Guidelines to support Pressure ulcer Bundle

NHS Midlands and East

What is a care bundle?
A care bundle is a collection of interventions, (usually no more than five), that may be applied to the management of a particular condition, or as preventative measures to reduce the risks of complications.

Why use a care bundle?
There is often an assumption that because elements of the bundle are well known to professionals, elements are assumed to be in place. However this is not always the case. By implementing the care bundle we should improve consistency of care delivered, plus the ability to examine and measure the processes of care in a systematic way i.e. audit

NHS Midlands and East pressure ulcer care bundle
The **SSKIN** bundle is based on work previously developed in Wales and Scotland NHS Quality Improvement Scotland), and is in line with the key components of the pressure ulcer reduction programme in New Jersey.

The components of the bundle are

Surface
Skin inspection
Keep moving (repositioning)
Incontinence and moisture
Nutrition and hydration

When to use the care bundles
There are two care bundles. The prevention bundle is to be used when the patient has been identified as being at risk, following the use of a recognised risk assessment tool and requires a prevention plan to be in place. The treatment bundle must be used when a patient has one or more pressure ulcers.

How to use the care bundles
The care bundle (appendix a and b) are used alongside the patients care plan and supporting documentation.

Within a ward setting the bundle should be completed each shift by the nurse responsible for the patients care.

Within a community setting the bundle should be completed each time the patient is seen / visited by a member of the community team.

Where care has not been able to be delivered, a code must be inserted to record the reason why. These can be found at the top of page 2 of each bundle.

The bundle will form part of the patient`s record

Using the audit tools
The bundles must be audited as part of the routine monthly audits similar to "saving lives" methodology.

Within each ward setting a minimum of 10 and a maximum of 20 care plans should be audited.

Within community settings all patients visited on an agreed day of the month should have their care plans audited.

Audit tool 1 – Initial assessment of risk compliance and audit tool, (appendix c)
This audit should be completed for all patients. Robust risk assessment is critical to planning effective prevention of pressure ulcers and treating existing pressure ulcers.
To achieve compliance there must be documented evidence to demonstrate compliance for all three questions.
Within the section entitled "if the patient has a pressure ulcer" (questions 4 and 5). There must also be documented evidence for both questions in order to achieve compliance. If the patient does not have a pressure ulcer insert N/A.
On completion of audit tool one the tool will guide you to either complete audit tool number two where the aim of care is to prevent pressure ulcers or audit tool 3 if the focus of the plan of care is to treat a pressure ulcer/s.

Audit tool 2 - Prevention SSKIN care bundle compliance and audit tool (appendix d) and

Audit tool 3 – Treatment SSKIN care bundle compliance and audit tool (appendix e).
For each element of the SSKIN bundle the auditor must secure evidence to be able to answer each question within the element as compliant. If it is not possible to find the documented evidence then the element is non-compliant.
The exception is where there is evidence of a recorded variance using the bundles codes. The code should be recorded in red on the audit sheet and recorded as compliant.
Again for each element to be compliant there must be evidence to answer "yes" to each question. If the auditor records no for any question within the element, the element is non-compliant.

Variance codes.
The variance codes have been developed using the NHS Midlands and East unavoidable pressure ulcer definition.
Where variance codes have been used, the auditor should keep a separate log of each code and the number of times each is used each month. This will help identify any areas where care is not being delivered and why. This will be used to inform practice and identify any issues which require further investigation / attention.

Best practice standards and NHS Midlands and East guidelines for the prevention and treatment of pressure ulcers
The best practice standards and associated guidelines should be used by the auditor to assess compliance.