

Fife Health & Social Care Partnership



Supporting the people of Fife together

CPR for feet

Reducing the Prevalence of Pressure Ulcers in a Care Home Setting

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What is a Pressure Ulcer?

Pressure ulcers (PU) occur when an area of skin and the tissues below, are damaged due to pressure and insufficient blood supply to the area.

Risk Factors:

Poor nutrition and dehydration

People confined to bed or sitting for long periods of time in one position

Underlying medical conditions affecting circulation and sensation

Cognitive Impairment

Palliative/end of life care

Obesity



Impact of a Pressure Ulcer?

- Impact on daily living activities
- Further restrict mobility
- Social isolation
- Stress and distress behaviour
- Pain
- Increased risk of infection
- Death



Scottish Adaptation of the European Pressure Ulcer Advisory Panel (EPUAP) Pressure Ulcer Classification Tool

Early warning sign - Blanching erythema

Areas of discoloured tissue that blanch when fingertip pressure is applied and the colour recovers when pressure released, indicating damage is starting to occur but can be reversed. On darkly pigmented skin blanching does not occur and changes to colour, temperature and texture of skin are the main indicators.

Grade 1 - Non Blanchable Erythema

Intact skin with non-blanchable redness, usually over a bony prominence. Darker skin tones may not have visible blanching but the colour may differ from the surrounding area. The affected area may be painful, firmer, softer, warmer or cooler than the surrounding tissue.



Grade 2 - Partial thickness skin loss

Loss of the epidermis/dermis presenting as a shallow open ulcer with a red/pink wound bed without slough or bruising.* May also present as an intact or open/ruptured blister.



Grade 3 - Full thickness skin loss

Subcutaneous fat may be visible but bone, tendon or muscle is not visible or palpable. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunnelling.**



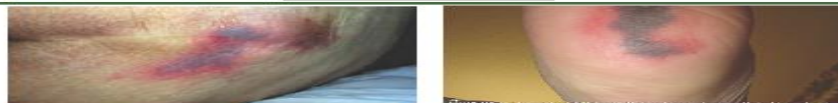
Grade 4 - Full Thickness Tissue Loss

Extensive destruction with exposed or palpable bone, tendon or muscle. Slough may be present but does not obscure the depth of tissue loss. Often includes undermining or tunnelling.**



Suspected Deep Tissue Injury:

Epidermis will be intact but the affected area can appear purple or maroon or be a blood filled blister over a dark wound bed. Over time this skin will degrade and develop into deeper tissue loss. Once grade can be established this must be documented.



Ungradable:

Full thickness skin / tissue loss where the depth of the ulcer is completely obscured by slough and / or necrotic tissue. Until enough slough and necrotic tissue is removed to expose the base of the wound the true depth cannot be determined. It may be a Grade 3 or 4 once debrided. Once grade can be established this must be documented.



Combination Lesions:

These are lesions where a combination of pressure and moisture contribute to the tissue breakdown. They still need to be graded as pressure damage as above but awareness of other causes and treatments is needed. See Excoriations & Moisture Related Skin Damage Tool

*Bruising can indicate deep tissue injury

**The depth of a Grade 3 or 4 pressure ulcer varies by anatomical location. Areas such as the bridge of the nose, ears, occiput and malleolus do not have fatty tissue so the depth of these ulcers may be shallow. In contrast areas which have excess fatty tissue can develop deep Grade 3 pressure ulcers where bone, tendon, muscle is not directly visible or palpable.

Ref: European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. (2009) Prevention and treatment of pressure ulcers: quick reference guide. National Pressure Ulcer Advisory Panel, Washington DC

NHS Quality Improvement Scotland (2009) Best Practice Statement: Prevention and management of pressure ulcers. NHS Quality Improvement Scotland, Edinburgh





Role of a Podiatrist in Pressure Management

- **Prevention** – training staff, identifying those at risk and implementing offloading measures
- **Treatment** – debridement of wounds, implementing dressing regimes, offloading the foot, prescribing appropriate medication
- **Reducing risk of reoccurrence** – staff/patient education, pressure management measures



What is CPR for feet?

- ◆ Tool developed by the Scottish Diabetes Foot Action Group to initially look at preventing foot ulcers developing in hospital
- ◆ Rolled out in community including care homes and for non-diabetics



Have your patients with diabetes had: **CPR for their Feet?**

Check



Check both feet:

- ❖ Is there an ulcer or gangrene?
- ❖ Is neuropathy present?
- ❖ Is action required?

Protect



Protect feet if at risk due to:

- ❖ Neuropathy
- ❖ Previous ulcer or amputation
- ❖ Bed bound or fragile skin

Refer



Refer all patients with a foot ulcer, gangrene or other major concern to the podiatry department or diabetes team.

Ext

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Care Home Setting

- ◆ Podiatry identified an increasing number of referrals for pressure ulcers coming from the care home sector
- ◆ 95% of PU are avoidable (NES)
- ◆ 4% of the UK NHS budget is spent on the prevention and treatment of PU



Care Home Project

- ♦ Using a PDSA cycle we adapted our training package to care homes to focus on CPR for feet
- ♦ Care homes were offered multiple sessions over a period of time to target all staff
- ♦ Greater emphasis was placed on the role of the carer and how they can improve patient outcomes



COMMUNITY SERVICES FIFE WIDE PODIATRY DEPARTMENT

CPR for Feet?

C
Check



Check both feet:
with particular
reference to the
heel

P
Protect



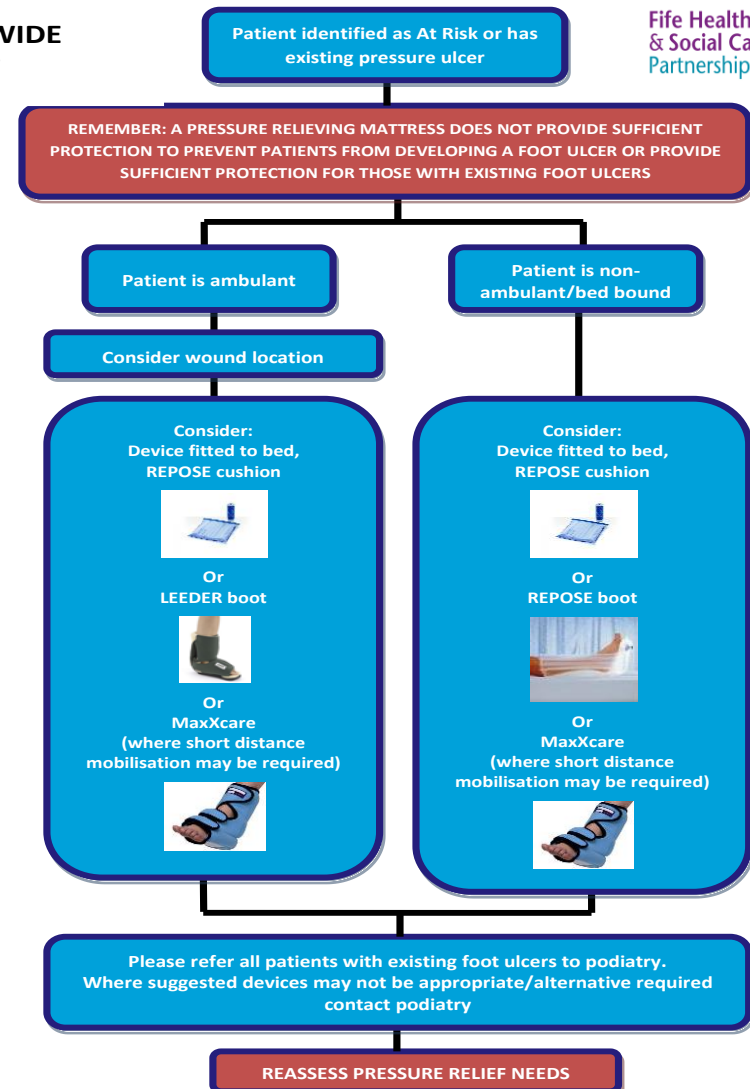
Protect feet if risk
is identified

R
Refer



Refer all patients
with existing foot
ulcers or concerns
to podiatry

Adapted from Scottish Diabetes Foot Action Group "CPR for Diabetic Feet"
All images and diagrams used with permission – see main guidance document "NHS Fife
Foot Protection and Offloading Guidance, Pressure Ulcer Prevention 2015 " for details
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Canmore Lodge Nursing Home

- ♦ Canmore Lodge Nursing Home in Dunfermline volunteered to be our test site
- ♦ Canmore Lodge:
 - 68 beds: 30 dementia specialist unit
 - 38 frail older people and physically disabled people



Canmore Lodge Nursing Home





Canmore Lodge Training

- ♦ In 2017 only 4% of staff attended training
- ♦ In 2018 Podiatry offered in house training (12 sessions) to train the majority of staff in CPR for feet – 88% trained



Canmore Lodge Training

- ♦ Each session lasted 90 minutes and took place in Canmore Lodge
- ♦ Mixture of powerpoint presentation and interactive session with offloading boots and foot/wound models
- ♦ Staff were encouraged to participate and ask questions throughout
- ♦ One month follow up session was offered by our Podiatry Health Care Support Worker



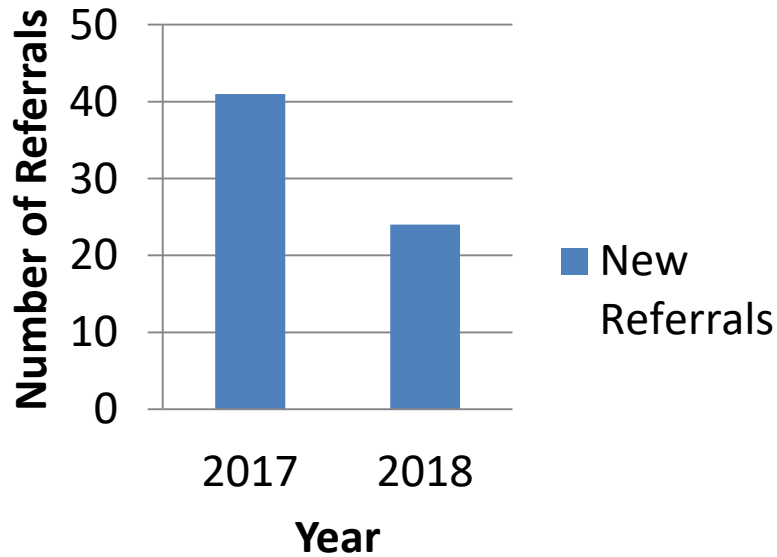
Data Collection

- ◆ To determine if training had improved patient care we looked the PU incidence rate one year prior to training and one year post training.

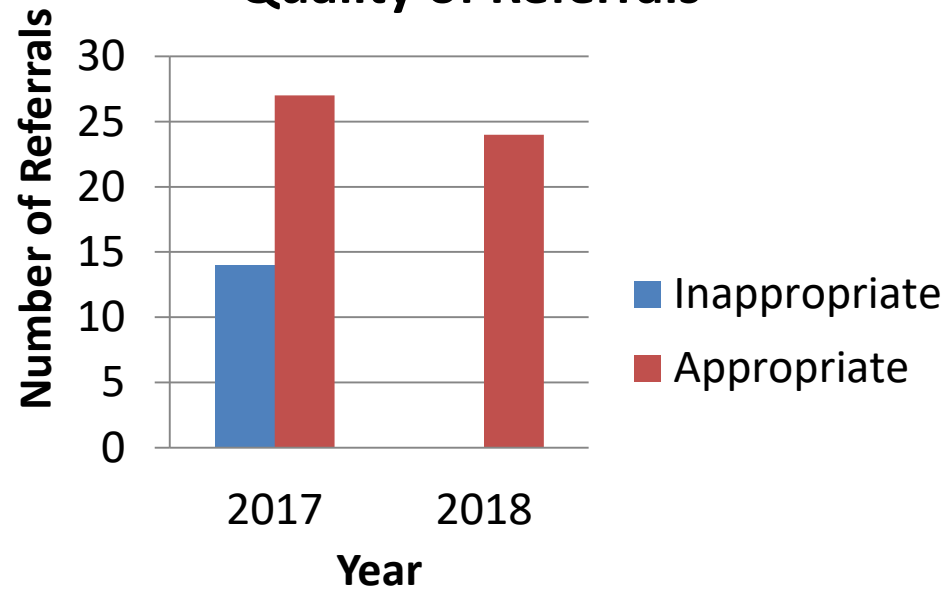


Canmore Lodge Results

New Referrals

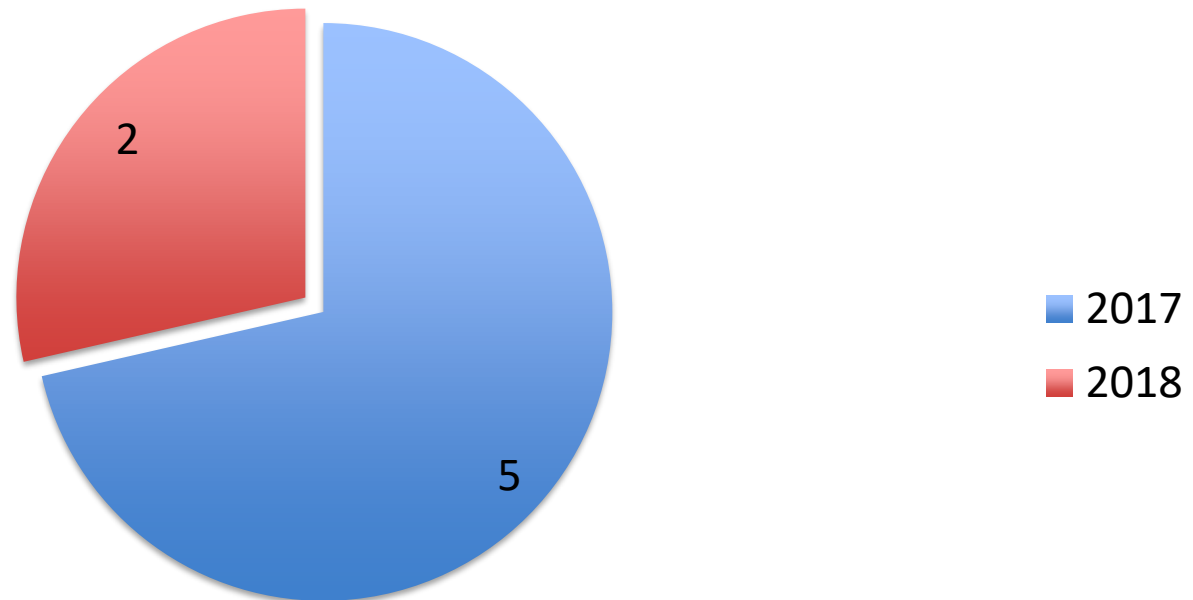


Quality of Referrals





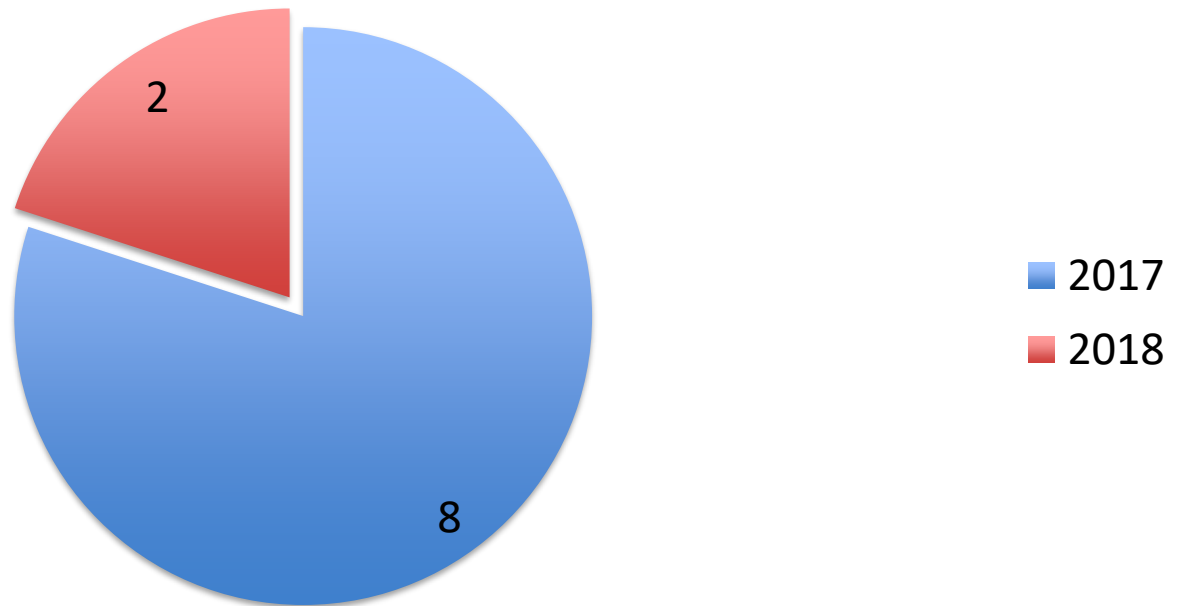
Number of patients with a pressure ulcer in Canmore Lodge



Prevalence of pressure ulceration has reduced by 60% in a one year period



Total number of pressure ulcer in Canmore Lodge



Ulcerations per patient has significantly reduced

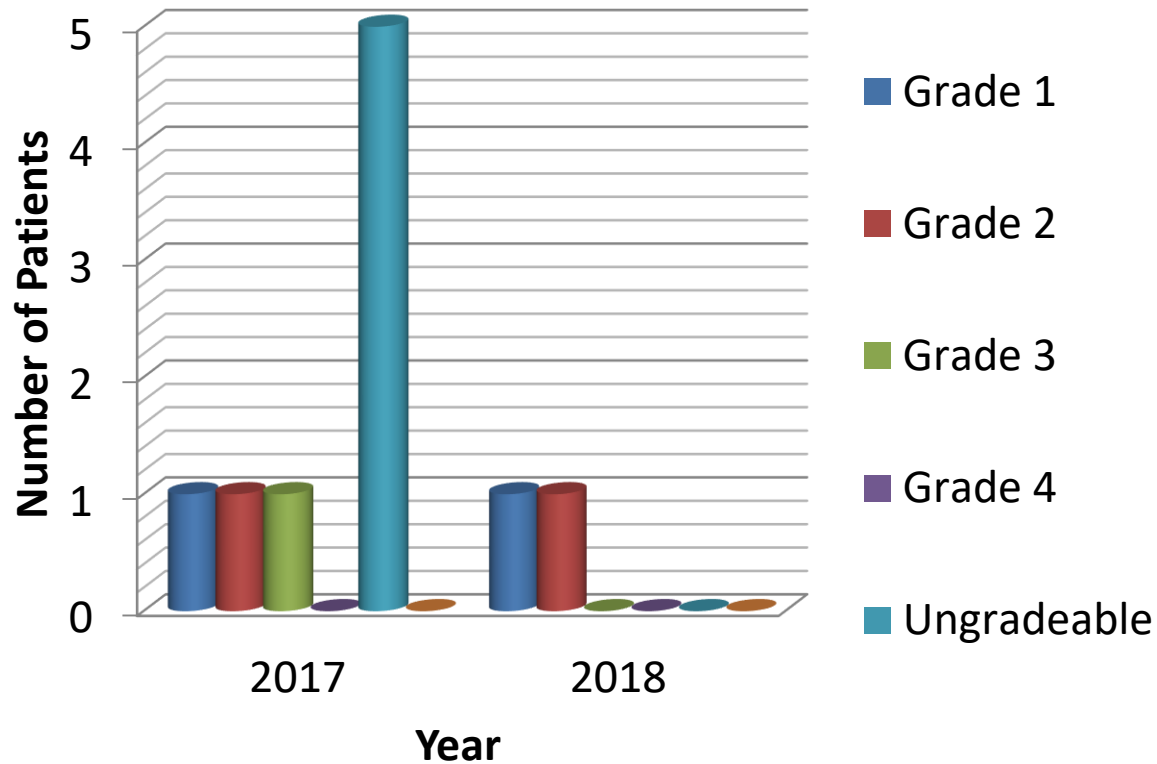


Residents developing PU

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%

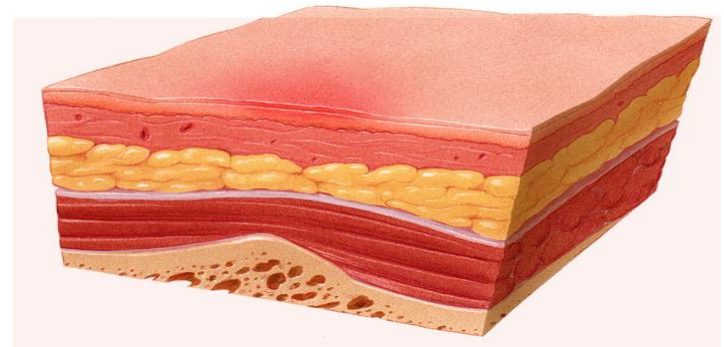


Pressure Ulcer grade

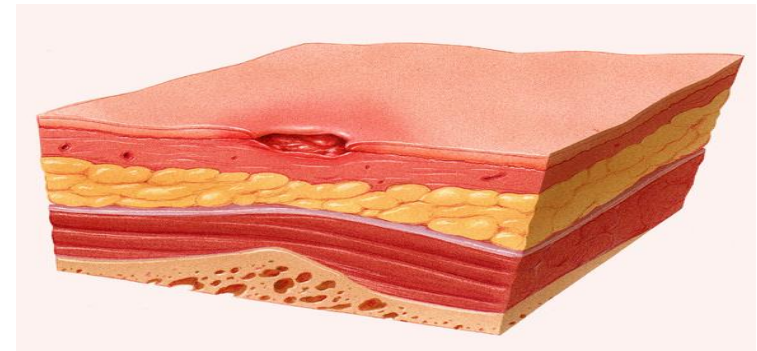


Scottish Pressure Ulcer Classification Tool

Grade 1



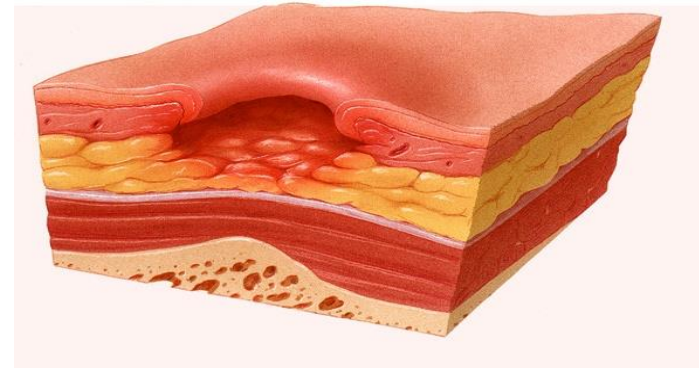
Grade 2



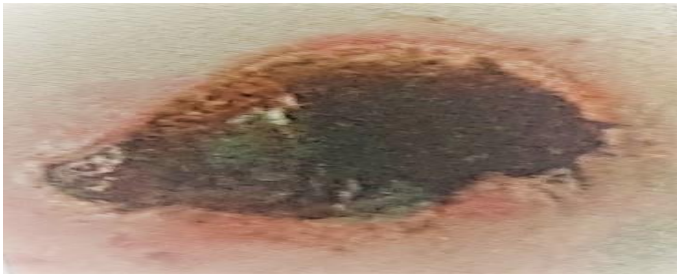


Scottish Pressure Ulcer Classification Tool

Grade 3



Ungradable





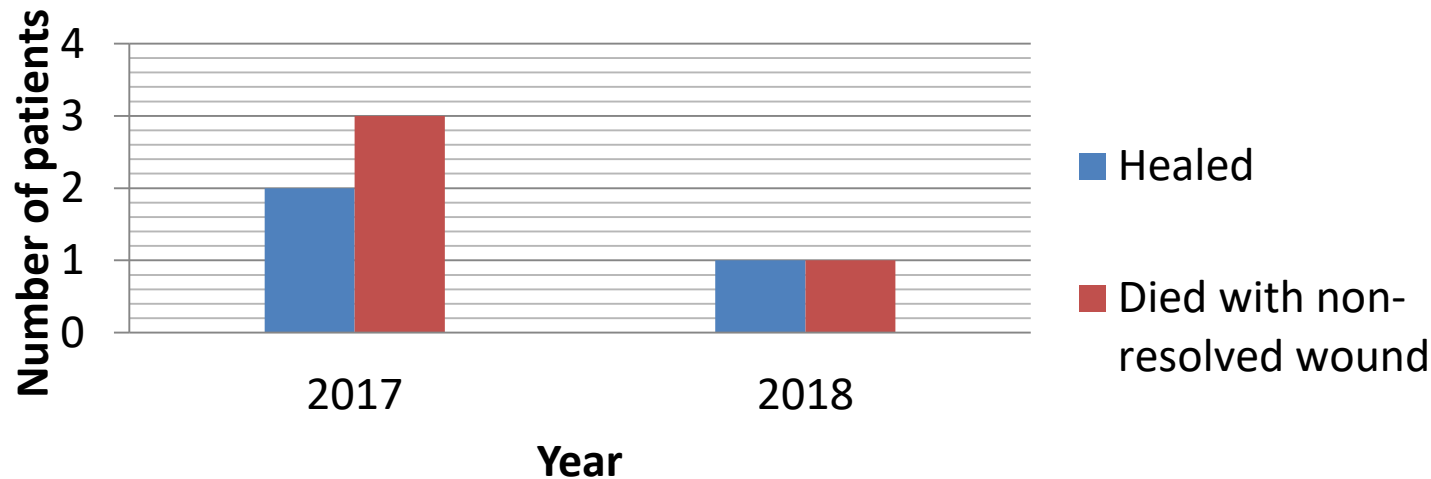
Scottish Pressure Ulcer Classification Tool

Grade 4





Outcome

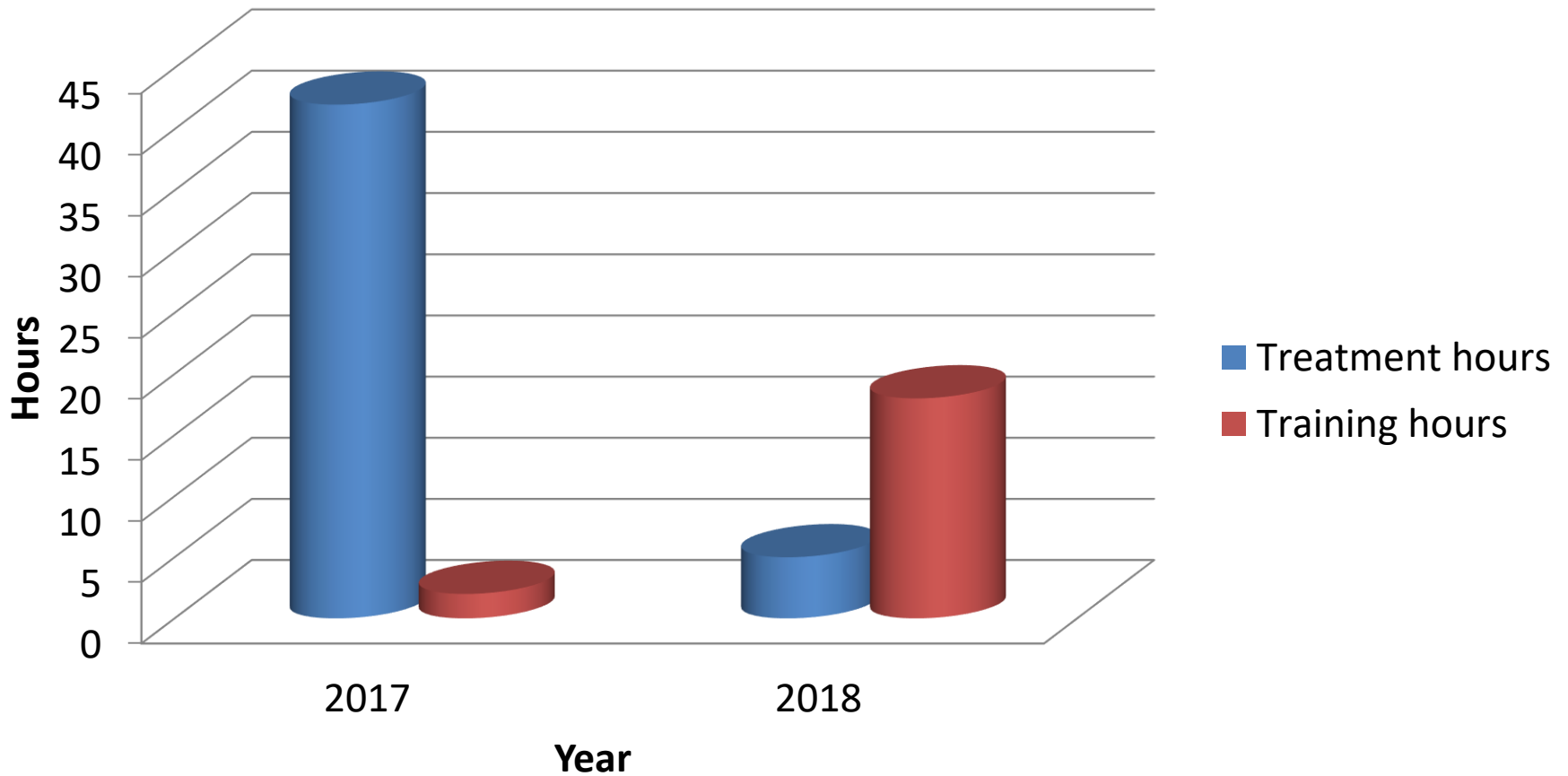


2017 – all patients with a PU (5) had a diagnosis of dementia

2018 - Out of 2 patients with PU 1 had a diagnosis of dementia



Podiatry input





Benefits of training to service, care provider and patient

- There has been a significant reduction in podiatry input required following training (21 hours saved)
- Reduction in PU results in financial savings for both NHS and care provider – staffing, dressing products, prescriptions, onward referrals
- Patient safety and wellbeing



Benefits of training to service, care provider and patient

- To date, in 2019, no PU on the foot has developed in Canmore Lodge
- No further training has been required thus far, but is available if requested.



Staff Evaluations

- Staff were asked to complete an evaluation of training
- Staff were asked pre training on current knowledge
- Post training session
- One month follow up by Podiatry Health Care Support Worker



Check, Protect, Refer - Questions

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%
Refer: Do you now when to refer a patient to podiatry	64%	92%	100%
Do you understand the reasons for using CPR for feet on your care home residents	54%	96%	100%



Staff Evaluations

- Data shows increased staff knowledge following training and retention of knowledge at one month follow up



Canmore Lodge Manager

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.



Potential Benefit

- If similar results were seen Scotland wide within care homes we could potential significantly reduced the number of PU and severity.
- In 2017 there were 40926 care home beds in Scotland

	Prior to training PU incidence of 5.6%	After training PU incidence of 2.1%
Potential Number of residents in Scottish care homes with a PU	2291	859

Potential reduction of people affected by a PU
1432



Conclusion

- Since training there has been a 60% reduction in prevalence of PU over a one year period
- Staff knowledge of PU has increased and has directed resulted in better patient care, this is seen by a reduction of pressure ulceration and severity of pressure damage.
- Staff are now more engaged in foot health - no inappropriate podiatry referrals since training



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 – no PU in Canmore Lodge in 2019 so far.



Next steps

- Promote outcomes to encourage other service providers to uptake training
- Continue to support training in Canmore Lodge by offering training to new staff or updates to staff who require further training



Thank You

Foot Health Month 2019

