



KF

REPORTS

Number

KFC 88/18

'PRESSURE SORES' - IS ANYONE DOING ANYTHING
TO DEFINE THE PREVALENCE OR MONITOR THE
COST TO THE PATIENT AND THE NHS?

Report of a Workshop held at

King's Fund Centre

Tuesday 1st December, 1987

March, 1988

King's Fund Centre
126 Albert Street
London NW1 7NF

'PRESSURE SORES' - IS ANYONE DOING ANYTHING TO DEFINE THE PREVALENCE
OR MONITOR THE COST TO THE PATIENT AND THE NHS?

Notes of Workshop held Tuesday 1st December, 1987 at the King's Fund
Centre

Background

Early in 1987 a group of health care professionals led by Dr (now Professor) Brian Livesley had come together under the auspices of the King's Fund to share concern about the problem of pressure sores. This workshop had been organised to gain factual information about the prevalence and cost of pressure sores to health districts. It was hoped to identify districts where they were already monitoring the prevalence and cost of pressure sores, with the aim of identifying positive ways of reducing the problem in the future. Participants would be expected to share work going on in their district, as well as be prepared to assist in developing a national strategy to address the problem of pressure sores.

The response for places was such that a strict selection process was used, so that the eventual 50 participants were from a wide geographical spread, and represented a range of individual pressure sore projects, multi-disciplinary team work, and included officers aware that they had local problems and seeking information on how to set up prevention/monitoring programmes.

One startling feature of the applications received was the lack of communication between professions/specialities at district level. In one instance five separate applications were received from within one health district. This isolation from colleagues was confirmed during telephone calls to ask them to nominate one of the five to represent their District. This isolation experience was repeated with applications from other districts.

All participants who were turned away were asked to try and identify and contact colleagues in their district working on the pressure sore problem.

Programme

The programme appended to these notes lists the short papers presented by participants, who would be happy to share information and their experience with other colleagues. As so many of the applicants/participants wanted information about developing a district policy plan, the programme was adjusted so that group work later in the day concentrated on identifying the main structures for such a policy. The following pages are an amalgam of the wall paper notes presented by each of the seven groups after their discussions.

Group Work Notes (Amalgamated from notes of 7 groups)

This is an outline policy for pressure sore management which must be given high priority and commitment by all disciplines within the health authority and supported at the highest level.

Form District Multi-disciplinary group to:-

1. Define the problem (district wide)

- * PROVE PROBLEM EXISTS - research - establish the current point prevalence
- * Multi-disciplinary working group - ACTION
 - (1) appoint clinical nurse specialist
 - (2) define aims and objectives
 - short term e.g. 50% reduction of development of pressure sores (time factor)
 - long term - total elimination of pressure sores

2. Develop assessment/reporting/monitoring system

- * List current equipment, rationalise its use - guidelines - assess need for extra equipment and costs - prove need with figures
- * List current treatments - Clinical Nurse Specialist
 - (1) what used or why - lotions and potions
 - (2) level of knowledge
 - (3) availability of expertise
 - (4) educational resources
- * Formulate weekly - ward-based report of treatment and progress
- * Assessment of new admissions
 - (1) identify patients at risk
 - (2) score then review score weekly or as appropriate
 - (3) nurse on appropriate mattress and bed assembly as per guidelines
 - (4) application of appropriate prophylactic agent
 - (5) if pressure sore develops
 - * grade the sore
 - * treat as per protocol
 - * review general condition and treat accordingly

3. Analysis of data - highlight hot spots

- * review results regularly
 - has the incidence dropped?
 - are any sores less serious?

4. Feedback results plus results of proven pressure sore research.

5. Produce equipment register

- * location and accessibility of suitable support surfaces e.g. LAL beds etc.
- * implement a hospital replacement mattress scheme
- * equip maintenance programme - cost plus a technician
- * issue guidelines re use of mattresses and equipment appropriate to patient

6. Evaluation of dressings/equipment etc

- * accurate record keeping
- * records to be kept in each patient's case notes
- * weekly records to be evaluated centrally with feedback to all staff
- * baseline figures from point prevalence
 - numbers and types
- * baseline cost of equipment/ward budget
 - weekly ward based returns
 - compare past and present budgets
 - bed occupancy/through put figures

7. Education Programmes

- * raise awareness
- * gain commitment
- * continual monitoring/feeding back of results
- * make research findings widely available
- * educational programme for multi-disciplinary team
 - + patients + relatives
- (a) must be research based
- (b) clinical update
- (c) workshops - DHA to provide venue
 - DHA to provide multi-disciplinary speakers
 - funded by drug companies ??
- (d) as part of professional development these courses should be mandatory to fall in line with UKCC
- * determine a method of evaluation of educational programmes

Review of the day

The following significant points were noted from the discussion:-

- Concern that even many of the participants seemed to be unaware of the bulk of major research work available on pressure sores. Some of the procedures discussed during the day were bad practice - research did confirm this.
- The need for managers to be more involved in this area of work. They might become more aware if accurate costings per district were available.
- The need for a clear line of responsibility over pressure sores. Everyone an expert! There should be a list of approved equipment and products in each District, and a Clinical Specialist.
- Pressure sores are still seen as the nurses problem. It was everyone's problem.
- Professional practice - there was a need for change.
- The need to develop district information resources, particularly about individual work in this area and to encourage multi-disciplinary training days.

The Way Forward

The Chairman expressed the thanks of the Working Party to all the participants for sharing their work and their expertise during the day.

The workshop had offered a lot of food for thought, and the Working Party would be meeting early in January 1988 to consider how best to proceed. However, before then they would with the King's Fund be encouraging outreach work in the form of regional meetings. Consideration would also be given to the possibility of developing a central contact point/information base on pressure sores. If this was achieved participants would be informed.

Brief notes of the group work would be circulated to all who had applied to attend the day. To encourage national/local contacts the participants list would also be included.

Diana Twitchin
Project Officer
February 1988

King Edward's Hospital Fund For London

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TUESDAY 1ST DECEMBER, 1987

PROGRAMME

Chairman - Dr Brian Livesley, The University of London's
Professor Elect of the Care of The Elderly
(Geriatrics)

- 10.00 a.m. Registration and Welcome
- 10.30 a.m. Welcome - Barbara Stocking, Director, King's Fund
Centre for Health Service Development
- 10.35 a.m. Chairman's Introduction
Current View on Etiology and Pathogenesis of
Pressure Sores
- 10.45 a.m. Miss Pam Hibbs - Costs of Pressure Sores
- 11.00 a.m. What is going on in the field

The Incidence of Pressure Sores Amongst A Group Of
Elderly Patients with Fractured Neck of Femur
- Pamela J Hawthorn, Nursing Studies Unit,
University of Nottingham Medical School
- 11.10 a.m. Pressure Sores - How many are there? What are we
doing about them?
- Kenneth Preston, Deputy Unit General Manager,
St. George's Hospital, Lincoln
- 11.20 a.m. Chesterfield and North Derbyshire Royal Hospital
Survey
- Margaret Morley, Ward Sister
- 11.30 a.m. Physiotherapy in Treatment of Bedsores
- Aileen Rosie, Cumberland Infirmary
- 11.40 a.m. Development of Wound Care Guidelines
- Alison Cottle, Principal Pharmacist,
St. Charles' Hospital, London
- 11.50 a.m. Developing a Prevention Programme from scratch
- John Power, General Manager, Christchurch
Hospital, Dorset
- 12.00 p.m. Evaluation of Special Mattresses in Pressure Sore
Management
- Brenda Lamb, Director of Nursing Services
(Acute) Orsett Hospital, Essex
- 12.15 p.m. Open Discussion
- 12.45 p.m. LUNCH

2.00 p.m.	Group Sessions
3.00 p.m.	TEA
3.15 p.m.	Report Back
	Review of the Day
3.45 p.m.	The Way Forward
4.00 p.m.	CLOSE

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TUESDAY 1ST DECEMBER, 1987

LIST OF PARTICIPANTS

GROUP

2	Mrs E AXON	Sister	Bolton General Hospital
1	Mrs K BAMBER	Assistant Hospitals Manager	Rochdale Infirmary
2	Mr D J BAYLISS	Senior Nurse	Bronglais Hospital, Dyfed
5	Miss A B BECK	Director of Nurse Education	The General Infirmary, Leeds
3	Mrs P A BENN	Staff Nurse	Queen Elizabeth Hospital, Norfolk
1	Mrs T BENT	Asst. Director Nursing Services	Royal Berkshire Hospital, Reading
1	Mrs J A BLAKE	Inservice Training Sister	Horton General Hospital, Oxon
4	Ms G BURKE	Senior Ward Sister	Northwick Park Hospital, Harrow
3	Mrs A CHARLESON	Clinical Teacher	St. Peters Hospital, Essex
3	* Miss A COTTLE	Staff Pharmacist Clinical Services	St. Charles Hospital, W10
2	Mrs M E CROSS	Research/Mangr. Support Sister	St. George's Hospital, Lincoln
4	Mrs C DEALEY	Clinical Teacher	Queen Elizabeth School of Nursing, Birmingham
4	Miss M A FOSTER	Senior Nurse	Kingston General Hospital, Hull
6	Mrs J FREEMAN	Ward Sister	Chesterfield & North Derbyshire Royal Hospital
7	Miss S L HATCHER	Ward Sister	Royal Cornwall Hospital, Truro
6	* Dr P J HAWTHORN	Director/Nursing Studies Unit	Queen's Medical Centre, Notts
2	Mr S HEPTINSTALL	Elderly Services Manager	Normanton & District Hospital West Yorks
1	Miss E JACKSON	Sister	Central Middlesex Hospital, NW10
2	* Miss B LAMB	Director of Nursing Services	Orsett Hospital, Essex
7	Mrs J LEEVES	Senior Professional Nurse	Southampton General Hospital
3	Mrs J LLOYD	Hospital Manager	Summerlands Hospital, Yeovil
3	Mrs P M MITCHELL	Head of Nursing Services	Homerton Hospital, E9
5	Mrs R MOLYNEUX	Infection Control Nursing Officer	Halton General Hospital, Cheshire
1	Mrs E A MORGAN	Clinical Standards Nurse	Pilgrim Hospital, Lincs
7	Mr J G MORGAN	Clinical Services Manager	Frenchay Hospital, Bristol
1	* Mrs M H MORLEY	Ward Sister	Chesterfield & North Derbyshire Royal Hospital

7	Mrs S H MOWATT	Clinical Teacher	St. Margarets Hospital, Epping
2	Mrs Y MURRAY	Senior Nurse	Stockport Health Authority
3	Mrs J NEWELL	District Nursing Sister	Marsh Farm Health Centre, Beds
3	Mrs C A PAGE	Nurse Teacher	Southend District School of Nursing
4	* Mr J F POWER	General Manager	Christchurch Hospital, Dorset
4	Mrs C PIFFE-PHELPS	District Nursing Sister	The Surgery, Newbury
5	* Mr K W PRESTON	Asst. U.G.M.	St. George's Hospital, Lincoln
5	Mrs L QUEEN	Sister	Summerlands Hospital, Somerset
6	Miss A E READER	Senior Nurse	Heath Lane Hospital, West Midlands
7	Mrs H REISSMANN	Specialist Nurse for the Elderly	York District Hospital
6	Mrs E A RIDLEY	Director Patient Services	Gateshead Health Authority
5	Miss P ROBBINS	Departmental Sister	Pilgrims Hospital, Lincs
7	* Mrs A ROSIE	Supt. 1V Physiotherapist	Cumberland Infirmary, Carlisle
2	Mr F A SCOTT	Charge Nurse	Paddington Community Hospital, W9
7	Miss S SMURTHWAITE	Staff Nurse	Colchester General Hospital
3	Miss V SMITH	Ward Sister	Queen Mary's University Hospital, SW15
4	Mrs J M SOLOMON	Clinical Nurse Manager	Bolton General Hospital
5	Mrs A TATTERSALL	Clinical Nurse Specialist	Kingston General Hospital Hull
1	Mrs S VAUGHAN	Nursing Officer	Newham General Hospital, E13
6	Ms G WALKER	Asst. Service Quality Nurse	Whittington Hospital, N19
5	Mrs J WICKS	Staff Pharmacist	Broomfield Hospital, Essex
6	Mr E WILKINSON	Charge Nurse	Moorgreen Hospital, Southampton
4	Miss S YEOMANS	Director Nursing Services	Rotherham District General Hospital

WORKING GROUP

Professor R Crow
 Professor N Exton-Smith
 Mr H Gravelle
 Mr J Gisby
 Miss P Hibbs
 Mr R Jackson
 Professor B Livesley
 Mr D Sturrock
 Mrs D Twitchin
 Mrs M Parkinson
 Mrs S Ely

* Denotes Speaker