

Stepping down pressure area care a real challenge for the clinician

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Bradford and District community Trust are a leading provider of mental health, community health and specialist learning disability services. We support people of all ages who live in the Bradford, Airedale and Craven areas. We also work with people from other areas when needed. We have over 3,000 staff working with us. They carry out a wide range of roles and work together to provide you with care and support.

As pressure area care coordinator my role involved working with District nurses and support staff to improve the level of pressure area care within our geographic area. One of the challenges we face is ensuring appropriate equipment is available to an ever increasing number of patients within available budget, requiring regular reassessment to review any changes in patient needs and provide appropriate support and equipment provision.

A particularly challenging area to progress can be the "stepping down" process from high cost performance dynamic mattresses towards static mattresses as patient pressure care needs become less demanding. When reviewing equipment available we were made aware of a new dynamic replacement mattress system INTEGRITY® from Sumed® International (UK) Ltd which offered a cost effective option with specific features designed to assist in "stepping down".



Method

In order to evaluate the effectiveness of INTEGRITY® as a suitable replacement system to aid "step down" we conducted a full technical and functional evaluation of INTEGRITY® involving the pressure area care team, members of the District Nursing team and members of our technical and purchasing departments. Once we were satisfied that INTEGRITY® met our requirements for overall specification and safety parameters we progressed to patient evaluation. The patient evaluation



process involved reviewing a selection of patients deemed suitable to begin the process of "stepping down" with intact skin following previous

pressure damage. An evaluation form was designed to record feedback from patients, nursing staff and carers of a number of parameters including comfort levels, noise levels, ease of use which were all marked on a numerical scale between 1-5 with 1 being very poor and 5 being excellent.

Clinical aspects reviewed included skin condition, ease of patient repositioning/transfer and overall patient condition. In addition nursing staff and patients/carers were encouraged to feedback any other comments which they felt were of interest.

Evaluation was completed with two patients over a 4-week period and the feedback collated. Full patient and carer consent was obtained prior to commencing the evaluation.

Patient or carer feedback on INTEGRITY® Mattress

PARAMETER	Scale: 1 - Very poor 2 - Poor 3 - Fair 4 - Good 5 - Excellent				
	PATIENT 1	PATIENT 2			
Comfort:	4	2			
Ease of movement/transfer:	4	4			
Movement of air cells:	4	3			
Noise level of pump:	4	4			
Noise level of mattress during movement/transfer:	4	4			
Ease of use:	4	3			
INTEGRITY® performance vs previous system:	5	2			
Overall rating of INTEGRITY®:	4	2			

Nursing staff feedback and commentary on INTEGRITY® Mattress

PARAMETER	PATIENT 1	PATIENT 2
Skin condition:	Intact and remained so	Intact and remained so with no redness or blanching noted
Patient comfort:	Comfortable	Comfortable
Patient repositioning/transfer:	Good	Good
Overall patient condition:	Remained same	Remained same
How did the mattress compare to previous system:	Better	Better
Other comments:	Patient confirms a big improvement, no noise through the night and appear more comfortable	Nursing staff feel it is an excellent mattress but difficult to assess on this patient as patient and daughter do not like change

Discussion

The evaluation process was an interesting experience as although in both cases the patients' overall condition remained the same, the patient experience and feedback was very different. In contrast, the clinician experience was similar illustrating the challenge facing nursing staff when introducing a change in equipment provision.

The 4-week evaluation period appeared to be sufficient and the evaluation forms proved easy to complete and review.

Conclusion

The importance of regular patient review and equipment provision will remain a challenge, it appears that patient and carer communication carried out by clinicians is an essential part of successfully "stepping down" patients from dynamic mattress systems as their pressure care needs reduce.

The success of this process and the resulting budget savings does require sufficient time and resource to communicate and gain acceptance.

