

Utilising Appropriate Equipment Audit to promote patient comfort and achieve cost savings



Calderdale and Huddersfield
NHS Foundation Trust

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Introduction

This paper presents an overview of potential quality improvement in pressure redistributing support surface selection by implementing Appropriate Equipment Usage Audits and the standardisation of protocols concerning pressure reducing support surfaces, through the role of the Equipment Coordinator within an acute Trust. Selection of an appropriate support surface should take into account risk factors for pressure ulceration as well as patient factors, ease of use and impact on nursing procedures. It is also important to take the views of patients and carers into account when selecting a support surface (International Review, 2010).

Once pressure redistribution strategies have been set in place, it is important to assess their effectiveness. Changes in the condition of the patient and their ongoing risk levels, should be monitored as these may alter the prevention strategies required (International Review, 2010).

The use of a support surface is only one facet of the prevention and management of pressure ulcers. It is important that clinicians are fully trained in the use of any support surface and understand how its use fits into the wider care of a patient. Support surfaces should be used as part of a comprehensive care plan which incorporates ongoing reassessment and takes account of the patient's needs and preferences (NICE, 2014).

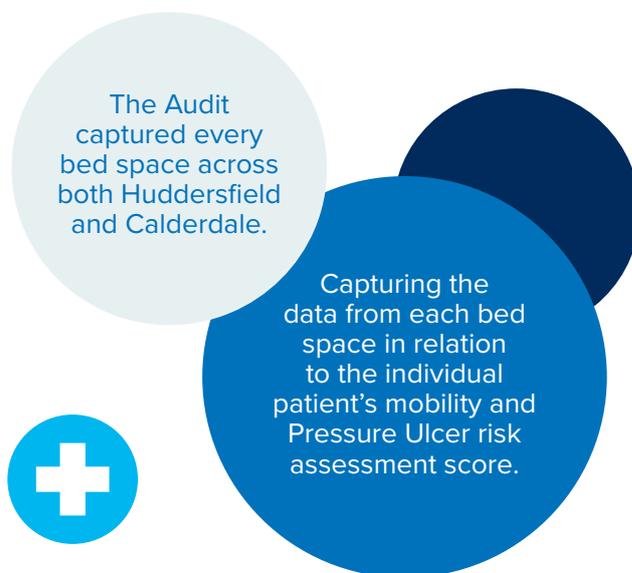
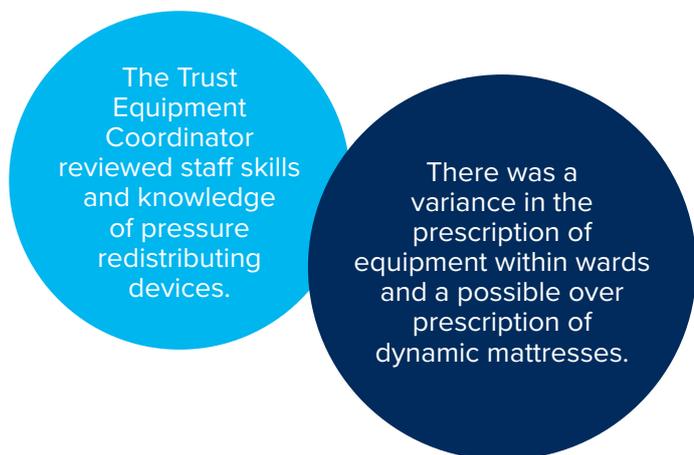
Across Calderdale and Huddersfield Foundation NHS Trust there was a variance in the prescription of equipment within wards and a possible over prescription of dynamic mattresses. Particularly a lack of 'step down' instances lead to variances in the equipment provided to patients and a potential unnecessary cost in specialist equipment.

Method

An Appropriate Usage Audit was carried out by the Trust Equipment Coordinators and Drive DeVilbiss Healthcare's dedicated Audit Service Team to identify the equipment currently in use. The Audit captured every bed space across both Huddersfield and Calderdale sites and took place over two days.

An improved equipment selection protocol had been previously implemented across the Trust to provide clarity along with clinical judgement, on the selection of equipment in line with the patient's requirements. Patient safety and comfort were key outcomes and the Equipment Coordinator worked alongside OT and physio colleagues to analyse the impact on rehabilitation.

The audit criteria included capturing the data from each bed space in relation to the individual patient's mobility and Pressure Ulcer risk assessment score. The audit identified a number of instances where the prescribing of pressure relieving equipment was not in line with the Trust Equipment Selection process. As the patient's condition improved and risk level reduced, equipment was not being stepped down accordingly.



Results

Since implementing Appropriate Usage Audits there has been a reduction of £19,000 per month in unnecessary dynamic equipment rental costs. NICE Guidance indicates a step up and step down approach to provision based on clinical need and the Audit supported the step down process.

The development of a pathway for the prescription of pressure relieving equipment and appropriate usage audit implementation, identified inappropriate prescribing of pressure relieving equipment. Equipment ordered was the highest specification and as the patient's condition improved, equipment was not being stepped down accordingly. Through the audit activity both dynamic and hybrid systems were replaced with high specification foam support surfaces.

This audit also assisted ward staff to assess and identify where the patient's condition had improved, to a point where a dynamic system was no longer required, as part of their pressure ulcer prevention and management plan.

The primary aim of this audit was to ensure an effective, efficient and appropriate use of pressure relief equipment through assessment, education, and supporting clinical judgment decisions within pressure ulcer risk assessment.

Discussion

The Trust Equipment Coordinator reviewed staff skills and knowledge of pressure redistributing devices in order to develop a training programme for staff who prescribe pressure relieving equipment. The aim was to develop a standard across the health economy and to develop a clear pathway across the Trust for the prescribing pressure relieving mattresses in line with NICE guidance.

Conclusion

Appropriate Usage Audits provide clarity and 'real time' guidance to ward staff on equipment selection. Training provided by the Equipment Coordinators provides staff with the confidence to 'prescribe' a static surface and build on their understanding of the contraindications of dynamic surfaces, their ability to explain why a static surface will meet the patient's needs, thereby promoting independence.

The audit process identified a number of 'step down' opportunities for individual patients which then reduced expenditure and unnecessary costs by £19,000 per month highlighting the importance of both the Equipment Coordinator role and the additional resources provided by the Drive DeVilbiss Healthcare dedicated Audit Services Team.



References:

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