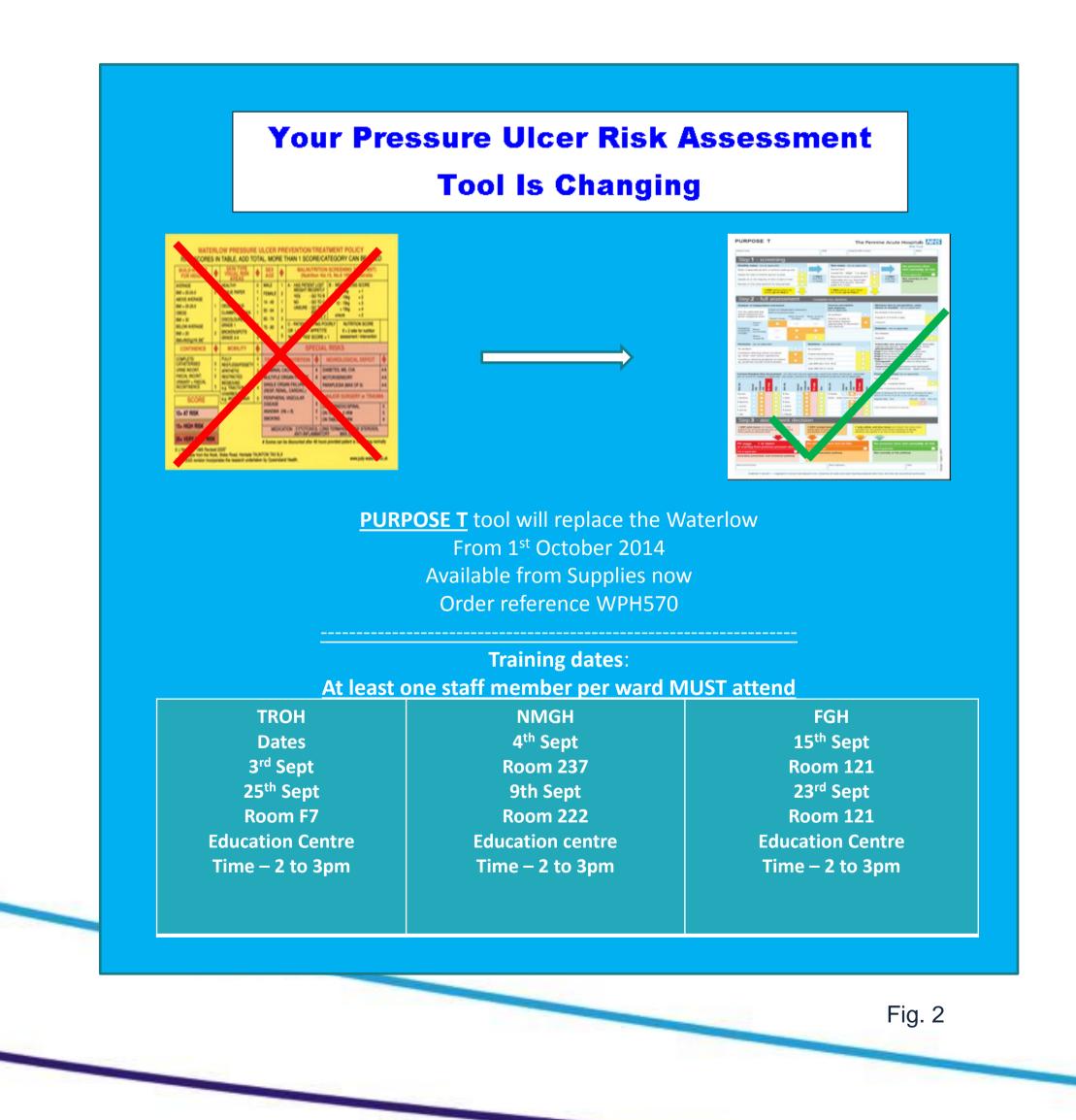


Introduction

Pressure ulcer prevention and the reduction of patient harm is high on the NHS agenda, and is essential to improving the patient experience within healthcare.

Risk assessment tools are used in pressure ulcer prevention to facilitate early identification of risk factors so that interventions can be put into place to prevent them.

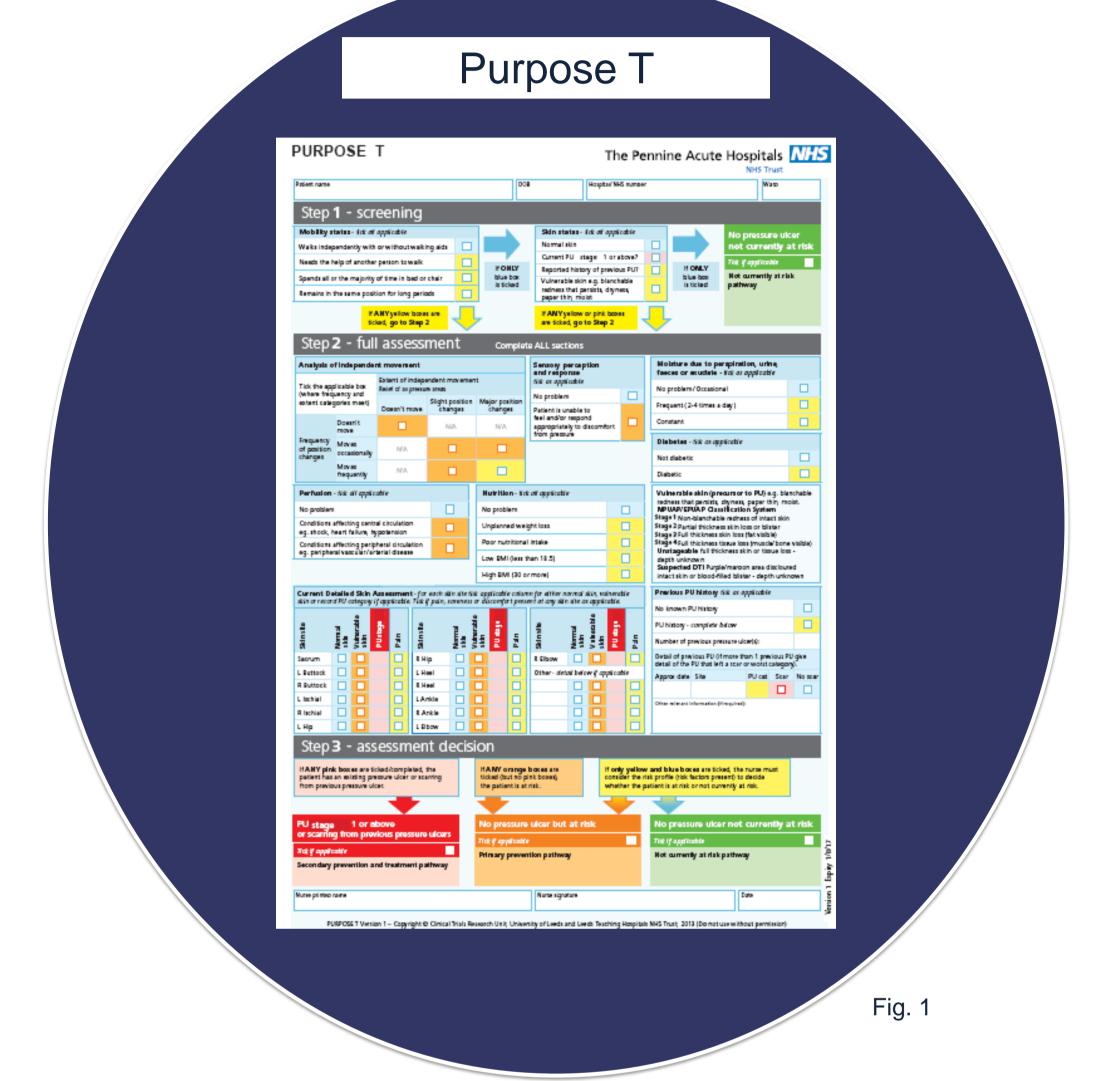
Within the author's Trust, findings from root cause analyses identified that pressure ulcer risk assessment, using the Waterlow tool was sometimes inaccurate. The Tissue Viability Team recognised that as part of the overall pressure ulcer reduction strategy, there was a need for better understanding of risk assessment and the factors associated with pressure ulcer development. This coincided with the development of a new Risk Assessment Tool, PURPOSE T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool) at the University of Leeds (figure 1.)



Acknowledgement to Suzanne Coleman and the team at the Clinical Trials Research Unit, The University of Leeds

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The Pennine Acute Hospitals The Introduction of the **Purpose T Pressure Ulcer Risk Assessment Tool** in an Acute Hospital NHS Trust



Method

The Tissue Viability team expressed an interest in becoming an early adopter of the tool. They liked it's simplicity and the ability to screen out patients at no risk at an early stage. It was believed that frontline staff would respond well to the tool as it removed the reliance on a score to determine risk status, promoted more detailed skin inspection, yet provided guidance for decision making in the form of colour.

The tool was presented to the Trust Nursing and Midwifery Board, where it was well received, and was therefore taken to the Trust Pressure Ulcer Action Group, consisting of matrons, ward managers, AHPs and led by the Tissue Viability Service, where plans for the roll out were determined

Training

It was identified at the every outset that a comprehensive communication strategy would be required using bulletins, clinical leader meetings, pc screensavers and pressure ulcer champions to spread the word. that training would be vital to ensure the successful implementation of the tool, therefore designated drop in study sessions were organised (figure 2.), along with ward walks where opportunistic training was provided in the month preceding the implementation of the change. Staff responded particularly well to a group work approach where case studies were discussed and risk factors debated. This training was provided by the Tissue Viability Team, matrons, and clinical advisors from industry. Existing study days and e-learning programmes were also updated in line with this change.

Attendance at Pressure Ulcer Prevention and Management Training was poor prior to the implementation of this tool, however, as expected this change has influenced an increase in education received by nursing staff throughout the Trust.

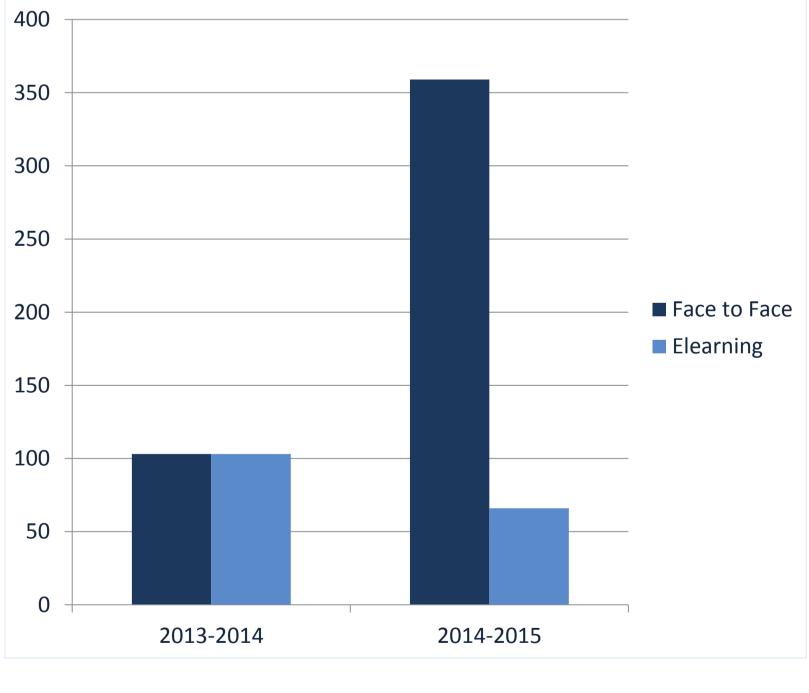
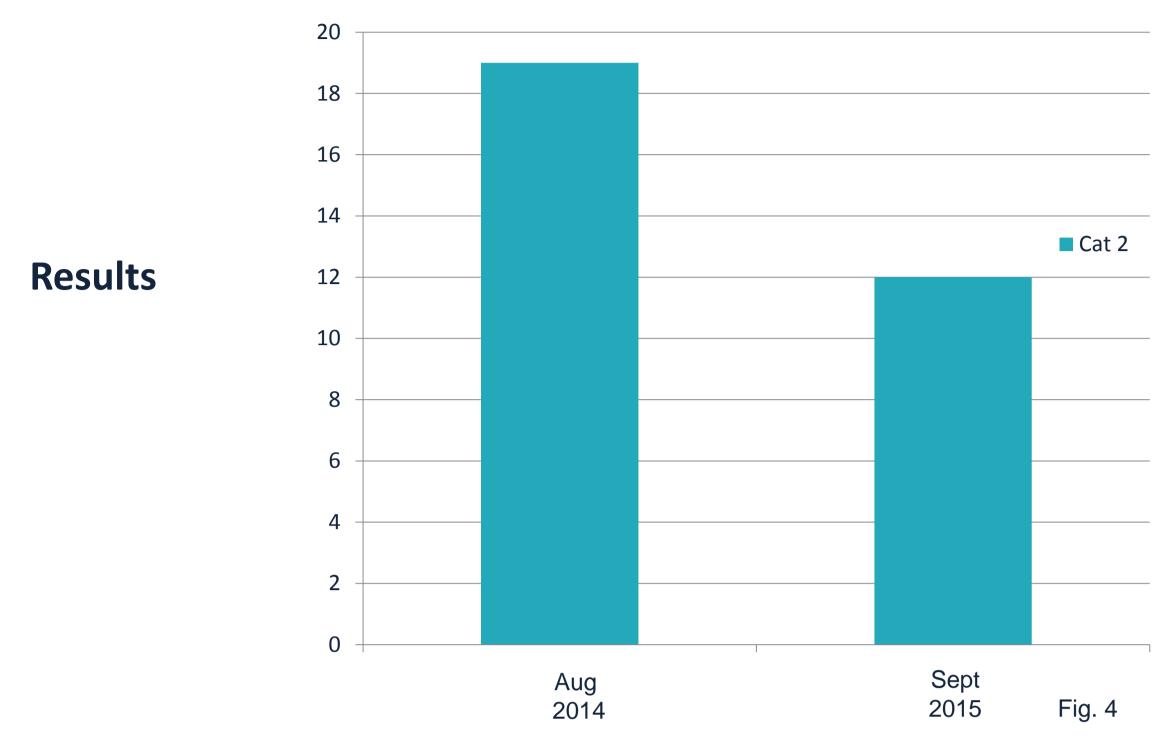


Fig. 3

As demonstrated in figure 3, access to training has increased, although elearning access has reduced, we believe this is due to nursing staff preferring the face to face training method for such a change

Angela Clough, CNS Tissue Viability, Pennine Acute Hospitals NHS Trust





We have seen a 37% reduction in hospital acquired Category 2 pressure ulcers since the introduction of this tool (figure 4). Nursing staff have become more vigilant in identifying risk factors, and implementing individualised care for patients to prevent pressure ulcer development.

Discussion

We identified that training was and continues to be the vital component of the implementation of a new Pressure Ulcer Risk Assessment Tool. Feedback from staff has included comments such as

"we like it" "simple to use"

Training has been rolled out in areas such as pre op assessment clinic and theatres; this is helping to increase awareness of the importance of Pressure Ulcer Risk Assessment. A new care plan has been devised to link with the Purpose T tool to aid individualised plans of care. The Trust's paediatric wards have completed an evaluation of an adapted version of PURPOSE T, and are in the process of rolling this out across the organisation. More recently the Trust has converted the Purpose T into an electronic tool as part of a wider electronic patient record strategy. A pilot is due to commence in November 2015 across 4 wards. This is an exciting project as each domain within the tool will be mandatory in terms of it's completion and it will link to electronic version of supporting documentation such as SKIN bundles, care plans and patient information leaflets.