

Welcome to our free clinical webinar



# Avoiding Heel Pressure Damage

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Keep It Simple, Keep It Safe

## Webinar Interactions:

Attendee cameras and microphones have been set to inactive during the webinar.

Please use the Q&A function in Teams for any questions.

You can upvote your favourite questions.

Questions will be answered after all 3 presentations are complete

By  **TalarMade**

[prolevo.com](https://prolevo.com)

# Pressure Ulcer Prevention

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**Jacqui Fletcher**  
Independent Nurse Consultant

# Background and Context

- Pressure ulcers remain in the top 10 harms across the UK
- They cost organisations significant sums of money
- More importantly;
  - They have a significant impact on patients and their families / loved ones
  - They have become a source of anxiety for clinical staff



# Are we Improving?

- 5947 patients were surveyed in 25 hospitals in five European countries.
  - The pressure ulcer prevalence (grade 1-4) was **18.1%** and if grade 1 ulcers were excluded, it was 10.5%.
  - The sacrum and heels were the most affected locations.
  - Only 9.7% of the patients in need of prevention received fully adequate preventive care.
- 
- Vanderwee et al 2007



# ...YES!

- In England the overall prevalence of PUs recorded, in terms or proportion of patients with 1 or more PUs was **9.04%** (10,000 patients 23 hospitals)  
Stephenson et al 2021
- In Wales the prevalence was **8.9%** (8,000 patients 7 organisations)  
Clark et al. 2017
- In the UK the prevalence was **7.1%** (2,600 patients, 24 hospitals)  
Smith et al. 2016

**HUGE  
REDUCTION**

# Can we still do better – Also YES!

## Teamwork

Working together is crucial, there is significant variation in practice.

## Prevention Focus

Prevention is the first strategy.

## Bundles of Care

Focus on Bundles of care (SSKIN / aSSKINg)

- Risk assessment
- Skin assessment

## Understand the problem

- What are the challenges?
- Sacrum and Heels are the highest occurrence





# WARNING



The next 2 slides contain video of  
cadaveric dissection

With Thanks to Mr S Majumder (Mid Yorkshire Teaching  
Hospitals) for undertaking the dissection.

We would like to thank the individual who donated their body  
to medical science.

# Do we really understand the way PU occur and the impact on tissues?

## Video - Internal Shear Forces



This video  
cannot be  
shared



# Do we really understand the way PU occur and the impact on tissues?

## Video - Anatomy of the Heel



This video  
cannot be  
shared

# Where should we focus?

- Focus on where you can make a difference
- Keep things simple

**Keep your patients and your colleagues  
safe and free of harm**





## References

- Clark M, Semple MJ, Ivins N, Mahoney K, Harding K. National audit of pressure ulcers and incontinence-associated dermatitis in hospitals across Wales: a cross-sectional study. *BMJ Open*. 2017 Aug 21;7(8):e015616. doi: 10.1136/bmjopen-2016-015616. PMID: 28827240; PMCID: PMC5724157.
- Smith IL, Nixon J, Wilson L and Coleman S (2016) Pressure ulcer and wounds reporting in NHS hospitals in England parte 1: Audit of monitoring systems *Journal of Tissue Viability* **25** 3 – 15
- Stephenson J, Fletcher J, Parfitt G and Ousey K (2016) National audit of pressure ulcer prevalence in England: a cross sectional study *Wounds UK* **17** (4) 45 - 55
- Vanderwee K, Clark M, Dealey C, Gunningberg L, Defloor T. Pressure ulcer prevalence in Europe: a pilot study. *J Eval Clin Pract*. 2007 Apr;13(2):227-35. doi: 10.1111/j.1365-2753.2006.00684.x. PMID: 17378869

# Practical Advice For Clinicians

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**Heather Hodgson**

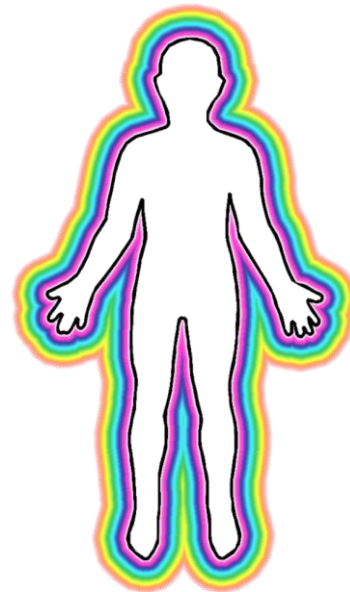
Lead Nurse Tissue Viability NHSGGC

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S

S

Skin checks



# Individualised Care Plan



M

M

Manage Moisture



# P

# P

## Position to Maximise Perfusion



Designation \_\_\_\_\_  
Designation \_\_\_\_\_  
the ward I = Independent

'Must dos' for me. Ask the patient if there they want specifically done today:  
**KEEP ME SAFE**

Times	00	02	04	06	08	10	12	14	16	18	20	22	24
nurse:	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	P	P	P	P	P	P	P	P	P	P	P	P	P
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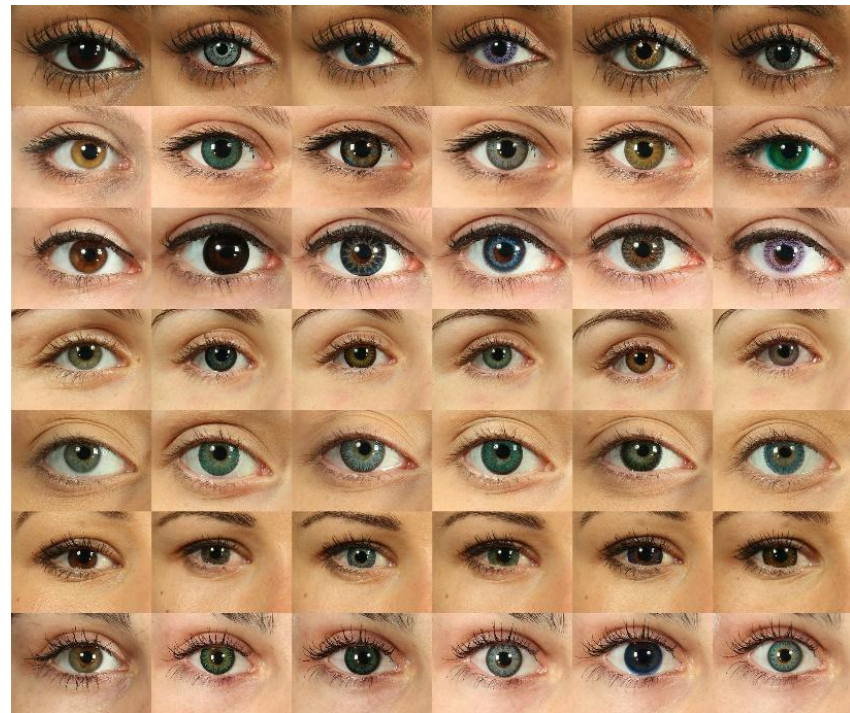
Be accountable for your decisions to delegate tasks and duties to other people





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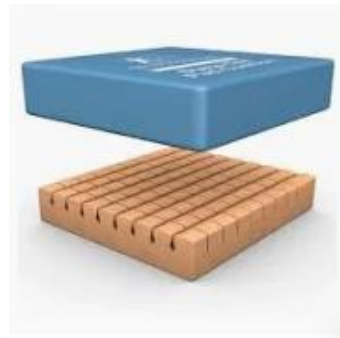
Look



# E

# E

## Equipment



S

S

# Skin Health Maintenance



# A

# A

## Accountability



F

F

Family



E

E

Everyone is responsible



# Keep it **simple**...keep it **safe**

**S**kin checks

**I**ndividualised care

**M**oisture management

**P**osition to perfuse

**L**ook

**E**quipment

**S**kin health

**A**ccountability

**F**amily

**E**veryone's responsibility





Scottish Diabetes Foot Action Group

# CPR For Feet



**Duncan Stang**

Independent Healthcare Consultant

Retired Diabetes Specialist Podiatrist

Former Diabetes Foot Coordinator  
for Scotland

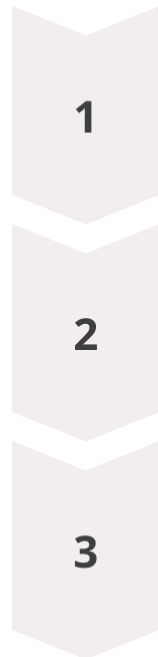
[duncanstang1@icloud.com](mailto:duncanstang1@icloud.com)





# CPR for Feet.....What is it?

It is a very simple system to make sure that all individuals entering any care setting;



## **Check**

1

All individuals entering any care setting must have their feet checked for risk factors.

## **Protect**

2

If feet are identified as being at risk, appropriate protection measures must be implemented.

## **Refer**

3

If they are discovered to have an existing problem, then they are referred appropriately

# Why do we need CPR for Feet?

Medically acquired pressure damage (iatrogenic harm ) is.....

1. Unnecessary
2. Is easily preventable
3. Uses extra valuable resource to treat
4. Causes unnecessary distress to individuals within our care
5. Costs our National Health Service vast sums of money
6. Results in litigation



# National Campaign in Scotland

## Government Endorsement

The CPR for Feet initiative has been officially endorsed by the Scottish Government's Patient Safety Campaign.

## Policy Integration

The programme has been embedded into Diabetes in Scotland policy, ensuring widespread adoption.

## National Recognition

CPR for Feet is recognised as a key prevention strategy across all Scottish healthcare settings.

## CPR for Feet

### Check



#### Check both feet:

- ❖ Are there any breaks in the skin/areas of discolouration?
- ❖ Are there any ulcers present?
- ❖ Is neuropathy present?
- ❖ Is action required?

### Protect



#### Protect feet if

- ❖ Pressure damage/ulcer present
- or at risk due to:
- ❖ Neuropathy
  - ❖ Previous ulcer/pressure damage or amputation
  - ❖ Bed bound or fragile skin

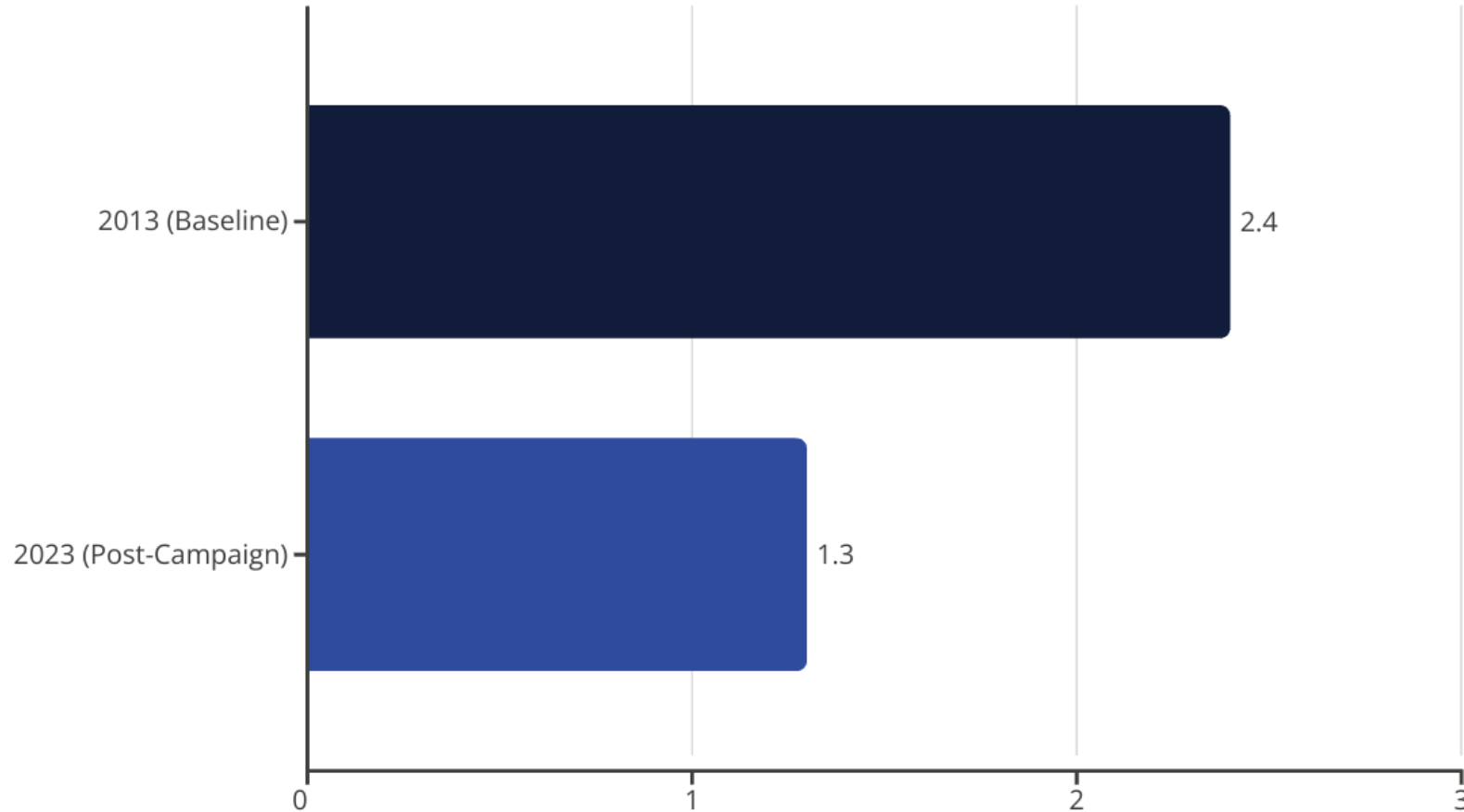
### Refer



Refer all patients with a foot ulcer/pressure damage or other major concern to the podiatry department or Tissue Viability Services for treatment and reassessment of pressure relief requirements.

Tel .....

# Reducing Iatrogenic Harm: The Evidence



# CPR for Feet set out to reduce iatrogenic harm in Scotland

1. The original 2013 SDFAG audit recorded 2.4% of individuals within our care in Hospital developed iatrogenic harm
2. The 2023 NaDIA audit recorded 1.3% of individuals within our care in Hospital developed iatrogenic harm
3. We have nearly halved the incidence of iatrogenic harm
4. Still work to do to further reduce/irradiate the problem
5. To my mind it is all about raising awareness and constantly educating our ever-changing care staff



# NHS Scotland: Impact of CPR For Feet

## 2013 Before CPR

- 2,400 Heel ulcers/year  
(2.4% of admissions)
- £7,800 cost of treatment  
per patient per ulcer
- £18.72million cost to NHS

## Results of CPR

- 1,300 Heel Ulcers/year  
(1.3% of admissions)
- £7,800 cost of treatment  
per patient per ulcer
- £10.14million cost to NHS
- £0.4million prevention  
costs (estimated)
- £8.18million Saving/Year



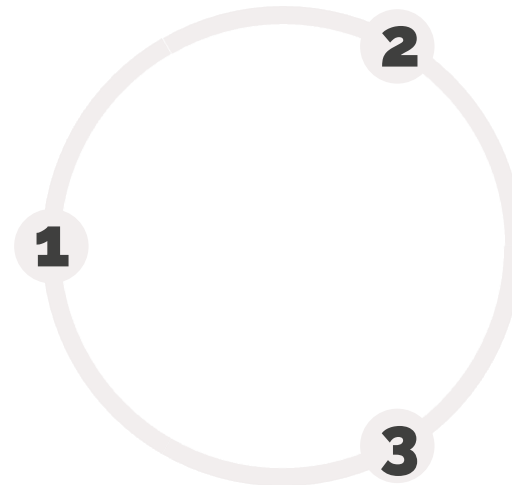
# Why has CPR for Feet been such a success in Scotland?

Because it is simple.....

A simple campaign to deal with a real life, and long existing problem

## **Simplicity**

The three-step approach is easy to remember and implement in busy clinical settings.



## **Practicality**

Addresses a real-life, long-existing problem with straightforward solutions.

## **Effectiveness**

Demonstrable results in reducing preventable harm across Scotland.



# Data Drives Improvement

## Report Incidents

Encourage use of DATIX or similar systems to document any pressure damage.

## Learning Culture

Focus on learning and improving rather than blame when incidents occur.

## Prevention Focus

Develop a proactive culture focused on preventing pressure damage.

## Continuous Improvement

Use data to track progress and identify opportunities for better care.





# CPR -Desired Product Specifications

## WEARABLE

- Offload Heel
- Wipeable
- Reusable

## SUPPORT SURFACES

- Pillows come with risks
- Knee break effectiveness limited
- Needs to redistribute pressure to:
  - Reduce Heel Pressure
  - Reduce pressure from foot of bed



# Pressure relieving/reducing product range approved for use in NHS Scotland via National contract to support the CPR campaign

1. Introduced via the Clinical Advisory Panel (CAP) process in consultation with Infection Control, TVS's, Ward staff & Podiatry
2. Legal process
3. Award of the National contract to TalarMade
4. Lowering of cost of devices
5. Ensuring quality
6. Evidence based and clinically effective
7. Commitment to support each HB around the country with training
8. Is saving clinicians valuable time and the National Health Service £££



# At risk and ambulatory HeelSafe

**At Risk  
Bedbound, Frail/  
Elderly, Diabetes/  
Neuropathy, PVD**

**Patient is  
ambulant**

**Device fitted to Bed**



# At risk and ambulatory HeelSafe & SoleSafe

**At Risk  
Bedbound, Frail/  
Elderly, Diabetes/  
Neuropathy, PVD**

**Patient is  
ambulant**

**Device fitted to Bed**



# Individual who has heel damage or is at risk and non-ambulant **FootSafe**

**At Risk  
Bedbound, Frail/  
Elderly, Diabetes/  
Neuropathy, PVD**

**Patient is  
non-ambulant**

**Patient worn device  
or device fitted  
to bed**



# Individuals on support surfaces dynamic, alternating mattresses

1. They can reduce areas of pressure
2. They do not 'offload' pressure
3. Don't think if you are caring for an individual on one of these surfaces that they are not at risk
4. You may need to relieve the pressure, not just reduce the pressure, in certain circumstances
5. You would not need a HeelSafe on one of these surfaces
6. You may need a SoleSafe
7. You may need a FootSafe if heels need pressure relief if current damage or at very high risk
8. No single solution effective for everyone! - we need solutions to every scenario



# All CPR for Feet information available

- Diabetes in Scotland website  
<https://www.diabetesinscotland.org.uk/resources/>
- Product information
- Educational Videos
- Presentations
- Support materials
- CPR for Feet mirrored badges ordering info



# Feel free to adapt any of the CPR for Feet resources to suit local needs





# So consider introducing CPR for Feet

1. Prevent avoidable harm
2. Prevent litigation
3. Reduce treatment costs
4. Improve QOL for individuals within your care
5. The Key .....Keep it Simple, Keep it Safe

**And really just do what we should all have been  
doing all along!!**





**Scan to see our product solutions**

**Thank you for listening.  
Any Questions?**

**Please ask questions in Q&A section**

