A PRESSURE ULCER MANAGEMENT AND REDUCTION PROGRAMME FOR THE EAST OF ENGLAND

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Method

A working group of senior managers and clinicians has been convened with an appointed project lead who has direct responsibility to Nurse Director for NHS Midlands and East, Chair of the Pressure Ulcer Management and Reduction Programme Board and Chief Executive of NHS Suffolk. Following feedback from the first working group meeting to the Programme Board meeting it was decided that pressure ulcer reduction would be one of the five main priorities they have identified.

The aim of the programme is to focus on the products / standard material required to launch a pressure ulcer reduction programme across the East of England in January 2012. with the ultimate aim of eliminating all avoidable grade 3 & 4s.

The working group provide rapid feedback and response to the board following consultation with the wider East of England Tissue Viability Network which ensures all within the area are involved in decision making.

The working group are meeting on a fortnightly basis to draw together key information and deliver agreed standards and definitions. These will include:

- an agreed definition of unavoidable pressure ulcers
- clarification around pressure ulcer categorisation and reporting
- agreement on time scale for attribution of where a PU developed
- clarification on how to collect, calculate, record and report pressure ulcer incidence

Discussion

Agreeing definitions and data capture methods across a whole region is difficult as each area already has systems and processes in place which have required considerable time and effort to devise, refine and implement.

There is an understanding that there will have to be compromise from many in order to achieve consensus, yet there is considerable willingness to do this as the long term benefits can be clearly seen. Work will continue and will include the development of prevention and treatment protocols and Care Bundles.

Conclusion

Formalised engagement at this level ensures that those commissioning services are being guided by appropriate personnel with the relevant clinical knowledge. Although engagement in such projects is time consuming for clinicians it ultimately ensures that patients should receive better standards of care.

References:

BHTVNF (2010) Regional Round Up Wounds UK & (4) 198

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