

EARLY INTERVENTION WITH FOAM POSITIONING DEVICES TO PREVENT HEEL PRESSURE ULCERS

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Introduction

Pressure Ulcers represent a major burden of sickness and reduced quality of life for people and their carers (Nice 2015). The heel is the second most common bony prominence for acquisition of pressure damage and ulceration. (Fowler et al, 2008). The Royal Wolverhampton NHS Trust (RWT) is one of the largest acute and community providers in the West Midlands. In 2014 RWT reported its highest incidences of heel pressure ulcers compared to other pressure points since the launch of the NHS England Ambition 1 in 2012. Pressure ulcers to heels can be very painful and inhibit rehabilitation and mobility, thus increasing the risk of further pressure ulcers developing.

Following observation over a six month period it was noted that there was a variance in heel protection and elevation methods across acute and community sites. It was also noted that 'reacting to red' skin changes was potentially leaving it until too late as this could be early signs of pressure ulceration starting to occur. Therefore developing a consistent approach to heel protection and elevation methods as well as achieving far earlier intervention and embedding proactive care to prevent avoidable skin changes were two key objectives.

Method

The Tissue Viability team launched a new protocol focusing on consistent earlier intervention and effective deployment of pressure care prevention devices. This meant that as soon as a patient was deemed to be 'at risk' of developing a pressure ulcer following assessment they immediately received protective heel boots (Dyna-Tek Heel Boot, Direct Healthcare Services) as standard practice.

With a strong focus on education and raising awareness of heels as a particularly vulnerable area for pressure damage, the new protocol was launched with an attention grabbing 'Help Our Heels' campaign.

The campaign introduced new systems and processes and raised awareness of proactive interventions required to prevent Trust acquired pressure ulcers to heels.

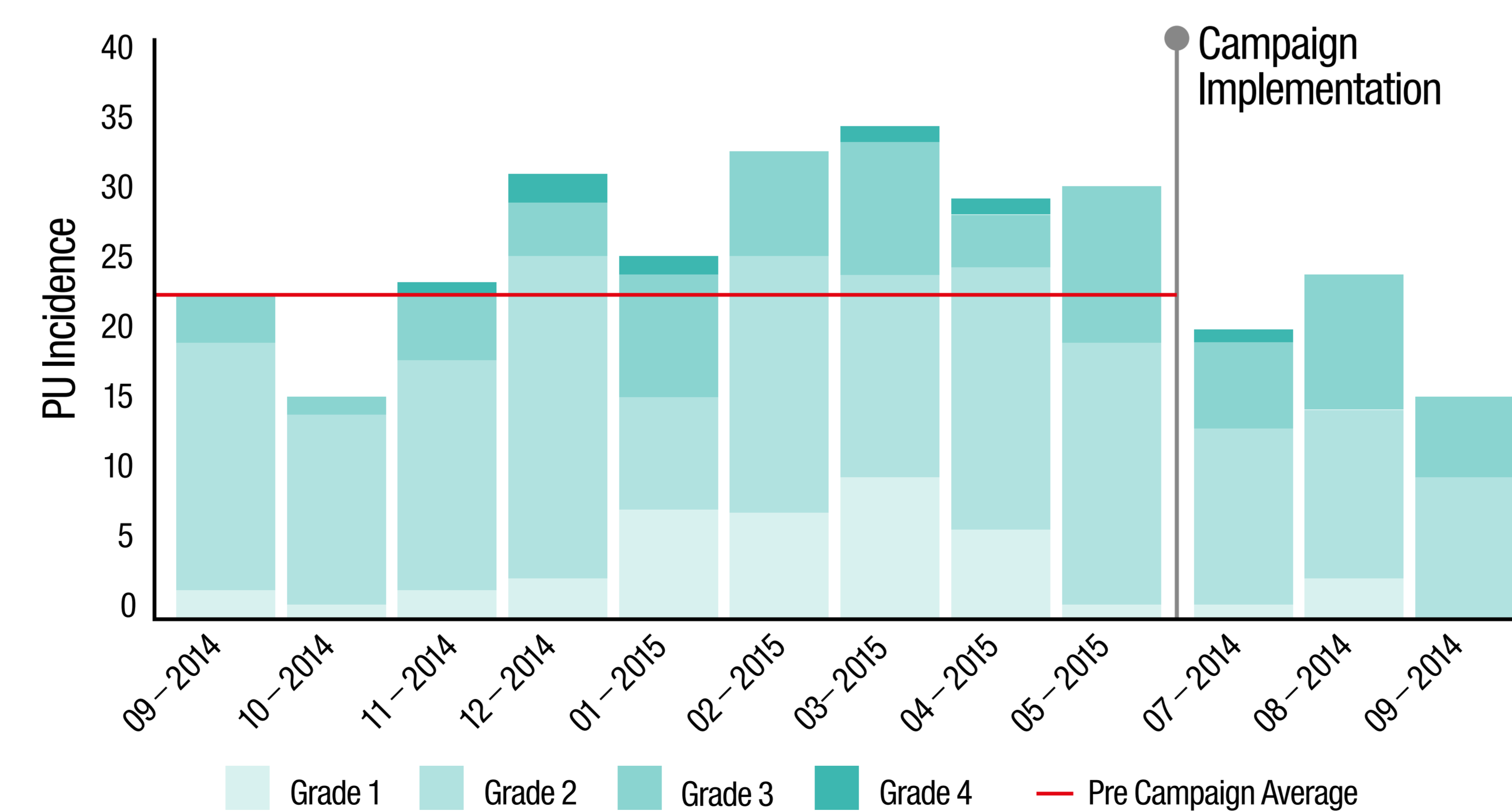
Wolverhampton has a multi-cultural society and therefore the 'react to red' campaigns introduced in other areas was not appropriate, especially as there had been a recent incident whereby staff did not note early warning changes on a patient with pigmented skin in the community.

The Trust supported 'react to risk' instead to embed proactive pressure prevention when risks are identified. 'React to Risk' and 'Heel Elevation Lessens Pressure' were the key messages, with the key action being the issue of protective heel boots to every patient immediately after being deemed 'at risk' following assessment.

Results

Immediately following the campaign launch there was a radical reduction of serious incidents, including a 15% reduction in Heel PU incidence. Post-campaign this has reduced significantly however will need to be consistently measured over a longer period in order to accurately track the trend.

The campaign has successfully captured interest, raised awareness and resulted in genuine, positive engagement with caregivers which is a critical success factor for any campaign overarching acute and community providers.



Discussion & Conclusion

Patients' risks are identified following a holistic assessment and risk assessment (Waterlow for inpatient areas and Walsall for community setting). This campaign emphasized the importance of immediately reacting to the patient's risk to ensure the earliest possible intervention.

Correctly utilising pressure care equipment to help prevent heel pressure ulcers, including the deployment of heel boots and the correct use of profiling beds where available to also alleviate pressure was also emphasised.

The campaign supported all the elements of SSKIN, with the introduction of heel boots adding an essential tool to the nurses tool-kit supporting SSKIN principles. The co-ordinated launch of a new protocol more strongly focused on prevention across all acute and community sites, ensuring consistent earlier intervention for all 'at risk' patients is essential if we are to achieve a measurable difference in heel pressure ulcer incidence.