Queen Elizabeth National Spinal Unit
Helena Richmond
Education Sister (Acting)

Keeping Skin Safe

RED FLAG ALERT

Introduction

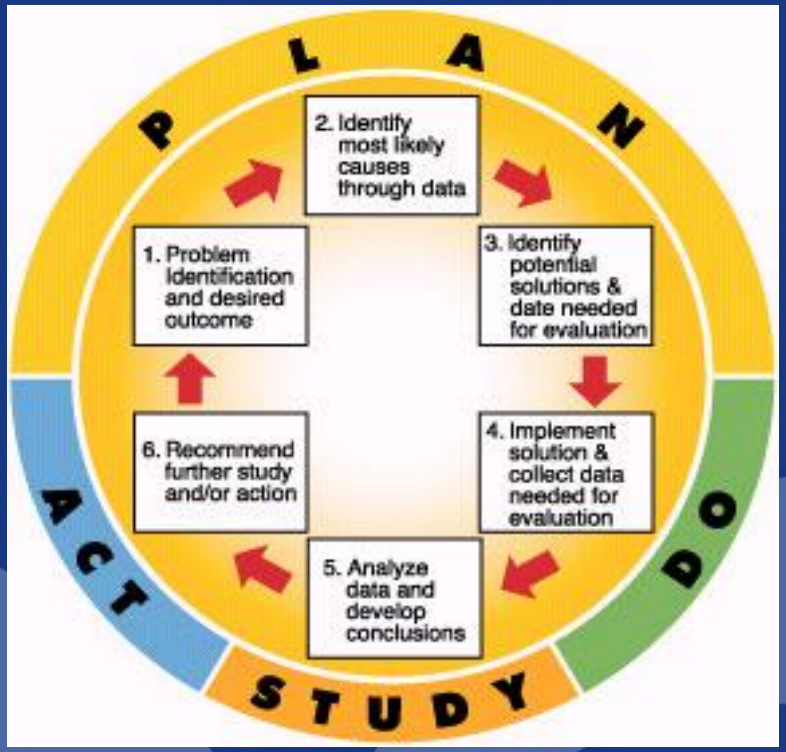
Staff recognised that patients rehabilitation was being affected by patients developing skin problems.

A steering group was set up which involved a multi-disciplinary approach to identify potential causes of skin problems and address possible solutions

Vision Statement

- To reduce pressure marks developing and prevent deterioration of sores within the unit
- For staff to assess situation, identify contributing factors, action put in place and resolved promptly
- Patients to be aware of cause and be involved in management (ownership)

Positive Results (PDSA approach)



Team Approach (plan)

- MDT designed a “Red Flag Alert”
- Education sister complete individual red flag 24 hrs of receiving this.
- Input information to data base

Plan

- multi-disciplinary skin team identified contributors and potential solutions
- Cascade information through senior charge nurse
- Ensure staff are accurately completing documentation adhering to (European Pressure Advisory Panel)
- Datix all grade 3’s & 4’s

RED FLAG ALERT

Hospital acquired Pressure Sore

Patients Name	CHI Number	DOB	Date of admission	Date Pressure sore identified	Location of Pressure sore

This Form to be completed and sent to Sister H Richmond within 24 Hrs

Nurse Signature: _____

Date:_____

Audit of Pressure Sore Occurrence – In – Patients
National Spinal Injuries Unit
Affix LABEL

Name –
Chi –

Ward

Date of Injury/Admission

Area of Mark –

Grade - ---

Blanching	Non Blanch	Sloughy
Clean	Infected	Sacral Split
Moist	Necrotic	Not recorded

Staff perception of cause ----------
Patient's perception of cause ----------
Bed ---------- Mattress/Surface ----------
Turn Times---------- Change ----------
Pillows ---------- Position ----------
Mobile Patients – Wheelchair---------- Cushion ----------
Changes ----------
Transfer Technique ----------
Ward---------- Plinth ---------- Shower chair----------
Bowel Routine ----------

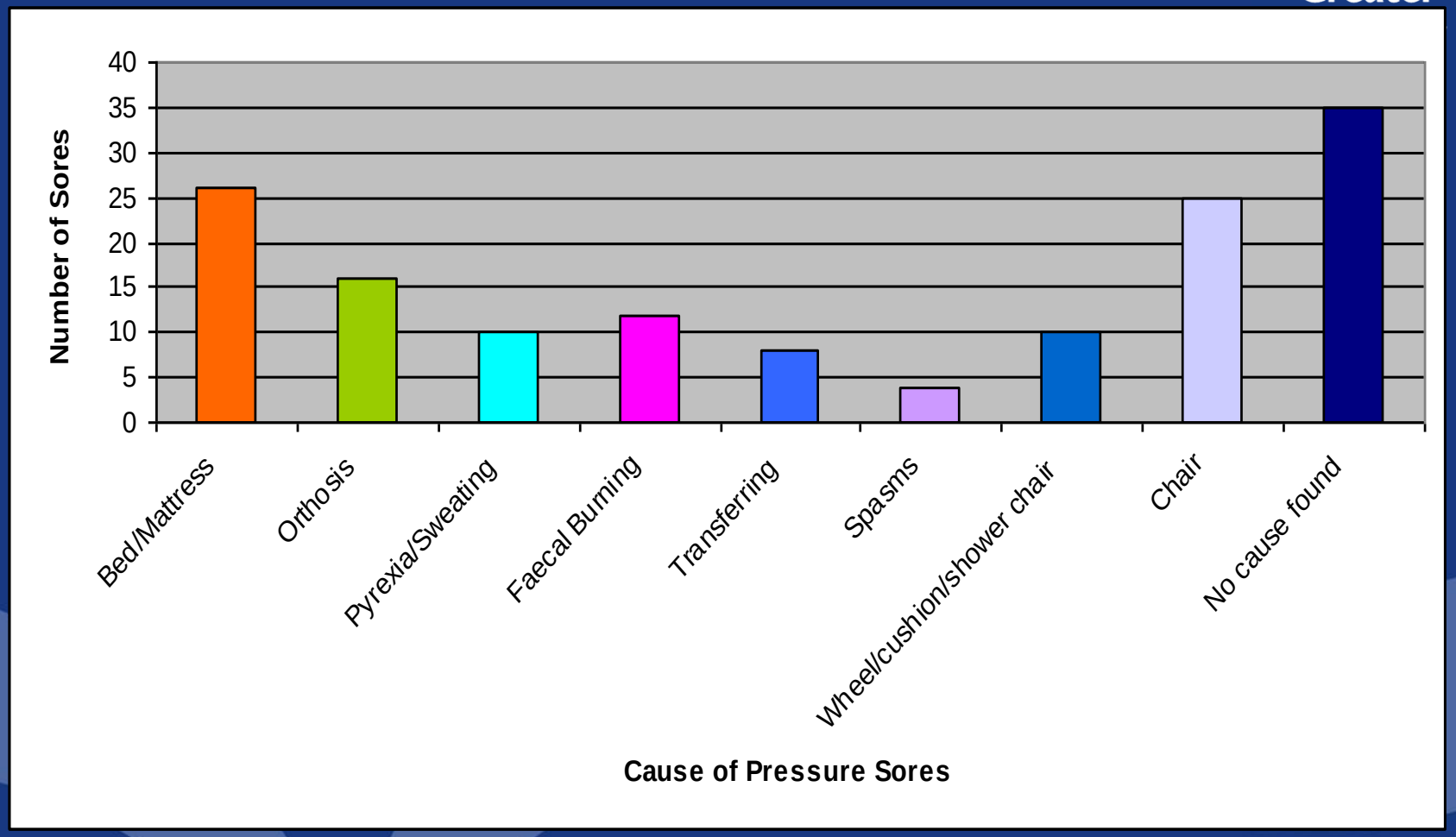
Spasm ---------- Sweating ----------
Temperature NEWS ---------- Cause ----------
Recent Surgery ----------
Nutritional State/Alb/Oedema ----------
Must Score ---------- Updated ----------
Waterloo Chart---------- EUPAP/ Wound chart----------
Safety Cross ----------
If Grade 3 or 4 Datix complete ----------

Action Plan

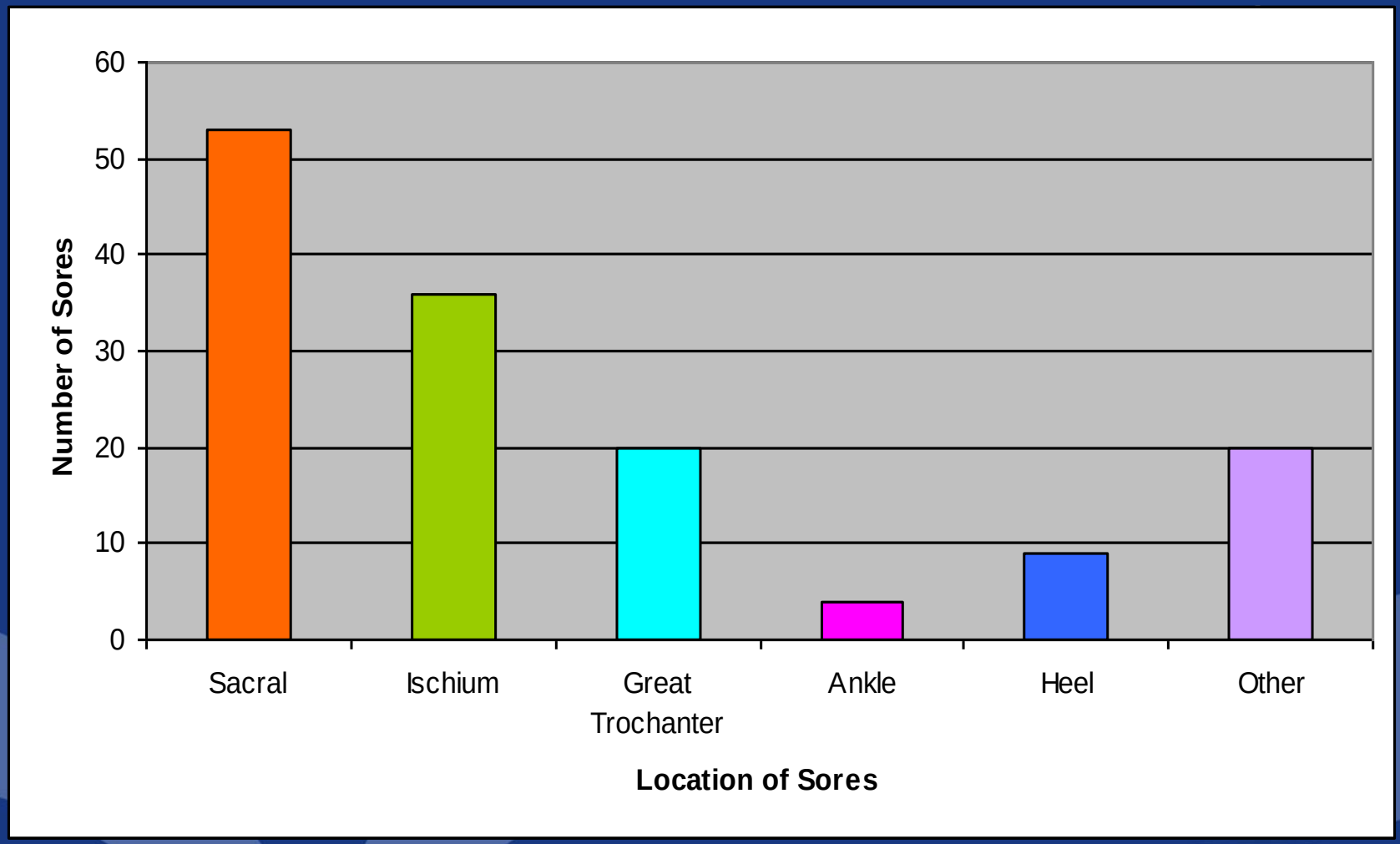
S situation ----------
B background ----------
A action ----------
R recommendation ----------

Review Completed by ----------
Date ----------

Direct Cause of Pressure Sores 2011 – 2012 (Do)



Occurrence of Pressure Sores By Location



Contributing Factors **(Do)**

- Dependency Level
- Stage of Rehabilitation
- Psychological/cognitive status
- Compliance with Care
- Age
- Patient/Staff Perception and knowledge

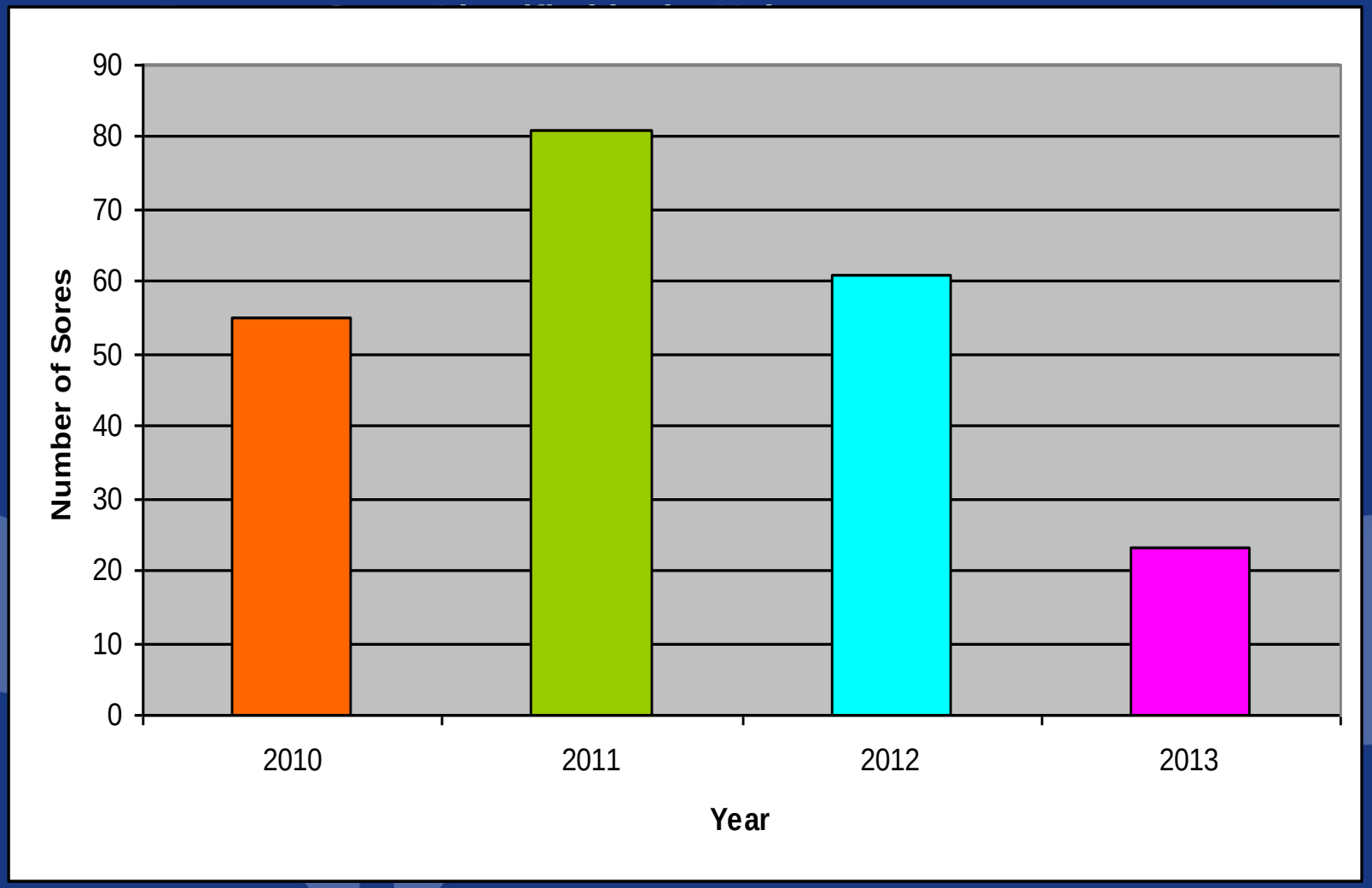
Outcomes/Practice Change (**Study)**

- Moving & Handling Log-Roll technique revised
- Dietetic support (nasogastric feed changed to Multi-fibre within HDU)
- Unit only uses soap and water to cleanse skin after toileting.
- Foot plates on shower chair changed to padded ones
- Regular staff awareness/education

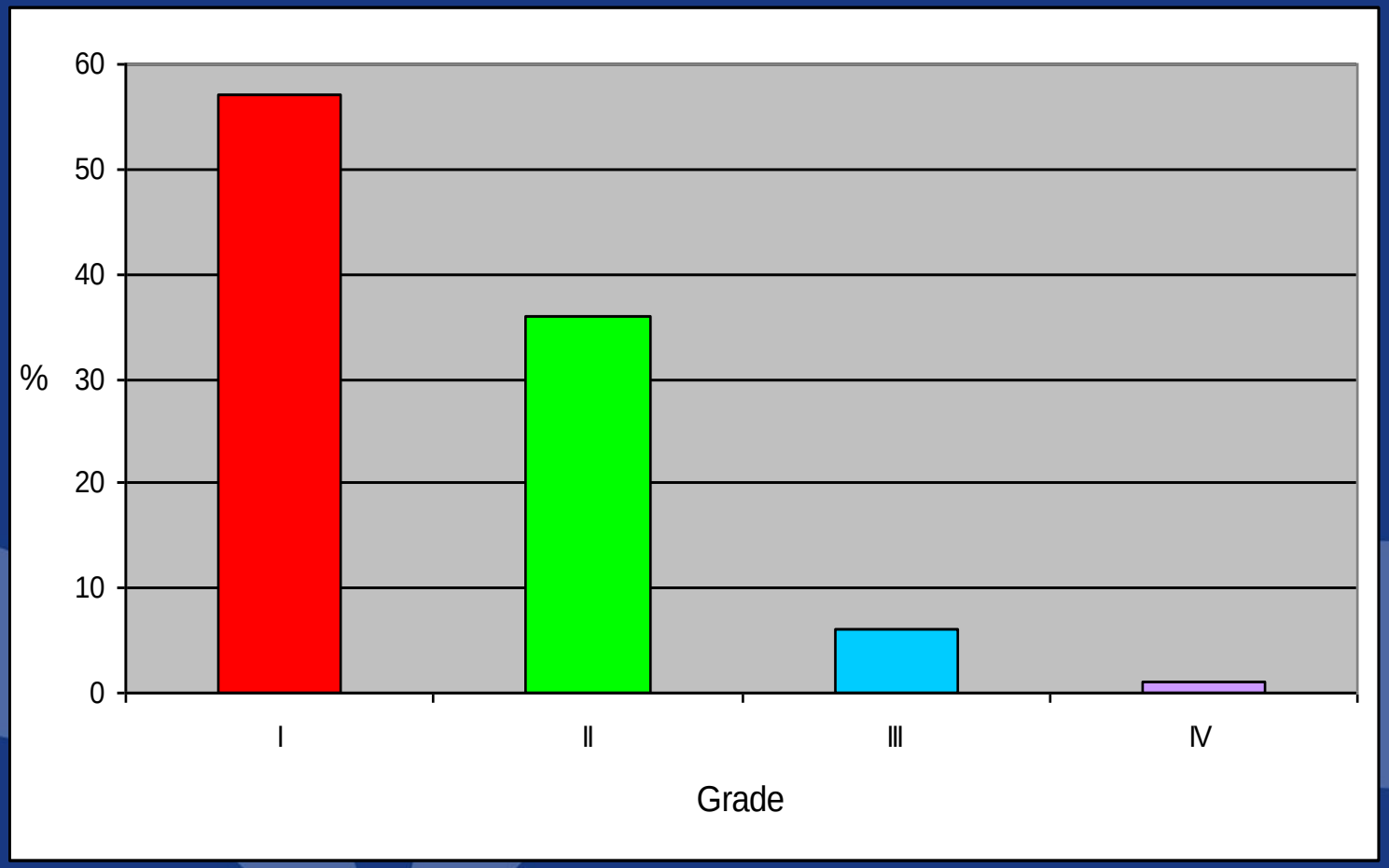
Outcomes/Practice Change

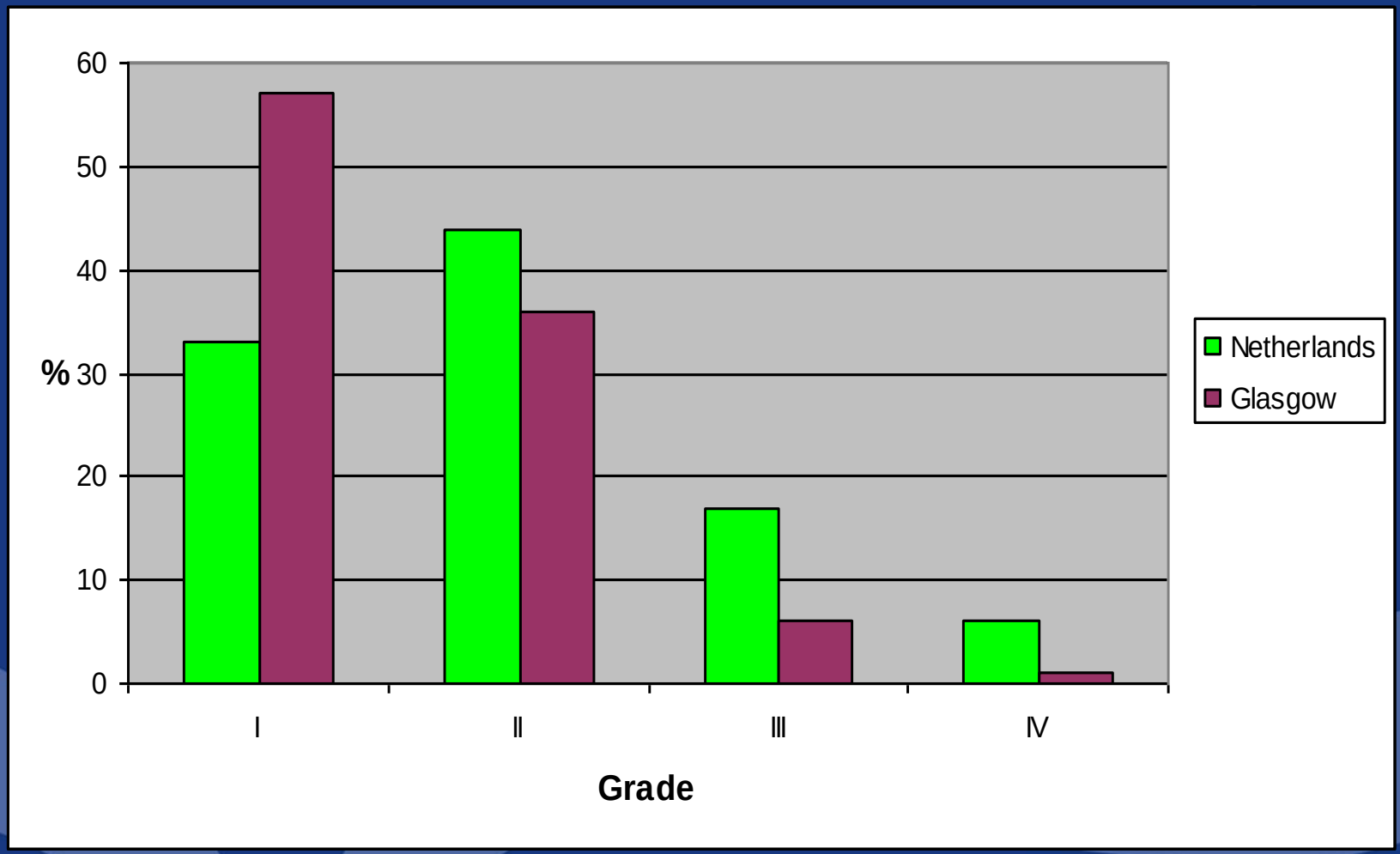
- ROHO spinal stability/new roho
- Liaison with other departments on management (x-ray, theatre)
- Regular patient and relative education sessions
- Audit tool amended to link with EUPAP
- Implement SBAR approach into audit tool feedback to team

Staff now act promptly which has prevented deterioration of pressure marks


90
80
70
60
50
40
30
20
10
0
Number of Sores
2010
2011
2012
2013
Year

Occurrence By Grade 2011 & 2012




60
50
40
% 30
20
10
0
I
II
III
IV
Grade
Netherlands
Glasgow

Clinical Governance

NHS Greater Glasgow

RED FLAG Keeping Your Skin Safe

NHS SCOTLAND

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Red Flag – Keeping Your Skin Safe

Ward	Potential Cause	2010	2011
Edenhall Philipshill	Unknown cause Unknown cause	11% 27%	15% 21%
Edenhall Philipshill	Sacral splits Sacral splits	28% 17%	0% 9%
Edenhall Philipshill	Spasm/Shower chair Spasm/Shower chair	6% 10%	6% 2%
Edenhall Philipshill	Bowel related Bowel related	44% 13%	20% 2%
Edenhall Philipshill	Appliance/equipment related	0% 6%	25% 14%

Stage 1 – Why has it happened

- Dependency level
- Stage of rehabilitation
  Psychological status – compliance with care
- Age
- Products, appliances and equipment
- Patient/staff perception and knowledge

Stage 2 – Action taken

- Complete individual audit tool within 24 hours of receiving red flag
- Input to skin database
- Send results monthly to SCN's cascade to staff via skin safety cross
- Highlight progress to multi-disciplinary skin meeting
- Raise skin issues on safety brief
- Datix all grade 3's and 4's
- Ensure staff are accurately completing documentation e.g. EUPAP, MUST etc
- Look at practice and equipment used

Stage 3 – Outcome/Practice Change

- Moving and handling log-roll technique revised
- Dietetic support naso-gastric feed changed to multi fibre within HDU
- HDU using only soap and water to cleanse skin after toileting
- Foot plates on shower chair changed to padded plates
- Regular staff awareness sessions
- Regular patient and relative educational sessions
- Now looking at the patients journey outwith the unit e.g theatre, X-Ray department
- Audit tool amended to link with EUPAP documentation

Stage 4 – The Future – 2012

S
- Skin breakdown recording
- Suspect potential causes – increase awareness
- Skin documentation tool – add other areas such as theatre, X-Rays, consider the sores progress/deterioration

B
- Background – predisposing factors, consider patient's journey prior to SIU admission (HDU)
- Build patient, relative, carer and staff awareness knowledge

A
- Act promptly to red flag alert
- Adhere to skin guidelines and protocols
- Skin bundle
- Appropriate applications, products and equipment only to be used.

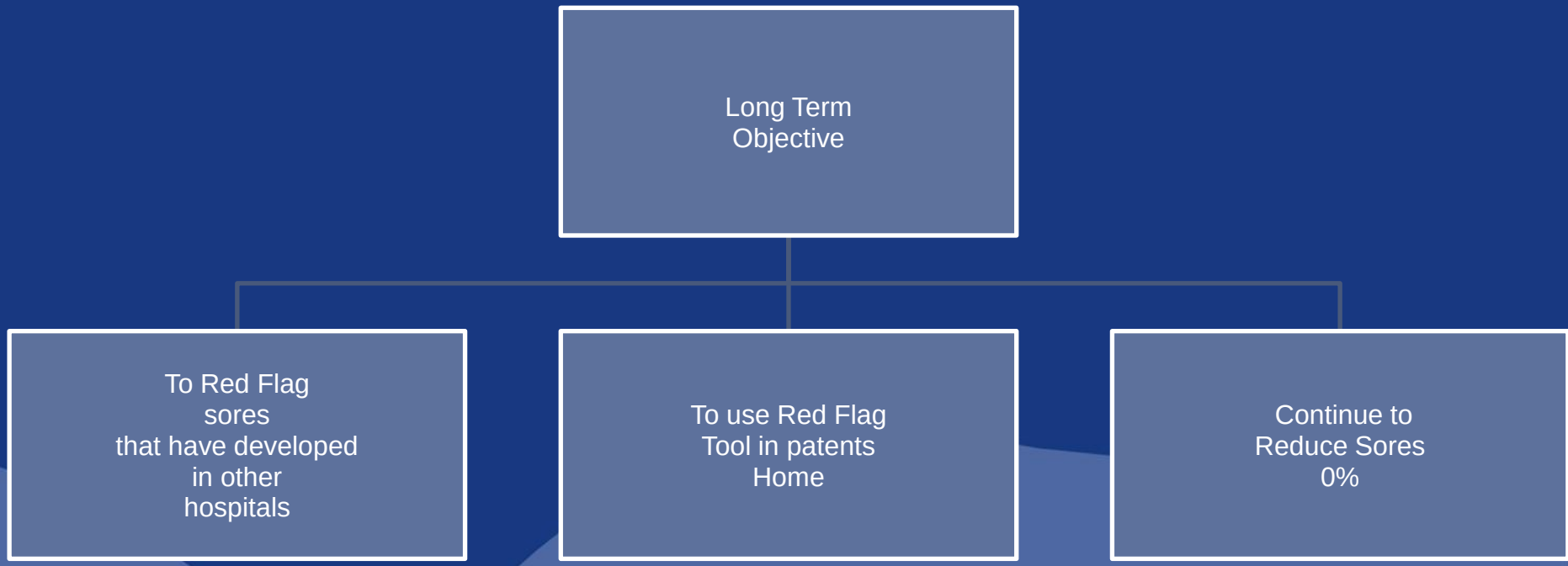
R
- Resolve problems promptly
- Reassess situation weekly
- Report any faults in equipment

MIS 249653

Summary

- Introduced red flag form for in –patients, this to be completed within 24hrs as well as audit tool
- Reduced no of and severity of sores
- Updated protocols/policies incorporating this into the EUPAP guidelines
- Developed a unit wound formulary
- Set up a data base that gave us running total of marks developed through out the year

Vision 2014/15



- Any Questions?

Admission of Acute Patients