

Developing a new ‘at risk’ pressure ulcer assessment tool for cancer patients



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Cancer treatments have moved on dramatically in the past 20 years but have we incorporated these new treatments into skin assessments when delivering fundamental care for prevention of skin damage? A prevalence report carried out in 2016 at the Christie Hospital in Manchester, highlighted the rate as 3.2% for hospital-acquired pressure ulcers, which is higher than average for a hospital of similar size (Christie NHS FT, 2016). However, the report also found that targets for utilising risk assessment tools within a timely manner had been met and indeed exceeded the Commissioning for Quality and Innovation (CQUIN) expectations. The report was carried out by the current pressure equipment provider in collaboration with the tissue viability team. This supported the notion that risk assessments were carried out in a timely manner and in conjunction with a pressure ulcer prevention strategy; however, patients still went on to develop pressure ulcers (Christie NHS FT, 2016).

THE ADVANCEMENT OF CANCER TREATMENTS

We live in a very fortunate time where cancer research is making ground-breaking changes to treatments accessible to patients, especially with the availability of proton beam therapy within the UK and globally. Smith et al (2009) stated that following a diagnosis of cancer, life expectancy would continue to rise because of improvements in treatments. Research has suggested that the use of a validated tool in conjunction with full packages of prevention, including education, can reduce the incidence of pressure ulcers; however, there is a lack of specific research and evidence relating to pressure ulcer prevention for people who have been diagnosed with and are living with cancer. The fact that treatments have improved in the field of oncology means that people are living longer, with the National Cancer Institute (2016) reporting that overall cancer death rates decreased during 2003–2012 by:

- » An average of 1.8% per year for men
- » An average of 1.4% per year for women
- » An average of 2% per year for people aged 0 to 19.

THE MISSING LINK

Arguably, we have made great progress within the field of specialist equipment to reduce the incidence of pressure ulcers with the introduction of specialist pressure-relieving/redistributing equipment that provide state of the art capabilities to offload or redistribute pressure, but have we changed our approach to assessing patients at risk of pressure ulcers? Since the time of Florence Nightingale, we have known about the risk of pressure ulcers to patients, but have we integrated new treatment regimes, radiotherapy, chemotherapy etc into the development of ‘at-risk assessment’ tools?

Within oncology environments there is a clear need to effectively identify those patients at risk of developing pressure ulcers. A wide range of tools, for example, Waterlow and Braden, have been incorporated into the assessment process for clinicians, nevertheless, management of patients with cancer is complex and, as such, many of these tools do not always incorporate and recognise the additional needs and treatment regimes of this population group.

Yet current risk assessment tools have not advanced in line with improved prognosis and changes in demographics of the cancer population. It is, therefore, essential that clinicians and academics work together to investigate and assess current risk assessment tools to understand those missing links.

WORKING TOGETHER ON A NEW TOOL

The Christie hospital, University of Huddersfield and University of Manchester are currently collaborating to develop and validate a reliable tool for use in this population. We look forward to sharing the results of this project with you soon.

WUK

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