

REDUCING HOSPITAL ACQUIRED PRESSURE ULCERS; IMPLEMENTING HYBRID TECHNOLOGY

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Introduction

There is considerable variation in the way pressure ulcer prevention and management are handled within individual organisations. In an effort to improve efficiency and make cost savings, an NHS Trust identified processes that could be simplified, reviewed its equipment contracts and assessed new technology to reduce hospital-acquired pressure ulcers. The decision was made to downgrade existing contracts to cover decontamination and maintain old equipment and to purchase hybrid mattresses, which it was estimated would prevent 17–39% of hospital-acquired pressure ulcers, returning cost efficiencies of £740,100–£1,694,29. Taking into account the cost of the downgraded contract, this could realise a cost saving of £1,400,731.50 over 7 years and enable the Trust to achieve its pressure ulcer reduction targets.



COST SAVING OF £1,400,731.50 OVER 7 YEARS



ENABLE THE TRUST TO ACHIEVE ITS PU REDUCTION TARGETS

A Trust-wide audit in 2015 identified that, despite the high spend, the Trust was not meeting its own target of a 10% reduction in the incidence of hospital-acquired Category 3 and 4 pressure ulcers. In fact, in 2016/17 the auditors were looking at a 61% increase against the previous year’s data. In January 2016, 81 patients had pressure ulcers of Category 3 and above and there was only sufficient equipment available for one-quarter of these individuals. In addition to this issue, much of the equipment was old (some pieces were over 15 years old) and not well maintained due to the lack of a maintenance contract.

Method

As with the majority of NHS organisations, the Trust faced severe financial pressures and there was no funding available to purchase additional equipment. A meeting was held between the lead Tissue Viability nurse and the finance team to discuss how pressure redistribution equipment could be funded within existing budget constraints. One option considered was to move from the existing rental contract to the purchase and use of hybrid mattresses.

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An evaluation of several powered hybrid mattresses was carried out and a supplier day held at which all of the nine potential suppliers were questioned by the Trust staff about contracts, service provision and the level of evidence they had to support the use of their products. The Trust selected to use the Dyna-Form® Mercury Advance, Direct Healthcare Services.

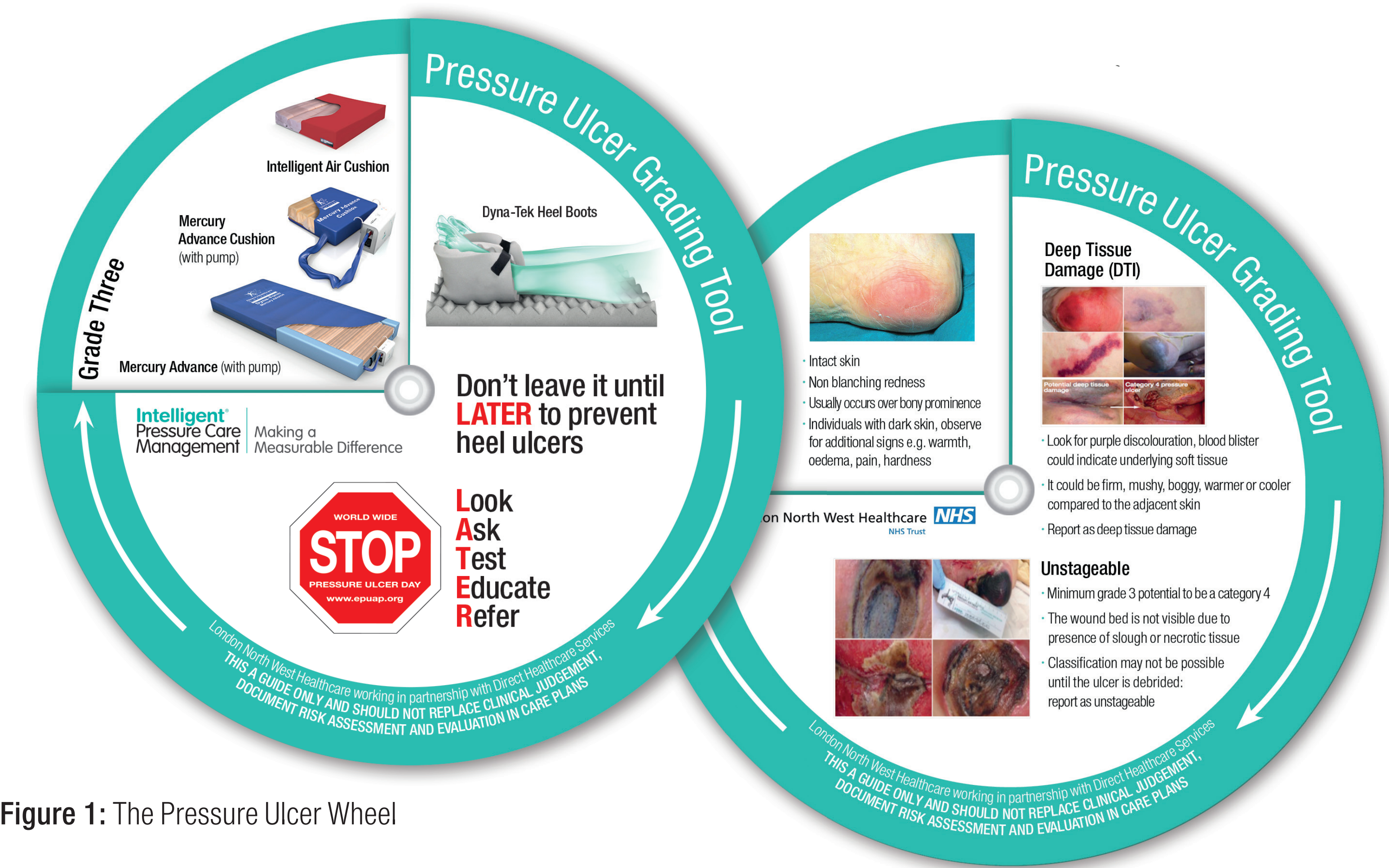


Figure 1: The Pressure Ulcer Wheel

Results

Installation of the new equipment took place in April 2017 across the three Trust sites alongside supporting education and clinical support. Ahead of the new mattress installation, staff education was provided in three ways:

- ✓ Ward-based training, where the Tissue Viability team and Nursing Director prepared clinical staff for the new equipment.
- ✓ Development and implementation of the pressure ulcer wheel (*See figure 1*), which assisted staff with the categorisation and equipment selection.
- ✓ Large-scale training in the Trust’s main auditorium, which was delivered to approximately 700 staff within the first week. This covered what equipment to use, how to use it and why it was appropriate for particular groups of patients.

Feedback from clinical staff has been very positive. Currently the Trust is on target for achieving the predicted pressure care equipment spend reduction while closely monitoring pressure ulcer incidence. Anecdotaly, it appears that the numbers of pressure ulcers are reducing; the first large-scale prevalence study is scheduled for March 2018.

“Using hybrid streamlines the approach, reducing staff decision making and workload”

Discussion

Driving down the number of hospital acquired pressure ulcers is an ongoing target across not only the NHS but healthcare organisations worldwide. Achieving year-on-year reductions becomes increasingly difficult as the patients that continue to develop HAPUs despite preventative action are among the most complex. While the use of equipment is only one component of a good pressure ulcer prevention strategy, for many it is a key element. Challenging the traditional model of prevention has not been easy, however the new hybrid mattresses provide a logical mechanism with which to replace systems that rely on multiple pieces of equipment being selected and changed to meet patient requirements. Using the hybrids streamlines the approach, reducing staff decision making and workload. It also reduces the amount of disturbance to patients, thus reducing associated discomfort (Fletcher et al, 2016).

Conclusion

Preventing the occurrence of pressure ulcers in large organisations can be a complex activity. The use of long-term contracts, while initially appearing to be financially prudent, can result in cost inefficiencies over time and prevent an organisation from using innovative new products. In this instance, through negotiation and the development of a robust cost model the team were able to downgrade an existing contract and purchase new hybrid equipment for the total bed stock (with the exception of the small number that used the previously-purchased alternating systems). This has resulted in financial and clinical benefits across the board.

References
Fletcher J, Tite M, Clark M (2016) Real-world evidence from a large-scale multisite evaluation of a hybrid mattress. *Wounds UK* 12(3): 78–85