

Reduce Incidences of Pressure Ulcers due to wearing rigid collars

Alphons Mathew, Ward Sister 3b (T&O, GRH)



1. Background and problem

Ward 3B is a 29 bedded Trauma and Orthopaedic ward. There has been an increase in the number of patients admitted with neck fractures, so rigid collars are recommended to limit the movement in the neck and aid healing.

The goal of the QI project was to reduce the pressure ulcer incidence for patients wearing rigid collars for their cervical fractures. The project was focused on providing enhanced teaching and training for the staff. As part of this we also created a care plan to assess patients' skin in order to decrease the incidence of pressure ulcers and therefore improve compliance.



Aspen Vista collar



Miami J collar

2. Aim

To decrease the number of pressure ulcers due to wearing a rigid collar on the Trauma and Orthopaedic ward, to 50% by December 2019.

3. Method

To achieve our goal we developed enhanced training for the nursing team, therapy team and junior doctors on the unit.

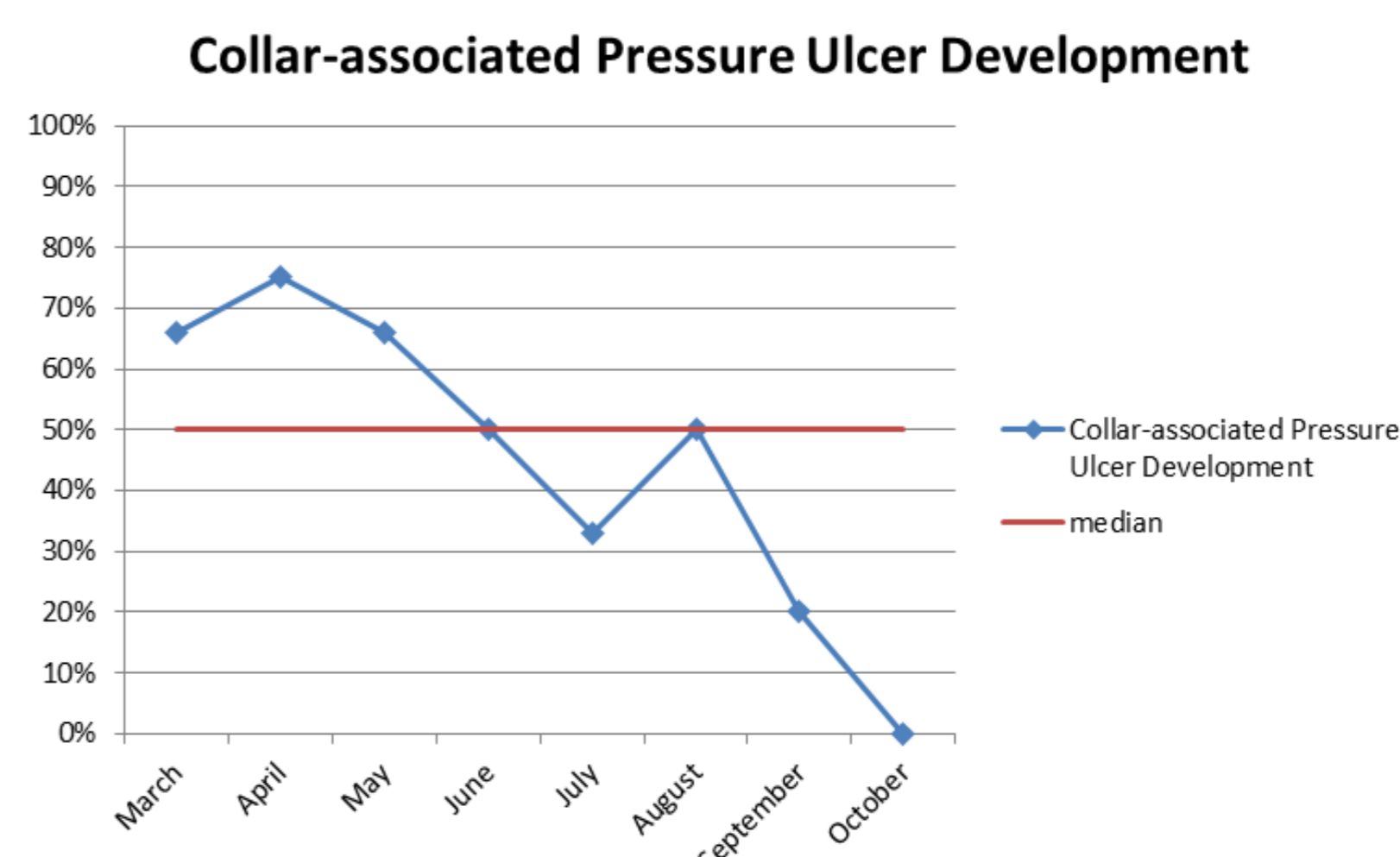
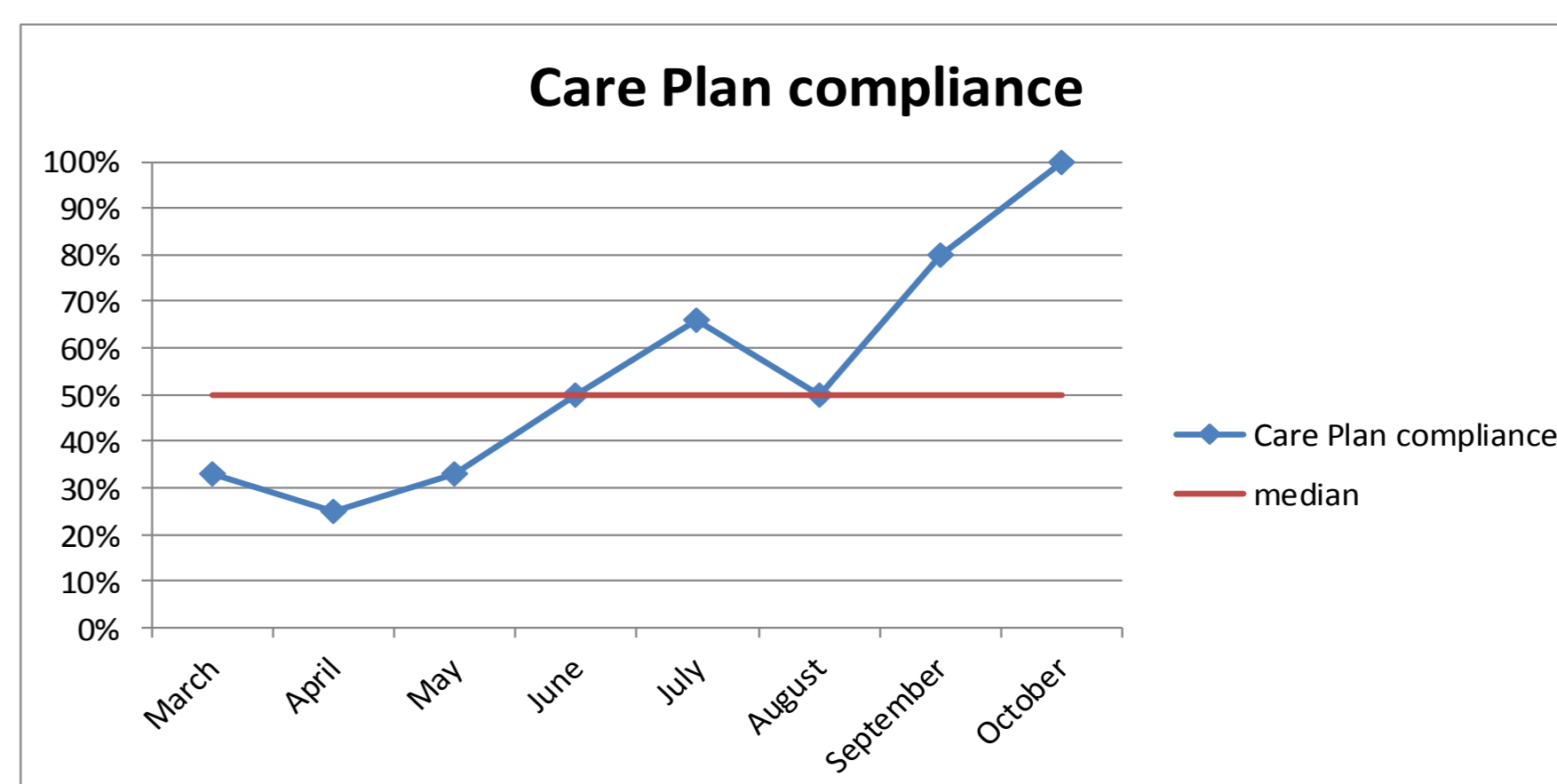
The patient information leaflet was prepared and given to the patient and family members to increase patient awareness.

We tested out a number of PDSA cycles to improve issues such as education, staff /patient engagement, ward meetings and prioritising patients' personal care. Audits were performed within the first week of application of the cervical collars to evaluate the compliance.

| Aim | Primary Drivers | Secondary Drivers | Change Ideas | |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To decrease the number of pressure ulcers due to wearing a rigid collar on the Trauma and Orthopaedic ward to 50% by December 2019. | Compliance | Improve communication especially ward handovers and safety huddles | Nurse in charge to complete a safety huddle to the staff just before the shifts Audit patient journey and display the results for the staff to see | |
| | | Increase training opportunities | Refresh in house training and online training. To create a spinal folder with the necessary information for staff to use during out-of-hours | |
| | | | Spot checks on documentation | |
| | | Improve documentation | Regular ward meetings / Departmental meetings to discuss compliance issues | |
| | | Efficiency | Improve education and training | Discuss with spinal team and orthotic department to add this training as mandatory |
| | | | Increase patient awareness | Create simple patient leaflets to give out on admission Encourage the patient to make sure that the skin care performed daily Create a questionnaire for the patients to evaluate the outcome of daily care |
| | Improve communication regarding the diagnosis | | | Staff to familiarise the correct diagnosis and need of the collar to avoid unnecessary application Staff to participate in safety huddles |
| | Frequency of pressure area checks | | | Improve prioritisation skills |
| | | | Increase sharing workload | Encourage staff to perform skincare and skin check during personal care |
| | Increase use of agreed local clinical document | Introduction of a care plan to new members/temporary staff | | |
| | | Spot checks to measure the outcome of documentation | | |

| | Cycle 1 (May-Jun 2019)* | Cycle 2 (Jul-Aug 2019) | Cycle 3 (Sep-Oct 2019) |
|----------|-------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| P | Audit, visit other trusts | Staff and patient engagement | Staff training |
| D | Introduction of care plan, leaflets | Presentation, questionnaires Introduction of Aspen Vista collar | Poster, Presentation, emails and training sessions |
| S | Data collection | Re-audit and analysis | Data collection and analysis |
| A | Staff training | Involvement of spinal reps, Spinal consultants | Embedding practices and cascading information |

*baseline data collected March - April 2019



4. Results

The staff are more confident in dealing with cervical collars, performing daily checks and changing liners. In October 2019, the new care plan was re-audited and the compliance rate in completing the care plan had improved from 33% to 100%. The number of collar-associated pressure ulcers on ward 3B had also fallen to 0%.

5. Next steps

- Develop cervical collar guidelines with the spinal team
- Update all staff about Aspen Vista /Miami J collar and collar care (Surgical/ Medical and Oncology areas)
- Participate in / arrange training sessions across the Trust regarding collar care
- Arrange peer review sessions for cervical collar competency assessments