AGENDA ITEM
3.2.8

QUALITY & SAFETY COMMITTEE

COMMUNITY ACQUIRED PRESSURE ULCER IMPROVEMENT PLAN BRIEFING PAPER

Date of meeting	(24/05/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Becky Thomas Senior Nurse Improvement Louise Mann Assistant Director Quality, Safety & Safeguarding
Presented by	Louise Mann Assistant Director Quality, Safety & Safeguarding
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
CTMUHB	Cwm Taf Morgannwg University Health Board
CAPU	Community Acquired Pressure Ulcer

1. SITUATION/BACKGROUND

This report has been developed to inform the Quality & Safety Committee of the current progress of the avoidable community acquired pressure ulcers quality improvement program for 2022/23.

For the most part pressure ulcers are avoidable, and their incidence may be related to several system factors such as poor in-hospital flow and over-burden of nurses. When one arises it is painful, debilitating and can have life threatening and devastating impact on patients and their families.

This initiative will specifically focus on the PREVENTION of **avoidable** pressure damage. This means that the person receiving care developed pressure damage and the provider of care did not do one or more of the following:

1. Assess and evaluate the person's clinical condition and pressure ulcer risk factors in a timely manner.

2. Plan and implement interventions that are consistent with the persons' needs and goals, and recognised standards of practice.

3. Monitor and evaluate the impact of the interventions.

4. Revise the interventions as appropriate.

The Pressure Ulcer Prevention Collaborative program is a quality improvement initiative designed to support healthcare teams to reduce the incidence of avoidable pressure ulcers in the community. The primary aim of this initiative is to reduce the incidence of **avoidable** pressure damage across the collaborative areas. A secondary aim is to increase the capacity and capability of frontline clinical teams to improve the care they deliver using quality improvement methods.

The Pressure Ulcer Prevention Collaborative program will follow the Institute of Health Care Improvement: Breakthrough Series Collaborative methodology (IHI, 2003). This approach aligns with the national approach from Improvement Cymru who have recently partnered with the IHI.

This proven methodology enables teams to become part of an active learning community learning from other teams and recognised experts around a chosen topic or focused set of objectives. The collaborative model provides a framework for improvement and sets a momentum and pace for executing sustainable change. The collaborative will run for 12-18 months following the methodology promoted by the IHI (Fig.1).

The collaborative will be delivered jointly by Improvement CTM, Patient Safety and Nursing colleagues over several learning sessions focusing on leadership skills, process improvement skills using a mix of the Model for Improvement and a recognised change package of actions that will improve current performance. This will be interspersed with action periods, during which the teams will be supported to maximise their learning and implement the change package.

An expert faculty (which includes improvement advisor, Tissue Viability Nurse, Patient Safety advisor and Heads of Community Nursing) will provide coaching and facilitation to the teams as they implement the changes. The model for improvement will be the tool used to run continuous cycles of improvement. Teams will be supported to take local ownership for improvement and to build processes of care that are reliable enough to achieve the goal. This program will support frontline teams to get results in practice, then to sustain and spread them systematically across their teams, departments, and settings to provide a better standard of care for **ALL** patients and to help achieve this ambitious aim.

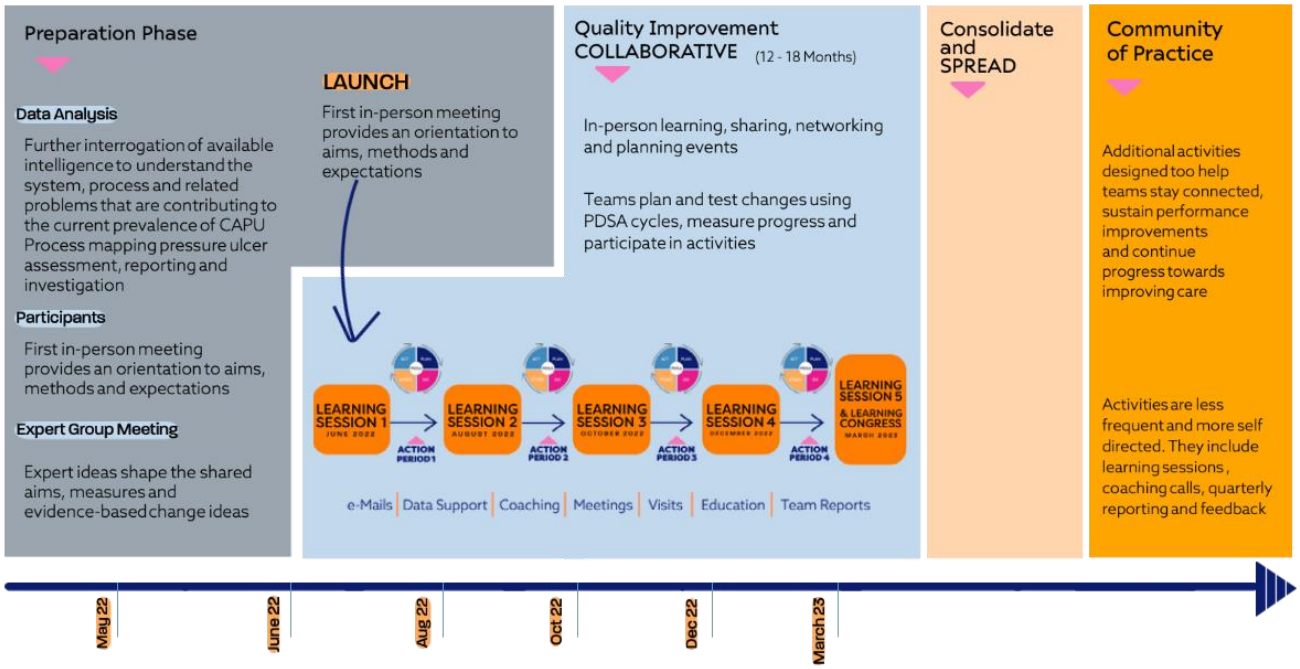


Figure 1

More detail of the proposed methodology can be found in **Appendix 1 (available on request).**

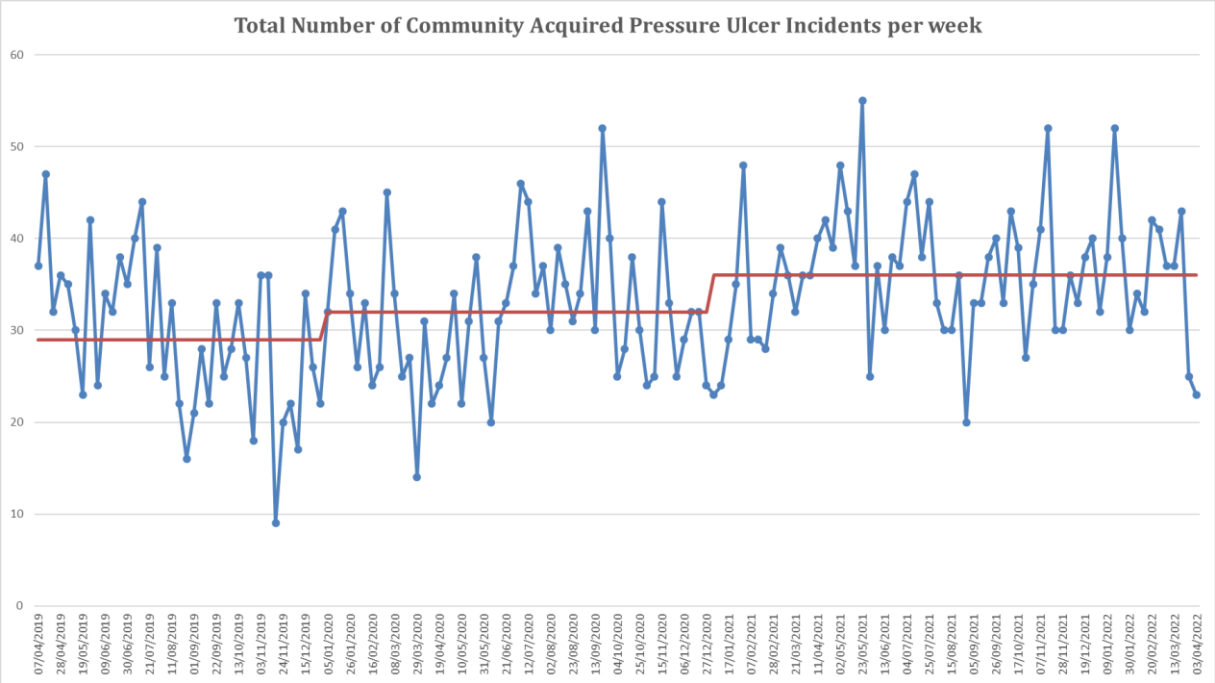
2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

It is important to identify clear aims and objectives for the programme from the outset and to ensure that the improvement work that is undertaken has a significant impact on the reduction of avoidable pressure damage within the community setting. The improvement work needs to be locally owned to ensure sustainable change and detailed pre-planning is required to ensure that the proposed programme will meet these aims.

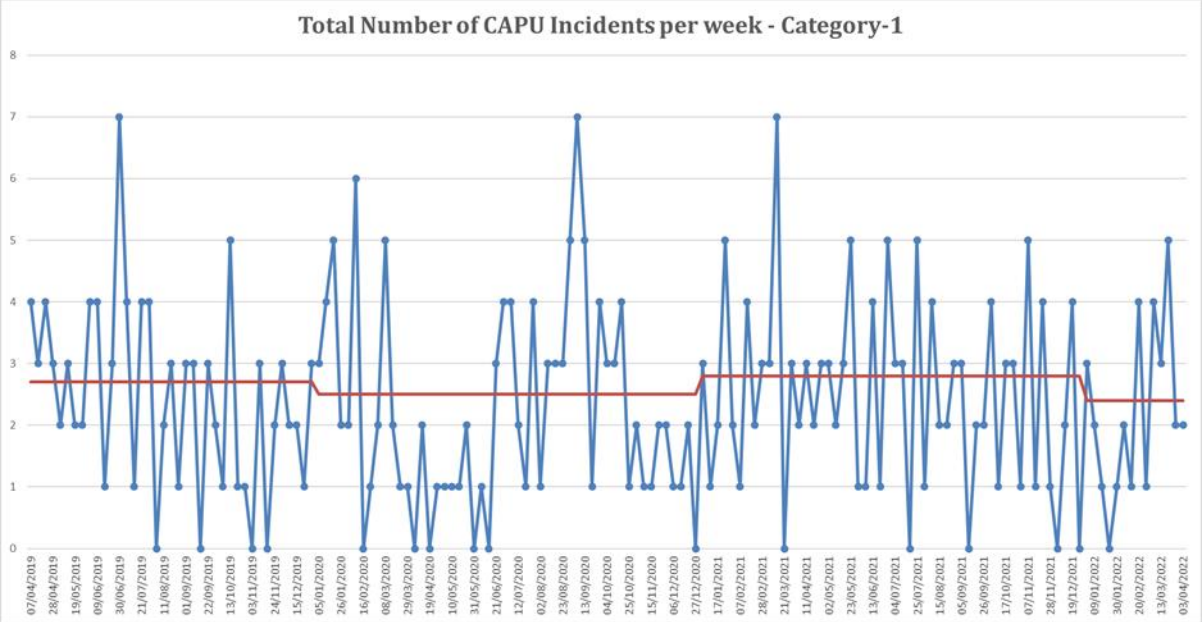
Discovery Phase: Understanding the problem

Further interrogation of available intelligence has helped us to start to understand the system, process and related problems that are contributing to the current prevalence of CAPU

The run chart below shows a steady increase in the total community acquired pressure ulcers over the last 3 years



The following run charts shows a breakdown by category over the last 3 years


Total Number of CAPU Incidents per week - Category-1
8
7
6
5
4
3
2
1
0
07/04/2019
28/04/2019
19/05/2019
09/06/2019
30/06/2019
21/07/2019
11/08/2019
01/09/2019
22/09/2019
13/10/2019
03/11/2019
24/11/2019
15/12/2019
05/01/2020
26/01/2020
16/02/2020
08/03/2020
29/03/2020
19/04/2020
10/05/2020
31/05/2020
21/06/2020
12/07/2020
02/08/2020
23/08/2020
13/09/2020
04/10/2020
25/10/2020
15/11/2020
06/12/2020
27/12/2020
17/01/2021
07/02/2021
28/02/2021
21/03/2021
11/04/2021
02/05/2021
23/05/2021
13/06/2021
04/07/2021
25/07/2021
15/08/2021
05/09/2021
26/09/2021
17/10/2021
07/11/2021
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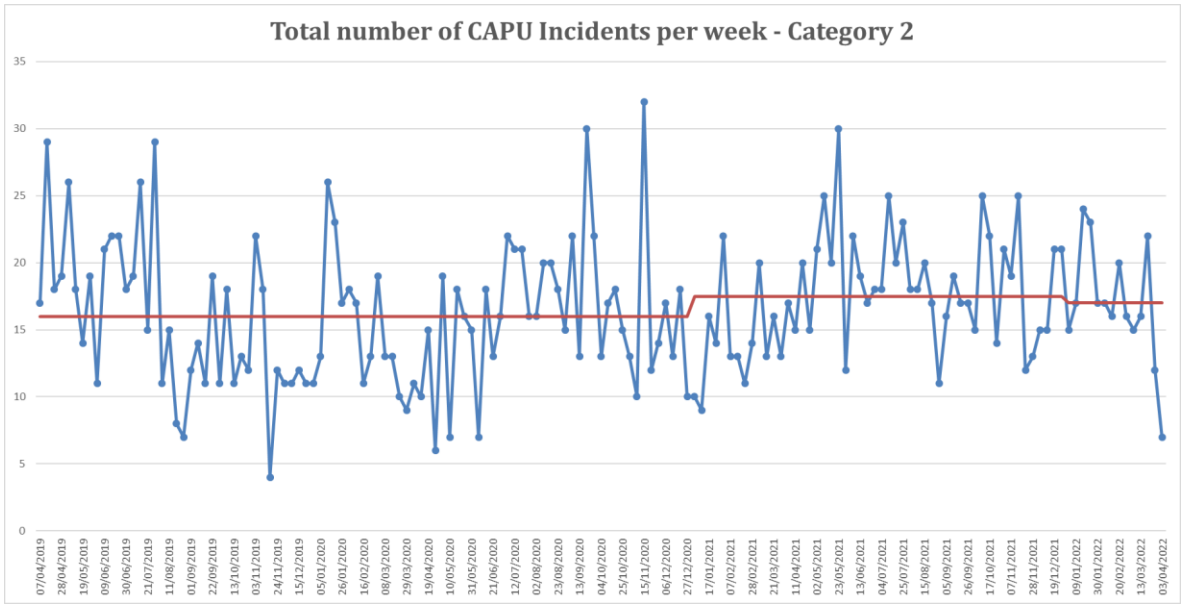
20/02/2022
13/03/2022
03/04/2022


Total number of CAPU Incidents per week - Category 2
35
30
25
20
15
10
5
0
07/04/2019
28/04/2019
19/05/2019
09/06/2019
30/06/2019
21/07/2019
11/08/2019
01/09/2019
22/09/2019
13/10/2019
03/11/2019
24/11/2019
15/12/2019
05/01/2020
26/01/2020
16/02/2020
08/03/2020
29/03/2020
19/04/2020
10/05/2020
31/05/2020
21/06/2020
12/07/2020
02/08/2020
23/08/2020
13/09/2020
04/10/2020
25/10/2020
15/11/2020
06/12/2020
27/12/2020
17/01/2021
07/02/2021
28/02/2021
21/03/2021
11/04/2021
02/05/2021
23/05/2021
13/06/2021
04/07/2021
25/07/2021
15/08/2021
05/09/2021
26/09/2021
17/10/2021
07/11/2021
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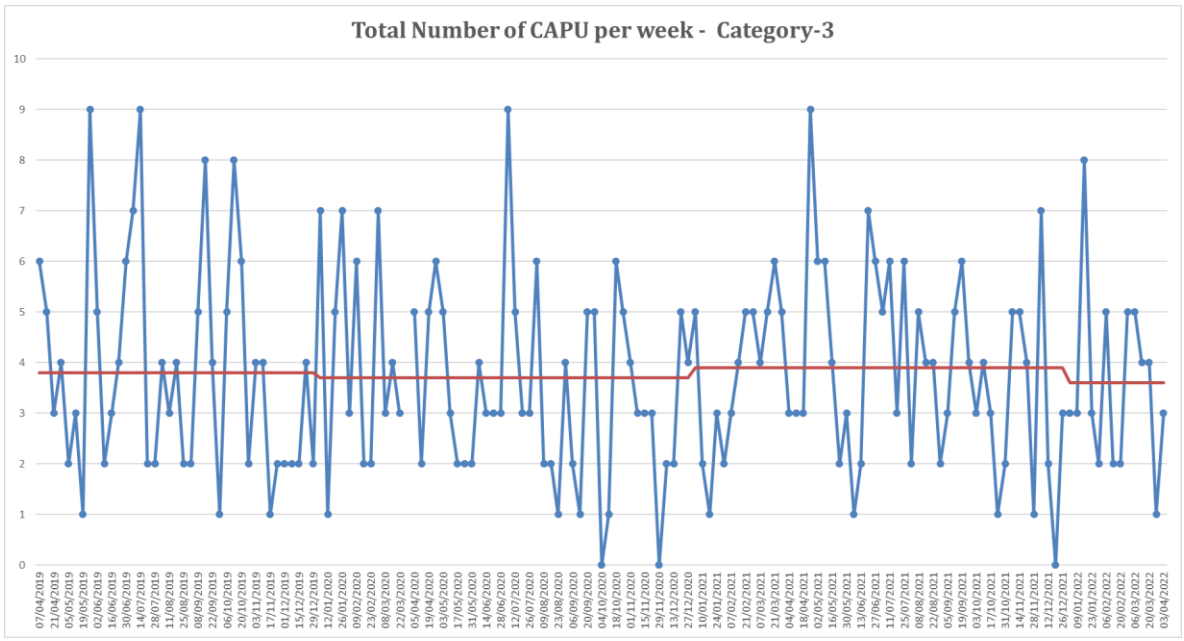
20/02/2022
13/03/2022
03/04/2022


Total Number of CAPU per week - Category-3
10
9
8
7
6
5
4
3
2
1
0
07/04/2019
21/04/2019
05/05/2019
19/05/2019
02/06/2019
16/06/2019
30/06/2019
14/07/2019
28/07/2019
11/08/2019
25/08/2019
08/09/2019
22/09/2019
06/10/2019
20/10/2019
03/11/2019
17/11/2019
01/12/2019
15/12/2019
29/12/2019
12/01/2020
26/01/2020
09/02/2020
23/02/2020
08/03/2020
22/03/2020
05/04/2020
19/04/2020
03/05/2020
17/05/2020
31/05/2020
14/06/2020
28/06/2020
12/07/2020
26/07/2020
09/08/2020
23/08/2020
06/09/2020
20/09/2020
04/10/2020
18/10/2020
01/11/2020
15/11/2020
29/11/2020
13/12/2020
27/12/2020
10/01/2021
24/01/2021
07/02/2021
21/02/2021
07/03/2021
21/03/2021
04/04/2021
18/04/2021
02/05/2021
16/05/2021
30/05/2021
13/06/2021
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11/07/2021
25/07/2021
08/08/2021
22/08/2021
05/09/2021
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31/10/2021
14/11/2021
28/11/2021
12/12/2021
26/12/2021
09/01/2022
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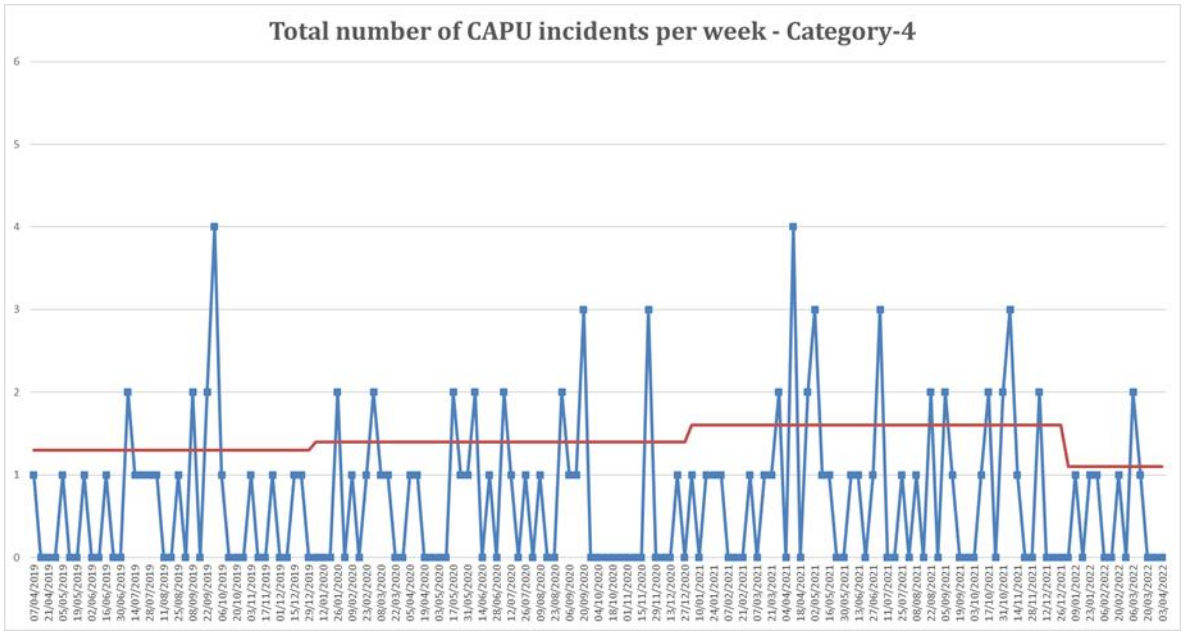
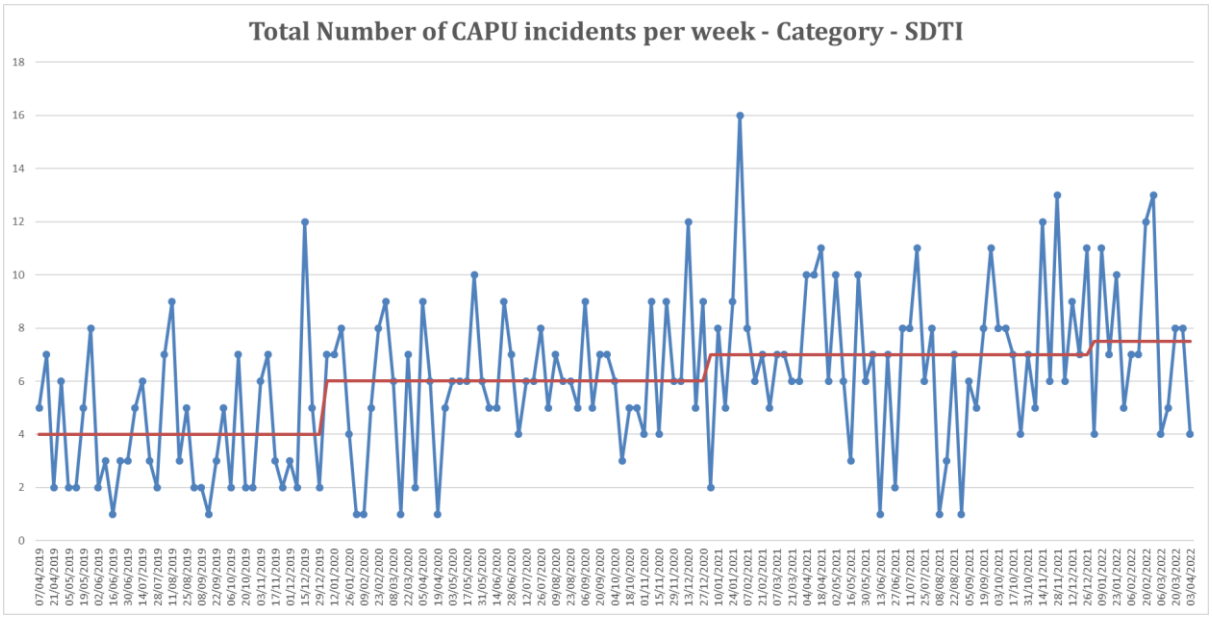
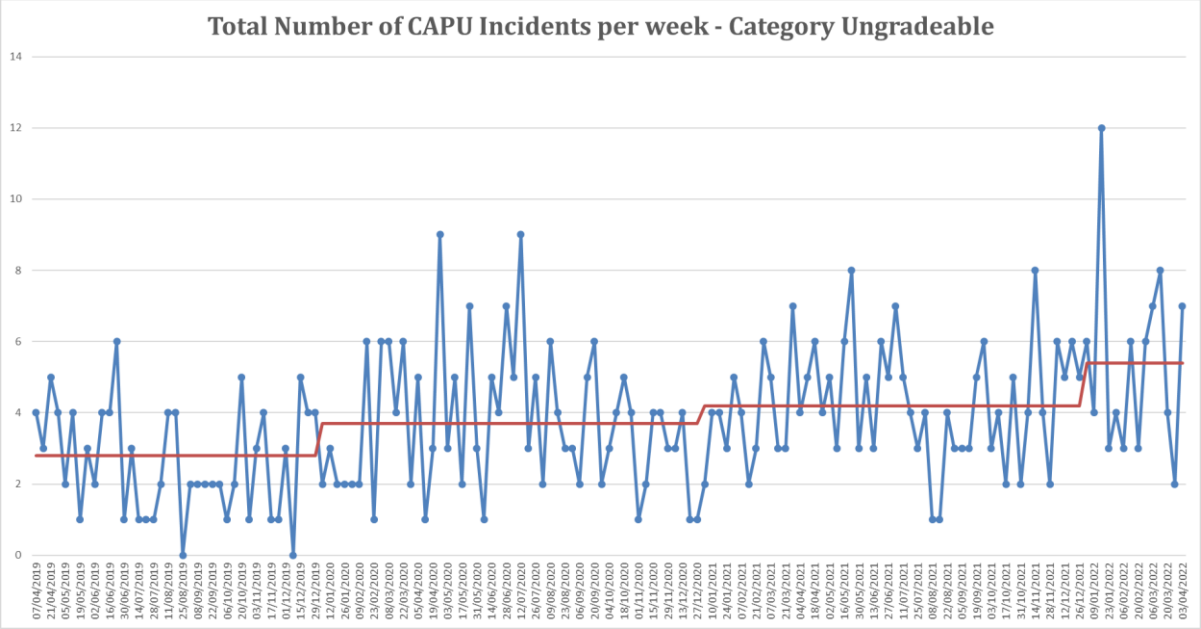
20/02/2022
06/03/2022
20/03/2022
03/04/2022


Total number of CAPU incidents per week - Category-4


Total Number of CAPU incidents per week - Category - SDTI



Measurement Strategy

The primary aim of this initiative is to reduce the number of **avoidable** community acquired pressure ulcers. A secondary aim is to increase the capacity and capability of frontline clinical teams to improve the care they deliver using quality improvement methods. The overall aim of the program is to achieve system level improvement in performance and to identify if this is being achieved.

A detailed measurement strategy will be developed following the initial meeting of the expert faculty on the 19th of May. In this meeting we will present the data for those areas participating in the collaborative and agree on key measurements both short term and longer term.

Additionally the Welsh Wound Innovation Centre have offered their assistance in developing a measurement strategy and have been invited to be a key stakeholder for the Expert Faculty Group.

Key Milestone dates agreed

1. **May 19th** – Inaugural meeting of Expert Faculty
2. **2nd June** – Collaborative Launch Event – This meeting will include identified teams and core faculty – this will be about outlining our method
3. **22nd July** First Learning Session – the format of this will be informed by the meeting on the 19th May

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Engagement of key stakeholders in delivering identified tests of change – the successful implementation of any agreed changes is dependent on the clinical leadership and ownership of the work at the point of care

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

The Quality and Safety Committee is asked to **NOTE** the CTMUHB model for CAPU quality improvement approach to reduce incidence and avoidable patient harm as part of the CTMUHB Quality Strategy