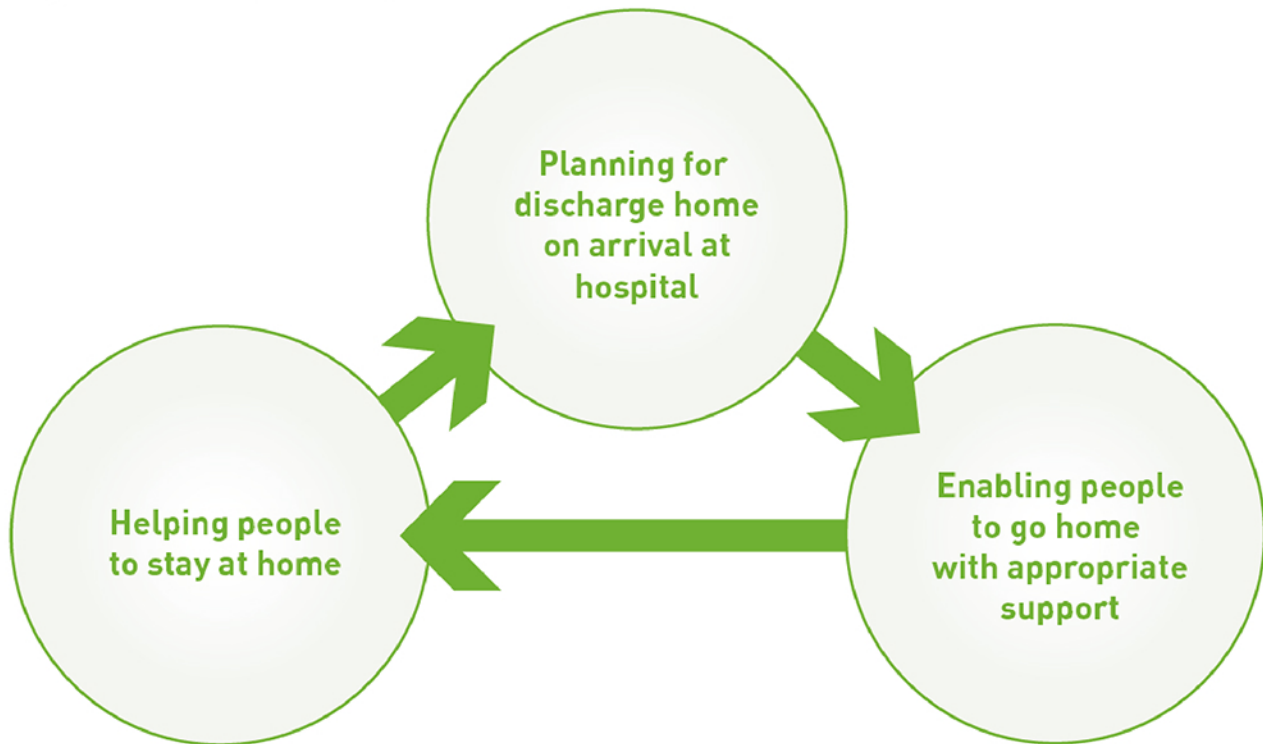


Figure 1: Discharge Pathway



*(adapted from NHS England Gateway 04250)*

NHS England Publications Gateway Reference 04250. Quick Guide: Better use of care at home Available from:

<https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-better-use-of-care-at-home.pdf> Accessed October 2018

Figure 2: Discharge Pathway

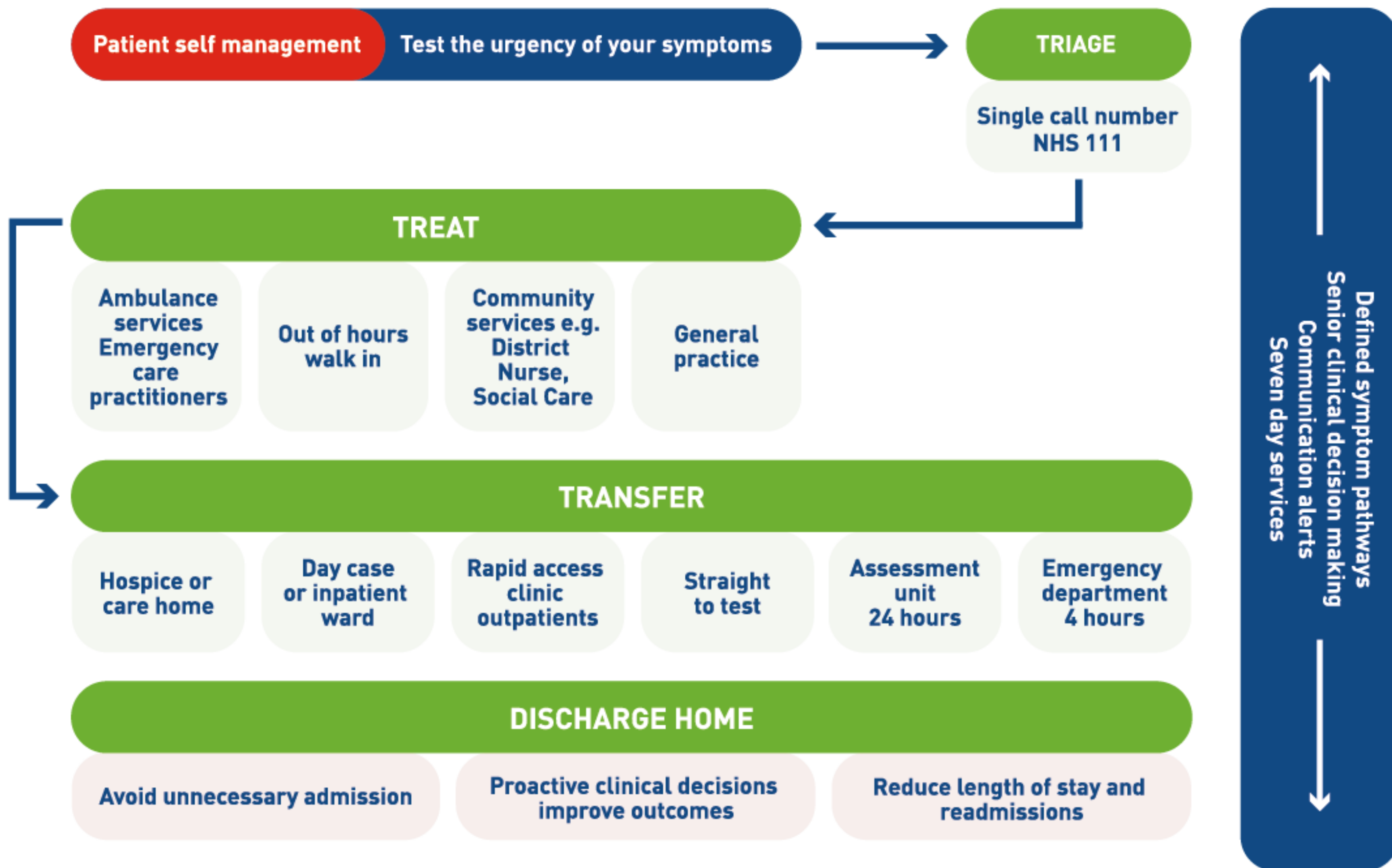


Figure 4: ASSKING Bundle

**A** - Assess risk

**S** - Skin assessment and skin care

**S** - Surface

**K** - Keep moving

**I** - Incontinence

**N** - Nutrition

**G** - Giving information

Figure 5: Pressure Ulcer Prevention Standards: England, Scotland & Wales

### NICE (2014)<sup>23</sup>

People admitted to hospital or a care home with nursing have a pressure ulcer risk assessment within six hours of admission.

People with a risk factor for developing pressure ulcers who are referred to community nursing services have a pressure ulcer risk assessment at the first face-to-face visit.

People have their risk of developing a pressure ulcer reassessed after a surgical or interventional procedure or after a change in care environment following a transfer.

People have a skin assessment if they are identified as having a high risk of developing pressure ulcers.

People at risk of developing pressure ulcers receive advice on the benefits and frequency of repositioning.

People at risk of developing pressure ulcers who are unable to reposition themselves are helped to change their position.

People at high risk of developing pressure ulcers, and their caregivers, receive information on how to prevent them.

People at high risk of developing pressure ulcers are provided with pressure redistribution devices.

Prevention of medical device-related ulcers.

### Healthcare Improvement Scotland (2016)<sup>24</sup>

The organisation demonstrates leadership and commitment to the prevention and management of pressure ulcers.

The organisation demonstrates commitment to the education and training of all staff involved in the prevention and management of pressure ulcers, appropriate to roles and workplace setting. Information and support is available for people at risk of, or identified with, a pressure ulcer and/or their representatives.

An assessment of risk for pressure ulcer development is undertaken as part of initial assessment or referral and informs care planning.

Regular reassessment of risk for pressure ulcer development or further damage to an existing pressure ulcer is undertaken to ensure safe, effective and person-centred care.

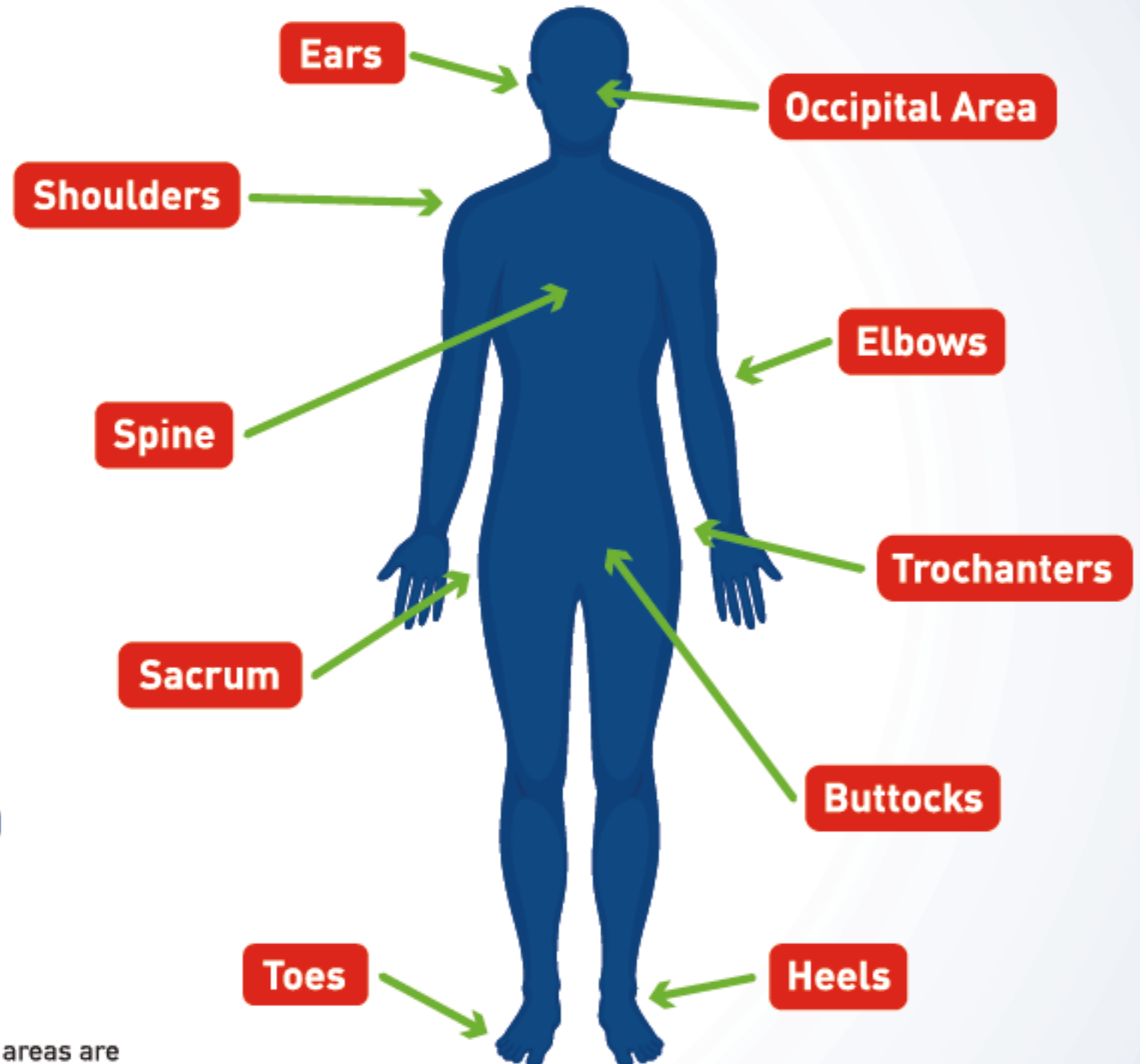
A care plan is developed and implemented to reduce the risk of pressure ulcer development and to manage any existing pressure ulcer.

People with an identified pressure ulcer will receive a person-centred assessment, a grading of the pressure ulcer and an individualised care plan.



Figure 7: Adapted from BEST SHOT Skin Assessment

- B** - **Buttocks** (Ischial tuberosities)
- E** - **Elbows / Ears**
- S** - **Sacrum** (Bottom)
- T** - **Trochanters** (Hips)
- S** - **Spine / Shoulders**
- H** - **Heels**
- O** - **Other area\*** (Back of the head)
- T** - **Toes**



\* For example Occiput or bridge of nose, ensure additional at risk areas are assessed especially in patients who may have contractures or medical devices

Figure 8: Driver Diagram

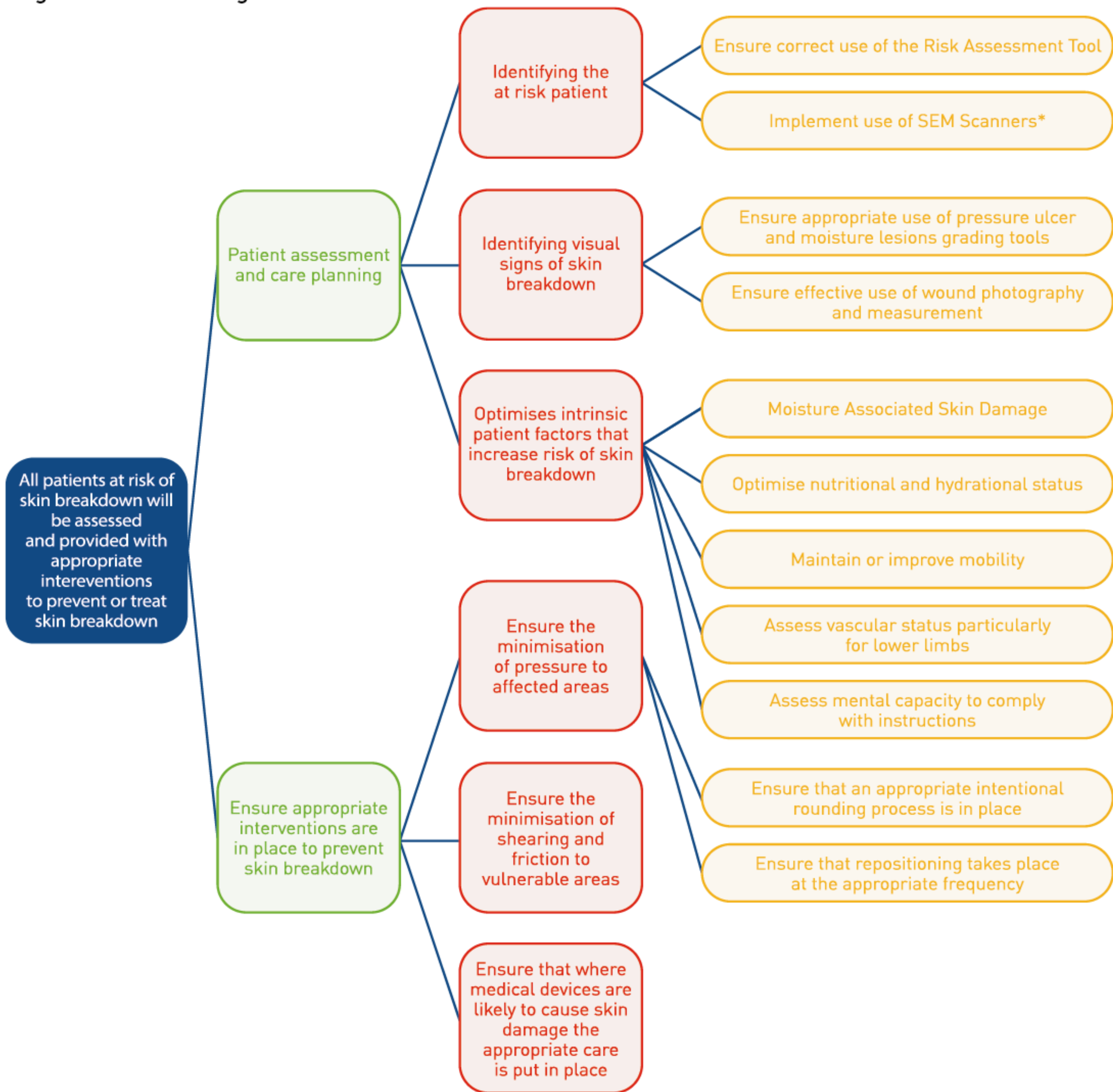


Figure 9: Stakeholder Groups



### Directly affected

Service Users and their families



### Direct enablers

Inter professional team including but not limited to:

Ward staff, nursing, healthcare assistants and volunteers

Social caregivers

Community nursing staff

Medical Colleagues

GPs and primary care staff

Ambulance technicians and paramedics

Pharmacists

Podiatrists

Diagnostics and radiology

Specialist teams, such as diabetes care

Safeguarding team

Dietician



### Indirect enablers




Directors of Services, Quality, Finance and Performance

Heads of Services, Matrons and Ward Managers

Clinic services

Procurement

Figure 10: Measurable Outcomes

BENEFIT	 <b>QUALITY</b>	 <b>FINANCE</b>	 <b>PRODUCTIVITY</b>
DESCRIPTION	<ul style="list-style-type: none"><li>Avoidance of harm</li><li>Promotion of health</li><li>Following clinically effective pathways as indicated by national best practice guidance</li><li>Improvement of service user experience</li><li>Avoidance and management of pain</li><li>Promoting independence</li></ul>	<ul style="list-style-type: none"><li>Reduction in avoidable costs (equipment or dressings)</li><li>Increase in reimbursement due to more effective coding of conditions, e.g. pressure ulcers</li><li>Reduced antibiotic use</li><li>Personal costs - loss of productivity</li></ul>	<ul style="list-style-type: none"><li>Released bed days</li><li>Reduced care hours per person per day</li><li>Reduction in treatment based clinician visits</li></ul>