A pilot project to introduce the SSKIN bundle and ADERMA® into a residential home to improve the quality of care

Introduction

The project Integrated Community Team (ICT) was an initiative between the Tissue Viability Service, Basildon ICT and Smith & Nephew which was developed to assist the ICT in improving care standards at a residential home as a significant proportion of patients were being referred to the ICT for support.

The project ran from January 2013 to March 2013 and a comparison of pressure ulcer data was used as the outcome measure of success. Pressure ulcers are considered a nurse sensitive indicator of quality as the development of pressure damage is multifactorial and related to the breakdown of individual elements. The NHS East of England and Midlands SSKIN Bundle¹ (Image 1) was chosen as the educational tool into a residential home to improve the quality of care.

Method

Preparatory meetings were held with the ICT, Smith & Nephew and the Tissue Viability Team to establish role boundaries and agree actions for the project delivery. The TV team supervised the project and supported the ICT with the implementation and on-going local support with Smith & Nephew which was developed to assist the ICT in improving care standards at a residential home as a significant proportion of patients were being referred to the ICT for support.

The ICT developed relationships with management and carers at the residential home and introduced the concept of working together utilising evidence based tools to improve quality of care. Following the educational sessions in January, all residents were risk assessed in relation to pressure ulcer development by the ICT and an individualised care plan for prevention was developed. The SSKIN Bundle was then completed by the care staff on each shift and reviewed by the ICT staff where necessary or any deterioration were noted, or concerns were raised by the staff.

Results

During the compactor period of January to March 2013, there was a total of two Category 4 and seven Category 2 pressure ulcers. All of which were deemed avoidable at the time as no documentation was evident.

During the project, one Category 2 pressure ulcer developed which was deemed unavoidable as all documentation and assessments were complete. The number of referrals to the ICT for skin tears / traumatic wounds decreased and residents were seen by ICT staff weekly when the SSKIN Bundle and care plans were reviewed.

Anecdotal feedback from the Safeguarding Team commented upon the positive influence that the project has had within the home and as an example of demonstrating good practice.

Alongside other publicly available information, the residential home adopted the use of the Pressure Ulcer Safety Cross (Image 2) becoming confident to display this as an indicator of the quality of care they provide to residents.

Discussion

During the implementation of the project, much was learnt about joint working across the specialties and differing levels of knowledge amongst staff which created a common level of delivery. Despite the initial increase in workload, the enthusiasm and commitment of the ICT staff responsible for the residential home was a critical success factor in the pilot. The willingness of management and care staff at the residential home also contributed significantly to the project’s success.

The results of the pilot project have been incredibly positive and demonstrate much discussion about preventing pressure ulcers and improving care standards. Standards have remained high and the relationship between the community nurses and residential home staff has developed into one of sharing care for patients. The home has been pressure ulcer free for eleven months (Image 2) meaning considerable savings to the local health economy can be demonstrated. This has led to the local CCGs commissioning a project to roll out the model with SSKIN Bundle and ADERMA training and dietetics support to every nursing home in the two localities.

Conclusion

The project illustrates how collaborative working between healthcare and industry can achieve success in striving towards the zero tolerance ambition. It is an example of how industry can help support clinicians in their challenge to reduce pressure ulcer occurrence and ultimately improve the quality of care for residents in care homes. Due to the success of the pilot, the same approach is currently being replicated across the organisation in other residential homes to support the improvement of quality care and prevention of pressure ulcers.

Reference


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¹ Trademark of Smith & Nephew