiotics.
- Nursing home care-doctor.
- Hospital admission for surgical and treatment
- For pressure ulcer – hospital stay at cost.
- Patient support devices

Patients must not die with pressure ulcers - but with dignity



Questions and comments….

Thank you

Wound Management and accurate record keeping

These are two key elements of nursing and form the basis of good patient care.

The Importance of good wound management and accurate record keeping

- **Professor Magda Mulder**
- Head of the School of Nursing at the University of the Free State
- Clinical Coordinator of the Wound Care course which is presented by the Academy for Continuous Nursing Education.
- She is the editor and co-editor of various textbooks - among others the book: *Basic Principles in Wound Care* published by Pearson's Education
- Prof Mulder is a member of the Wound Healing Association of Southern Africa (WHASA's) Executive Committee.

TREATMENT OF PRESSURE ULCERS

Prof M Mulder
School of Nursing
Faculty of Health Sciences
University of the Free State

July 18, 2014

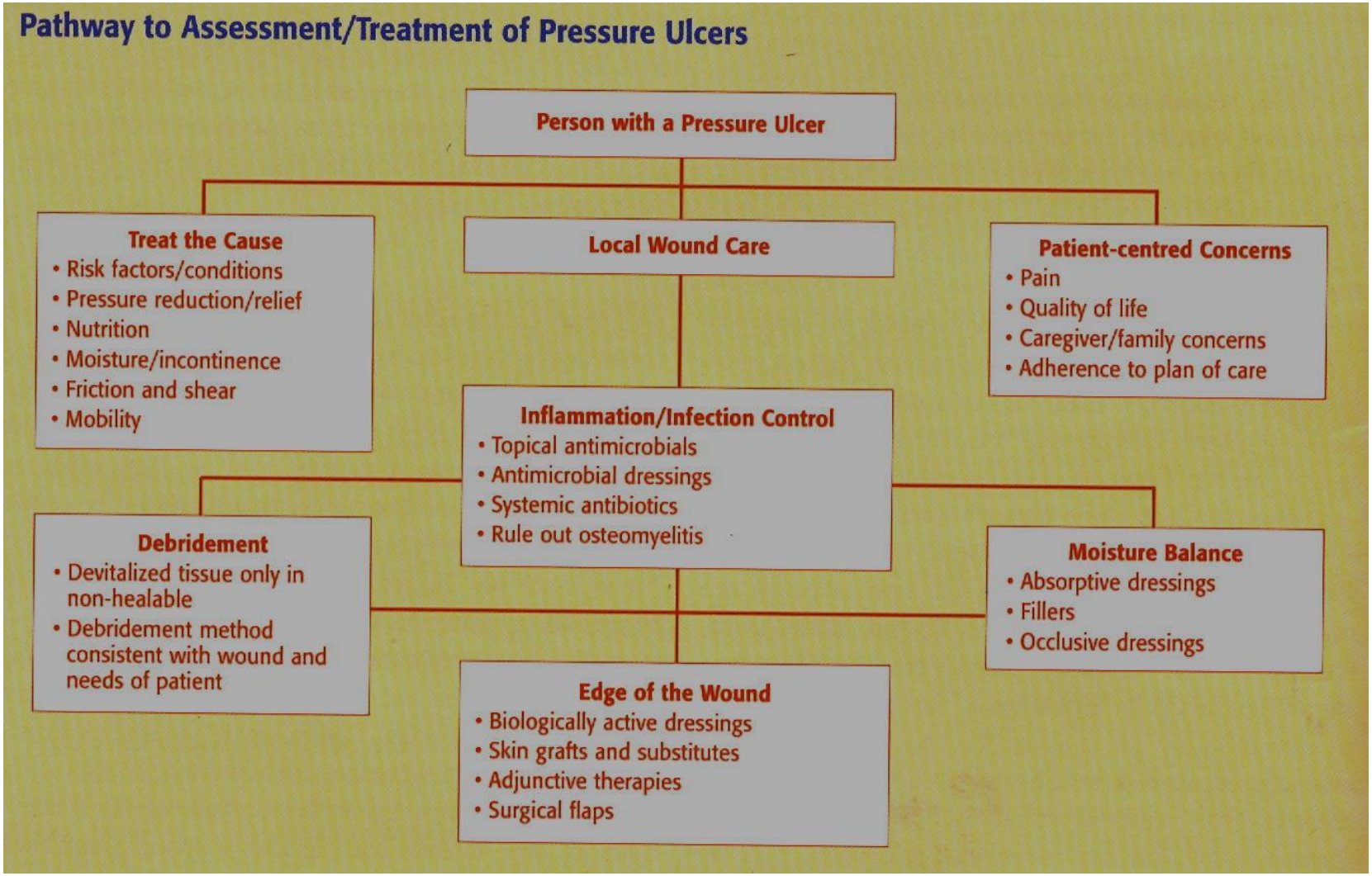
T: 051 401 9111 info@ufs.ac.za **www.ufs.ac.za**

© Copyright reserved
Kopiereg voorbehou

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

TREATMENT OF PRESSURE ULCERS



© Copyright reserved Kopiereg voorbehou

IDENTIFY AND TREAT THE CAUSE

- Assessment of patient

- Complete a patient history and a targeted physical examination to determine:
  - Physical health
  - Risk factors → pressure ulcers
    → affect healing of existing PU's

© Copyright reserved Kopiereg voorbehou

UFS UV

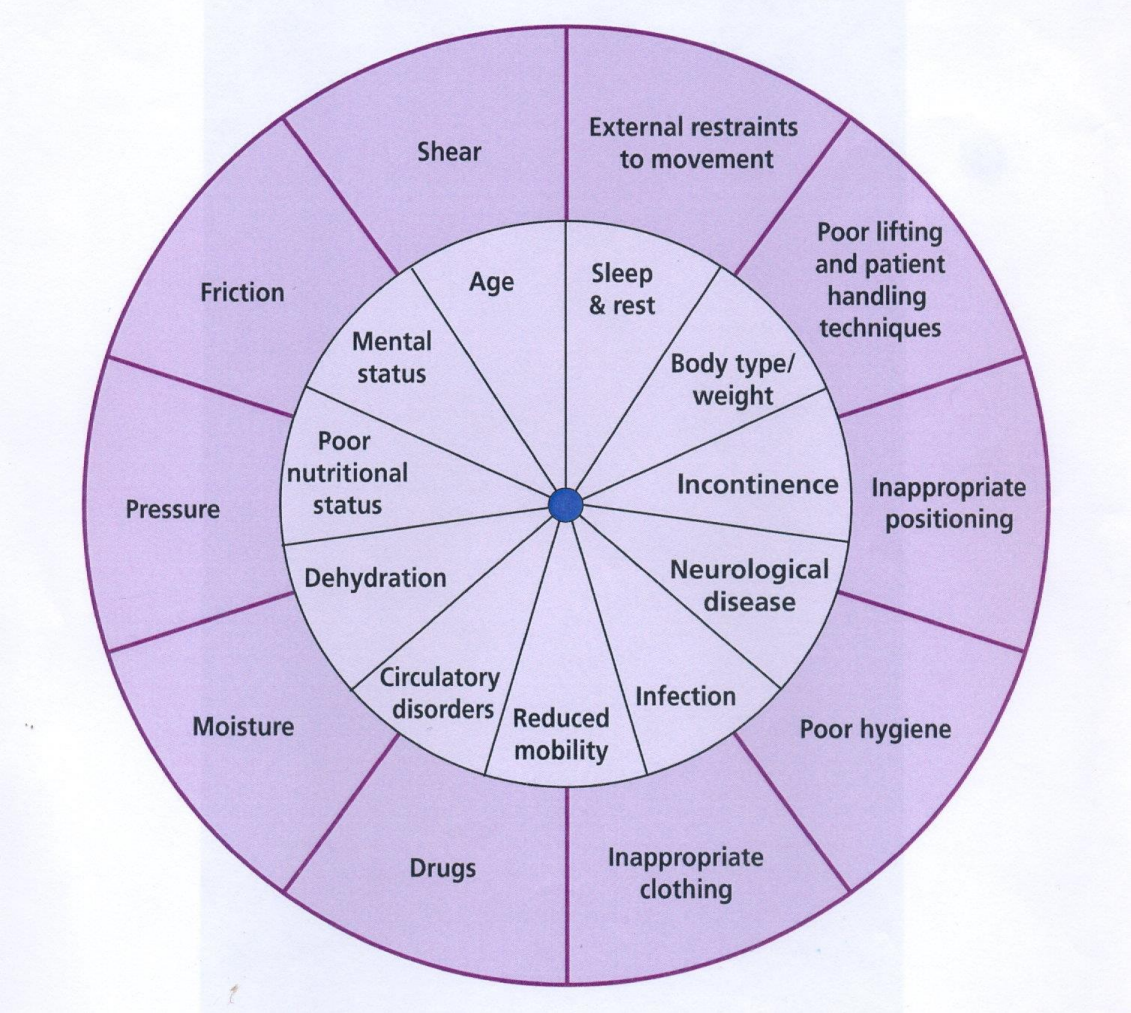
ASSESSMENT

- Conduct a pressure ulcer risk assessment at admission
  - **Braden**
  - **Gosnell : patients with orthopaedic or neurologic conditions**
  - **Norton : elderly people**
  - **Waterlow : medical, surgical, orthopaedic and elderly patients**
- Re-assess all patients for risks daily
- Inspect skin of at-risk patients daily

© Copyright reserved Kopiereg voorbehou

ASSESS PATIENT FOR INTRINSIC AND EXTRINSIC FACTORS

Healability will depend upon the ability of the care team to address all the factors.



© Copyright reserved Kopiereg voorbehou

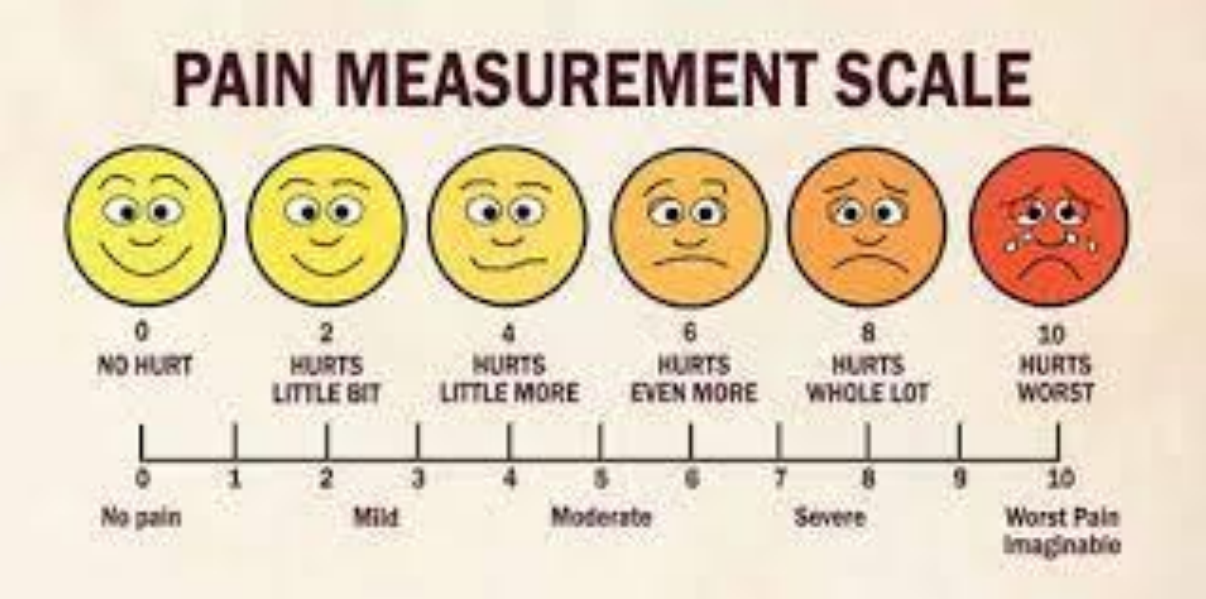
IDENTIFY AND TREAT THE CAUSE

- Assess and modify situations where pressure may be increased
- Maximize nutritional status
- Manage moisture and incontinence
- Maximize activity and mobility, reducing or eliminating friction and shear

© Copyright reserved Kopiereg voorbehou

ADDRESS - PATIENT – CENTRED CONCERNS

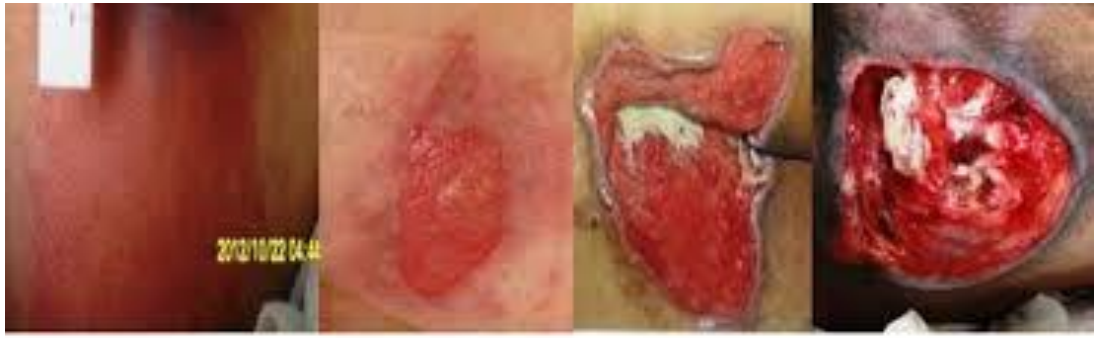
- Assess and control pain
- Assess and assist with psychosocial needs

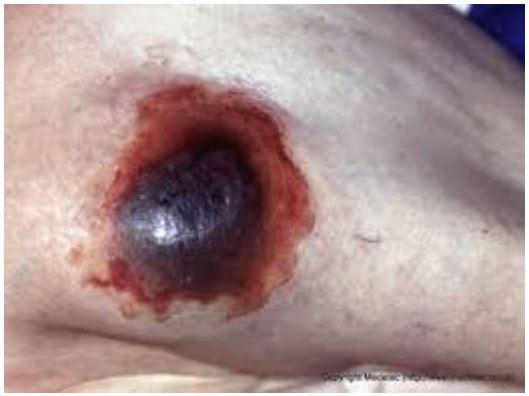


© Copyright reserved Kopiereg voorbehou

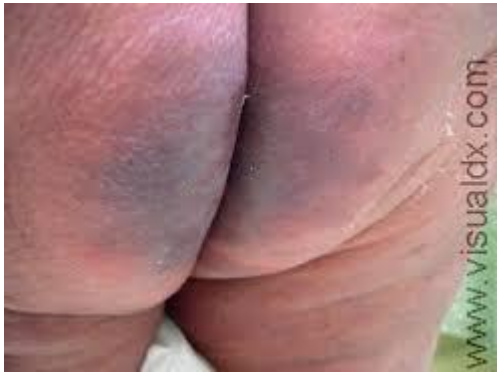
PROVIDE LOCAL WOUND CARE

- Stages pressure ulcers





Unstageable



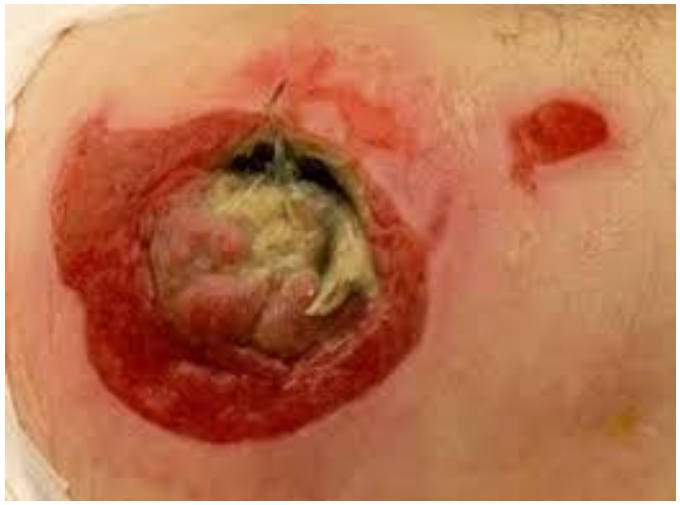
Suspected deep tissue injury

© Copyright reserved Kopiereg voorbehou

PRESSURE ULCER: CHRONIC WOUND

Fails to heal in a timely and orderly fashion

- Sustained high levels of inflammatory cytokines, excessive neutrophils and proteases
- Diminished growth factor activity



© Copyright reserved Kopiereg voorbehou

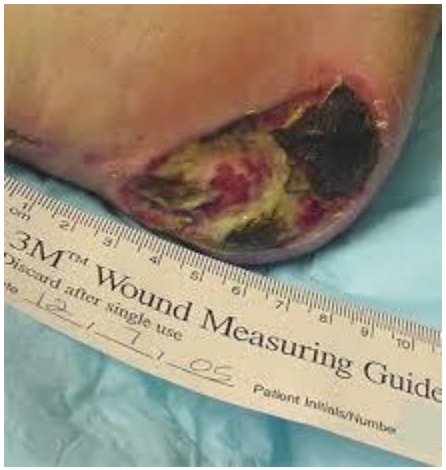
LOCAL WOUND CARE

Provide an optimal wound environment consistent with the principles of preparing the wound bed.

Clinical action

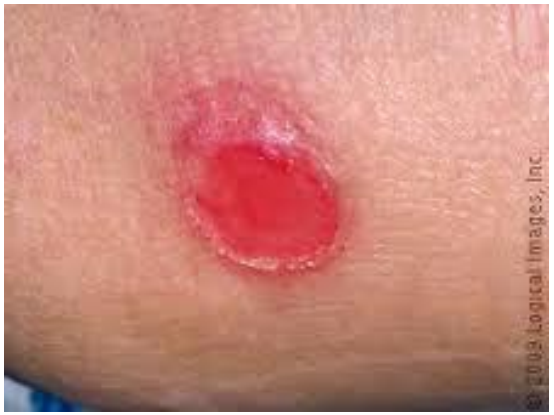
Debridement (episodic or continuous)

- **autolytic**
- **surgical**
- **enzymatic**
- **biological**



Clinical outcome

Viable wound bed



© Copyright reserved Kopiereg voorbehou

LOCAL WOUND CARE

Clinical action	Clinical outcome
Superficial infection Topical antimicrobials	Bacterial balance and reduced inflammation
Deep infection Topical and systemic Antimicrobials Protease inhibitors Growth factors	

© Copyright reserved Kopiereg voorbehou

INFECTION

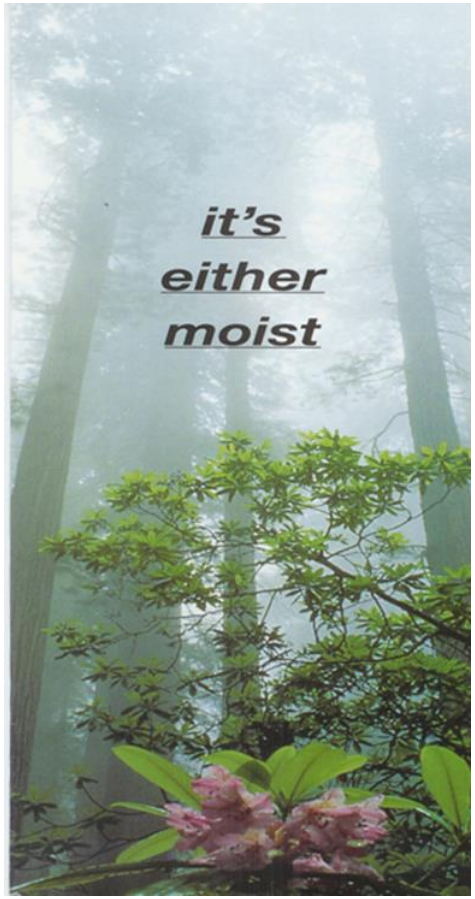
Critical colonization		Deep infection
Non healing wound	-	Increase in size of wound
High exudate levels	-	↑ Temperature
Red friable wound	-	Visible bone
Devitalized tissue	-	New wounds
Offensive smell	-	↑ Exudate
	-	Erythema/Edema
	-	Offensive smell
	-	↑ Pain

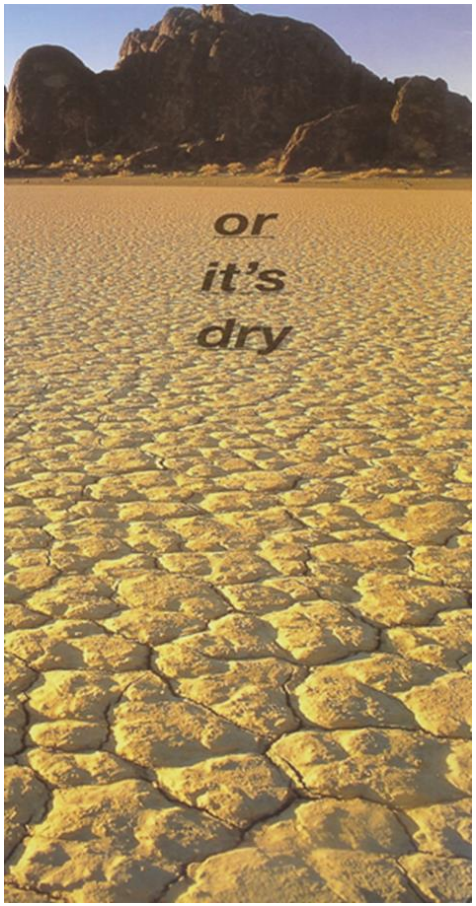
© Copyright reserved Kopiereg voorbehou

UFS UV

MOISTURE

Apply moisture balancing dressings ➡ Moisture balance

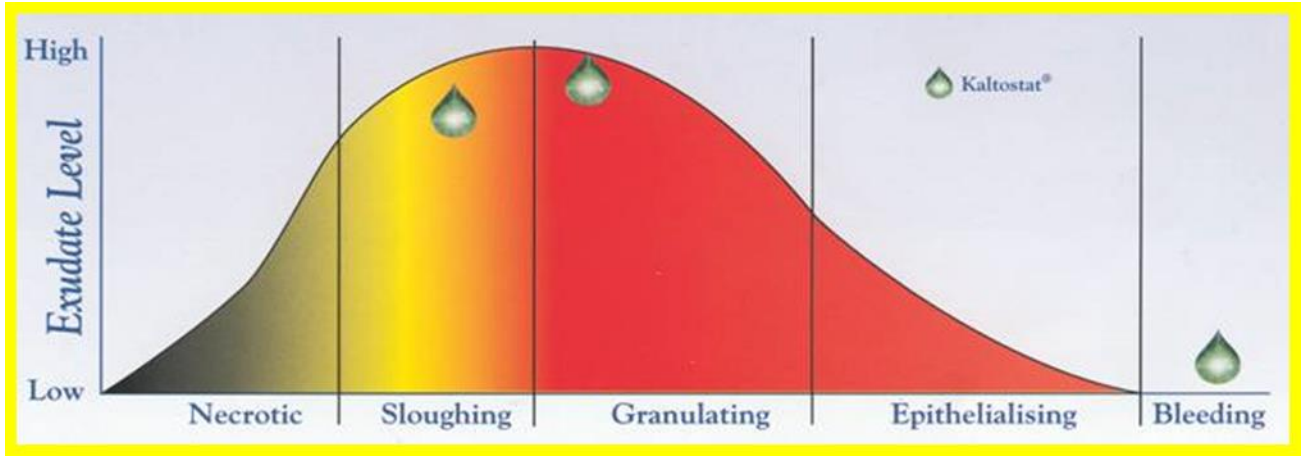




© Copyright reserved Kopiereg voorbehou

EXUDATE

To achieve moist wound healing, dressings should be chosen to regulate the amount of moisture at the wound.



© Copyright reserved Kopiereg voorbehou

RE-ASSESS WOUND

Edge of the wound

Reassess the wound at week 1 and again at 2 and 4 weeks.

Healable wound:

30% Reduction: Week 4

Healed: Week 12

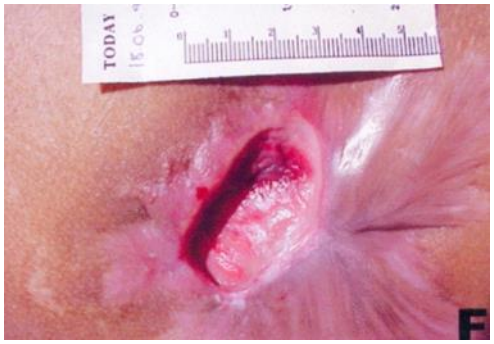
Reliable predictor (Flangan)

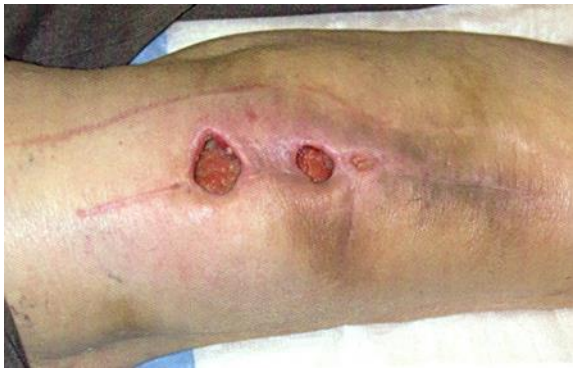
© Copyright reserved Kopiereg voorbehou

RE-ASSESS WOUND (CONT)

Edge of wound (cont)

Shore OR Cliff?



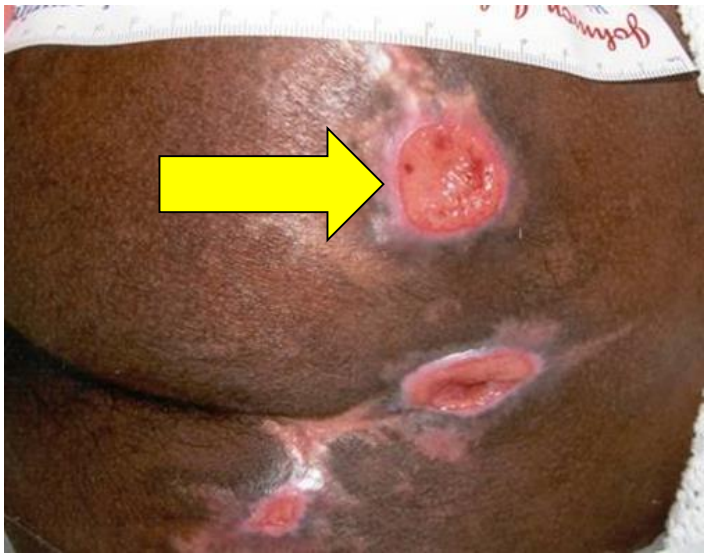


© Copyright reserved Kopiereg voorbehou

RE-ASSESS WOUND (CONT)

Edge of wound (cont)

- Assess edge of wound
- If sub-optimal healing is noted, re-assess the cause and patient concerns

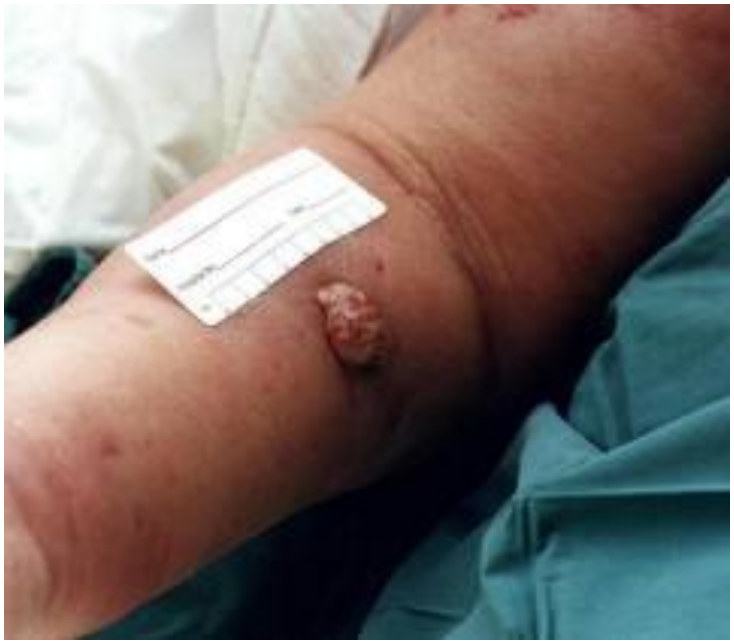


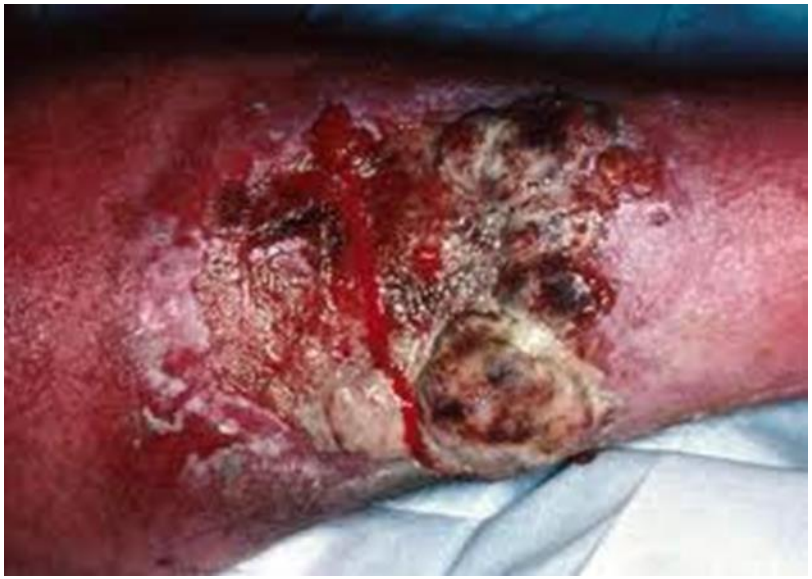
© Copyright reserved Kopiereg voorbehou

RE-ASSESS WOUND (CONT)

Edge of wound (cont)

Do a biopsy to rule out other causes e.g. malignancy.





© Copyright reserved Kopiereg voorbehou

OSTEOMYELITIS

Diagnosis

- **Plain radiographs**

  Sensitivity 78%

  Specificity 50%

  Osteomyelitis is not visible in early stages of disease

- **Bone scans** are more sensitive

  Specificity is low (50%)

- **Bone biopsy**

  Specificity 96%

  Sensitivity 73%

© Copyright reserved Kopiereg voorbehou

TREATMENT: OSTEOMYELITIS

Oral antibiotics: 6 – 8 weeks

Sometimes surgery

© Copyright reserved Kopiereg voorbehou

CONSIDER CORRECTIVE THERAPIES

- Refer patient for active wound therapies when other factors have been corrected and if healing still does not progress

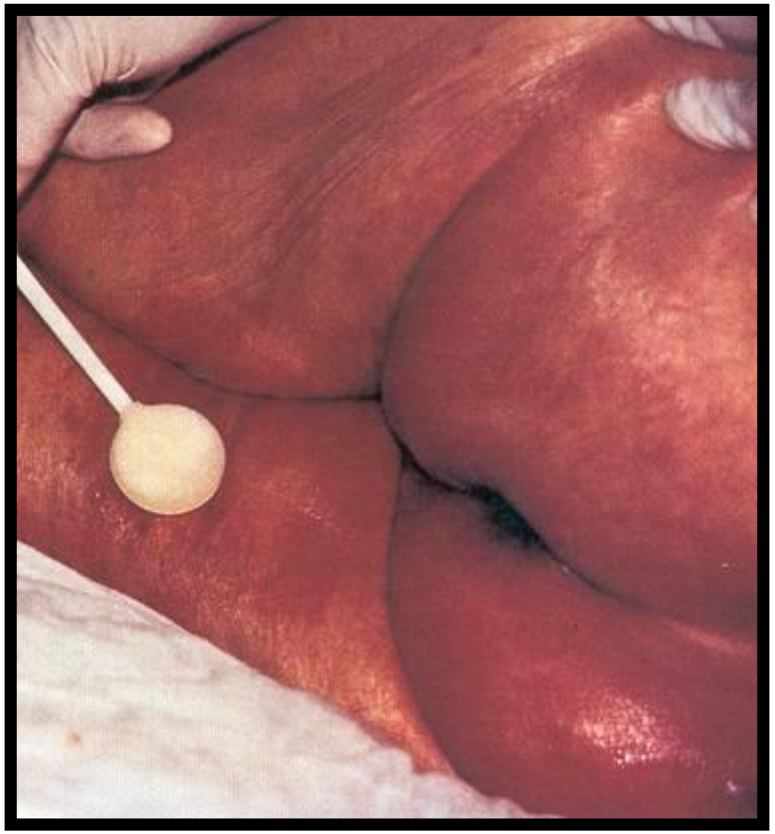
  - **Tissue-engineered products** — **?**
  - **Growth factors** — **Cost**
  - **Bio-active dressings/treatments** — **effective**

© Copyright reserved Kopiereg voorbehou

SURROUNDING SKIN

- Protect surrounding skin

Creams Barrier Films

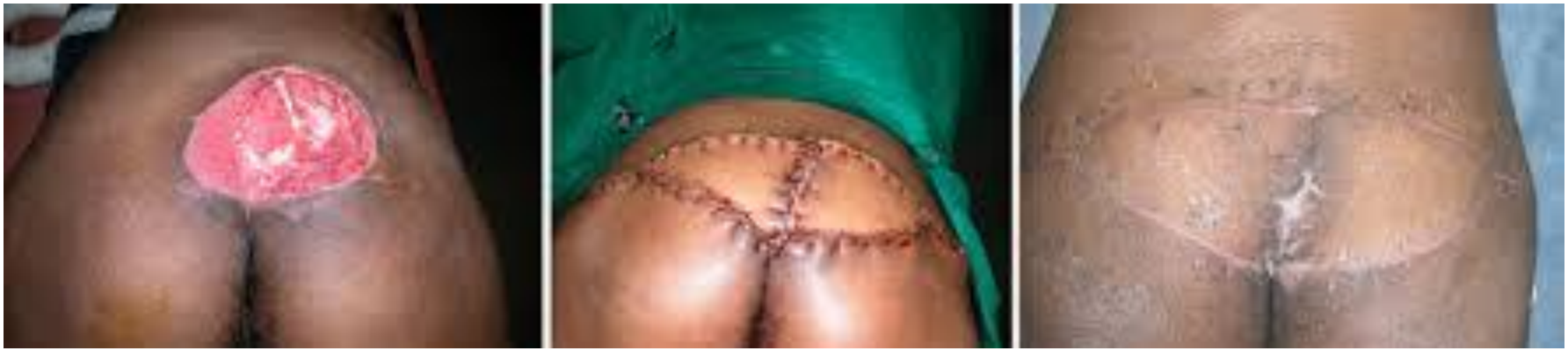


© Copyright reserved Kopiereg voorbehou

SURGICAL INTERVENTION

Consider surgical intervention for deep non-healing ulcers where appropriate.

(Stage III and IV)



© Copyright reserved Kopiereg voorbehou

SURGICAL RECONSTRUCTION

Medical status must be optimized

- Reduction of pressure
- Debridement
- Control of infection
- Control of spasticity
- Optimize nutritional status
  (Albumin level > 3.5 g/ml)
- Cessation of smoking
- Correction of anemia
- Maintenance of :
  - cleanliness of wound and intact surrounding skin
  - adequate blood supply
- Management of urinary or fecal incontinence

© Copyright reserved Kopiereg voorbehou

UFS UV

PROVIDE ORGANIZATIONAL SUPPORT

Develop an interdisciplinary team specific to the needs of the patient.

© Copyright reserved Kopiereg voorbehou

PROVIDE ORGANIZATIONAL SUPPORT (CONT)

Educate patients, caregivers and healthcare providers on the prevention of pressure ulcers.

© Copyright reserved Kopiereg voorbehou

DOCUMENTATION

Nursing records should reflect:

- Assessment of patients' risk to develop pressure ulcers
- Ward/Unit must have a protocol for the prevention and tretament of PU's
- Implementation of Nursing Care Plan for prevention and treatment of PU's

"If you did not record it, you did not do it!!"

© Copyright reserved Kopiereg voorbehou

Thank You
Dankie

T: 051 401 9111 info@ufs.ac.za **www.ufs.ac.za**

© Copyright reserved
Kopiereg voorbehou

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

Sharing International best practice

- One of the ways to create change is through the sharing of best practice.

- What are our fellow colleagues internationally doing to curb the incidence of Pressure Ulcers

Pressure ulcers through the eyes of the - Department of Health (UK)

- **Richard H Shorney**
- MSc in Wound Healing and Tissue Repair in 2007. - University of Wales, Cardiff
- Director of Real Healthcare Solutions
- Works closely with the Department of Health - U.K.
- Trustee : Leg Club Foundation and Leg ulcer forum
- Has set up wound care educational initiatives in India and Qatar

REAL HEALTHCARE SOLUTIONS

Pressure ulcer project from the U.K Department of Health (UK)

Objectives

- National UK healthcare policies and drivers
- Current NHS wound care expectations
- Pressure ulcer language
- Quality indicators and qualification


NHS

Changing NHS landscape

- Review of funding and directed policies
- Efficiency savings and reduced wastage
- 16 months
- CCG – Provider – Patient relationships
- Interface between primary and secondary care
- Any Qualified Provider
- Maximising resource utilisation
- Metrics of Quality

Metrics of Quality

- **Patient Safety**
- **Patient Experience**
- **Effectiveness of Care**

Why is quality measurement important?

Perceived Threat?

No quality metrics = no stakeholder funding = loss of jobs

Why is quality measurement important?

Opportunity?

Good quality metrics = increased funding = enhanced service

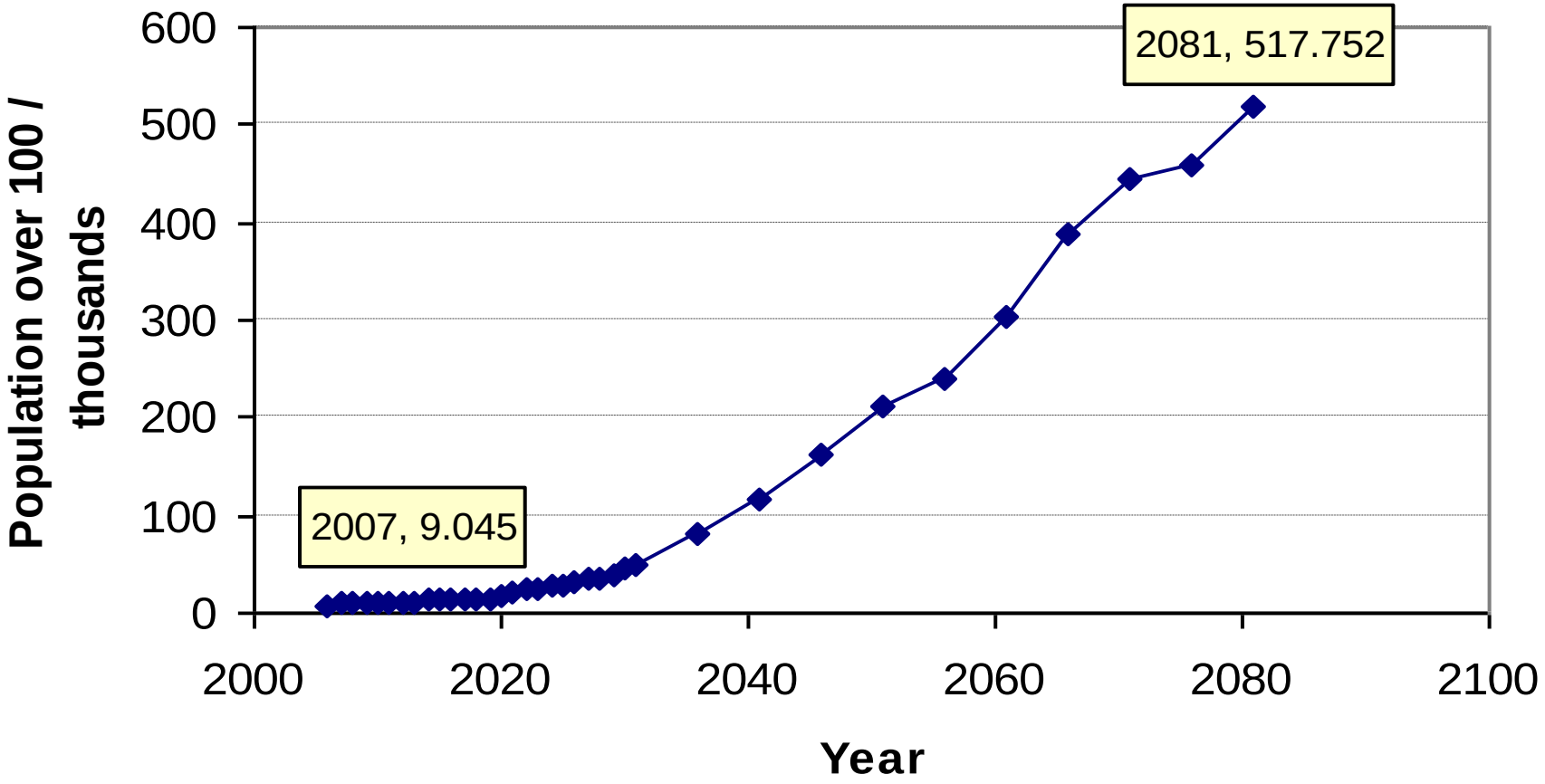
Why is quality measurement important?

REAL HEALTHCARE SOLUTIONS

Enhancing quality and reducing costs

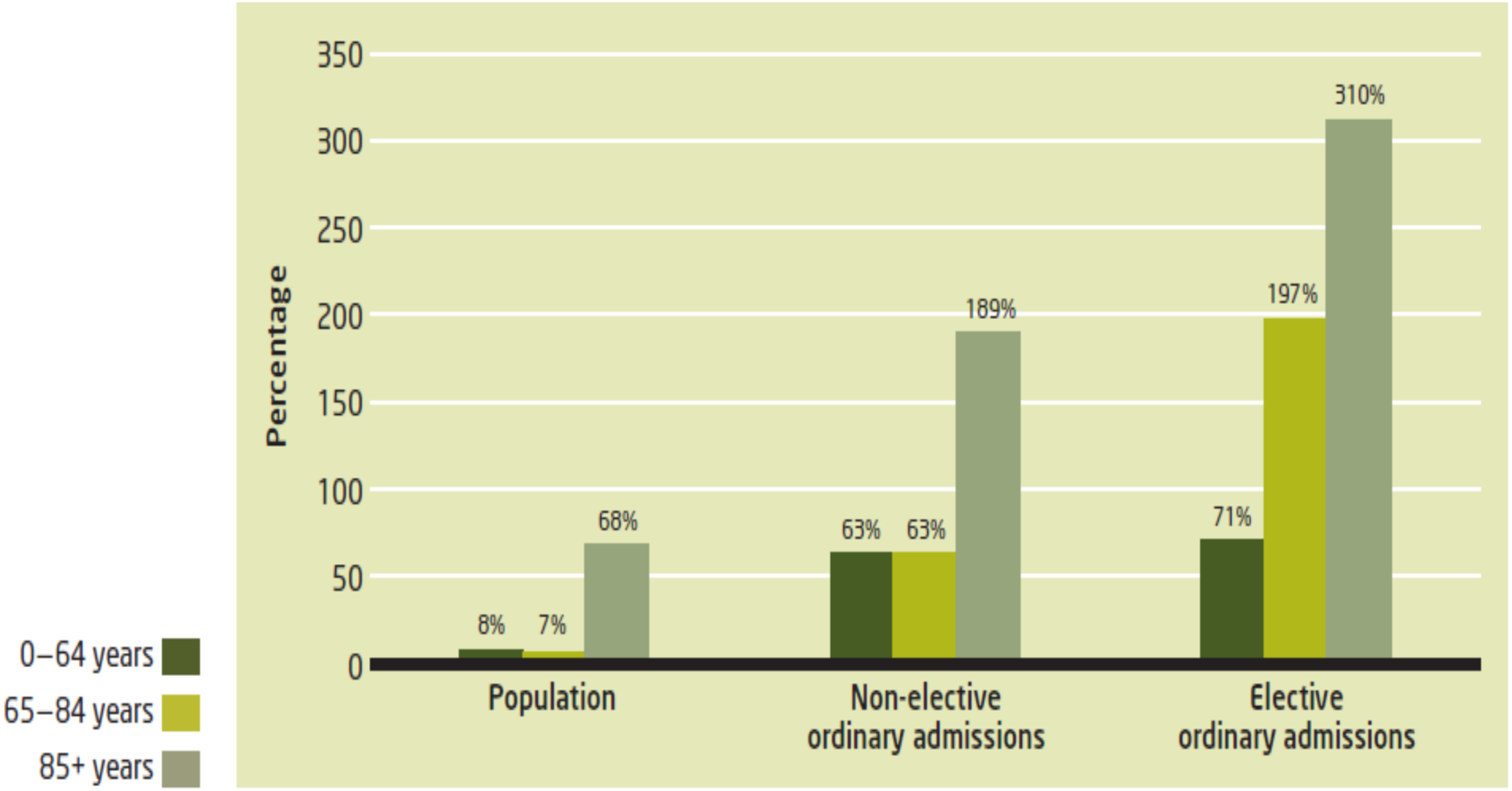

Your Policy Folder

Ageing



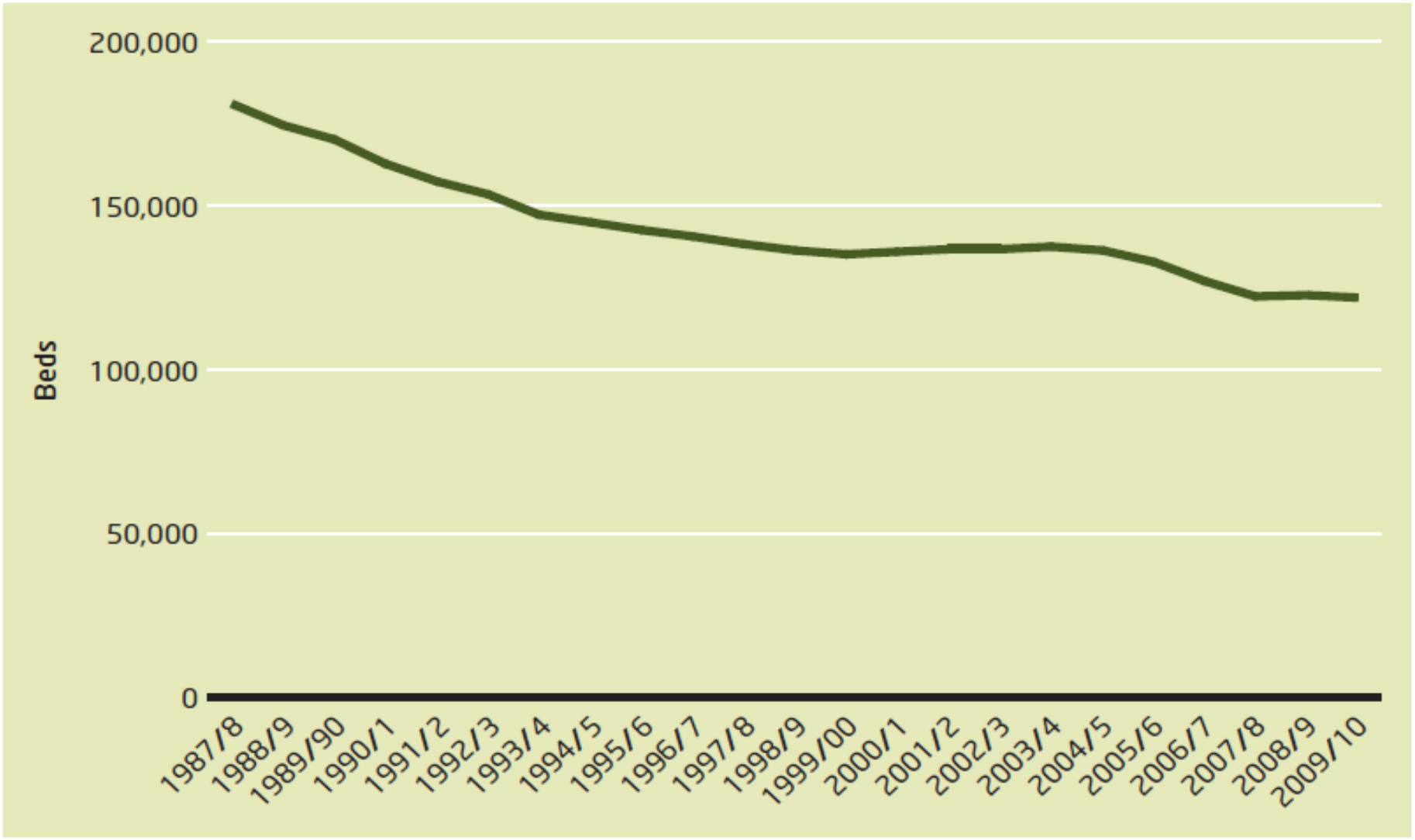
Office of national stats UK 2014

Increases in pop. by age for elective and non-elective hospital admissions (%). 1989/90 – 2009/10



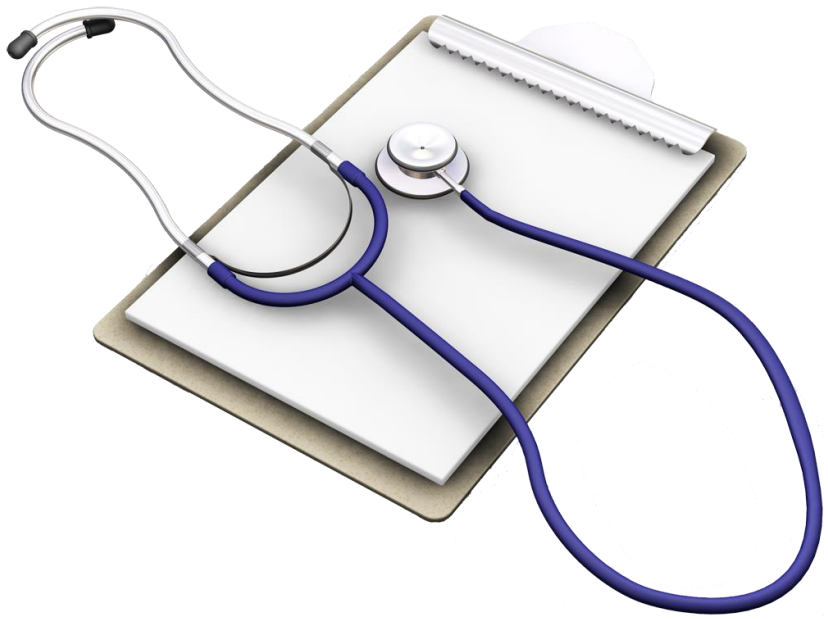
REAL HEALTHCARE SOLUTIONS

No. of acute and general beds, England, 1987 - 2010



Quality in Healthcare

- Morbidity / mortality rates
- Disease reduction
- Hospital acquired infections
- DVT reduction
- Pressure ulcer reduction
- Early discharge
- Hospital admissions
- Length of stay
- Costs ?
- Hospital acquired malnutrition



Changing NHS landscape

Important to understand **NHS drivers and pressures**:

- Unplanned admissions
- Reduced bed stay
- Community treatment

How can we do wound care better?

- Illustrating quality in fiscal terms
- Value of investing in a service
- Spend to save model vs. merely cost saving


£50
£50
Pounds

Cost to the healthcare system in the UK

- In 2005/06 the cost to the NHS of caring for patients with chronic wounds was £2.3bn-£3.1bn

    - Approx 3% of total healthcare spending in that year (£90bn)

- There are more than 200,000 individuals with a chronic wound at any one time in the UK

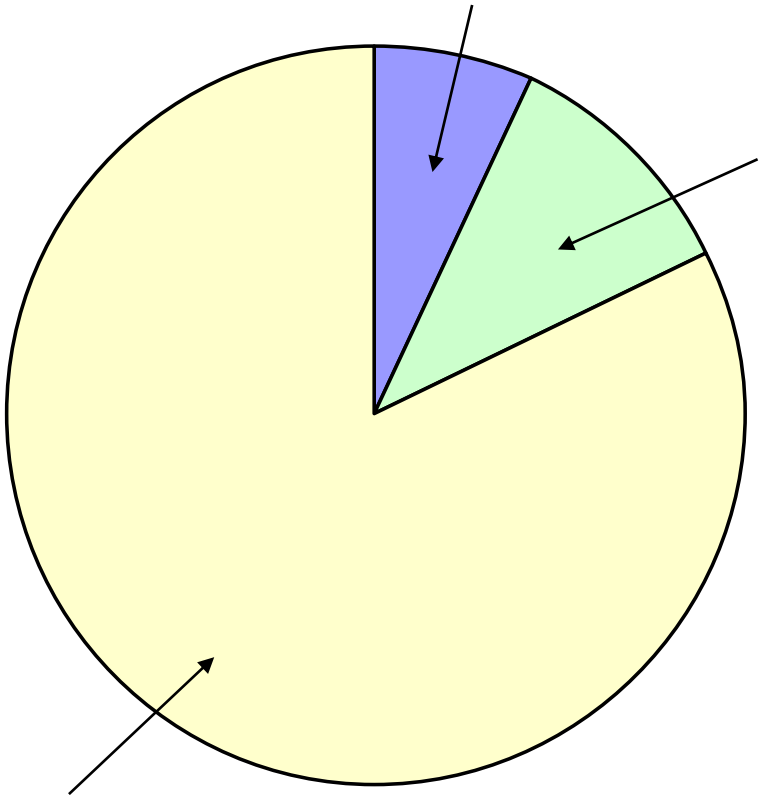
Posnett and Franks (2008)

Chronic wound care costs

	Annual UK incidence (mid-point)	Cost per patient	Annual NHS cost
Venous leg ulcers	108,600	£1,500-£1,800	£168m-£198m
Foot ulcers	57,000	£5,200	£300m
Pressure ulcers	410,000	£4,300-£6,400	£1.76bn-£2.64bn
Total	520,000	£4,400-£5,900	£2.3bn-£3.1bn

Posnett and Franks (2008)

Chronic wound care costs



Wound care costs in the UK

- Dressings and other materials typically represent 10%-15% of total wound care costs
- Nursing time typically represents 25%-30%
- Hospital inpatient costs represent the largest single component of cost at 50%+

Drew et al (2009)

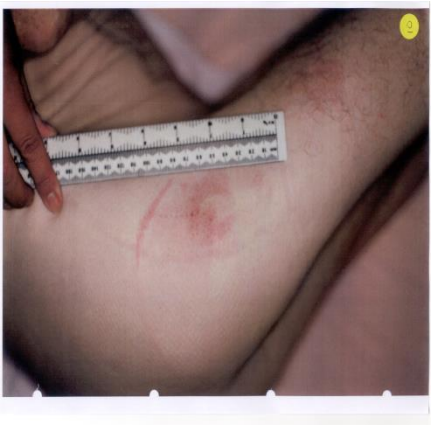
Pressure ulcers: extent of the problem

- Incidence of pressure ulcers varies but is increased in elderly & immobile patients
- Reports of 2.7% - 42.7% in orthopaedic wards
- Other reports 16% for inpatients and 6.6% community

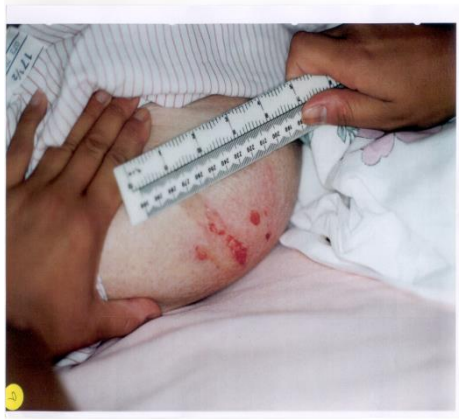
Your skin matters

- Treatment cost vary from £1,064 for a category 1 to £24,214 for a category 4

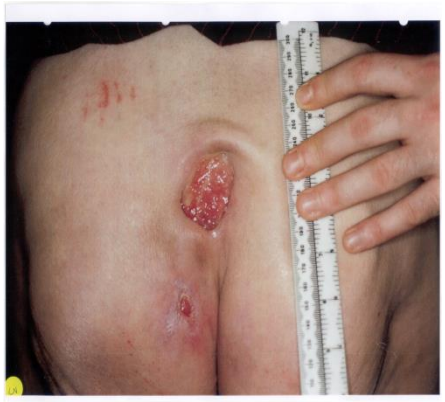
- Litigation costs



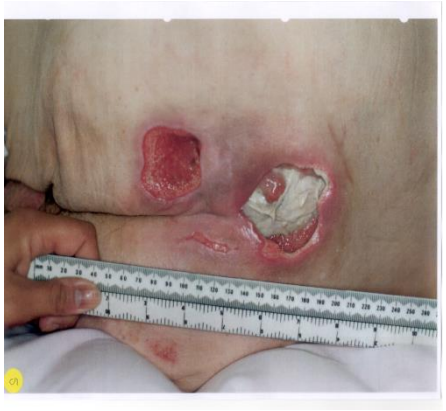
Category 1



Category 2



Category 3



Category 4

Pressure ulcers: Patient costs

- Cost to the patient: quality of life
- Pain
- Discomfort
- Prolonged hospital admission
- Life threatening

Health economic analysis

- Investment on returns
- For every £1 invested
- Returns of £51.56

www.institute.nhs

Department of Health Language

Pressure Ulcers

- Harm free care
- Never Events
- Avoidable vs no-avoidable
- Moisture lesions
- Raise awareness and align accountability


Harmfreecare
from Pressure Ulcers, VTE, CAUTI & Falls

NICE National Institute for Health and Care Excellence

REAL HEALTHCARE SOLUTIONS

Pressure ulcers: prevention and management of pressure ulcers

Issued: April 2014

NICE clinical guideline 179

guidance.nice.org.uk/cg179

NICE accredited

www.nice.org.uk/accreditation

REAL HEALTHCARE SOLUTIONS

NHS
Midlands and East

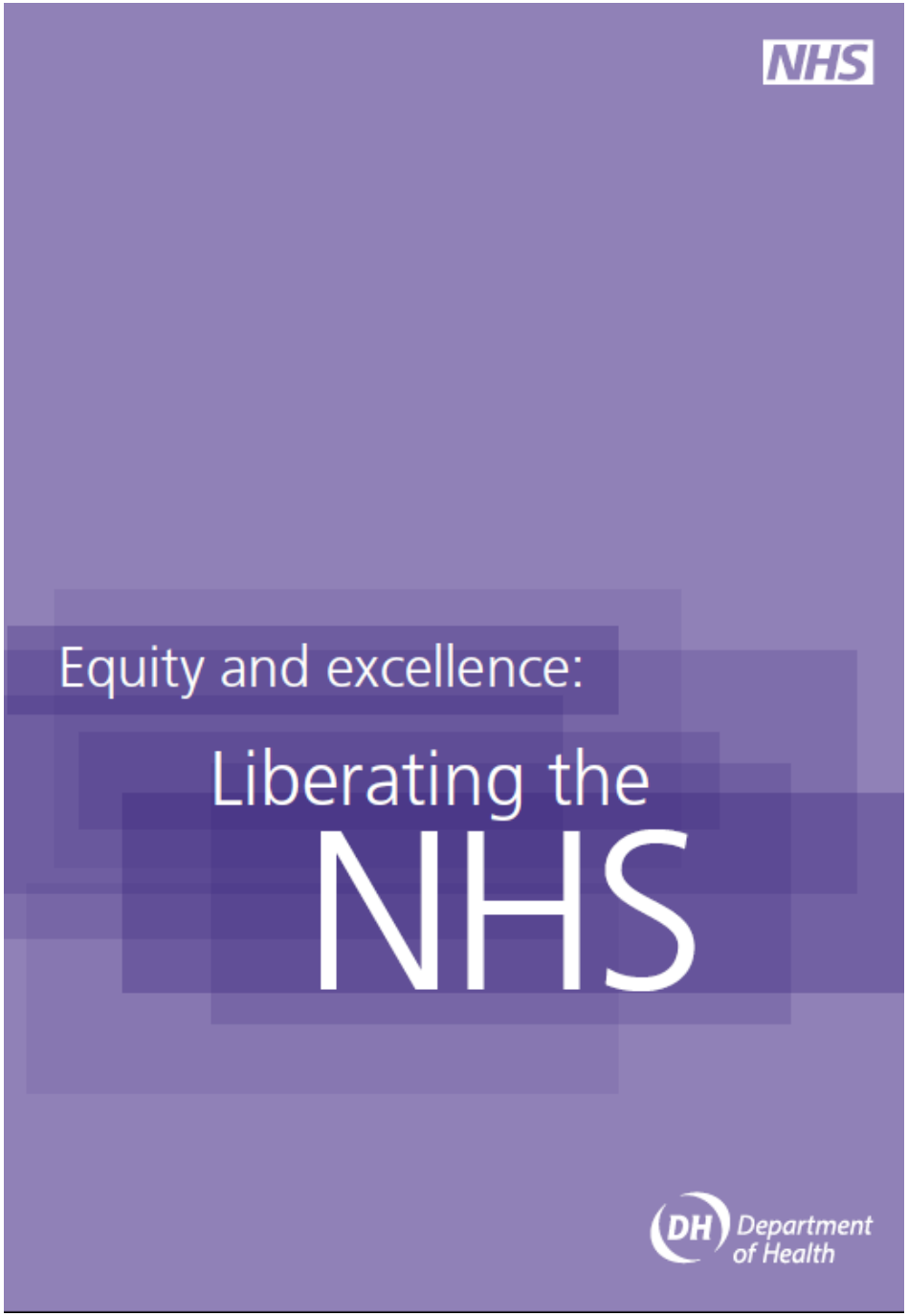
REAL HEALTHCARE SOLUTIONS

REAL HEALTHCARE SOLUTIONS

Thinkpressurecare


Health
costs
Medical
journal
inflatio
races
care re

REAL
HEALTHCARE
SOLUTIONS



REAL HEALTHCARE SOLUTIONS

Equity and Excellence: Liberating the NHS

Patient choice of:

- Any provider
- The consultant-led team
- GP practice
- Treatment

“No decision about me without me”

REAL
HEALTHCARE
SOLUTIONS

NHS Commissioning Board

EVERYONE COUNTS: PLANNING FOR PATIENTS 2013/14

THE NHS CONSTITUTION
the NHS belongs to us all

REAL HEALTHCARE SOLUTIONS

REAL HEALTHCARE SOLUTIONS

NHS Operating Framework 2013/14

Everyone Counts: Planning for Patients

- Getting the basics right every time
- Building the new system
- Maintaining a grip on service and financial performance
- **Meeting the QIPP challenge**
- **Attaining to National Performance Measures**

EVERYONE COUNTS:

PLANNING FOR PATIENTS 2014/15 TO 2018/19

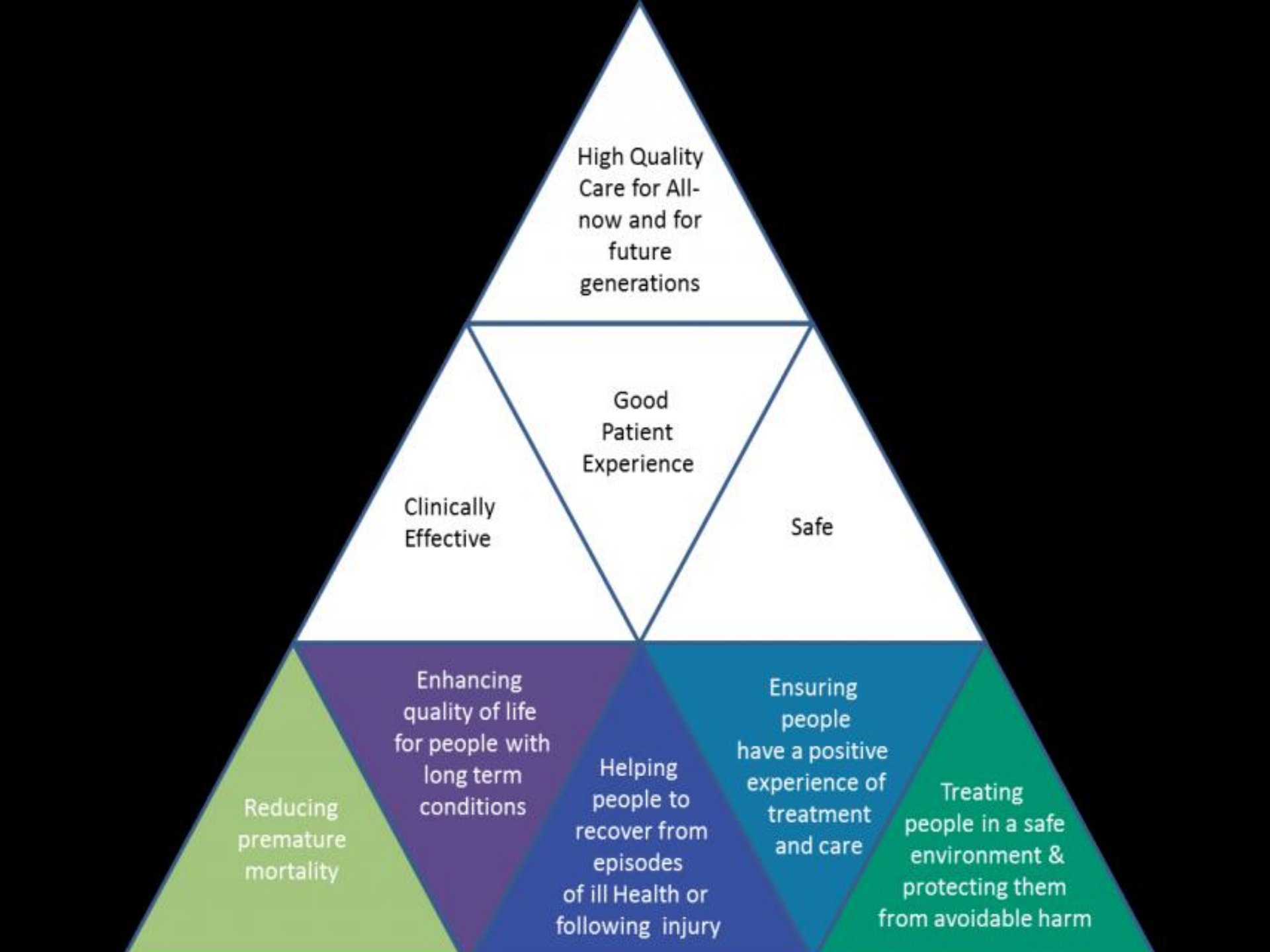
Meeting the Challenge

NHS
Quality, Innovation, Productivity and Prevention

1.	**Preventing people from dying prematurely**
Potential years of life lost (PYLL) from causes considered amendable to healthcare	
Under 75 mortality rate from cardiovascular disease	
Under 75 mortality rate from respiratory disease	
Under 75 mortality rate from liver disease	
Under 75 mortality rate from cancer	
2.	**Enhancing quality of life for people with long term conditions**
Health-related quality of life for people with long-term conditions	
Proportion of people feeling supported to manage their condition	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)[1]	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s[1]	
Estimated diagnosis rate for people with dementia	
3.	**Helping people to recover from episodes of ill health or following injury**
Emergency admissions for acute conditions that should not usually require hospital admission[1]	
Emergency readmissions within 30 days of discharge from hospital	
Total health gain assessed by patients i) Hip replacement ii) Knee replacement iii) Groin hernia iv) Varicose veins	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)[1]	
4.	**Ensuring that people have a positive experience of care**
Patient experience of primary care i) GP Services ii) GP Out of Hours services	
Patient experience of hospital care	
Friends and family test	
5.	**Treating and caring for people in a safe environment and protecting them from avoidable harm**
Incidence of healthcare associated infection (HCAI) i) MRSA ii) *C.difficile*	

National Performance Measures

- Preventing people from dying prematurely
- Enhancing quality of life for people with LTC's
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating a caring for people in a safe environment and protecting them from avoidable harm


High Quality Care for All- now and for future generations
Good Patient Experience
Clinically Effective
Safe
Enhancing quality of life for people with long term conditions
Helping people to recover from episodes of ill Health or following injury
Ensuring people have a positive experience of treatment and care
Reducing premature mortality
Treating people in a safe environment & protecting them from avoidable harm

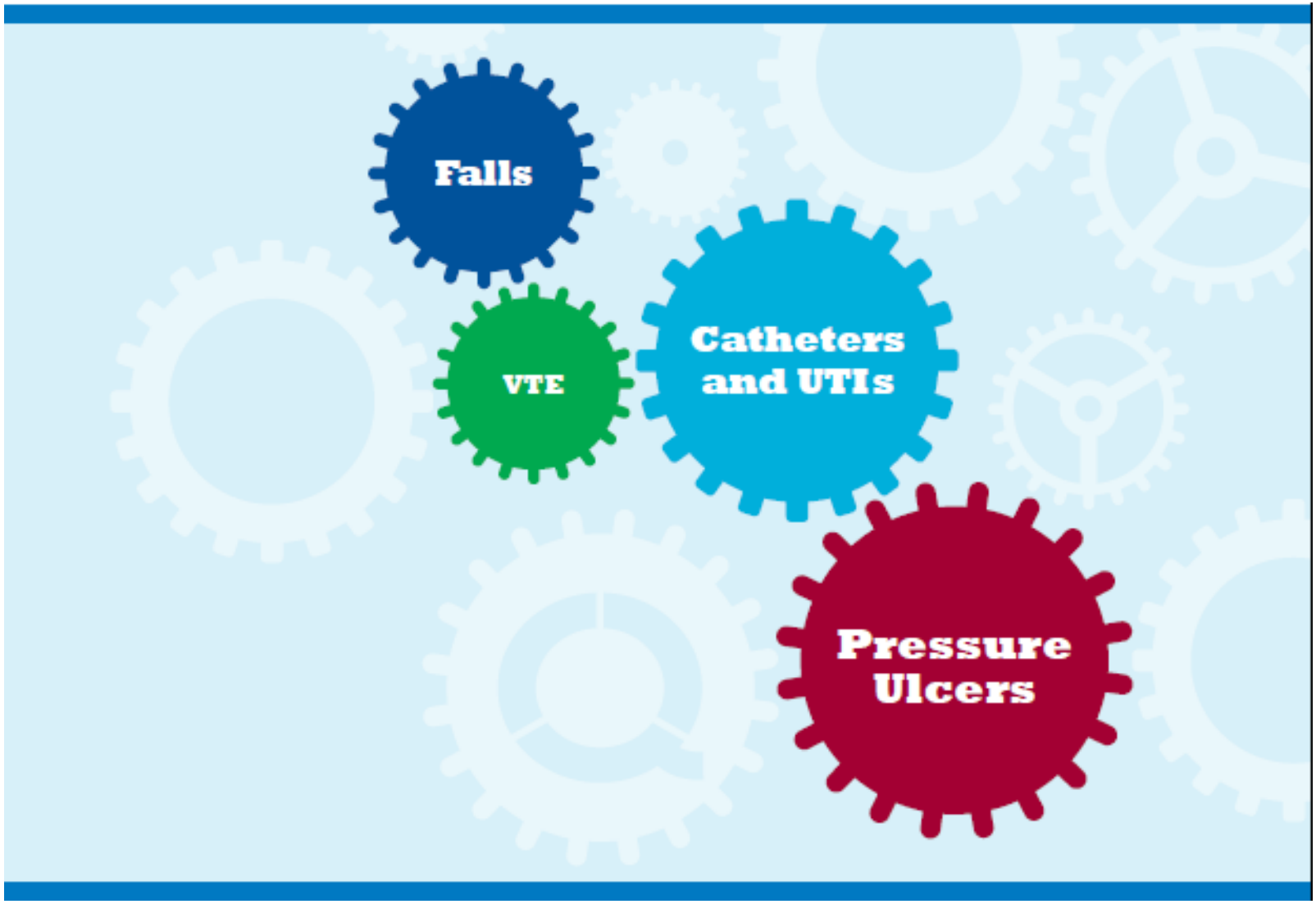

NHS

CQUIN Framework

National goals 2013/2014

1. Friends and Family test
2. Improvement against the NHS Safety Thermometer
3. Improving dementia care in hospital
4. VTE risk assessment

REAL HEALTHCARE SOLUTIONS



NHS Safety Thermometer

Designed measure a snapshot of harm once a month:

- Pressure ulcers
- UTI’s in patients with catheters
- Falls
- VTE’s

REAL HEALTHCARE SOLUTIONS

Quality domains

- **Patient Safety**
- **Patient Experience**
- **Effectiveness of Care**

KEEP CALM AND STOP THE PRESSURE

References

Posnett J and Franks PJ (2007), “The costs of skin breakdown and ulceration in the UK”, in “Skin breakdown – the silent epidemic”

Drew P, Posnett J and Rusling L (2007), “The cost of wound care for a local population in England”, Int Wound J 4(2):149-155.

Risk assessment is a key prevention strategy

- Using a structured approach in the assessment and management of pressure ulcers is key in every hospital setting

Rationalizing risk assessment

- **Sr Helen Loudon RN. N.Ed (UKZN). CICN**
- Certificate Advanced Wound Management (Univ. Hertfordshire, UK)
- Executive member of the Wound Healing Association of SA (WHASA).
- **Safety and Quality Assurance Specialist**

Coloplast

ARJOHUNTLEIGH

Pressure Ulcer Summit

Wednesday 2nd July 2014

RATIONALIZING RISK ASSESSMENT

'Get it right the first time, and every time!'

Helen Loudon
Independent Safety & Quality Management Specialist

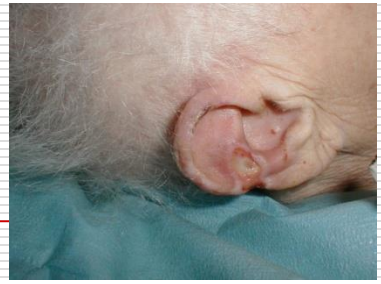
Risk assessment

- The determination of a ***quantitative risk value*** in relation to a concrete situation and a ***recognized threat***

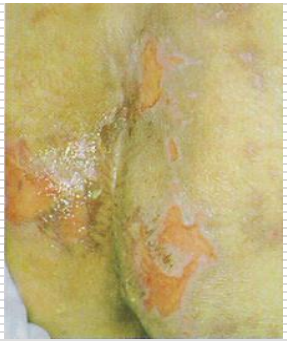
- ***Quantitative risk assessment*** requires the calculation of two components of risk –
  - the magnitude of the potential loss, and
  - the probability that the loss will occur

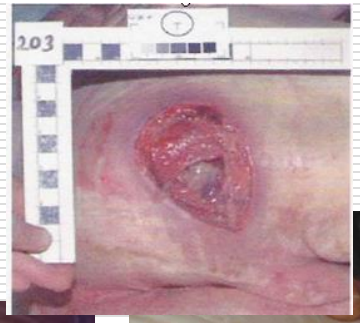
Helen Loudon © 2.7.2014

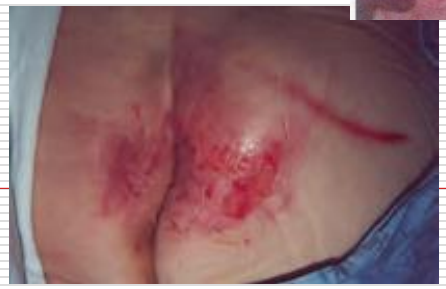
Extrinsic contributing factors…

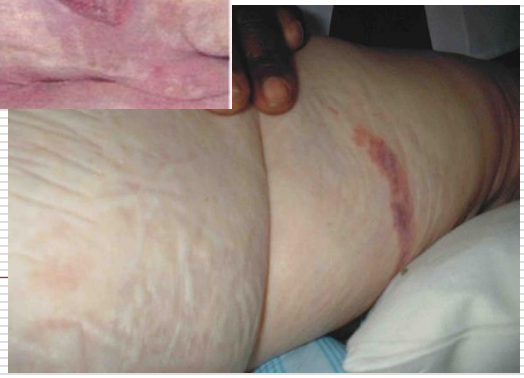


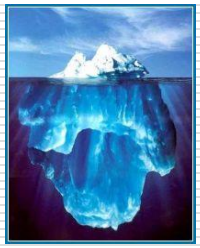
- ✓ Pressure, including device related (nasal O_2 prongs , Foley catheter, n/gastric tube, PEG, trachy tube)
- ✓ Shear forces, friction
- ✓ Moisture, destructive fluids
- ✓ Surgery (incl. sedation, epidural anaesthesia post op)
- ✓ Poor lifting and handling techniques
- ✓ Medication eg: NSAIDS
- ✓ Inappropriate positioning
- ✓ Poor hygiene
- ✓ Inappropriate clothing





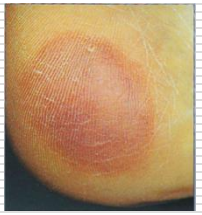


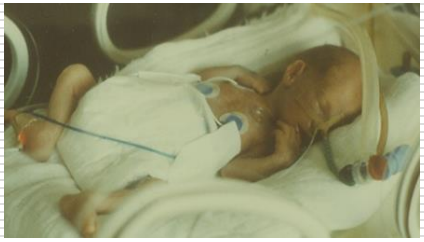




Intrinsic contributing factors…

- ☹ **Low serum albumin**, anaemia, cachexia assoc with malignancy etc
- ☹ Patient build, including physical deformities
- ☹ Extremes of age
- ☹ Sensory impairment
- ☹ Incontinence
- ☹ Infection and/or **diminished inflammatory response**
- ☹ Reduced mobility
- ☹ **Circulatory hypoxia**
- ☹ **Organ failure**
- ☹ Dehydration
- ☹ Mental state
- ☹ Neurological and neuropathic disease

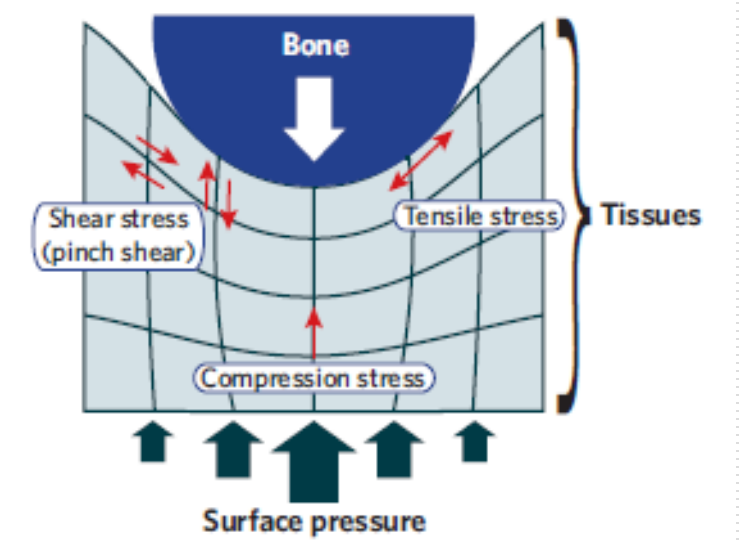




Helen Loudon © 2.7.2014

Examples of PU Risk Assessment Tools

- Norton (1962)
- Waterlow (1985)
- Braden (1987)
- Gosnell (1973)
- Pressure Ulcer Prediction Scale (1987)
- Walsall (1993)



Which Risk Assessment Tool and When?

‘PREDICTIVE VALIDITY’

- Is the tool able to ***differentiate*** between individuals who are at risk and those who are not?
- Are the ***sensitivity*** and ***specificity*** of the tool measurable?

Helen Loudon © 2.7.2014

Not arbitrary & non negotiable!

- ☑ **SENSITIVITY** ie: the accuracy of the tool in predicting those who will develop the condition

- ☑ **SPECIFICITY** ie: aims to ascertain a tool's ability at predicting those patients who will not develop a pressure ulcer, thus avoiding over prediction and a waste of resources

- ☑ **INTER-RATER RELIABILTY** – can different categories of staff use the tool and achieve similar outcomes, thus minimising the risk of discrepancies?

- Doreen **Norton** – 1962

- The first PU risk assessment
- Designed specifically for the frail aged environment
- Lowest value/s depict ‘worst case scenario’
- Subsequently modified to include nutritional status
- *Little research to support its use outside of geriatric setting*

NORTON PRESSURE ULCER SCALE

Resident’s name: Mrs. T

Parameter	Score	⇩ Resident’s condition ⇩	DATE ⇨ “admission” #/##/##
PHYSICAL CONDITION	4	GOOD	3
	3	FAIR	
	2	POOR	
	1	BAD	
MENTAL STATE	4	ALERT	2
	3	APATHETIC	
	2	CONFUSED	
	1	STUPOR	
ACTIVITY	4	AMBULANT	3
	3	WALKS WITH ASSISTANCE	
	2	CHAIRBOUND	
	1	BED REST – BED BOUND	
MOBILITY	4	FULLY MOBILE	2
	3	SLIGHTLY LIMITED	
	2	VERY LIMITED	
	1	IMMOBILE	
CONTINENCE	4	CONTINENT	3
	3	OCCASIONAL INCONTINENCE	
	2	USUALLY INCONTINENT OF URINE	
	1	INCONTINENT OF BOWEL & BLADDER	
CONTINENCE	4	CONTINENT	3
	3	OCCASIONAL INCONTINENCE	
	2	USUALLY INCONTINENT OF URINE	
	1	INCONTINENT OF BOWEL & BLADDER	
		NORTON TOTAL ⇨	13

Mark a “✓” for each of the following conditions if present:	
DIAGNOSIS OF DIABETES	✓
DIAGNOSIS OF HYPERTENSION	✓
Abnormal HEMATOCRIT (DONE WITHIN PAST 90 DAYS) date: “in the ED” RESULT: 34%	✓
Abnormal HEMOGLOBIN (DONE WITHIN PAST 90 DAYS) date: “in the ED” RESULT: 10.8g/dl	✓
Abnormal ALBUMIN (DONE WITHIN PAST 90 DAYS) date: “in the ED” RESULT: 3.1 g/dl	✓
FIVE OR MORE PRESCRIPTION MEDICATIONS	✓
FEBRILE > 99.6 F	✓
CHANGES IN MENTAL STATUS TO CONFUSED, LETHARGIC WITHIN 24 HRS	✓
NORTON TOTAL FROM ABOVE ⇨	13
NUMBER OF CHECK MARKS FROM ABOVE	~8
Subtract number of ✓s from Norton Score to determine NORTON PLUS SCORE	5

SCORES: 16–20 = LOW RISK; 11–15 = MODERATE RISK; 10 or below = HIGH RISK

Medscape

Helen Loudon © 2.7.2014

WATERLOW PRESSURE ULCER PREVENTION/TREATMENT POLICY

RING SCORES IN TABLE, ADD TOTAL. MORE THAN 1 SCORE/CATEGORY CAN BE USED

BUILD/WEIGHT FOR HEIGHT	♦
AVERAGE	
BMI = 20-24.9	0
ABOVE AVERAGE	
BMI = 25-29.9	1
OBESE	
BMI > 30	2
BELOW AVERAGE	
BMI < 20	3
BMI=Wt(Kg)/Ht (m)^2	

SKIN TYPE VISUAL RISK AREAS	♦
HEALTHY	0
TISSUE PAPER	1
DRY	1
OEDEMATOUS	1
CLAMMY, PYREXIA	1
DISCOLOURED GRADE 1	2
BROKEN/SPOTS GRADE 2-4	3

SEX AGE	♦
MALE	1
FEMALE	2
14 - 49	1
50 - 64	2
65 - 74	3
75 - 80	4
81 +	5

MALNUTRITION SCREENING TOOL (MST)
(Nutrition Vol.15, No.6 1999 - Australia

A - HAS PATIENT LOST WEIGHT RECENTLY
YES - GO TO B
NO - GO TO C
UNSURE - GO TO C AND SCORE 2

B - WEIGHT LOSS SCORE
0.5 - 5kg = 1
5 - 10kg = 2
10 - 15kg = 3
> 15kg = 4
unsure = 2

C - PATIENT EATING POORLY OR LACK OF APPETITE
'NO' = 0; 'YES' SCORE = 1

NUTRITION SCORE
If > 2 refer for nutrition assessment / intervention

CONTINENCE	♦
COMPLETE/ CATHETERISED	0
URINE INCONT.	1
FAECAL INCONT.	2
URINARY + FAECAL INCONTINENCE	3

MOBILITY	♦
FULLY	0
RESTLESS/FIDGETY	1
APATHETIC	2
RESTRICTED	3
BEDBOUND e.g. TRACTION	4
CHAIRBOUND e.g. WHEELCHAIR	5

SPECIAL RISKS

TISSUE MALNUTRITION	♦
TERMINAL CACHEXIA	8
MULTIPLE ORGAN FAILURE	8
SINGLE ORGAN FAILURE (RESP, RENAL, CARDIAC,)	5
PERIPHERAL VASCULAR DISEASE	5
ANAEMIA (Hb < 8)	2
SMOKING	1

NEUROLOGICAL DEFICIT	♦
DIABETES, MS, CVA	4-6
MOTOR/SENSORY	4-6
PARAPLEGIA (MAX OF 6)	4-6

MAJOR SURGERY or TRAUMA	
ORTHOPAEDIC/SPINAL	5
ON TABLE > 2 HR#	5
ON TABLE > 6 HR#	8

MEDICATION - CYTOTOXICS, LONG TERM/HIGH DOSE STEROIDS, ANTI-INFLAMMATORY MAX OF 4

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

Scores can be discounted after 48 hours provided patient is recovering normally

© J Waterlow 1985 Revised 2005*
Obtainable from the Nook, Stoke Road, Henlade TAUNTON TA3 5LX
* The 2005 revision incorporates the research undertaken by Queensland Health.
www.judy-waterlow.co.uk

1985 – Judy Waterlow

- Identifies many more ‘at risk’ criteria, including nutritional status
- Highest score/s depict highest risk
- Considered at the time to be more ‘**user friendly**’
- Also incorporated suggestions for **preventive measures**
- *Criticised for being under researched and ‘**over predictive**’ which could be wasteful of resources*
- 2005 – amended in collaboration with Australian colleagues
- *Further research into efficacy and specificity is awaited*

Braden Scale for Predicting Pressure Sore Risk

Resident Name (Last, First, Middle) _____

Room #:_____ Attending Physician:_____Date of Assessment: _____

		Assessment Date:			
Risk Factor	**Score/Description**	**1**	**2**	**3**	**4**
Sensory Perception Ability to respond meaningfully to pressure-related discomfort	**1 = Completely Limited** **2 = Very Limited** **3 = Slightly Limited** **4 = No impairment**				
Moisture Degree to which skin is exposed to moisture	**1 = Constantly Moist** **2 = Often Moist** **3 = Occasionally Moist** **4 = Rarely Moist**				
Activity Degree of physical activity	**1 = Bedfast** **2 = Chairfast** **3 = Walks Occasionally** **4 = Walks Freqeuently**				
Mobility Ability to change and control body position	**1 = Completely Immobile** **2 = Very Limited** **3 = Slightly Limited** **4 = No Limitations**				
Nutrition Usual food intake pattern 1NPO: Nothing by mouth 2IV: Intravenously 3TPN: Total parenteral nutrition	**1 = Very Poor** **2 = Probably Inadequate** **3 = Adequate** **4 = Excellent**				
Friction and Shear	**1 = Problem** **2 = Potential Problem** **3 = No Apparent Problem**				
Total Score					

High Risk: Total score ≤ 12.
Moderate Risk: Total score 13-14.
Low Risk: Total score 15-16 if under 75 years old or 15-18 if over 75 years old

Braden PU risk assessment Tool

- 1987 - American collaborative team
- Recognizes significant aetiological factors such as **shear forces** and **compression**
- Lower scores depict highest risk
- *Potential weakness whereby staff may misinterpret 'mobility' and 'activity' criteria*
- Suitable for implementing in a variety of clinical settings, however *research has indicated that the predictive validity of the tool is not consistently high enough across all clinical scenarios*

Cochrane Review of comparative predictive validity

Table 2

Predictive validity of risk assessment scales

Scale	Author	Sensitivity	Specificity
Braden	Bergstrom et al, 1992 (short stay)	100%	90%
	Bergstrom et al, 1992 (ICU)	83%	90%
	Braden et al, 1994 (nursing home)	46%	88%
	Langemo et al, 1991 (orthopaedic)	64%	87%
	Barnes et al, 1993 (cardiothoracic)	73%	91%
Waterlow	Smith, 1989	73%	38%
Norton	Norton et al, 1962 (elderly care)	63%	70%
	Goldstone et al, 1982 (orthopaedic)	89%	36%
	Smith, 1989 (orthopaedic)	50%	31%

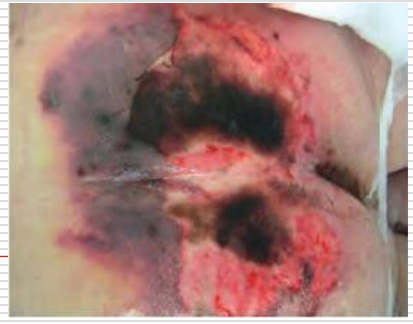
1. Bell J. Are PU Grading & Risk Assessment Tools Useful? Wounds UK July 2005
2. Moore ZE, Cowman S. Risk assessment tools for the prevention of pressure ulcers. Cochrane Database Systematic Review 2008 Jul 16;(3):CD006471. PMID: 18646157.

Helen Loudon © 2.7.2014

Limitations of Risk Assessment

- **Infrequent and/or inadequate?** the Patient's risk profile may change (eg: post operatively, sedation, infection, dehydration etc)
- **Re-evaluation** is dependent upon previous discrepancies in assessment, the nurse's clinical judgement and continuity of care
- **Sensitivity and specificity** are dependent upon the assessor's insights into pressure ulcer etiology
- Unavoidable tissue destruction - '**S.C.A.L.E**'?

KTU
(Kennedy 'terminal ulcer')



Helen Loudon © 2.7.2014

Identifying patients at risk

- ☑ Assessing an individual's risk of developing pressure ulcers should involve both **informal and formal assessment procedures**.
- ☑ Risk assessment should be carried out by personnel who have undergone **appropriate and adequate training**
- ☑ The **timing** of risk assessment should be based on each individual case however it should take place in **under six hours** of admission
- ☑ If considered not at risk on initial assessment, **reassessment** should be undertaken with any change in the patient's condition.

Use of risk assessment scales

- Risk assessment tools should only be used as an aide memoire and ***should not replace clinical judgement.***
- *If use of a risk assessment tool is preferred, it is recommended that a scale that has been tested for use in the same specialty is chosen.*

Recommendations for the use of pressure redistributing devices

- ☑ Decisions about which pressure redistributing device to use should be based on an overall assessment of the individual and not solely on the basis of scores from risk assessment scales.
- ☑ 'At risk' individuals should not be placed on standard foam mattresses.
- ☑ Patients at very high risk of developing pressure ulcers should be placed on alternating pressure mattresses or other high-tech pressure redistributing systems.
- ☑ Pressure redistributing overlays should be used on the operating table for lengthy cases
- ☑ Post-operative facilities eg. High Care, ICU should routinely include the use of pressure redistributing mattresses.
- ☑ Repositioning is still required when patients are on pressure redistributing devices!
- ☑ The benefits of a pressure redistributing device should not be undermined by prolonged chair sitting.

Helen Loudon © 2.7.2014

Thank you!

NO ULCERS	**N**utrition and fluid status **O**bservation of skin **U**p and walking or assist with position changes **L**ift, don't drag **C**lean skin and continence care **E**levate heels **R**isk assessment **S**upport surfaces
SKIN	**S**urface selection **K**eep turning **I**ncontinence management **N**utrition

Helen Loudon © 2.7.2014

References

1. Ayello, E et al 2009 NPUAP/EPUAP Guidelines www.npuap.org
2. International review. Pressure ulcer prevention: pressure, shear, friction and microclimate in context. A consensus document. London: Wounds International, 2010. www.woundsinternational.com/pdf/content_8925.pdf
3. Bell, J. Are Pressure Ulcer Grading and Risk Assessment Tools Useful? Wounds UK, July 2005 www.woundsinternational.com/pdf/content_79.pdf
4. Royal College of Nursing 2001. Pressure Ulcer Risk Assessment and Prevention: recommendations. www.rcn.org.uk/__data/assets/pdf_file/0003/78501/001252.pdf
5. Sibbald RG, Krasner DL, Lutz JB, et al. The SCALE Expert Panel: Skin Changes At Life's End. Final Consensus Document. October 1, 2009.
6. Falanga, V. Eaglestein, WH. 1995 Leg and Foot Ulcers – A Clinician's Guide, Martin Dunitz Ltd. London, UK.
7. Flanagan,M.1997 Wound Management; Edinburgh, Churchill Livingstone
8. Huntleigh Healthcare 2003, Pressure Area Management: The Facts

Helen Loudon © 2.7.2014

Useful websites

- www.whasa.co.za
- www.woundhealingsa.co.za
- www.woundsinternational.com
- www.wounds-uk.com
- www.worldwidewounds.com
- www.npuap.org
  (US National &/or European Pressure Ulcer Advisory Panel EPUAP)
- www.ArjoHuntleigh.com/za
- www.woundwise.co.za
- www.less-pain.com

Living with a pressure ulcer

- What is it like to develop a pressure ulcer !!!!

- Have you ever asked your patient how they feel about having a pressure ulcer ?

Pressure Ulcers-A Patients Perspective

Ari Seirlis

- CEO-QASA

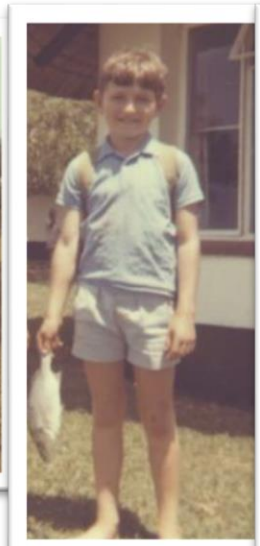
“The consequences of pressure sores on lifestyle, health and wellness for people with spinal cord injuries. Focusing on the importance of prevention and ensuring excellent bladder management and the resourcing of assistive devices and consumables for quadriplegics and paraplegics to ensure the risk of pressure sore is reduced”

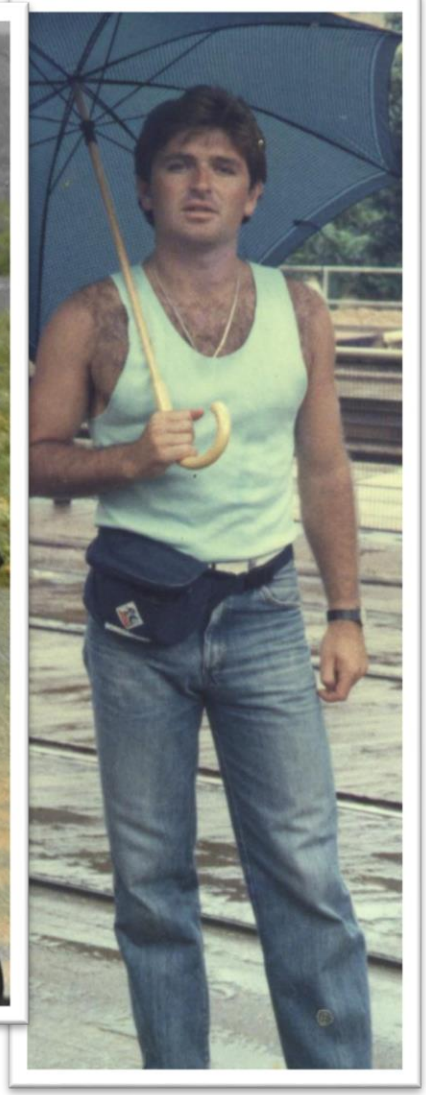
Ari Seirlis CEO:
QuadPara Association of South Africa (QASA)

Coloplast

QuadPara
Association of South Africa (QASA)

My Story…. Like so many others





QuadPara
Association of South Africa (QASA)


FINISH
10 32 56
Hertz Hertz
COMRADES '85

A day never to be forgotten…

Durban model breaks neck on slide

Daily News Reporter

A DURBAN man, Mr Aristedes (Ari) Seirlis, aged about 22, is paralysed from his shoulders down after breaking his neck on Durban's Water Wonderland at the weekend.

It is understood that the accident happened during a filming shoot, which is to be used as a promotion for the opening of a similar water-world park in Pretoria.

Mr Seirlis, was sliding down a slipway on a modelling assignment when he banged his head.

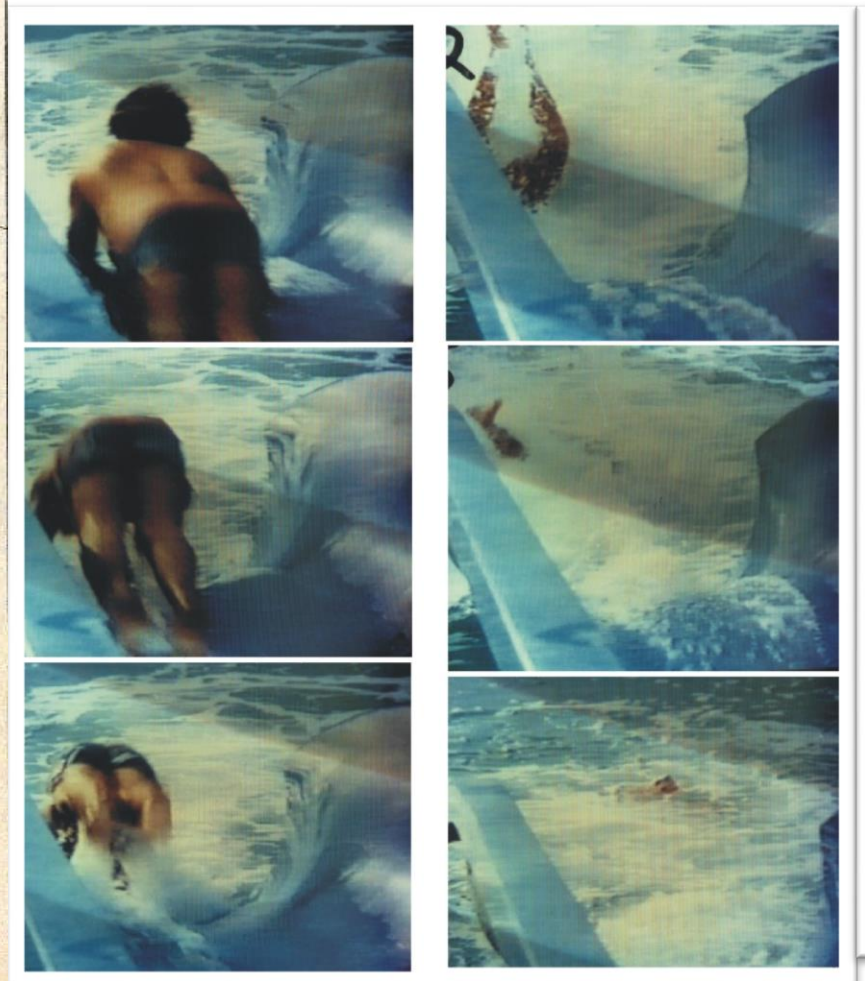
He was taken to Addington Hospital where it was found that he had crushed his fifth vertibra and an operation to transplant bone from his hip to his neck, was done.

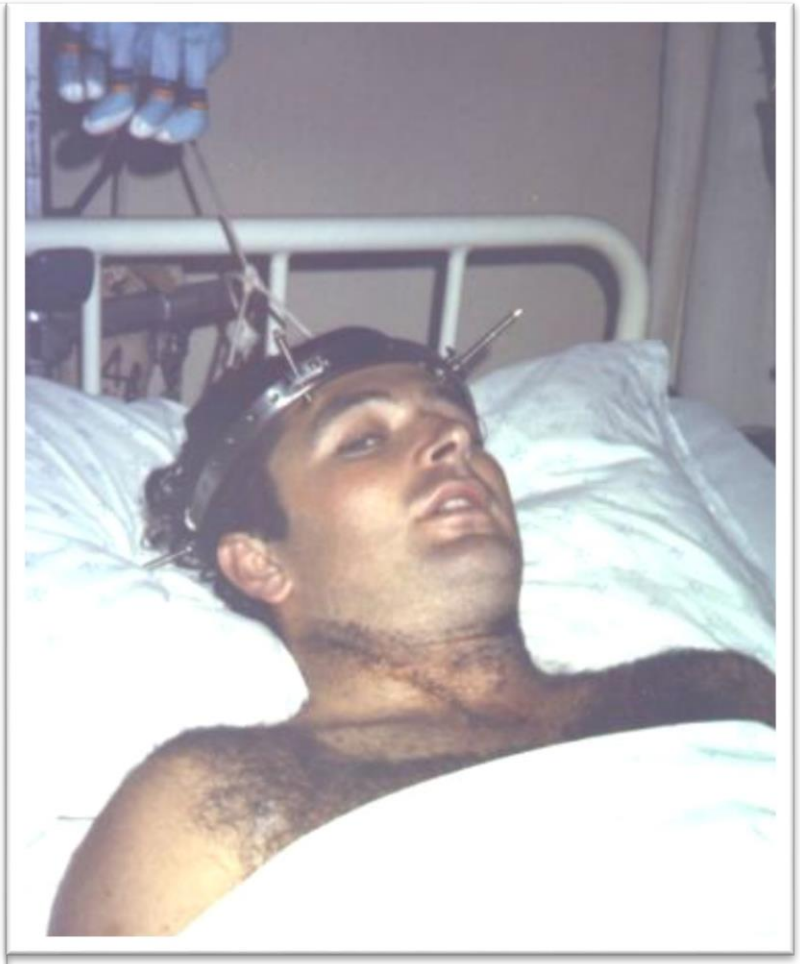
Mr Raph McCarter, Deputy Medical Superintendent at Addington said Mr Seirlis was in a serious condition in the intensive care unit, but that he had had improved slightly.

He will remain in the ICU for a few more days.

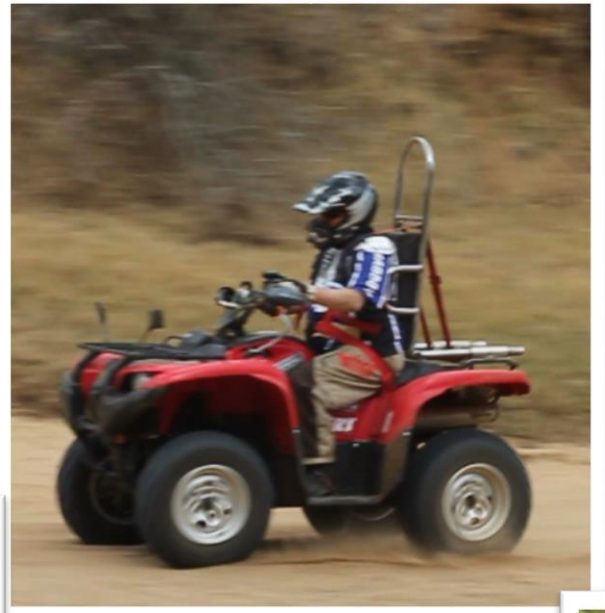
Mr Nick Steyn, owner of Water Wonderland, said he was not there when the accident occured, but he believed that the film crew had not obeyed the rules of the park.

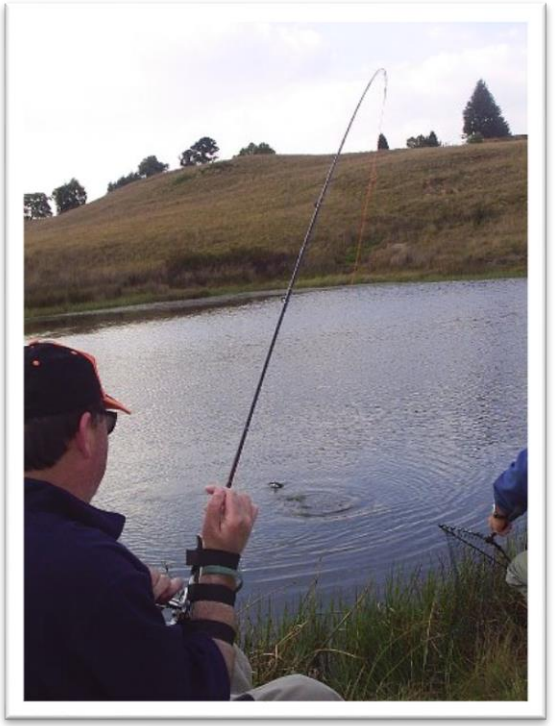
"I gave them use of the facility for the whole of Friday and as we aren't open from Monday to Friday we had no staff there."





New Challenges…





New Opportunities…

Coloplast


5:28:21
TIMEX
NEW YORK CITY MARATHON
ING
NEW YORK CITY MARATHON
Achilles

New Purpose…


Gordon
Institute
of Business
Science


BELL'S
NIGHT OF THE STARS


BusinessDay TV

Wellbeing…

Rehab pathway… *the start of the process*

Assistive Devices & Mobility Aids … *Agility & Seating*

Understanding Human Rights … *Know your Rights*

Health Responsibility … *Know your body*

Risks …*Relationships , Employment, Infection, Depression*

Solutions & Resolutions … *No pressure sores*

… No bladder Infections

…. Identify

… Treat

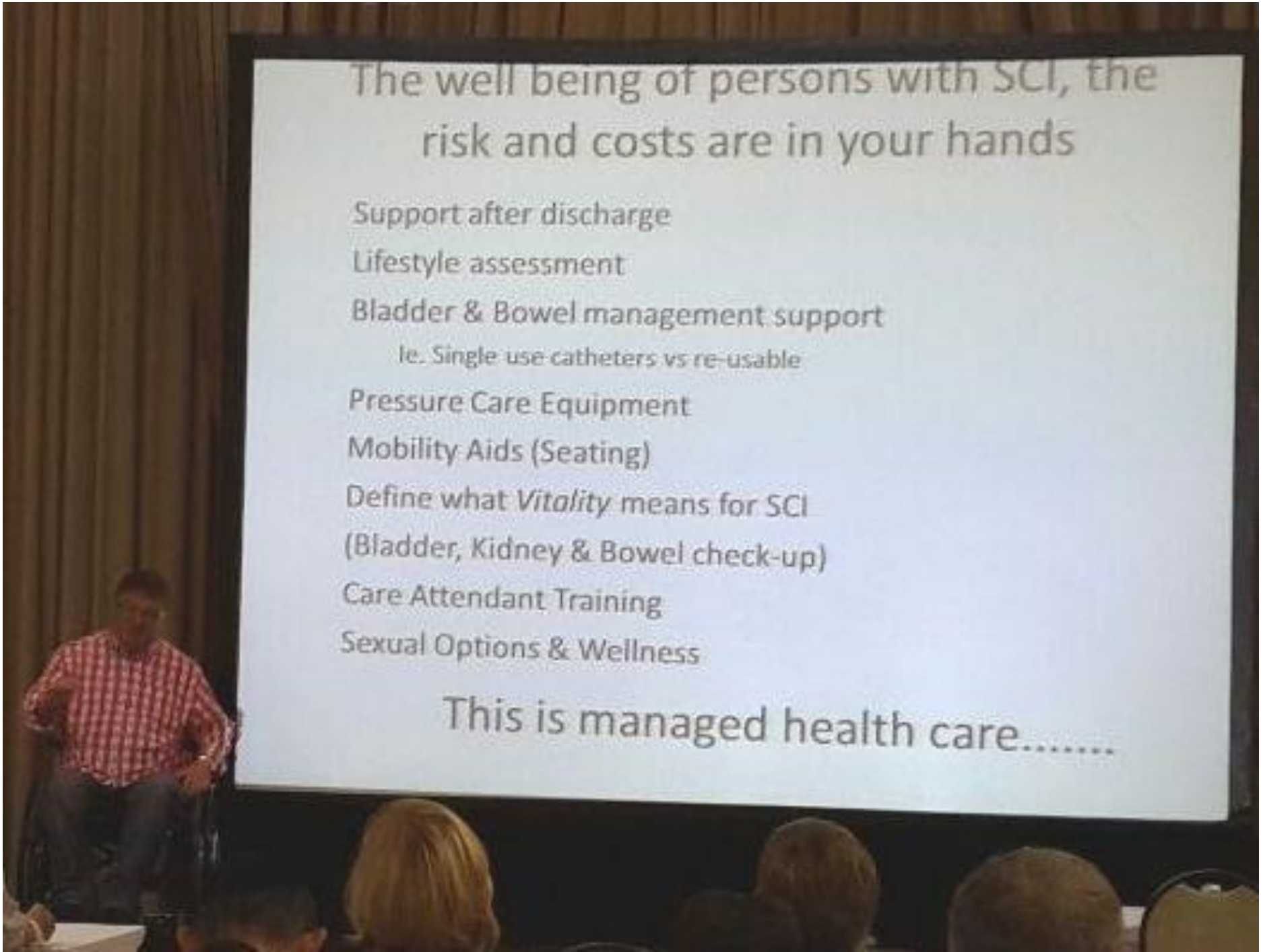
… ReImburse

If you get all this right, you can enjoy…

New Challenges, New Opportunities, New Purpose

Coloplast

QuadPara Association of South Africa (QASA)


The well being of persons with SCI, the risk and costs are in your hands
Support after discharge
Lifestyle assessment
Bladder & Bowel management support
Ie. Single use catheters vs re-usable
Pressure Care Equipment
Mobility Aids (Seating)
Define what *Vitality* means for SCI
(Bladder, Kidney & Bowel check-up)
Care Attendant Training
Sexual Options & Wellness
This is managed health care.....

Pressure Ulcers and litigation

Patients are becoming more aware of their rights.

There seems to be a rise in litigation relating to pressure ulcers.

As a healthcare professional do you know how you can be affected legally when your patients develop pressure ulcers.

Legal Liability and Pressure Ulcers

- **Advocate Elsabe Klinck**
- Elsabe holds the following degrees: B. Juris (UFS 1991), LL.B (UFS 1993), B.A.
- Hons (German) (cum laude) (UFS 1999) and a BA in Applied Psychology for
- Professional contexts (UNISA 2008).
- specialises in health law, policy and other services to health sector
- She is co-author of, amongst
- others, the books *Employment Equity Law* and *International Human Rights*
- *Standards* and has published chapters in *Social Security Law*.

elsabé klinck consulting cc

Legal liability and the MAL in mal-practice

elsabé klinck consulting cc

1. SANC

Unprofessional / unethical behaviour

- Did you violate a particular rule, policy statement issued by the Nursing Council or under the Nursing Acr
- Does the profession (your peers) regard your behaviour as (un)professional?
- Not necessary for patient to prove they suffered harm, just that you violated the rule

CODE OF ETHICS FOR NURSING PRACTITIONERS, 2013

elsabé klinck consulting cc

"Altruism – Nurses are at all times expected to show concern for the welfare and wellbeing of healthcare users."

"Caring – Nurses are required to demonstrate the art of nurturing by both applying professional competencies and positive emotions that will benefit both the nurse and the healthcare user with inner harmony"

"Non-maleficence – This requires a nurse to consciously refrain from doing harm of any nature whatsoever to healthcare users, individuals, groups and communities"

National Health Act:

- "informed consent & full knowledge"
  - Health status
  - Participation
  - Range of diagnostic procedures and treatment **options**
  - **benefits, risks**, **costs** and
  - right to refuse (and implications thereof)
  - In a language… & literacy

elsabé klinck consulting cc

3. Managing the risk of being sued

Vicarious liability

- Your employer is legally liable for all your actions taken "within your scope of employment"
- However, employer can take disciplinary action against you afterwards and/or SANC can
- Employer may argue that you were "on a frolic of your own" and not carry the can for you

On being sued…

elsabé klinck consulting cc

The complainant must prove:

1. An act or an omission (something was done, or not done) (can be 1 or more persons person)
2. Harm to the complainant
3. Causality (it was actually act/omission that caused the harm, and not something else) (1 or more persons can cause something)
4. Neglect or intent (one should have done something, e.g. should have foreseen and should have taken steps, incl accidents)
5. Wongfulness (society regards what happened as wrong)

Supreme Court of Appeal

- "… used the standard technique which he always applied … Part of his standard procedure, so the appellant testified, was …"

- "… the development of …. is widely recognised as a consequence of … that cannot always be avoided, however careful the [HCP] might be and whatever precautionary measures he or she may take."

Buthelezi v Ndaba
(575/2012) [2013] ZASCA 72 (29 May 2013)

Castell v De Greef (1993):

'The test remains always whether the practitioner exercised reasonable skill and care or, in other words, whether or not his conduct fell below the standard of a reasonably competent practitioner in his field. If the "error" is one which a reasonably competent practitioner might have made, it will not amount to negligence.'

The solution therefore is not to not do anything (or do things defensively), but rather to ensure that appropriate measures are taken

i.e. to be CAREFUL

On what is foreseeable and what steps to take:

- How it will work in practical terms:
  - Get another professional to testify at what they would have done / foreseen
  - Guidelines & protocols
  - Good practice & SOPs

Reasonable HCPs…

… adhere to good practice guidelines and should be fine …

… anticipate bad things and take steps to ameliorate or avoid them …

elsabé klinck consulting cc

2. CPA

2. Consumer Commission

Key complaints:

- Failure of equipment
- Lack of issuing warnings and ensuring that patient agrees to risk
  - It's the patient's choice and the patient takes on the risk! If it is your choice, you carry the CPA risk!
- Lack of giving adequate instructions

Product liability for goods

STRICT liability if suppliers provide:

- unsafe goods;
- a product failure, defect or hazard in any goods; or
- inadequate instructions or warnings

elsabé klinck consulting cc

Risk

- AND IF **risk =**
  - of an **unusual** character or nature;
  - the presence of which the consumer could not reasonably be expected to be aware or notice, or which an ordinarily alert consumer could not reasonably be expected to notice or contemplate in the circumstances; or
  - that could result in serious injury or death
- **CONSENT IN WRITING!**
- And be conspicuous, etc

elsabé klinck consulting cc

elsabe@ekconsulting.co.za

Is there a need for guidelines in South Africa? What can we replicate from International guidelines

The European Giudelines and the NPUAP guidelines.

Analysis of International guidelines and the way forward in South Africa

- Liezl Naude- Clinical Nurse Specialist in Wound Management
- Founder of Eloquent Learning Health
- Wound Management Specialist at the Advanced Lower Limb and Wound Management Centre in Pretoria
- Masters Degree in Community Health Nursing
- Certificate in Wound Care at the
- University of the Free State, South Africa in 2004 and a Certificate in Wound Care at the
- University of Hertfordshire, UK in 2005.
- IWCC ,Past president WHASA
- Sits on the World Alliance of wound and lymphoedema care

The Panel

- Professor Magda Mulder
- Sr Liezl Naude
- Dr Billa
- Mr Ari Seirlis
- Mr Richard Shorney
- Sr Helen Loudon
- Sr Guliwe
- Advocate Elsabe Klinck
- Dr Balenda
- Gerda Van Rensburg
- Professor Hudson
- Dr Moodley

Our mission

Making life easier for people
with intimate healthcare needs

Our values

Closeness... to better understand

Passion... to make a difference

Respect and responsibility... to guide us

Our vision

Setting the global standard
for listening and responding