Tissue Viability Education in Care Homes



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Aim:

Within Scotland there are around 35,000 people living within care homes. With the population of Scotland increasing and people living for longer with multiple co-morbidities then this figure will be set to rise (1). We know that prevalence and incidence of wounds increase with age and that lack of skills and knowledge in managing wounds can lead to poorer outcomes (2).

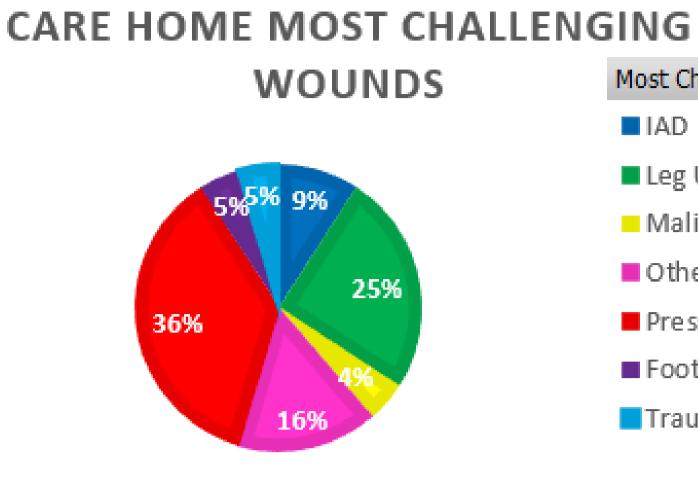




Figure 3 – Most Challenging Wounds

Some of the most powerful feedback has been the written comments and feedback from managers, some examples of this are:

"The staff are raving about the training and have got lots of

ideas about what we can do within the care home!"

(Care home manager)

- 53,000 staff are working within the care home setting •
- releasing staff to attend for CPD is challenging
- Access to NHS training free of charge is a change in practice for Care

Home staff within Lothian

Aim Statement: To provide 70% of engaging care homes with formal

education on management of lower leg oedema and pressure ulcer

prevention within 6 months of starting delivery.

Driver Diagram

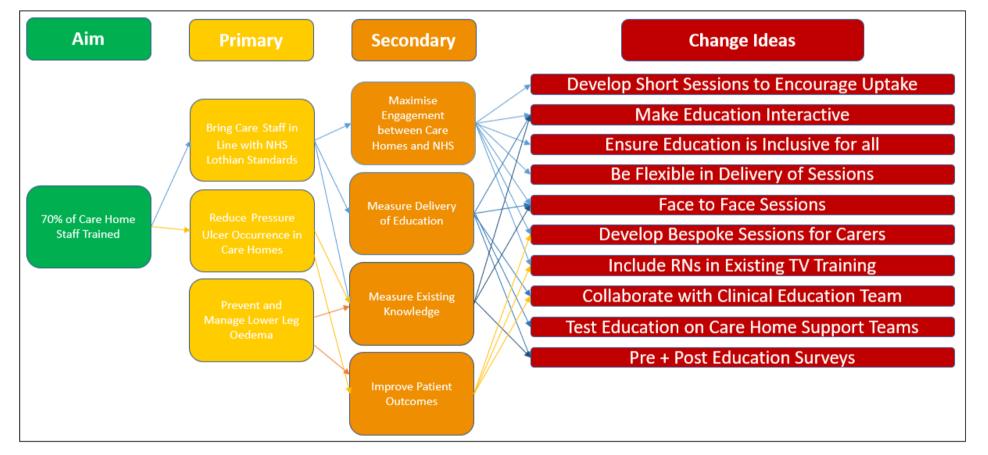


Figure 1 – Driver Diagram

The driver diagram in *Figure 1* demonstrates the change ideas and drivers

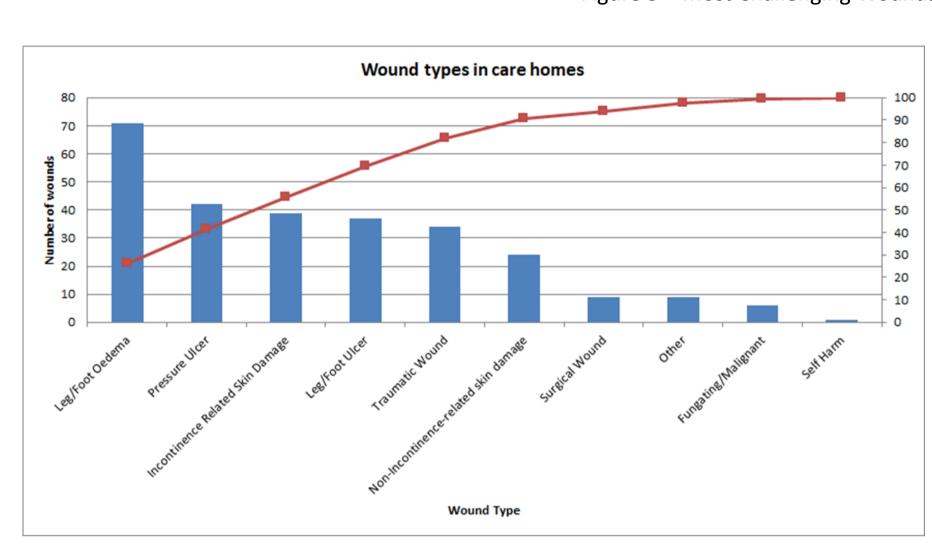


Figure 4 – Wound Prevalence

Education Needs for Care Homes as Reported by DN/CHST



Figure 5 – Educational Needs identified by CHST/DNs

What Did We Do?

What I've learnt today will make me more observant and

confident going forward"

(carer after pressure ulcer prevention)

"I found the training very helpful, and the photographs of

wounds and real-life residents was very good"

(Carer after PU training)

"I have a better understanding of lower limb oedema and how

to care for someone with this condition and how to identify it"

(carer)

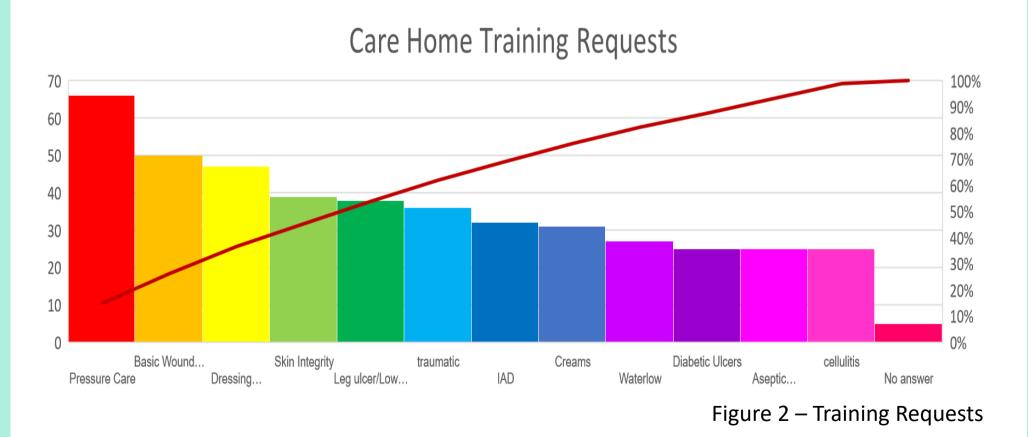
"I have enjoyed this face-to-face training; I've missed it due to **COVID** restrictions and I feel that you can learn more and be

behind this.

Methods:

- QI Methodology was used
- An initial survey was sent to all 105 care home managers to scope current issues around tissue viability and assess for the training requirements perceived by them
- A 52% response was obtained which in the current climate of • survey fatigue and covid challenges was recognised to be a robust return
- 82% of Care Homes completed a face-to-face survey
- Online survey was completed with the Care Home Support

Teams and District Nurses



- 45 minute sessions developed to be delivered face to face
- Photos, quizzes and other interactive methods were used to increase engagement

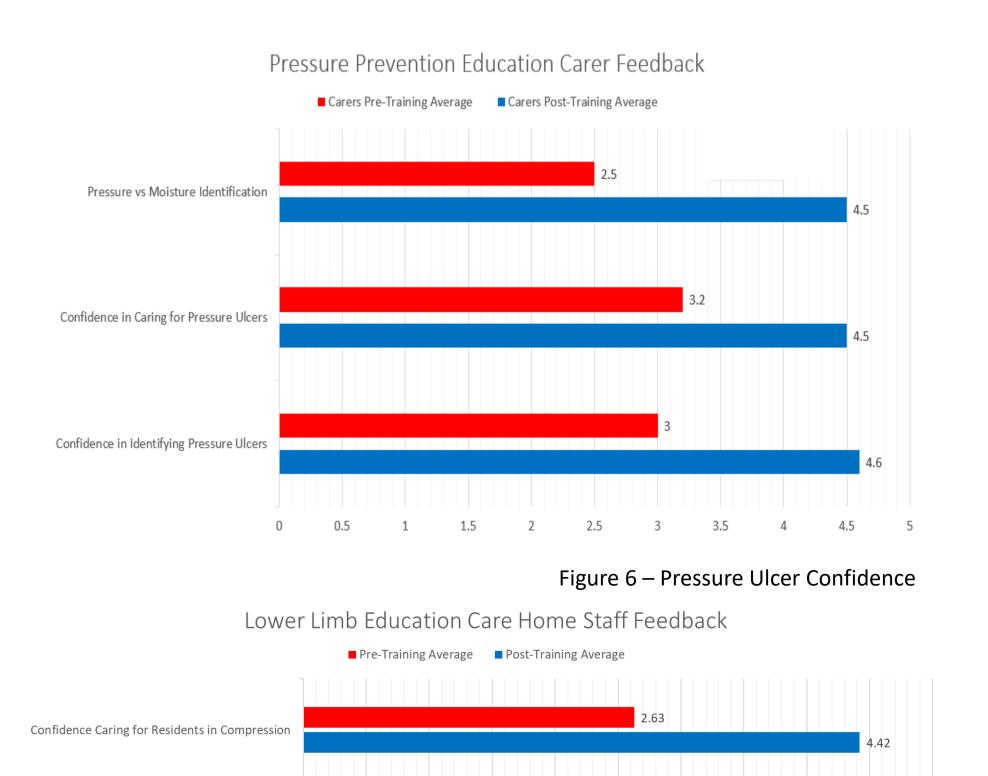
Outcomes/Results:

Confidence in Managing Lower Limb Oedema

Confidence in Identifying Lower Limb Oedema

- 170 sessions on pressure ulcer prevention and management of lower leg oedema
- 86% of engaging care homes have now had training provided
- *Figure 6* and *Figure 7* show pilot data collected indicates the

confidence of staff has almost doubled after our training



2.5

1.5

2

3 3.5

Figure 7 – Lower Limb Oedema Confidence

4

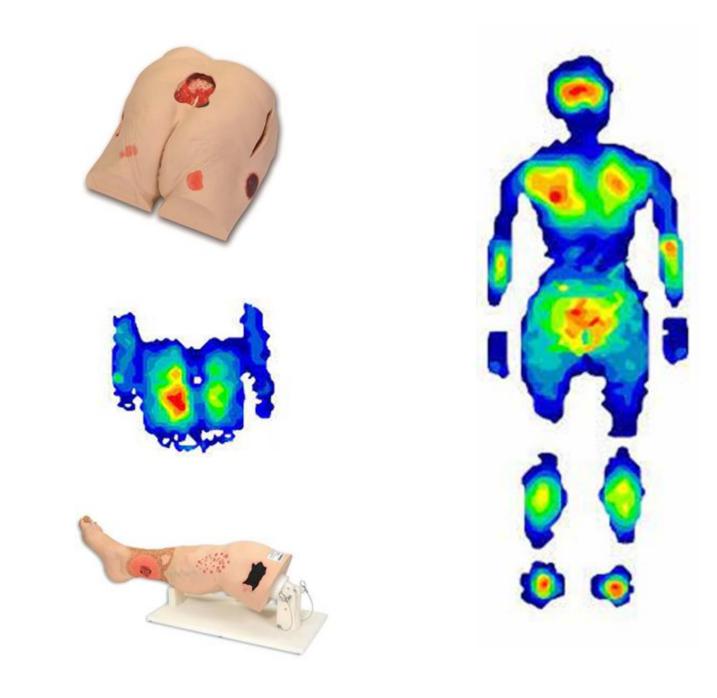
4.5

actively engaged!"

(Care staff after lower leg oedema)

Conclusion:

We have been able to demonstrate an increase in confidence for staff and provide education which is meaningful in practice. We reached our aim and will continue to spread this work throughout Lothian. By securing funding to purchase additional hands-on teaching tools such as the pictures below we will enhance these sessions.



- *Figure 2* shows training needs identified by the managers
- *Figure 3* shows the most challenging wounds identified by the managers
- Figure 4 shows wound type prevalence reported by managers
- Figure 5 shows education needs for Care Homes identified by CHST and DNS



References:

1) Scottish Social Services Council (SSSC). Report and Accounts 2019-2020. Available from: Report and Accounts 2019-2020 - Scottish Social Services Council (sssc.uk.com) [Accessed 28/01/22].

)Guest JF, Ayoub N, McIlwraith T, Uchegbu I, Gerrish A, Weidlich D, Vowden P. Health Economic Burden that Wounds Impose on the National Health Service in the UK.Open. 2015;5. Available from: :10.1136/bmjopen-2015-009283