

## Quality Account midyear progress report for Quality & Safety Group

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| <b>Priority</b>  | <b><i>Improving Tissue Viability Assessment</i></b>   |
| <b>Monitoring/meetings</b>   | 4 held to date  |
| <b>Chair</b>   | Sarah Roberts, Head of Neurological Services/Tissue Viability   |
| <b>Summary of key outcome measures</b>   | <ul style="list-style-type: none"> <li>• <i>Compliance with tissue viability guidelines</i></li> <li>• <i>Offering staff training in tissue viability</i></li> <li>• <i>Complaints and concerns in relation to tissue viability</i></li> <li>• <i>Serious Incidents relating to avoidable grade 3 and 4 pressure ulcers acquired whilst in the care of SWECS</i></li> <li>• <i>Incidents occurring relating to tissue viability</i></li> </ul>  |
| <b>Key outcome measure results / progress made where data is not yet available</b> | <ul style="list-style-type: none"> <li>• <b>Compliance with key criteria from audit of tissue viability guidelines</b></li> </ul> <p>- Lower Limb Management guidelines have been approved. Competencies are in place for Qualified nurses and HCA's.</p> <p>- The Prevention, Assessment and Management of Pressure Ulcer Guidelines have been approved. They have self-assessed competencies attached and an audit to measure compliance to the guidelines</p> <p>- Wound care management guidelines have been approved. Self-assessed competencies are attached and an audit to measure compliance to the guidelines.</p> <p>The guidelines will be audited at 3 months post introduction to staff and then annually. The audit will be a peer audit carried out by the Tissue Viability Link Nurse network.</p> <ul style="list-style-type: none"> <li>• <b>Staff trained in Tissue Viability.</b></li> </ul> <p>Training has been set up and continues in Wound Management, Leg Ulcer Management and Pressure Ulcer Management.</p> <ul style="list-style-type: none"> <li>• <b>Serious Incidents relating to avoidable grade 3</b></li> </ul> |

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|                               | <p><b>and 4 pressure ulcers acquired whilst in the care of SWECS</b></p> <p>A weekly review is undertaken of any grade 3-4 pressure sores reported. A root cause analysis is undertaken to identify if the patient was known to our services when the pressure ulcer developed.</p> <ul style="list-style-type: none"> <li>• <b>Incidents relating to tissue viability planning</b></li> </ul> <p>Where a staff member reports an incident a review is undertaken to identify changes for the future and shared with others, examples include:</p> <ul style="list-style-type: none"> <li>• Timing of initial assessment</li> <li>• Importance of good communication with other agencies</li> <li>• Importance of senior nurse input in assessing care</li> <li>• Need for excellent documentation</li> <li>• Need for a comprehensive single Pressure Ulcer grading system</li> </ul> <ul style="list-style-type: none"> <li>• <b>Complaints and concerns relating to tissue viability</b></li> </ul> <p>In past 6 months there have been no complaints or concerns raised with patient Experience regarding Tissue Viability in past 6 months</p> |
| <p><b>Further actions</b></p> | <ul style="list-style-type: none"> <li>- Tissue viability team have met with the Information team and developed Outcome measures to enable compliance with the above</li> <li>- Launch of Guidelines is being held late November 2011 for all staff in 3 localities ( 2 sessions each day)</li> <li>- Need to complete the patient leaflet – currently in draft</li> </ul>  |