DELIVERING COST SAVINGS & IMPROVED PATIENT CARE WITH A NEW GENERATION OF INNOVATIVE STANDARD SUPPORT SURFACE



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Introduction

Prevention of pressure ulcers has always been a high priority in nursing care. The NHS spends up to £4 Billion pounds per annum on the treatment of pressure ulcers (NPSA 2010) and complications that occur once a pressure ulcer is present can lead to increased costs (Dealey 2012). Pressure ulcers are often difficult to treat, can be painful and have significant impact on quality of life (Bouten et al. 2005). If left untreated a pressure ulcer can have devastating consequences of serious illness or even death (NPSA 2010).



In the last few years, achieving a reduction in pressure ulcer incidents by focusing on prevention has been one of the Dudley Group NHS Foundation Trust's key quality priorities.

The increase in education around pressure ulcer prevention, along with the desire to hit financial targets and avoid both litigation and potentially negative PR has seen the increased usage of expensive dynamic mattresses, even in cases where this is of no additional clinical benefit for the patient. Within the current economic climate the Trust could not sustain the spiralling costs associated with the requested provision of pressure relieving mattresses. The over-use of the systems also meant the Trust struggling to meet demand and there was a risk that patients evaluated to be at high risk of developing a pressure ulcer may have to wait for equipment, hence exacerbating the risk to these already vulnerable patients.

Method

The Tissue Viability Team were made aware of a new type of pressure redistributing mattress comprised of foam and air cells that works with the principle of air displacement, creating more effective pressure redistribution than a high quality standard foam only mattress. The new mattress looks externally identical to an ordinary foam mattress and is decontaminated in the same way, however in comparison to a dynamic air mattress does not require additional moving and handling to set up or to be sent to an external company for decontamination — both significant resource and cost burdens to the Trust.

This new generation of static support surface (Dynaform[™] Static Air) is suitable for patients evaluated to be at Very High Risk of pressure ulcer development and up to a Category 2 pressure ulcer and is therefore suitable to meet the requirements of the majority of patients.

As part of the Trust's major initiative to prevent PU incidence, this new generation of static support surface was introduced Trust wide at the start of 2014 as the standard surface in all areas across the hospital (except maternity and paediatrics wards) with the following specific goals:

- Deliver cost savings on rental/ purchase of expensive dynamic air systems
- Reduce significant additional costs associated with moving and handling
- Release nursing time 'back to care'
- Improve patient care and ensuring greater patient comfort

Cost benefit

Improved PU prevention through investment in innovative surface

Release nursing time 'back to care'

Improve patient care and comfort

 Improve patient care by reducing the delay in getting all patients on the appropriate support surface as quickly as possible

Results

In the first 3 months the Trust has made financial savings equating to more than £25,000 with no increase in pressure ulcers. The reduction of costs is associated with moving equipment, decontamination and rental charges.

By effectively reducing the requirement for dynamic air mattresses we have also released nursing time back to care, requesting and installing a dynamic air mattress was a lengthy and often time consuming process for the Ward Nurse and prior to the implementation of the new static mattress there were significant delays in patients being placed on the appropriate support surface. By comparison the new mattresses remain on the bed and they only require surface cleaning between patients.

Discussion

With so much focus on delivering improved patient care whilst reducing costs we must be careful to translate 'cost-effective' as 'best value' rather than the cheapest option. This will be more conducive to suppliers investing in creating innovative products that will help us achieve improved financial and patient care outcomes. As demonstrated by the results of implementing a brand new support surface across the Trust, it is imperative within the context of the current economic and political climate that we are more active in embracing change by doing things differently, however counter-intuitive this may be.

Conclusion

The results to date achieved following the implementation of the new standard support surface - both in terms of delivering a reduction in PU incidence and cost savings to the Trust — completely support the decision taken to prioritise investment in prevention by utilising the latest most innovative products.