Better Care: Healthier Communities

Think...... S S K I N

Patient Non-Concordance with Pressure Ulcer Prevention

Louise Morris - Prevention of Harms Nurse, Tissue Viability Team

PROOF

Introduction

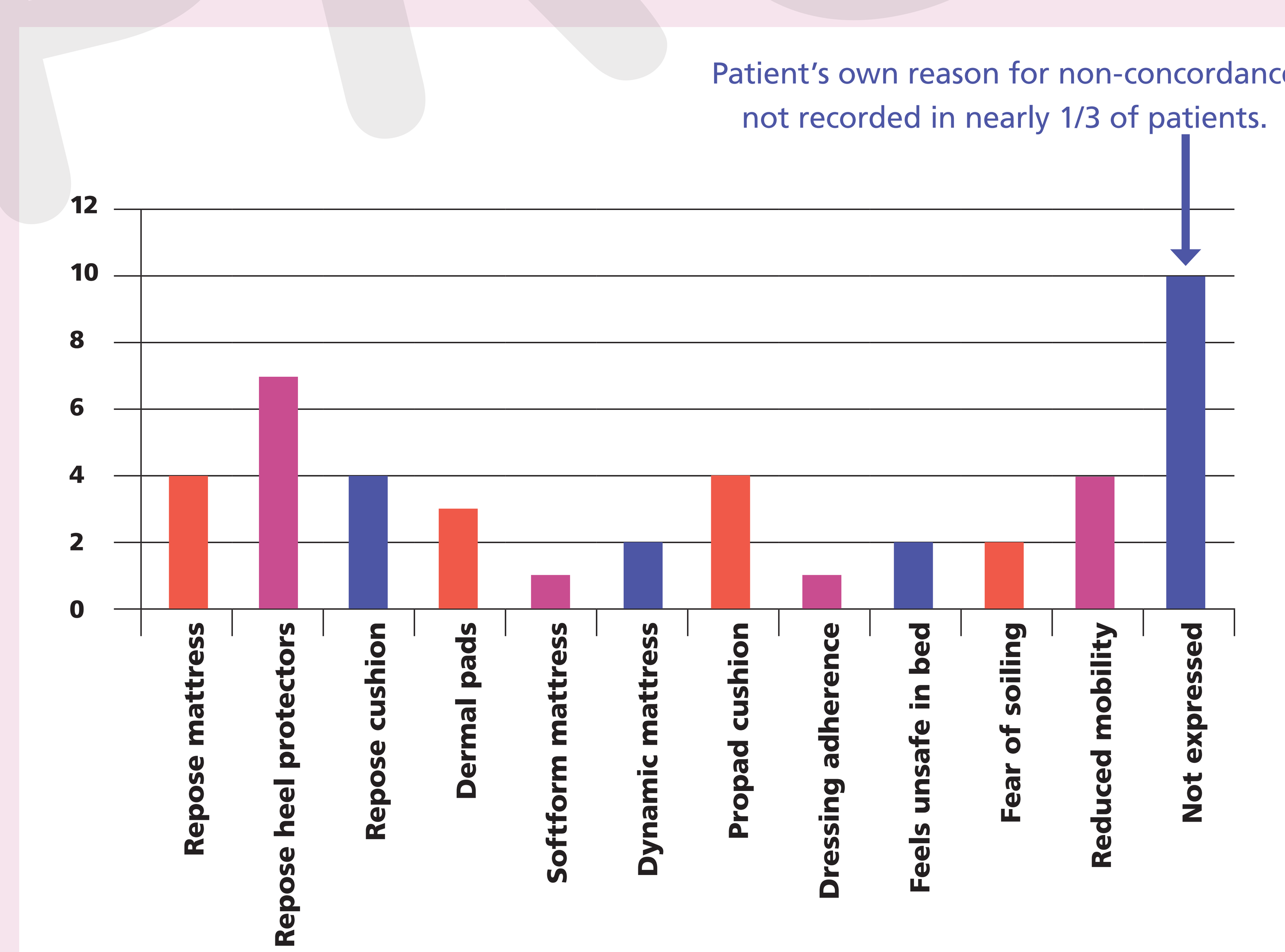
Pressure ulcers (PU) remain the biggest cause of avoidable harm (NHS Patient Safety Thermometer data, 2012 - 2014). Although the overall results from this audit demonstrate a decrease in the prevalence over the last two years, the results for the last 12 months are suggestive that a plateau may be emerging. Whilst many Trusts have made substantive improvements in reducing avoidable PU, curtailing the unavoidable ones remain a challenge. Amid the criteria for defining "unavoidable" (NHS Midlands and East, 2011), one potential avenue to target may be those patients with mental capacity who refuse assessment or do not concord with an agreed plan of care.

However, whilst there are numerous studies analysing the impact of patient concordance with venous leg ulcer and diabetic foot ulcer treatment, there are very few studies examining patient engagement and concordance with PU prevention and subsequently a deficiency in specific evidence-based guidelines on how to manage this.

A retrospective analysis of 371 PU root cause analysis from the last two years has recently been undertaken in Birmingham Community Healthcare Trust in order to ascertain key themes for causes of PU within the Trust. Patient non-concordance was identified as the greatest precipitating factor and double the amount of the second highest cause. One of the actions that ensued from this analysis was to investigate reasons for patient non-concordance with PU prevention, how it was being dealt with and provide a framework to help overcome this issue.

Method

This was completed by means of an audit. Inclusion and exclusion criteria were agreed and suitable patients with grade 2, 3 and 4 PU that developed from 1 January to 31 March 2014 were identified through the electronic clinical incident reporting system. The notes of these patients were then requested for review and analysed. In total there were 50 patients, but only 35 were then confirmed as developing PU as a result of true non-concordance. Virtually all the patients were from the community, with only one patient being from an in-patient setting.



Results

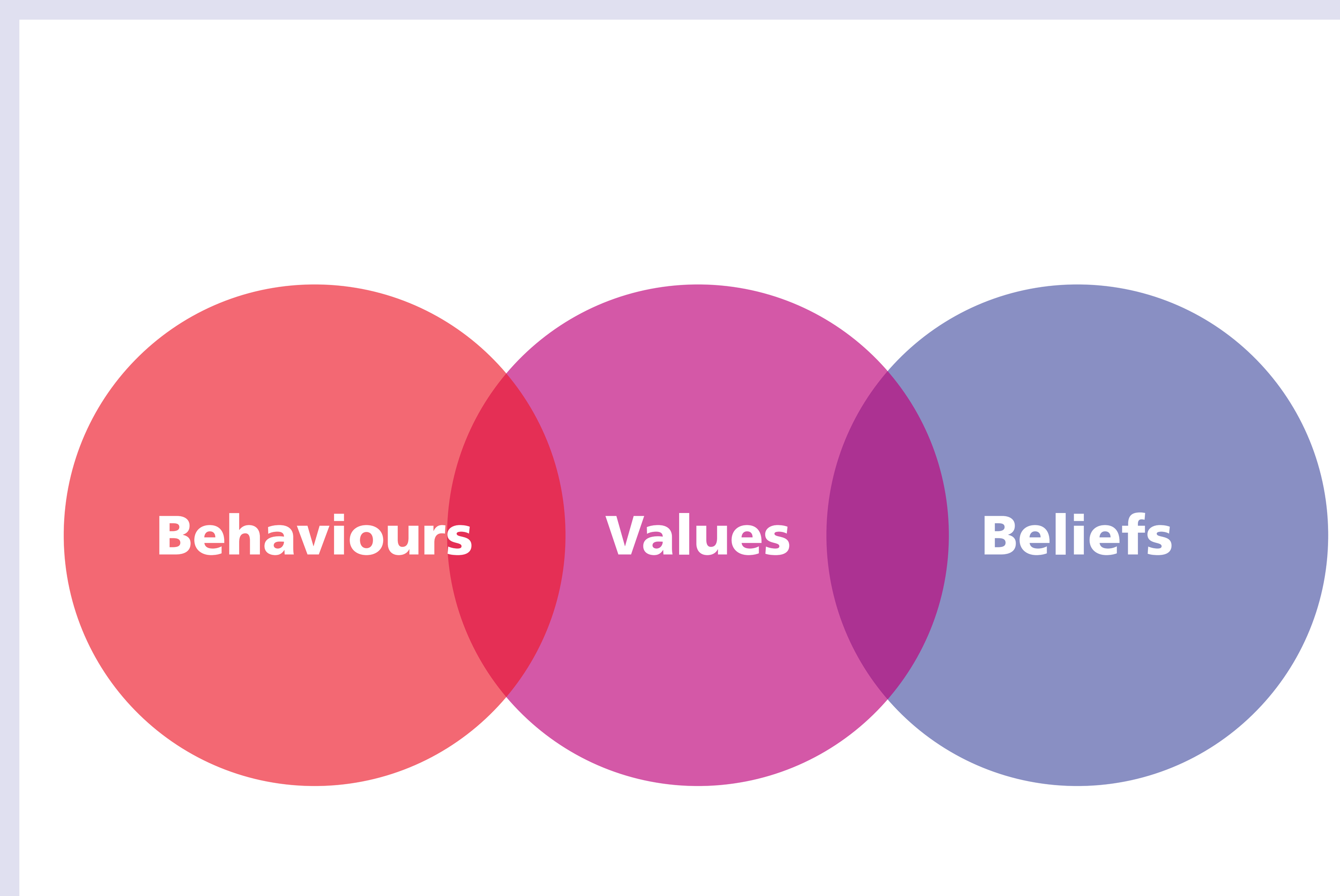
In accordance with the Trust PU policy, all patients had received verbal and written information on PU prevention. This was ascertained from the Trust PU prevention documentation. Patients declining or not using pressure redistributing equipment was cited as the most frequent type of non-concordance. However, the patients' own personal reasons or view point for not following PU prevention advice was not documented in one third of the patients notes reviewed. Where it was recorded and despite being offered three different kinds of pressure relief, including inflatable, foam and silicone systems, heel protectors were cited as being the most common cause for objection, with patients stating they were hot, made them sweat and were difficult to retain. Nurses were found to be providing advice on PU prevention at most visits, although the frequency of visits did not increase despite patients non-concordance and following development of a PU. Whilst there is a checklist available for when patients decide not to follow advice on PU preventative care, this was only implemented in just under one third of the patients who were non-concordant.

Discussion

The audit has highlighted some gaps in practice and areas to improve. The patient's personal rationale for not engaging with preventative care was often represented by subjective entries and not fully explored. When provided, it was found these factors were diverse and specific to individual patients. Advice included a verbal reminder to contact the District Nurses if the patient should experience any problems, but discussion with nurses indicated that too much repetition of this information was would jeopardise the patient–nurse relationship. Discussion further highlighted that nurses felt some confusion on how to use the form for when patients decide not to follow PU prevention advice and care. It was apparent that nurses were keen to try and meet patient needs and if a patient found a piece of equipment uncomfortable, other equipment was offered and exchanged with other appropriate kit until the patient was more comfortable.

Conclusion

This audit has been useful in providing a framework towards enabling understanding, compassion and responsiveness associated with patient non-concordance.



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