

**Report to:** Southwark Health, Adult Social Care, Communities and  
Citizenship Scrutiny Sub-Committee

**Date:** 25<sup>th</sup> April 2013

**From:** Paula Townsend, Deputy Director of Nursing

**Subject:** Admitted Pressure ulcers

### **Background**

Following a review from the last Southwark Health Overview and Scrutiny Committee, a request has been made by the chair to clarify some points around admitted pressure ulcers at King's College Hospital NHS Foundation Trust. This report addresses the points of clarification that have been requested under the following headings:

#### **1. What are admitted pressure ulcers?**

1.1 Admitted pressure ulcers include those patients who were admitted from the community, either their own home or care home or from another hospital.

#### **2. How many pressure ulcers were admitted the period Quarter 2 (1st July - 30 September 2012)?**

1.2 The numbers of admitted pressure ulcers for that period are as follows

Grade 2 – 130

Grade 3 – 12

Grade 4 - 10

#### **3. Can you please explain the criteria and process for reporting admitted pressure ulcers to a local authority safeguarding lead and / or to local commissioners?**

3.1 The process for reporting pressure damage is as follows:

- When a patient is admitted to the trust with pressure damage it is recorded on the hospital e-TRACE system by the ward staff.
- The staff can select where the patient came from in a drop down box the options are; Patients home, care home, nursing home or other trust.
- On a monthly basis a report is compiled which shows both the acquired and admitted pressure ulcers and where on the body they occurred. The e-TRACE system will alert the Tissue Viability Team via email when a patient is admitted with or acquires a stage 3 or 4 pressure ulcer.
- When patients are admitted with multiple stage 2, stage 3 or stage 4 pressure ulcers the adult skin damage protocol is used to determine if a safeguarding

alert or referral is required. This consists of gathering information from the care providers to see what services are already in place for the patient and whether they were known to community team's e.g. Community Tissue Viability/District Nurses and looks at the following 5 questions;

- 1) Has there been a rapid onset and/or deterioration of skin integrity?
  - 2) Has there been a recent change in medical condition e.g. skin or wound infection, other infection, pyrexia, anaemia, end of life care that could have contributed to a sudden deterioration of skin condition?
  - 3) Have reasonable steps been taken to prevent skin damage?
  - 4) Is the level of damage to the skin disproportionate to the patient's risk status for skin damage? E.g. low risk of skin damage with extensive injury
  - 5) Was there compliance with the care plan
- If staff remain unsure whether a patient requires safeguarding referral having completed the skin damage protocol the safeguarding team are contacted for advice.
  - Staff complete an Adverse Incident (AI) form if patients are admitted with Stage 3&4 pressure damage and this is investigated by the referring organisation. Patients with stage 3&4 pressure damage are referred to the Tissue Viability Team for a review and they will confirm the stage of the pressure damage and update risk office where appropriate.
  - As an acute trust we have patients admitted with Stage 3&4 pressure damage who do not have any prior community care e.g. patients who may have had a stroke or a fall and are on the floor for a number of hours/days. The stage and location of the pressure damage is confirmed by a TVN member who will then update Risk Office.
  - An AI is completed for all Hospital acquired stage 3 and 4 pressure damage, the TVN team will then review the patient and confirm the stage and request a root cause analysis (RCA) to be completed.
  - From February 2013 all confirmed grade 3 and 4 pressure damage are reported as SU's to the Commissioners and since 1<sup>st</sup> April all hospital acquired stage 3 & 4 are also reported on the STEIS system by the risk office.
- 4. Are you able to report on the 152 admitted pressure ulcers for the quarter and report from which boroughs they were admitted and the location i.e.care home?**

4.1 From the e-trace system it is not possible to identify which boroughs the patient is from, therefore we are not able to supply Southwark specific data. Until recently data was reported to Yvonne Harding, Clinical Governance Manager at NHS South London Commissioning Support Unit. We are not clear how this data was then used. In the future the data will be reported quarterly to CSU. This will include all non-attributable and attributable pressure ulcers, split by responsible CCG, including information about previous care organisation as part of our CQUIN.