

REASON WHY?

In 2023 the new manager on ward 11 noted that her patients were at high risk of pressure ulcers, and that with community and nurses that were new to the NHS she had to quickly take control of the management and treatment of pressure areas. She had seen one patient develop a category 3 ulcer that developed into a category 4 in the community and was determined that would be the last.

PLAN

The plan was for the ward manager and the band six nurses to complete a skin tracker document every week.

The intention was that this document would record that every patient had had their pressure areas checked, that any treatment or management plans were documents and that the document would be handed over at the end of each shift so the band six team would always have oversight of the skin care needs of every patient on the ward.

The tracker was introduced in March 2023 and gave the ward manager and the band 6 nurses the responsibility communicating the skin care needs of every patient with each other and the rest of the team.

Now the team always do a skin check on admission, and datix any existing skin issues that are present on admission to the ward.

DO

The document is completed by the band six on duty and emailed to the band six on the next shift.

It is discussed in the daily huddle so other staff are aware of the patient needs and the plan of action and can be given task or give verbal updates.

The document has allowed the band 6 team and the ward manager to educate the band 5 nursing staff on process and policies surrounding tissue viability.

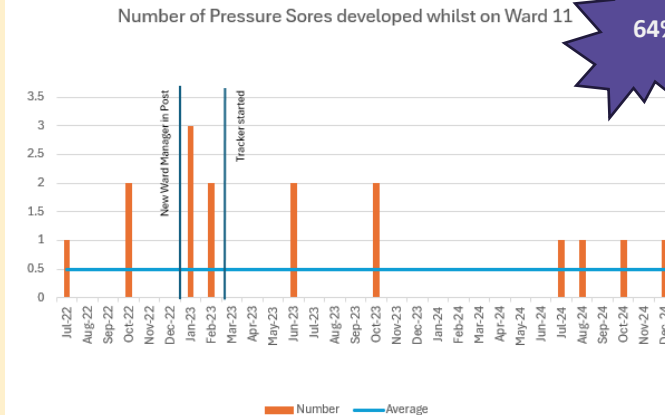
The tracker has also meant that certain responsibilities can be given to other staff members, such as the band 5 nurses taking photos of pressure areas when needed.

The team are now also able to order their own heel pressure relieving boots.



To reduce the number of pressure ulcers developed whilst a patient is in hospital by 50% by December 2024.

STUDY



64%

At the time of writing the ward had been 59 days since their last recorded pressure ulcer that had been developed whilst on the ward.

The available data shows that in the 8 months prior to the tracker being introduced there were 8 pressure ulcers developed whilst in hospital and in the 21 months since there have been 8, a reduction of **64%**. Some of these (towards the end of 2024) are explained by high staffing absences including being a band 6 nurse down.

ACT

The team are **ADOPTING** the skin tracker document and the discussion at the daily huddles.

They would like to **ADAPT** the process so that the band 5 can upload photographs on to clinical portal, however this is currently out of their control.



Datix?	Air mattress?	Information/Description
No	N/A	Mobile and self-caring, advised skin intact
N/A	Yes	Healing moisture damage to sacrum, area is much improved
N/A	No	Skin intact RB sacrum
N/A	No	Skin intact
Yes	Yes	Checked skin 13/1. Changed and moved on to air mattress 13/1.
N/A	N/A	RB sacrum, swollen legs, RB heels
N/A	No	Left heel scab, left leg cellulitis, skin tear right shin, feet and ankles very dry
N/A	Ordered 18/1/25	RB sacrum, bilateral leg dressings, changed by Agency staff, I did not manage to see the legs, images sent to tm from AMU
Yes	Yes	C2 to left heel, healing C2 to right buttock, skin tear right shin. Patient has orthotic boots