A Practical Guide to

Eliminating Avoidable Pressure Ulcers

Thursday 4 July 2013      ICO Conference Centre    London

Chairman and Speakers Include:

Prof Gerard Stansby
Guideline Development Group Chair,
Prevention and Management of Pressure Ulcers Guideline and Quality Standard
National Institute for Health and Clinical Excellence

Tina Chambers
Co-Chair, Consensus Working Group
Achieving Consensus in Pressure Ulcer Reporting, The Tissue Viability Society
& Clinical Nurse Specialist in Tissue Viability
Hampshire Hospitals NHS Foundation Trust
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“Pressure ulcers represent a major burden of sickness and reduced quality of life for people with pressure ulcers and their carers…based on available data, new pressure ulcers are estimated to occur in 4-10% of patients admitted to hospitals in the UK… the rate is unknown in community and care homes…The financial costs to the NHS are considered to be substantial. There is variation in the consistency of approach to pressure ulcer prevention, and to treatment and care of established pressure ulcers across the NHS in both secondary and primary care”


This conference, chaired and introduced by Prof Gerard Stansby, Chair of the Guideline Development Group for the New NICE Pressure Ulcer Quality Standard focuses on a practical guide to eliminating avoidable pressure ulcers and taking a zero tolerance approach.

The findings from the Francis Inquiry into Mid Staffordshire NHS Foundation Trust emphasise the importance of focusing on pressure ulcers and the fundamentals of care

“Failures to record pressure ulcers. An audit of just over a year’s worth of returns on incidences of pressure ulcers found that only two out of a possible 53 returns had been made. While it was the responsibility of the ward manager to make the returns, the report recognised that this evidenced a systemic failure as the non-compliance with this policy should have been picked up and acted on. Of perhaps even greater concern was the finding that the clinical nurse specialist had been called to the ward on occasions to see patients whose wounds had deteriorated because her advice had not been followed in matters as simple as the daily changing of dressings......High-performing wards publicly displayed their results for healthcare acquired infections, pressure ulcers, falls, etc., on corridor walls with pride”

Francis Inquiry Feb 2013

The conference will continue with practical case studies in reducing pressure ulcers including developing a zero tolerance approach and improving prevention, reporting and investigation.

The final session will focus on case studies in practice including heel ulcers, surgical pressure ulcers, device related pressure ulcers and a session focusing on is it really avoidable - understanding how evidence is changing, some pressure ulcers that were previously considered unavoidable are now seen as avoidable.

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### 10.00 Chairman’s Introduction
Eliminating Avoidable Pressure Ulcers

**Professor Gerard Stansby**
Guideline Development Group Chair, Prevention and Management of Pressure Ulcers Guideline and Quality Standard, National Institute for Health and Clinical Excellence (NICE)

- what is the difference between avoidable and unavoidable pressure ulcers?
- progress with development of the NICE quality standards for the prevention and management of Pressure Ulcers
- looking forward to the NICE Quality Standard for Pressure Ulcers due to be released in Autumn 2013
- an update from the Guideline Development Group: what are the key outcomes?
- a zero tolerance approach: changing the culture and learning from the Francis Inquiry into Mid Staffordshire NHS Foundation Trust

### 10.40 Implementing the agreed consensus in pressure ulcer reporting

**Tina Chambers**
Co Chair, Consensus Working Group, Achieving Consensus in Pressure Ulcer Reporting, The Tissue Viability Society, Clinical Nurse Specialist in Tissue Viability Hampshire Hospitals NHS Foundation Trust and Project Manager, No Needleless Skin Breakdown Workstream, Patient Safety

- pressure ulcer reporting: ensuring consistency
- pressure ulcer assessment
- what should be reported?

### 11.10 Question and answers, followed by coffee and exhibition

### 11.50 Implementing zero tolerance on the wards: From 450 to 2: Sustaining the prevention of pressure ulcers in hospitals

**Nigel Broad**
Charge Nurse
Abertawe Bro Morgannwg University Health Board, Wales

- engaging frontline staff in prevention pressure ulcers and spreading the message of zero tolerance
- introducing processes to achieve sustainable culture change
- reviewing and learning from every instance of avoidable pressure ulcers: what needs to be done
- demonstrating compliance at board level: Ward-to-board metrics
- spreading new ways of working across hospitals: what has worked for us

### 12.20 Celebrating success and changing the culture: 100 days free and beyond

**Professor Mark Radford**
Chief Nursing Officer
University Hospitals Coventry and Warwickshire
NHS Foundation Trust

- building momentum for improvement: celebrating 100 days free and beyond
- how we got there: changing the culture on the wards
- sharing the results and communicating improvement to drive change

### 12.50 Question and answers, followed by lunch and exhibition at 13:00

### 14.00 Reducing pressure ulcers through intentional rounding

**Tracy Burrell**
Assistant Director of Nursing
Blackpool Teaching Hospitals NHS Foundation Trust

- intentional rounding and pressure ulcers
- ensuring intentional rounding does not become just another tick box exercise
- our experience: the Safety Node Collaborative, improved clinical incident reporting, introduction of Safety Crosses/safety huddles, focus on Tissue Viability Link Nurses, revised Induction programme and product and contract selection- 7 day working

### 14.00 Extended Interactive Session: Developing your skills in Root Cause Analysis and Investigation of Pressure Ulcers

**Kate Hill**
Solicitor
Radcliffe Le Brasseur
& Senior Trainer
InPractice Training

- root cause analysis and investigation
- a step by step guide to carrying out a root cause analysis of every grade three and four pressure ulcer
- learning from investigation and ensuring change occurs
- tools and techniques that will help you

### 15.25 Question and answers, followed by tea and exhibition

### Case Study Sessions

### 15.40 Focus: Reducing heel pressure ulcers

- changing practice in the early detection of heel pressure ulcers
- enabling nurses to carry mirrors to undertake regular heel checks
- what have we learnt and how we have reduced heel pressure ulcers in Colchester

### 16.05 Focus: Reducing surgical and device related pressure ulcers

- developments in the reduction of surgical and device related pressure ulcers
- spreading good practice

### 16.30 Is it really unavoidable?

**Dr Elizabeth McGinnis**
Nurse Consultant, Tissue Viability
Leeds Teaching Hospitals NHS Foundation Trust

- evidence is changing, some Pressure Ulcers that were previously considered unavoidable are now seen as avoidable
- is it really unavoidable? What is and what isn’t
- what if the patient refuses care? how to manage the patient who refuses pressure ulcer prevention care

### 17.00 Question and answers, followed by close
**Conference Registration**

**Eliminating Avoidable Pressure Ulcers**

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