

The Effectiveness of High Specification Foam Within an NHS Community Trust

Background

Pressure ulcers are a significant cause of morbidity and mortality (Posnett et al, 2009) and can be a measure of standard of care for a healthcare environment, as they are considered to be largely avoidable. The number of avoidable pressure ulcers estimated at between 80 and 95% (NPSA, 2010)

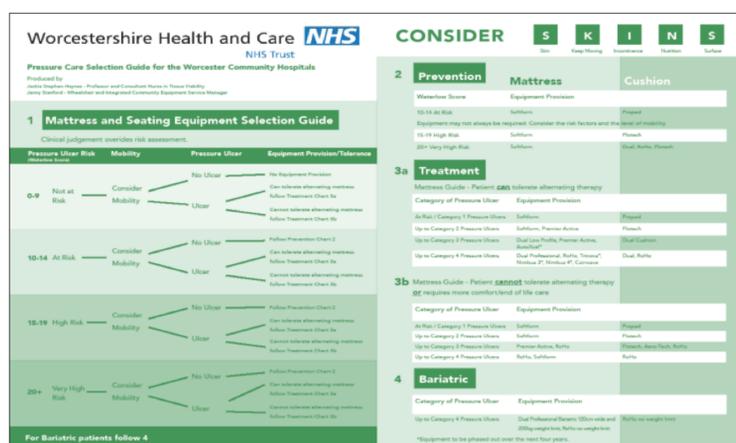
Pressure ulcers can have a significant impact on an individuals' quality of life and the cost of wound care being around 3% of the NHS expenditure, an estimated £2.4 billion-£3.1 billion per year (Drew et al, 2007). One UK NHS Trust reported a cost estimated as much as £9.89 million (Vowden et al, 2009)

Pressure ulcer risk factors vary from person to person and support surfaces should be chosen on an individual basis, depending on the needs of the individual for pressure redistribution and other therapeutic functions. (NPUAP/EPUAP, 2014)

It is important to review the effectiveness of the support surface for prevention and treatment of pressure ulcers and to take into account the impact of choice upon other aspects, such as comfort and transfer abilities.

'The cost of pressure redistributing devices can vary significantly and there is limited evidence on whether sophisticated devices (for example, alternating pressure devices) provide any additional benefit compared to more basic devices such as high-specification foam mattresses'. (NICE,2014)

Worcester Health and Care NHS Trust equipment algorithm recommends the Softform Premier and Softform Premier MaxiGlide mattresses in line with the NICE guidelines, for use of high specification reactive foam mattress or nonpowered pressure redistribution support surface, for individuals with Category I and II pressure ulcers. The Trust has prescribed the Softform mattresses for many years for both the integrated community equipment service and for the community inpatient services including mental health.



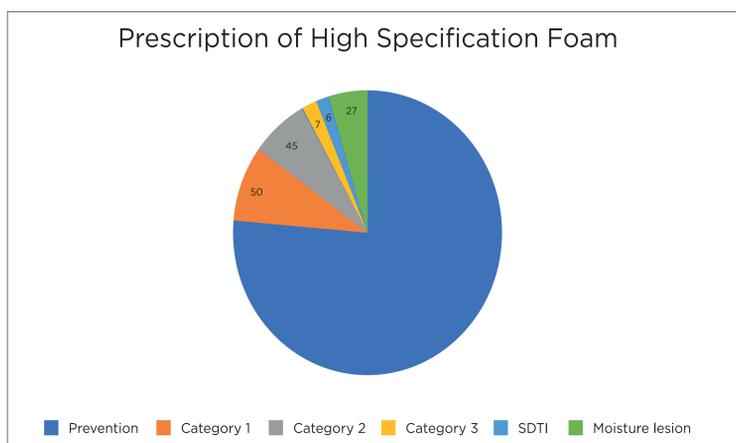
Methods

Since an over-prescription of the hybrid dual therapy mattress was highlighted (Stephen-Haynes et al, 2017) and an 87% over-prescription of alternating air systems identified, with 314 systems being prescribed for patients with intact skin, following review of 12 months data. This data was then analysed to review the selection and effectiveness of the Softform static high specification foam surfaces within the community trust.

Patient age, Waterlow score, mobility, category and location of pressure ulcer, continence status and condition having most impact on health were included in the data.

Results

598 high specification foam mattresses were prescribed, 463 for the prevention of pressure ulcers, 50 for category 1, 45 for category 2, 7 for category 3 pressure ulcers, 6 for SDTI and 27 for moisture lesions.



The data showed the high specification foam mattress had been prescribed in accordance with the guidelines and the Trust equipment selection algorithm in the majority of cases (93%) and data revealed there was no apparent contraindications for use based upon the condition having most effect on the patients' health.

Over-prescription rates for hybrid systems within the Trust amount to an estimated £41pa over-spend and alternating air system over-prescription amounting to considerably more, an annual cost in excess of £300K pa.

Conclusion

The appropriate **prescription of high specification foam is effective** for the prevention of pressure ulcers for the **Very High Risk** individual and for those with existing superficial pressure ulcers. A financially and clinically viable solution for a broad population within a community setting.

References

- Posnett J, Gottrup F, Lundgren H, Saal G (2009) The resource impact of wounds on healthcare providers in Europe/Wound care 18(4):154-61
- National Patient Safety Association, NPSA (2010), NHS Direct, www.nhsdirect.nhs.uk
- Vowden K, Vowden P, Posnett J (2009) The resource costs of wound care in Bradford and Airedale primary care Trust in the UK. J Wound Care 18(3):96-102
- EPUAP/NPUAP/PPPIA (2014) Prevention and Treatment of Pressure Ulcers: Quick Reference Guide
- NICE (2014), Clinical Guideline 179: Pressure ulcers: prevention and management of pressure ulcers, April 2014, guidance.nice.org.uk/cg179
- Stephen-Haynes J, Allsopp A, Jones H (2017) Evaluating the effectiveness of pressure-redistributing equipment for the best clinical and financial outcomes. Wounds UK, Vol 13 (1) :70-73

Authors :

Rosie Callaghan, Tissue Viability Specialist Nurse, Worcestershire Health and Care NHS Trust & Annie Allsopp, Honorary Tissue Viability Nurse, Worcestershire Health and Care NHS Trust