SEM Scanner Prevention Algorithm

Prevention, Prevention, Prevention – Tackling the No 1 Patient Safety Issue

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Hospice Care

Objectives

A quality drive for improvement to prevent damage occurring

Hospice Acquired Pressure Injuries/Ulcers (HAPI/Us) data for 34 patients developed 36 PI/PUs from Nov 2016 - Nov 2017

Overall HAPI/Us incidence rate = 9% prior to using SEM Scanner

Method

6 Month pilot period
• Focus on sacrum, buttocks & heels

All patients
• Baseline scan performed as part of admission protocol, including Waterlow Risk Assessment & SSKIN check
• Daily scan thereafter

	Left Heel	Right Heel	Sacrum	ALL
Number of patients - site of scan	143	144	128	**145** (1 patient with missed data)
Any deviation (≧0.6)	129 (90%) (129/143)	131 (91%) (131/144)	115 (90%) (115/128)	**90%** (375/415)
Number of patients scanned for at least 3 days	101	101	93	**295** (Patient assessments)
SEM Scanner Positive Delta (≧0.6) (positive 2 out of 3 days)	91% (92/101)	91% (92/101)	78% (73/93)	**87%** (257/295)
Visual discolouration to the skin noted				**64%** (93/145)
Additional interventions noted?				**48%** (70/145)
Did the SEM reading impact your clinical decision?				**40%** (58/146)

Results

• Evaluation period of pilot incidence rate 4.8%
• Pre pilot period incidence rate 9%
• Reduction HAPI/U incidence rate 47%

Discussion

Move to full implementation of SEM Scanner with the creation of own tools and guidelines for use

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