

Pressure Ulcers to Zero Collaborative: Phase 3

Guide to Getting started



Key Dates for PUTZ Collaborative Phase 3



South, South West Hospital Group (SSWHG)

Learning Session 1	Tuesday 25 th April 2017
Learning Session 2	Tuesday 20th June 2017
Learning Session 3	Tuesday 19th September 2017
Celebration Event	Thursday 16 th November 2017 Farmleigh, White's Rd, Castleknock, Dublin 15
Venue for learning sessions: Clayton Hotel Silver Springs, Tivoli, Cork Registration (Story board set up): 08:45 Start time: 09:30 Close: 16:30	



Dublin Mid-Leinster Hospital Group (DMLHG):

Learning Session 1	Thursday 27th April 2017
Learning Session 2	Thursday 22nd June 2017
Learning Session 3	Tuesday 26th September 2017
Celebration Event	Thursday 16 th November 2017 Farmleigh, White's Rd, Castleknock, Dublin 15
Venue for each day: Ashling Hotel, Parkgate Street, Dublin 8 Registration (Story board set up): 08:45 Start Time: 09:30 Close: 16:30	

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Introduction

The HSE Quality Improvement Division (QID) is leading and is responsible for the design and delivery of Phase 3 of the Pressure Ulcers to Zero (PUTZ) collaborative. Phase 3 focuses on the acute sector only and is being delivered in two locations for participating teams in the South, South West (SSWHG) and Dublin Mid Leinster (DMLHG) hospital groups. Phase 3 will run for 12 months from March 2017 to February 2018.

Purpose of the Guide to Getting Started

This guide sets out how hospitals and their participating teams can prepare for the PUTZ collaborative, and how they can achieve their goal of reducing pressure ulcers across their designated settings.

Included in this guide are:

- An overview explaining the Pressure Ulcers to Zero Collaborative
- An introduction to a care bundle, called the SSKIN bundle, to help prevent pressure ulcers
- An outline of how hospitals and their participating teams can prepare to engage in the collaborative before all teams come together at the first learning session.

What is the Pressure Ulcer to Zero Collaborative?

An improvement collaborative facilitates multi-disciplinary teams to come together with a shared aim to improve an aspect of patient care and outcomes. It involves team based learning sessions, identification and testing of small changes for improvement and continuous sharing of ideas, learning and best practice between participants. The PUTZ collaborative is based on the Institute for Health Improvement (IHI) (2003) Breakthrough Series Collaborative Model.

The aim of Phase 3 PUTZ collaborative is:

‘To reduce the number of hospital acquired pressure ulcers across participating teams by 50% within a six month timeframe and to be sustained by 12 months’.

To achieve this aim the collaborative will provide teams with the support and educational resources needed to undertake improvements. It will also enable staff to put in place reliable systems so that improvements can be maintained, and become continuous during and after the Collaborative period.

Collaborative Outline

Phase 3 of the PUTZ Collaborative will run for 12 months with four learning sessions spread across this time period.

Participating team members and site coordinators are advised to attend all learning sessions. The period between each learning session, called an action period, will allow teams to share the learning from the session with their respective wards. In doing so teams and colleagues can work together to start implementing the SSKIN safety bundle (See page 8) and to undertake small tests of change.

During the action period teams will also continue to collect and record the number of newly acquired pressure ulcers daily on the safety cross. The site coordinator will share this data every month with the PUTZ team.

Inter and post learning session support will be offered through online resources and PUTZ team support. The PUTZ team will also offer a final spread and sustainability meeting for executive leads and co-ordinators from each hospital in the SSW and DML hospital groups. A PUTZ facilitator will visit each hospital at least once throughout the course of the collaborative to provide on-site support to the coordinator and participating team.

Each site coordinator is offered an opportunity to participate on a two day coaching conversations course that will be hosted in each hospital group. Participation is voluntary and subject to line manager's agreement. Some hospitals will have staff trained in Quality Improvement (QI) and interested in mentoring the participating teams. Such a QI mentor can access this coaching conversations course with the site coordinator. The purpose of the coaching course is to support coordinators and QI mentors to develop enabling skills to help drive and sustain improvements locally.

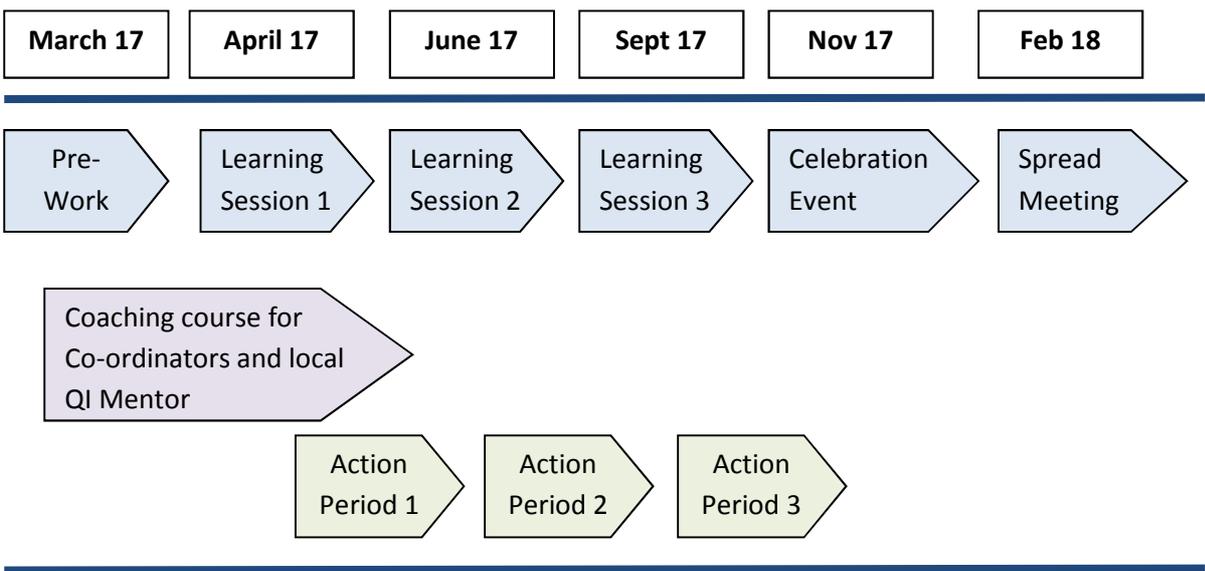


Figure 1: Collaborative timeline

Why get involved?

Benefit to Patients and Families

Pressure ulcers are debilitating and painful and can have a significant impact on a person's life. Preventing pressure ulcers will result in avoiding unnecessary pain for patients, unnecessary admissions to hospital and prolonged lengths of stay. Therefore, there are significant benefits for patients and families in implementing prevention strategies like the SSKIN bundle as it is designed to support the prevention of pressure ulcers and can be implemented across all settings within our health service.

Benefit to Staff

The care and management of pressure ulcers is resource intensive both in terms of direct care and the cost of dressings and appliances. Pressure ulcer prevention can release valuable resources for other aspects of patient care.

Staff participating in this collaborative will also gain practical and simple QI skills and experience, which can be applied to other areas for improvement within their ward.

Benefit to Hospital

There are significant cost implications in managing pressure ulcers across the health service. The cost related to pressure ulcers in Ireland was estimated as:

€119,000 to treat one patient with a grade 4 pressure ulcer

€250,000,000 to manage pressure ulcers across all care settings in Ireland for one year

(Gethin et al, 2005)

Pressure Ulcer Definition

A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated” (EPUAP/NPUAP 2014, P.12).

Pressure ulcers can range in severity from patches of discoloured skin to open wounds that can expose the underlying bone or muscle. Pressure damage can occur on any part of the body subjected to sustained localised pressure.

Medical Device Related (MDR) pressure ulcers are defined as pressure injuries associated with the use of devices applied for diagnostic or therapeutic purposes wherein the pressure ulcer that develops has the same configuration as the device. These pressure injuries result from a variety of reasons: the characteristic of the materials used to construct the device, difficulties in adjusting or securing it to the patient’s body, prolonged pressure in the same place, and pressure forces causing local oedema (Black et al, 2010).

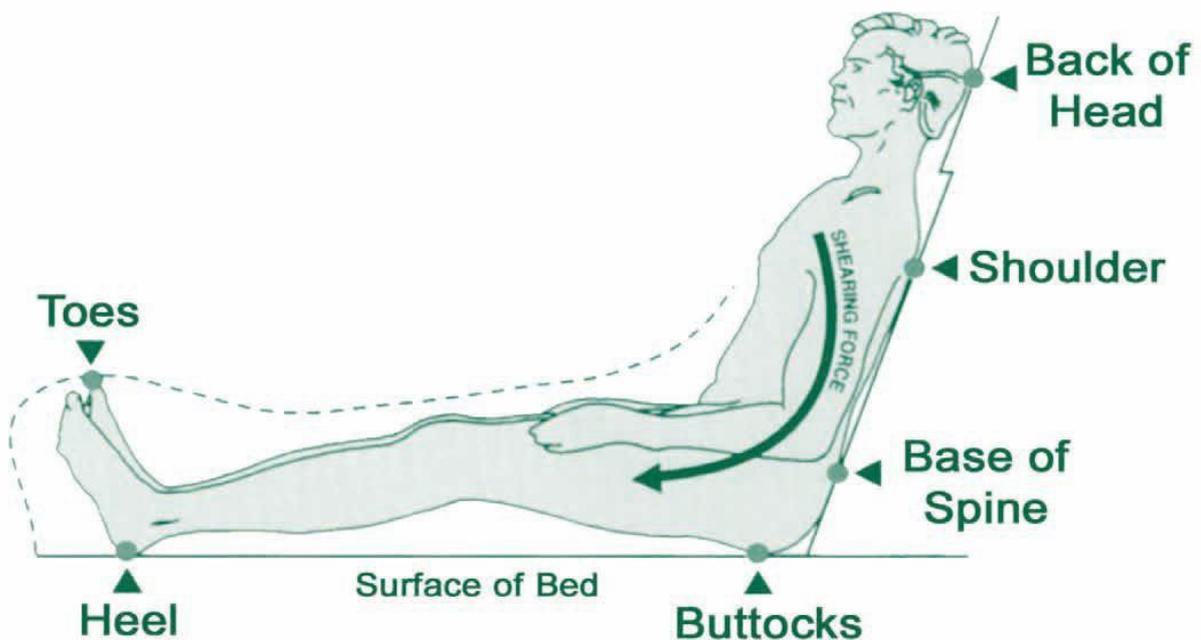


Figure 2: Pressure ulcer pressure points

The SSKIN Safety Bundle

A bundle is a structured way of improving the processes of care and patient outcomes. It is a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes (IHI, 2017). A care bundle is therefore a valuable tool when used in practice.

As part of an American healthcare initiative, representatives from the Ascension Health systems' in the USA developed a blueprint for improvement in pressure ulcer prevention (Gibbons et al. 2006). Part of this blueprint involved defining and prioritising best known evidence and practices for the improvement of pressure ulcer prevention. This evidence and these practices were structured into a bundle of care now known as the SSKIN bundle.

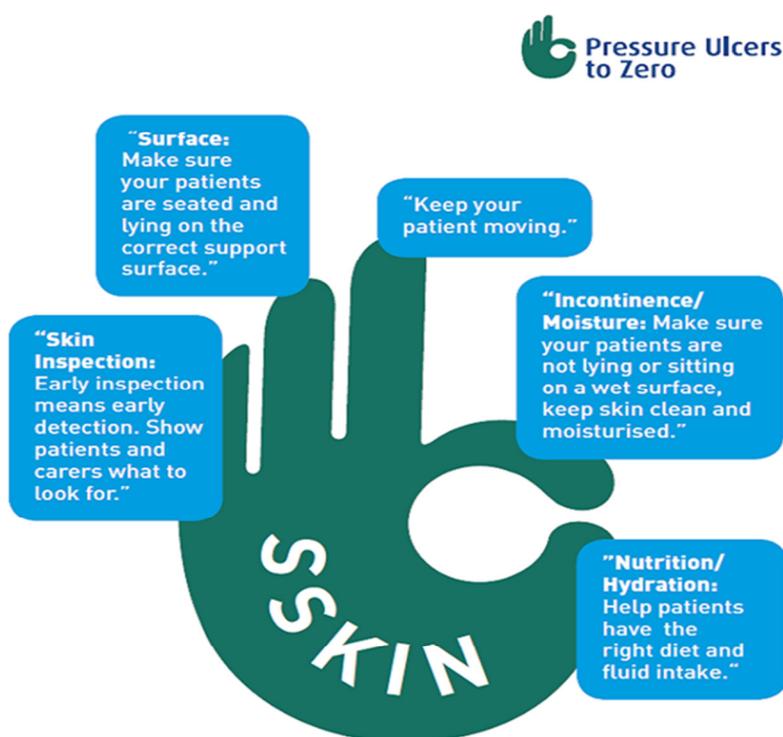


Figure 3: SSKIN Safety Bundle

The SSKIN bundle provides a specific process for safely preventing pressure ulcer development and is used in this collaborative. Key to the success of implementing the SSKIN bundle is to ensure that each element is applied to each patient, the same way by every person, every time. This will help to build reliability into the process.

Table 2: The SSKIN bundle five step process for pressure ulcer prevention includes the following elements

SSKIN Bundle	
SURFACE	Has the person got the correct surface and surface supports?
SKIN INSPECTION	What is the integrity status? Have high risk areas been checked?
KEEP PATIENTS MOVING	Has the person been encouraged to move independently or with assistance?
INCONTINENCE / MOISTURE	Does the person require assistance with toileting or require incontinent barriers?
NUTRITION / HYDRATION	Is the person’s diet/fluid intake adequate to prevent skin breakdown? Are oral supplements required? If yes, are and they being used?

See appendix II for an example of how the SSKIN Bundle was incorporated into a daily bedside checklist.

Getting Started

Step 1: Identify Executive Lead, Site Co-Ordinator and Participating ward(s)

Including the right people in an improvement project is critical to a successful improvement effort. Within this collaborative each participating hospital will have an identified executive lead, a site coordinator and a team from each participating ward. Hospitals are invited to nominate up to two teams from two wards to participate in the collaborative. Efforts will be made to identify a local mentor for each of the ward teams from staff within the hospital who have been trained in Quality Improvement (QI) (improvement science). A designated PUTZ facilitator will link with the executive lead and site co-ordinator in each hospital to support this initiative locally.

Executive lead (e.g. Director of Nursing):

Role: Enable local participating teams to achieve their aim of reducing pressure ulcers within their wards through improvements in the processes and delivery of that care.

By:

- Raising awareness of the Pressure Ulcers to Zero collaborative across the hospital. Building the collaborative into local quality governance e.g. existing quality and safety committees
- Supporting the site coordinator in the role
- Supporting participating team to attend the workshops and to prepare to engage in the collaborative
- Supporting the team throughout the collaborative through regular contact and addressing any challenges they may face in making improvements.
- Tracking local progress on a regular basis e.g. reviewing the monthly safety cross and sharing across the governance system

Site Coordinator (e.g. Nurse Practice Development, Assistant Director of Nursing, Quality Manager)

Role: Enable local participating teams to achieve their aim of reducing pressure ulcers within their ward through improvements in the processes and delivery of that care.

By:

- Acting as a main point of contact (externally and internally) for questions and queries in relation to local PUTZ and a conduit for information between the PUTZ collaborative team and participating ward team
- In consultation with the senior executive lead identify up to two wards to participate in Phase 3 of the collaborative
- Facilitate team members to access the internet to participate in online classes and learning resources

- Attend each learning session with the participating team and support the transfer of knowledge from the sessions back to the wards.
- Facilitate the participating team in using the safety cross to measure the number of new pressure ulcers per day on their ward
- At the end of every month send the monthly safety cross from participating wards to pressureulcerstozero@hse.ie
- Participate in the sustaining and spreading meeting with the executive lead at the end of the Collaborative

Participating Team

Role: To identify and test changes to current processes of care to prevent pressure ulcer development across their ward.

By:

- Attending and engaging with all of the collaborative learning sessions and site visits
- Applying learning and undertaking tests of change to implement the SSKIN bundle
- Working with the wider multidisciplinary team to test changes for improvement
- Raising awareness of the pressure ulcers to zero collaborative across the ward
- Link with the project site coordinator to seek support, to update on progress and improvements being tested
- Collecting daily number of newly acquired pressure ulcers and recording on the safety cross

Suggested membership of participating teams (Teams may vary in size and composition, and is dependent on the local context):

- Clinical Nurse Manager (Team Leader) (required)
- Healthcare Assistant (required)
- Tissue Viability Nurse (if possible)
- Staff Nurse
- Physiotherapist
- Occupational Therapist
- Dietitian
- Patient or family representative
- Ward porter/ward attendant

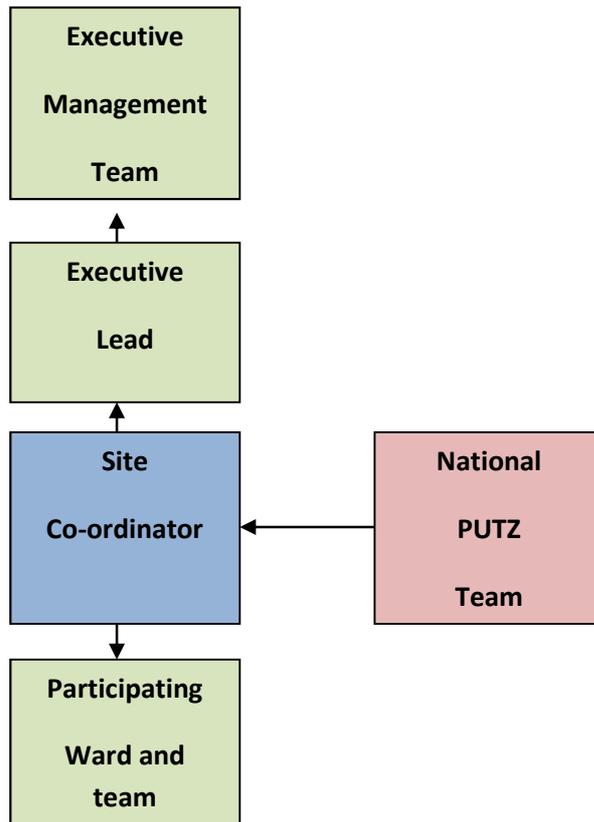


Figure 4: Outline of governance for collaborative

Step 2: Collect Baseline Data on your Safety Cross

The safety cross is a tool used to collect data for improvement. It allows staff to record pressure ulcers in a very simple and practical way which is easily visible and accessible to all staff. This promotes local ownership of pressure ulcer data. The safety cross should be filled in at the same time daily (e.g. at the end of a shift or at midnight). The significance of ensuring that the safety cross is filled in at the same time every day is to ensure that the data recorded is captured within each 24-hour timeframe. The safety cross can be filled in by any member of the team.

The safety cross can be prominently displayed on the ward to generate discussion amongst staff and amongst staff and patients/family members regarding the work that the ward is undertaking to prevent pressure ulcers.

Prior to attending the first learning session participating teams are expected to collect one calendar month's data of pressure ulcers on their safety cross. Site co-ordinators will send this safety cross to the PUTZ team to calculate the baseline number of pressure ulcers for the collaborative. All safety cross data belongs to the participating team/s and is only shared with the PUTZ team to inform the monthly summary total of pressure ulcers across all sites participating in the collaborative.

Appendix III details how to record data on the safety cross and also offers a blank safety cross template. A fifteen minute webinar on the use of the safety cross within the PUTZ collaborative is also available at:

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/Pressure_Ulcers/Pressure_Ulcer_Information/

(Please view in Google Chrome browser)

Step 3: Support Staff to Share Experiences and Stories

Within every participating team each team member is asked to think of their experiences in relation to pressure ulcer care and to share within the team. The outcome of the experiences may or may not have been positive. What is important is that these exchanges allow each team member to reflect, to think, to feel and to share the key emotions that they remember experiencing. Everyone's input is important. It is likely that some staff may feel those same emotions again throughout recall. The purpose of this exercise is not to incur upset, regret, or to attribute blame. It is about capturing experiences that will help to understand reality in order to envisage how pressure ulcer prevention could be better in the future.

At the first learning session each team will be asked to share one team member's experience. The purpose of this approach is for each of us involved in the collaborative, team members and faculty, to gain an insight from multiple perspectives of the personal involvement and impact of caring for patients who are at risk or have developed a pressure ulcer.

Some tips to support you in sharing the experience. (Try to limit sharing the experience to between 3 and 5 minutes)

1. Use your own words – tell it as it is!
2. Vocalise how the different steps in this experience made you feel
3. What take home message do you have for your colleagues following this experience

Some tips to support you in listening to the experience

1. Keep an open mind - Try and put yourself into the staff member or patient/carer/family member's shoes.
2. Don't interrupt your colleague or jump to conclusions
3. Observe how this experience makes/made your colleague feel? Listen for the words, watch for actions.
4. How did listening to this experience make you feel

At the first learning session each team will be asked to not only share a colleague's experience but also to recall their team members listening experiences.

We value you and we value your experiences. It is important to us that preventing pressure ulcers impacts positively on staff and patients and that it becomes "everybody's business". Throughout our collaborative journey we will explore ways of supporting you to encourage patients to also share their experiences in order to co-design meaningful and realistic improvements to help prevent pressure ulcers.

Step 4: Webinars and E-Learning Resources

To support participating teams in preparing for the first learning session a number of informational and educational webinars have been produced and are freely available on the PUTZ webpage under the title **PUTZ Webinars Page** via the link: (Please view in Google Chrome browser)

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/Pressure_Ulcers/Pressure_Ulcer_Information/

These include:

1. Guide to Getting Started: Preparing for participation in the Pressure Ulcers to Zero Collaboration

This webinar is hosted by Dr. Mary Browne and Ms. Lorraine Murphy (National PUTZ Team)

2. Placing the Problem of Pressure Ulcers in Ireland into Context – Focusing on Risk Assessment

This webinar is hosted by Professor Zena Moore. PhD, MSc (Leadership in Health Professionals Education), MSc (Wound Healing & Tissue Repair), FFNMRCI, PG Dip, Dip First Line Management, RGN, Professor and Head of the School of Nursing and Midwifery, RCSI School of Nursing, Royal College of Surgeons in Ireland.

Professor Moore is the Academic Lead for the Collaborative.

<https://www.youtube.com/watch?v=c9XmgJLzhII&feature=youtu.be>

3. PUTZ Webinar Safety Cross

This webinar is hosted by Dr. Michael Carton and Ms. Deirdre Carey, Measurement for Improvement Team, Quality Improvement Division, HSE

<https://www.youtube.com/watch?v=KTI5a5Dr1M8>

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/Pressure_Ulcers/Pressure_Ulcer_Information/

4. E-Integrity: Preventing Pressure Ulcers

E integrity offers a free Pressure Ulcers prevention online course on the e-LfH website. It takes 15-20 minutes to complete and covers the key steps in pressure ulcer prevention. No login is required to access the 28 slide programme. Some self-assessment multiple choice questions are threaded throughout the session. The open access (please click this programme) session can be accessed at: <http://www.e-lfh.org.uk/programmes/preventing-pressure-ulcers/>

Step 5: Prepare your Learning Session Storyboard

Each participating team with support from the site coordinator is required to develop a very short 'storyboard' which will be displayed and discussed at the first learning session. This will allow teams the opportunity to share and learn from each other's ideas and approaches thereby accelerating the

rate of improvement.

The storyboard template will be provided to each site co-ordinator to allow teams tell their stories using PowerPoint. The completed template can be printed out and brought to the learning session where it will be displayed on a poster board. Teams are invited to bring examples and/or resources that showcase the good practices that have been developed locally to support their work in preventing pressure ulcers e.g. patient leaflets, logos, signs.

Learning Session 1:

Slide 1 Your team (names and pictures)

Slide 2 Your first month's Safety Cross

All Other Learning Sessions:

Slide 1 Your team

Slide 2 A Safety Cross for every month since the last learning session

Slide 3 Tests of change (PDSA's) that teams have tried

Slide 4 An overview of the team's' successes and challenges

What to do Next?

The site coordinators and teams are encouraged to come together as soon as possible to agree how they will work through each of the preparation steps outlined in this guide.

The site coordinators and teams should prepare to start collecting and recording the number of newly acquired pressure ulcers daily on the safety cross from **1st March 2017**.

A PUTZ facilitator will be contact with each hospital to offer advice and support to site coordinators and teams in their preparations to engage in the collaborative also.

The site coordinators and senior executive leads are encouraged to meet to agree the best way for giving progress updates and problem solving any challenges throughout the collaborative.

Finally

We hope that this guide provides you with enough information to start your improvement effort. If there are any queries please contact your site coordinator or alternatively you can contact the PUTZ team on pressureulcerstozero@hse.ie

We would like to take this opportunity to thank you for participating in the PUTZ collaborative and we look forward to working with you in the coming months.

References

Black JM, Cuddigan JE, Walko MA, Didier LA, Lander MJ, Kelpel MR. Medical device related pressure ulcers in hospitalized patients. *Int Wound J* 2010; 7:358–65

EPUAP/NPUAP (2014) EPUAP Guidelines (Online) Available at: <http://www.epuap.org/epuap-guidelines/> (Accessed 21-01-2017)

Gethin, G., Jordan – O'Brien, J., & Moore, Z. (2005) Estimating costs of pressure area management based on a survey of ulcer care in one Irish hospital *Journal of Wound Care* April, 14(4):162-5

Gibbons W, Shanks HT, Kleinhelter P, Jones P (2006) Eliminating facility-acquired pressure ulcers at Ascension Health *Jt Comm J Qual Patient Saf.* Sep;32(9):488-96.

Institute for Healthcare Improvement (2003) *The Breakthrough Series IHI's Collaborative Model for Achieving Breakthrough Improvement Innovation Series*, Institute for Healthcare Improvement.

Institute for Healthcare Improvement (2017) *Evidence-Based Care Bundles* (Online) Available at: <http://www.ihl.org/Topics/Bundles/Pages/default.aspx> (Accessed 10-02-2017)

Appendix I: Engagement and support from the PUTZ team

1) Support during preparations

- PUTZ facilitator will contact the site coordinator before teams start collecting and recording the number of newly acquired pressure ulcers
- Where possible the PUTZ facilitator will visit the hospital to meet with the site coordinator and team members before the first learning session
- The PUTZ facilitator will meet with the senior executive lead if available when visiting the hospital

2) Support during action period

- The PUTZ facilitator will follow up by telephone with the site co-coordinator before and after each learning session

3) Onsite collaborative visit

- Meet site coordinator and team members to share learning and identify any support required
- PUTZ facilitator will visit participating ward/s
- Meet senior executive lead with site coordinator to:
 - review progress
 - offer advice in planning sustainability and spread of the initiative

4) Support from the National PUTZ team throughout collaborative:

- Resources and offerings at learning sessions
 - Learning session material
 - Pre-work and inter-session Webinars
 - Grading Chart (ONMSD Wound care Guidelines, 2017)(*currently in draft form*)
 - Patient information leaflets
 - A PUTZ closing event to support scaling up and spread in January 2018 for site coordinators and executive leads
- A Collaborative report will be developed at the end of the Phase 3 and will be shared with each hospital
- Dedicated E mail: pressureulcerstozero@hse.ie
- Develop and distribute newsletters

Appendix II: SSKIN Bundle Checklist

 SSKIN BUNDLE Pressure Ulcer Prevention Care Plan Commence when Waterlow Score ≥ 10		Addressograph	
Frequency of care delivery (circle as appropriate) 1hrly 2hrly 3hrly 4hrly			
Date			
Time (24 Hour Clock)			
SURFACE	See advice re surfaces on LMHG Guideline on Pressure Ulcer Prevention (on T Drive). Indicate each day if Foam <input type="checkbox"/> or Pressure Relieving Mattress <input type="checkbox"/> (tick)		
Mattress appropriate & functioning correctly:			
Appropriate seating			
Heel protectors			
SKIN INSPECTION	Inspect skin at boney prominence every 2 – 4 hours. Existing Pressure Ulceration: Y/N (Circle). Stage* & site of existing ulceration recorded in wound assessment chart Y / N (Circle)		
Pressure areas checked			
New Redness State Site:			
KEEP MOVING	Frequency of repositioning is determined by skin inspection. If red at least 2 hourly.		
B	R Side		
CHAIR			
Standing / Mobilising			
INCONTINENCE	Incontinence Related Skin Care regimen Implemented (on T Drive, Tissue Viability Folder) Y / N		
Dry and clean			
Peri-anal skin healthy			
NUTRITION	Fluid Balance Chart / Food Chart in progress Y/N (circle and continue). Otherwise record below		
Meal / snack taken			
Drink taken			
Supplements taken			
Signature			
Grade: S/N = Staff Nurse,			
HCA = Health Care Attendant			
OT = Occupational Therapist			
D = Dietician			
P = Physiotherapist			
S = Student,			
SALT			

KEY: Care Delivered : √ = YES X = NO (if NO Document & Explain in Nursing notes)

RED SKIN - RELIEVE PRESSUE - REVERSE DAMAGE

Patient Pressure Ulcer Prevention Information booklet given

Category/ Stage: Please refer to the International NPUAP/ EPUAP Pressure Ulcer Classification system



Safety Cross

The safety cross should be filled in at the same time daily. The safety cross can be filled in by any member of the team. The significance of ensuring that the safety cross is filled in at the same time every day is to ensure that the data recorded is captured within each 24-hour timeframe. This is usually done at midnight and can be a prompt at morning handover in the acute setting.

The legend below (which is included with the safety cross) details which colour represents how the pressure ulcer was acquired:

Green = No new pressure ulcer found.

Yellow = Admitted with pressure ulcer from outside the hospital.

Blue = Transferred with pressure ulcer within the same hospital.

Red = New pressure ulcer found (ward acquired).

What if?

- **You have more than 1 newly ward-acquired pressure ulcer in a single day?**
Answer: Fill in the number of newly ward-acquired pressure ulcers in the top right-hand corner; see Day 8 in Figure 1
- **You have a new Stage I pressure ulcer?**
Answer: Record all stages of pressure ulcers, i.e. Stages I-IV, as the aim is to prevent all avoidable pressure ulcers.
- **The pressure ulcer was acquired outside your ward?**
Answer: You should still record the ulcer in the safety cross. This gives an accurate reflection of the pressure ulcers on the ward and the source of their development; see Days 11, 14 and 26 in Figure 1.
- **You have a number of pressure ulcers for different reasons on the same day?**
Answer: Divide the colour in the box and insert the corresponding number within each colour block. See Day 26 in Figure 1 when 2 colours were required.
- **You have a patient with more than 1 pressure ulcers?**
Answer: Record the number of pressure ulcers, not the number of patients with pressure ulcers

Example of a Safety Cross Template Filled In for February 2017

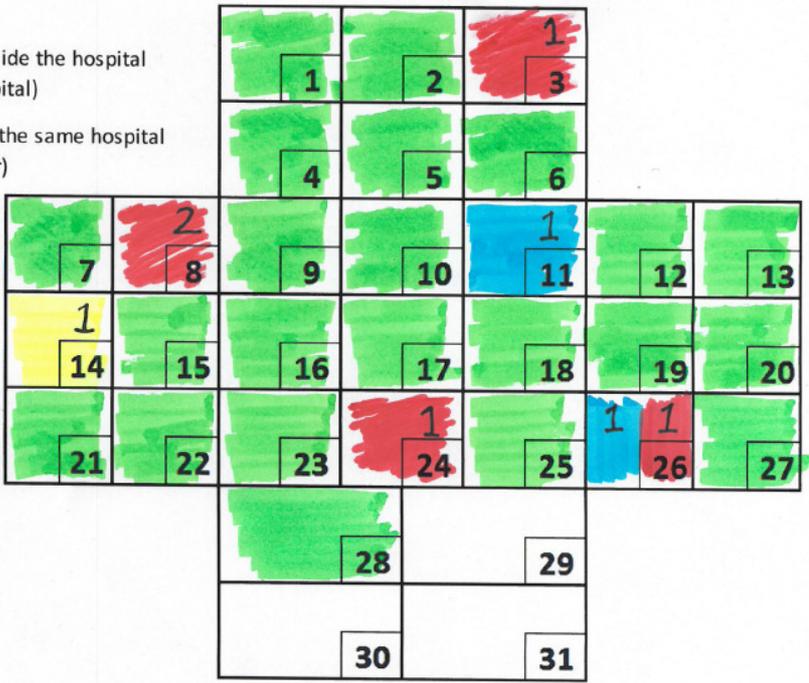
A blank Safety Cross is available on the next page with a table that enables you to record the date of identification, the grade and location of pressure ulcer.

Month	February
Year	2017
Ward Name	St. Albert's
Hospital Name	HOSPITAL 'A'



- No new pressure ulcer found
- Admitted with pressure ulcer from outside the hospital (e.g. own home, care home, other hospital)
- Transferred with pressure ulcer within the same hospital (e.g. transfer from one ward to another)
- New pressure ulcer found (ward-acquired), details as follows:

Identification of New Pressure Ulcers (Ward-Acquired)		
Date	PU Grade	PU Site
3/2/17	II	Right heel
8/2/17	I	left elbow
8/2/17	I	Right elbow
24/2/17	II	left hip
26/2/17	I	tailbone



Safety Cross Template

Month	
Year	
Ward Name	
Hospital Name	

-  No new pressure ulcer
-  Admitted with pressure ulcer from outside the (e.g. own home, care home, other hospital)
-  Transferred with pressure ulcer within the same hospital (e.g. transfer from one ward to another)
-  New pressure ulcer found (ward-acquired), details as

		1	2	3		
		4	5	6		
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
			28	29		
			30	31		

Identification of New Pressure Ulcers (Ward-Acquired)		
Date	PU Stage	PU Site
TOTAL NUMBER		

