

# **CPR for Feet** Reducing the Prevalence of Pressure Ulcers in a Care Home with a Dementia Specialist Unit

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BACKGROUND

Pressure ulcers (PU) occur when an area of skin and the tissues below,

To minimize the impact on residents physical and mental wellbeing the project aimed to reduce the prevalence of pressure ulcers within a dementia specialist care home in Fife.

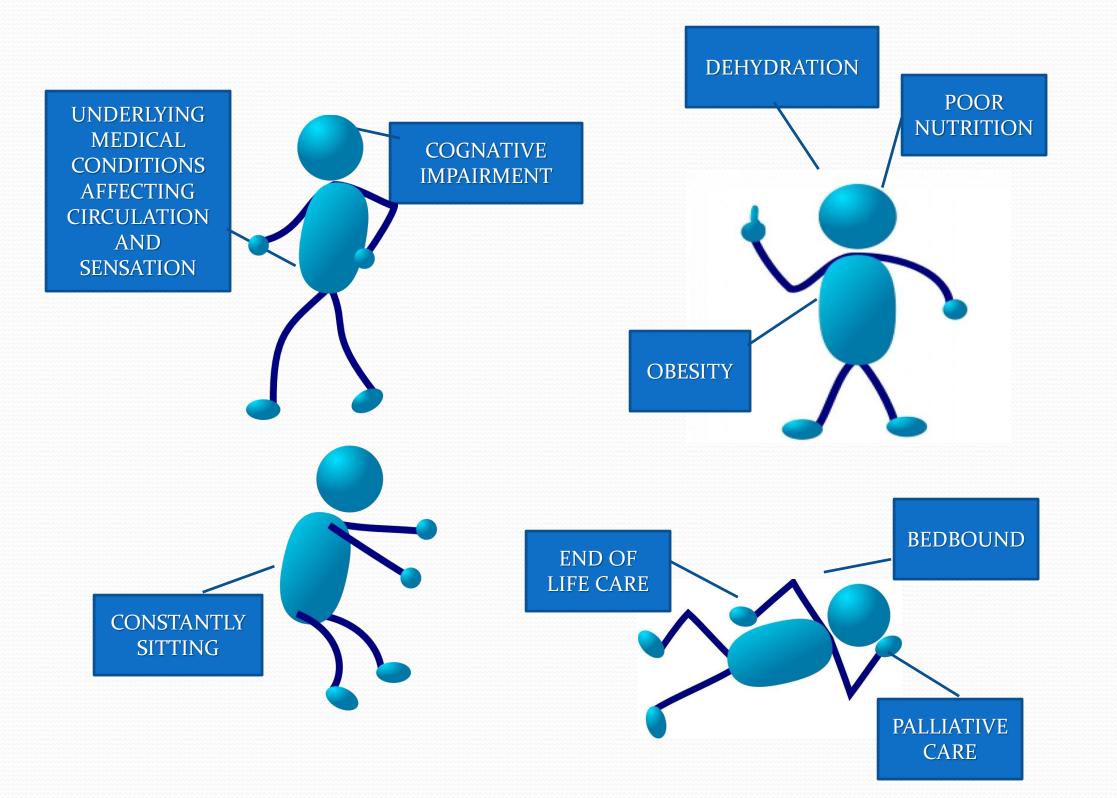


#### are damaged due to pressure and insufficient blood supply to the area.

In recent years NHS Fife Podiatry has seen an increase in the number of PU in care homes. 95% of all PU are avoidable (NES, 2017) and contribute to 4% of the UK health budget (NES, 2018). The Scottish Patient Safety Programme (SSPS) aimed to reduce pressure ulcers in hospital and care homes by 50%.



#### **RISK FACTORS FOR DEVELOPING A PRESSURE ULCER**



**Approach:** The Scottish Diabetes Foot Action Group developed a tool, CPR (Check, Protect, Refer) for feet to reduce the prevalence of pressure ulcers. NHS Fife podiatry adapted the tool and developed an educational resource to deliver the project to care homes.



Using a test of change approach Canmore Lodge Nursing Home in Dunfermline volunteered to collaborate with Podiatry. We carried out multiple sessions over a period of weeks to target as many staff as possible

Aim:



88% of staff were trained. Each session lasted 90 minutes and took place in Canmore Lodge.

The sessions were a mixture of PowerPoint and interactive elements with offloading boots and foot/wound models. The emphasis of the training was on the importance of the carers' role in preventing and looking after those with a PU. A one month follow up session was offered by our Podiatry Health Care Support Worker. Staff were asked to complete a pre and post training questionnaire.

**GRADE 1 GRADE 2 GRADE 3** 



**GRADE 4** 

**UNGRADEABLE** 

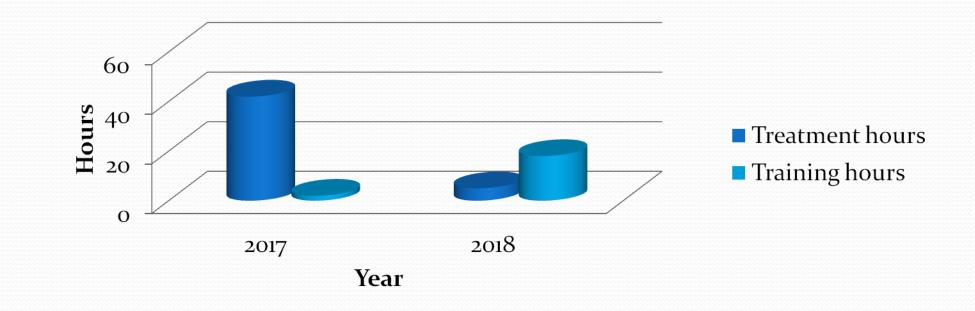
Fife Health & Social Care

Partnership

Data show a reduction of 3.5% in the incidence of pressure ulcers from 2017 to 2018. To date in 2019 there has been no pressure ulcers developed in Canmore Lodge.

Year	Number of Residents throughout the Year	Number of residents who developed a PU	Percentage
2017	88	5	5.6%
2018	94	2	2.1%

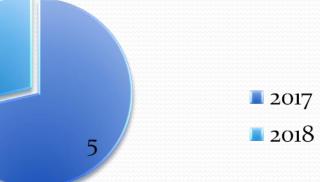
**Podiatry input** 



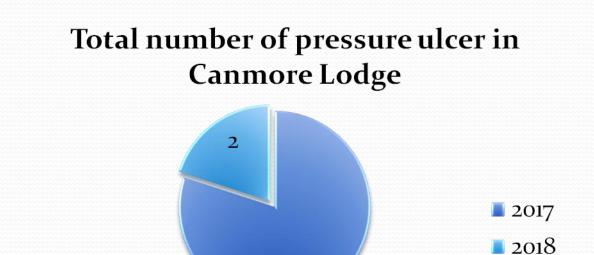
### OUTCOME

Prior to the training sessions we collected data on the number of pressure ulcers in 2017. Data was then compared from 2018 to establish if any improvements had been made as a result of the training.





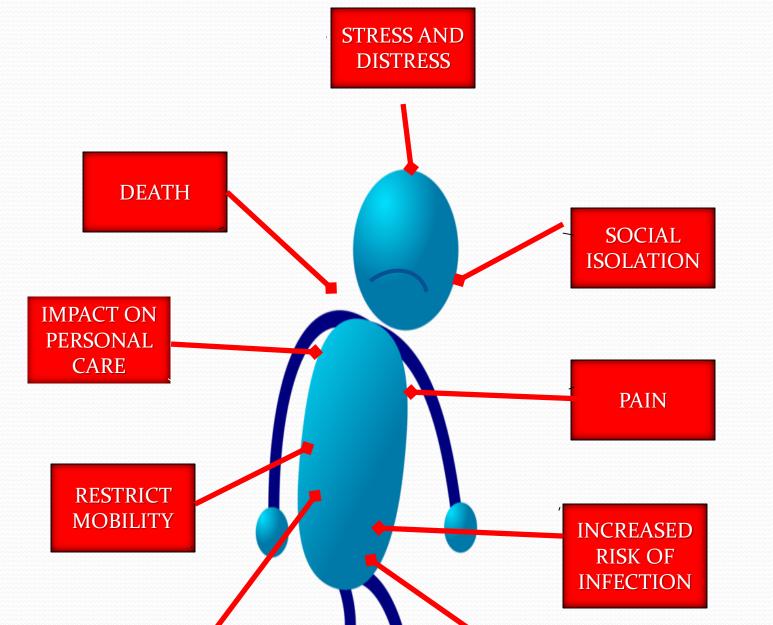
Following the training the prevalence of PU reduce by 60% in a one year period, which was greater than the 50% reduction SSPS had targeted. All patient in 2017 had a diagnosis of one form of dementia, in 2018 50% of the patients with PU had a diagnosis of one form of dementia.

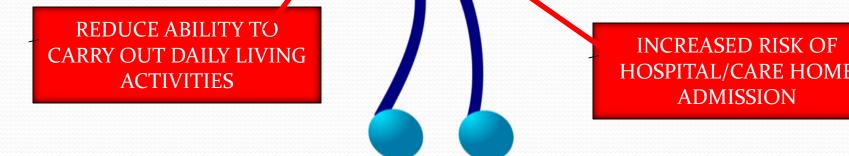


In 2017 Podiatry spent a significant amount of time providing treatment to the residents with PU and less time on training. With a focus on training in 2018 we saw a significant increase in training hours however a significant drop in podiatry input required. In total 21 Podiatry hours were saved from 2017 to 2018. Thus indicating training had been implemented by the care home and improvements made. We estimate a minimal cost saving of £2000

Questions	Pre Training	Post Training	One Month Post Training
Check: Can you recognise a patient at risk of developing foot ulcers	62%	94%	100%
Protect: Do you understand the need for correct devices to protect residents foot health	60%	88%	96%
<b>Refer</b> : Do you now when to refer a patient to podiatry	64%	92%	100%
Do you understand the reasons for using <b>CPR</b> for feet on your care home residents	54%	96%	100%

## **IMPACT OF A PRESSURE ULCER ON A PERSON**





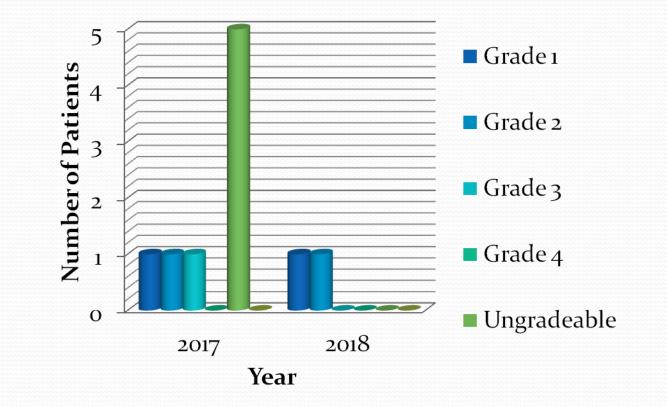
**ROLE OF NHS PODIATRY IN P.U. MANAGEMENT** 

Podiatry play an important role in prevention, detection and treatment of PU on the foot.

Podiatrists are involved in training of care home staff and carers to identify those at risk of developing a PU and enabling them to implement preventative measures. If a PU does develop Podiatry is involved in leading the care package working with the person, their family/carers and any care provider.

Podiatry assess the person and agree a treatment plan which may include debridement of wounds, implementing a dressing regime, offloading the foot and prescribing medication as appropriate.

Data showed the number of ulcerations per patient had also significantly reduced over a one year period.



There has been a reduction in both the incidence and severity of PU since implementing the training programme. In 2017 there were 5 ungradable PU, and 0 in 2018. An ungradable PU is where there is tissue loss obscured by slough or necrosis, therefore depth cannot be ascertained. On removal of slough/necrosis depth can be determined, the majority of these wounds then present as a grade 3 or 4.

The data from evaluations indicate an increased knowledge of PU management and retention of knowledge. Staff and management at Canmore Lodge have fully embraced CPR for feet: Canmore Manager Jane Aitken comments: "The statistics gathered show the evidence of the value in podiatry training and support from the team. Canmore Lodge has gained positive outcomes for our residents by staff being upskilled allowing them to be further empowered in their job roles. We value the support received".

#### CONCLUSION

Time spent on training, upstream work, directly reduces the time required for specialist intervention.

CPR for feet when implemented helps prevent the development of pressure ulcerations .Between 2017 - 2018 we have seen a 60% reduction in PU and currently a 100% reduction to date for 2019 as no new PU have developed thus far.

NES (2017) The Prevention and Management of Pressure Ulcers. An educational workbook https://www.nes.scot.nhs.uk/media/3978822/pressure\_ulcers\_reference\_book\_dec\_2017\_-\_final.pdf NES (2018) CPR For Feet. https://learn.nes.nhs.scot/3704/rrheal/healthy-aging/cpr-for-feet

Healthcare Improvement Scotland (2014) Scottish Adapted European Pressure Ulcer Advisory Panel (EPUAP) Grading Tool . http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=1d14c019-ef1c-4197-b50f-420b756bd13a&version=-1