

Implementing PURPOSE T

A New & Innovative Approach for Assessing Pressure Damage

Rationale

Patient record review identified improvement opportunity surrounding current pressure ulcer (PU) assessment, prevention and management practices using Waterlow:

- Inaccurate completion, used in isolation can/has led to lack of PU prevention care planning and /or
- Risk over estimation resulting in excessive high specification pressure relieving equipment provision and ongoing monitoring
- Length of time spent completing Waterlow for patients clinically judged, not at PU risk
- Reliability of Waterlow

The Pressure UlceR Programme Of reSearch (PURPOSE) funded by the NIHR and undertaken at University Leeds includes development of

Pressure Ulcer Risk Primary or Secondary Evaluation Tool better known as PURPOSE-T^[1]

- Assessment screening eliminates patients identified not currently at PU risk, or without PU presence saving time in practice and unnecessary equipment provision
- Pre-emptive, risk profile response care planning
- Colour association indicates PU risk factor weighting
- Supports and encourages use of clinical judgement and patient knowledge to guide care planning

Methods

Piloted during March 2016 for 4-weeks

- Five Clinical Nurse Specialists used PURPOSE-T as standard practice for PU assessment, prevention and management
- Perceptions surrounding PURPOSE-T obtained via focus group
- Inductively informed Thematic Analysis^[2]
Themes strongly linked to language, concepts and perspectives of raw data

Results

Comprehensiveness of the Assessment

PURPOSE-T was considered to comprehensively widen the clinical picture beyond that developed through Waterlow assessment. A widened clinical picture was considered to encourage a more thoughtful, approach to assessment, prevention and PU management:
“Thinking about it, it did actually make me prescribe emollients when perhaps before I wouldn't have noticed so much dry skin before because I wasn't looking at all of their areas more specifically as PURPOSE-T prompted me too. I think probably I was looking at it with different eyes and that's really positive”

Improved Clinical Confidence

The perception of improved interpretation of risk factors, resulted in clinicians feeling confident to act in accordance with their own professional knowledge base:

“...it's not just making clinicians think they need to do something just because of a number... if they have got dry skin and doing something actually about that risk factor, as opposed to just thinking you have got a score of 12, I need to give you a cushion. What your action is when you have identified the risk, is a lot more specific to that problem...”

Assessment screening was unanimously considered an important for improving patient care and enhancing decision making. Screening was considered to support a more meaningful assessment approach, that could potentially improve allocation of resources and clinical facing time resulting in Trust cost savings:

“there were a few that had equipment but didn't actually need it ..., but because previously on Waterlow they ... scored high, they got a cushion, which sits down the back of the chair gathering dust and suddenly it screened them out right away ... it might reduce costs...”

Usability

Colour associated risk factor weighting, was considered to improve clinical decision-making. However, SystemOne functionality limitations impacts use of colour association. Each assessment section is completed on separate page, requires clinician remembers which coloured boxes checked to fully utilise colour associated decision-making support.

Heidi A. Green, Research Fellow

Colette Longstaffe, Clinical Nurse Specialist, Tissue Viability

Discussion & Conclusions

- The Trust became an early PURPOSE-T implementer and one of the first Trusts using PURPOSE-T on SystemOne
- It was paramount to success a small, appropriate team implemented PURPOSE-T to ensure robustness of outcomes
- PURPOSE-T was considered a valuable, appropriate tool, reflective of nuanced patient need and encouraging a more thoughtful, PU assessment, prevention and management approach. That ultimately is efficacious and reliable affecting allocation of resources and clinical facing time
- Difficulties surrounding usability of PURPOSE-T within SystemOne were encountered, some require attention at a local level, others result from circumscribed clinical systems
- Further investigation is required to increase diffusion of best practice and maximise learning through the research opportunities arising from PURPOSE-T implementation
- The knowledge produced is grounded in experiences of those it seeks to inform. Findings are strongly relevant to clinical practice and represent an important contribution toward the elimination of all avoidable pressure damage, quality agenda.³

The comprehensive insight, provides robust evidence to support the continued use of PURPOSE-T as a suitable, sustainable and potentially cost saving replacement for Waterlow as standard practice across the Trust

References

1. Clinical Trials Research Unit, University of Leeds and Leeds Teaching Hospitals NHS Trust. (2013) PURPOSE T, Version 1.1.
2. Braun, V., & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative research in psychology*, (3), 77-101.
3. Lincolnshire Community Health Services. *Clinical Strategy (2014/2015) policy for Continuous Improvement and Innovation*. Lincolnshire: Author.

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