



	Standard Procedure No. (B32/2023)	
STANDARD OPERATING PROCEDURE (SOP)	Issue Date: December 2023	
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UHL Standard Operating Procedure: Reporting Process for Hospital Acquired Pressure Ulcers, Moisture Associated Skin Damage, Pressure Ulcers and Moisture Associated Skin Damage Present on Admission

Change Description: New		Reason for Change: Compliance with national guidance
APPROVERS	POSITION	NAME
Person Responsible for Writing Procedure:	Assistant Chief Nurse	Emma Birkin
SOP Owner:	Matron Quality and Safety	Kerry Tebbutt
Chair of the UHL Pressure Ulcer Steering Group:	Assistant Chief Nurse	Emma Birkin

Introduction & Background:
The purpose of this standard operating procedure is to ensure a standardised approach to the reporting, categorisation, validation, review, and ensuring the identification and sharing of learning across the trust.
Scope:
This standard operating procedure will be applied to all hospital acquired pressure ulcers reported via the Trusts DATIX system.
Categorisation:
NHS Improvement published guidance in 2018, which outlines the category's for pressure ulcers: NSTPP-summary-recommendations.pdf (england.nhs.uk)

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The European pressure Ulcer advisory Panel published their guidance on the Prevention and Treatment of Pressure Ulcers: Quick Reference Guide

https://static1.squarespace.com/static/6479484083027f25a6246fcb/t/647dc6c178b260694b5c9365/1685964483662/Quick_Reference_Guide-10Mar2019.pdf

All pressure damage will be reported via Datix using the national categorisation definition. All hospital acquired pressure ulcers, whether hospital acquired or present on admission (POA) to UHL will be categorised against the relevant definition below:

- Pressure ulcer category 1, 2,3,4, unstageable, suspected deep tissue injury, mucosal developed or worsened during care by this organisation
- Device-related pressure ulcer category 2,3,4, unstageable, deep tissue injury, mucosal developed or worsened during care by this organisation
- Moisture-associated skin damage (MASD) (incontinence-associated) developed during care by this organisation
- Moisture-associated skin damage (MASD) (not incontinence-associated) developed during care by this organisation
- Present on admission (POA) is where the BESTSHOT skin inspection identified pressure damage within 6 hours of admission to the Trust/ clinical area. If pressure damage is identified after 6 hours of admission to the clinical area it will be deemed a HAPU for that area.

Education & Training:

All staff who are responsible for the categorisation of pressure ulcers must be familiar with the criteria for categorisation as outlined in the Trusts policy.

All staff who are responsible for the formal validation of Pressure Ulcers (POA or hospital acquired) must have completed the appropriate level of training.


Prevention and Management of Pressure Ulcers in Adults and Children Policy and Guidance Reference B23/2014.

Education and training is also available for staff through the Trust Tissue Viability Team via HELM.

Process:

The following process will be followed for all DATIX incidents relating to Pressure Ulcers (See Appendix 1 for Flow Chart):

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Stage 1

All identified cases of pressure ulcers and MASD must be reported through the hospital DATIX system. The Datix will require the reporter to state whether this damage was present on admission or has resulted since admission (Hospital Acquired). The Datix once submitted will automatically notify the Trusts Tissue Viability Specialist Nursing team and the CMG of the incident

Stage 2

The CMG will review all datix reporting skin damage within two working days.

It is expected that the CMG / Ward Matron will confirm and validate all Pressure Ulcers reported via Datix. Complex cases can be discussed with the UHL Tissue Viability Team at the weekly HAPU validation meeting, if further assistance is required. If the harm is identified on arrival to the clinical area (within six hours), it is the CMG investigators responsibility to establish if the harm was present on admission to the organisation (POA), or has developed in a previous clinical area. It is the responsibility of the CMG investigator to move the datix to the clinical areas where the harm has occurred for further investigation

If skin damage is confirmed as POA the datix should be coded to reflect the outcome of the investigation.

The CMG will provide weekly updates of their validated HAPUS (by Tuesday of the following week) to the Tissue Viability Team and the Deputy Chief Nurse.

Stage 3

Each Wednesday, a CMG representative will present the pressure ulcers and MASD cases reported via Datix for their CMG for the previous week to the Tissue Viability team, Deputy and Assistant Chief Nurse. HAPU numbers are confirmed for each CMG and a running total is available for the month.

Stage 4

Following confirmation and validation of a HAPU in clinical areas (within 2 working days) the ward manager has responsibility for the completion of the Pressure Ulcer investigation root cause analysis, prior to, and in preparation for the monthly CMG HAPU Care Review and Learning. Which is held within the first 2 weeks of each month


Stage 5

The clinical area will present their root cause analysis report to the monthly CMG Care Review and Learning meeting.

Stage 6

The CMG HoN / DHoN will forward a summary of the identified learning and associated improvement action plans to the Deputy Chief Nurse, Lead Nurse Tissue Viability within 5 working days of the CMG HAPU CRaL meeting.

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Stage 7

The Tissue Viability administration will collate the learning and outcome data from the all CMG Care Review and Learning meetings. This information will be presented quarterly to the Trusts Pressure Ulcer Prevention Steering Group and Nursing, Midwifery & Allied Health Professionals Committee

Stage 8

CMGs will present their Pressure Ulcer Improvement plans twice yearly to the Pressure Ulcer Prevention Steering Group. These plans should reflect learning for CMG HAPU CRaL meeting and provide assurances that the improvement action plans have been implemented and successful in each area that has had HAPU incidents

Monitoring:

In line with monitoring within UHL policy – Prevention and Management of Pressure Ulcers in Adults and Children Policy and Guidance Reference B23/2014


References:

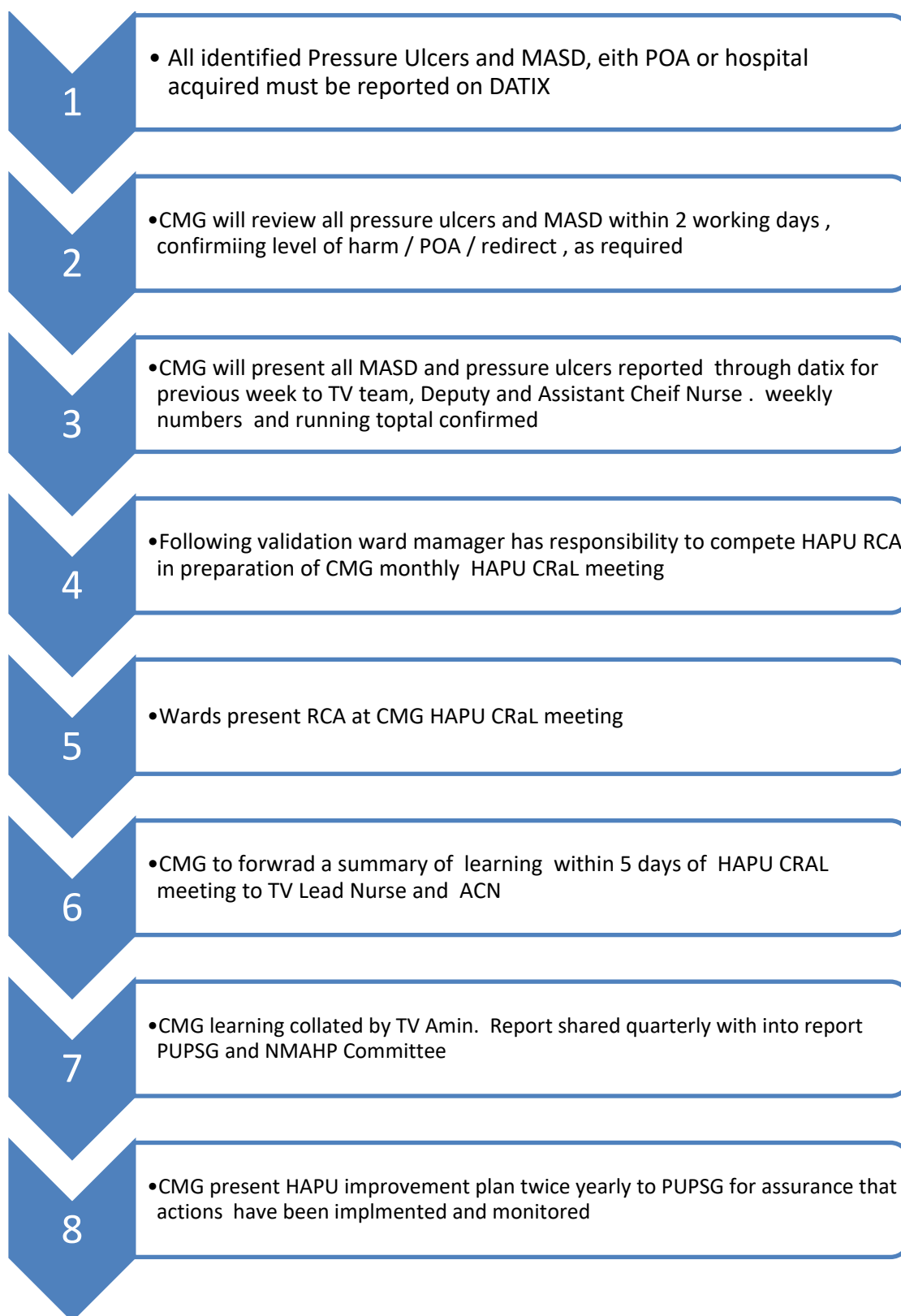
UHL policy – Prevention and Management of Pressure Ulcers in Adults and Children Policy and Guidance Reference B23/2014

Pressure ulcers: revised definition and measurement Summary and recommendations. NHS Improvement - June 2018

Prevention and Treatment of Pressure Ulcers: Quick Reference Guide 2019

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