Roll out strategy
Pressure Ulcer Eradication

	Preparatory Steps		Roll Out	
1	Promote and Communicate		1	Not started
2	Training		2	Testing
3	Baseline Measurement + monthly • Safety Cross • Audit 5 sets of notes per fortnight		3	Implemented
4	Commenced			

Possible roll outs:

A	Pink dots on white board – in place.
B	High risk indicators - pink, blue and red dots - above each bed.
C	Safety cross completed daily and in a prominent position - ? in place.
D	Use of pressure ulcer care plan – being rolled out as part of documentation sessions
E	Use M for Moved on Care Plan
F	Turning clocks
G	Getting more patients out of bed
H	Check at risk patients have received information leaflets – should be given out by MAU / pre-assessment clinic.
I	Continence Advisor visit – if visits MAU daily will have picked up most of patients
J	Ensure dressing availability - ? specific MAU problem
K	Weekly completion of wound assessment documentation
L	Date dressings
M	Increased multi-disciplinary working, e.g. therapists to complete Care Round document
N	Ensure sufficient pillows to support patients lying on their sides.
O	Laminated example of correct completion of documentation at nursing station for referral

Suggested approach

- Roll out by Matron over eight months (see table below).

- Matron + ward manager + ward staff to identify which aspects of care they want / need to roll out depending on current ward working, e.g. surgical wards are quite wound focussed so may not need to date dressings. Wards may also identify changes of care that they need to make to improve their pressure ulcer prevention that may not have been identified by the work on MAU and Stanhoe the two Collaborative wards on which the roll out actions were evaluated.

- Audits of documentation carried out using SHA provided documentation – see attached. The audit results can be presented using 'smiley face' chart and displayed on Productive Ward board – see attached. One of the trust's plans for next year was to audit the Care Rounds. As the SSKIN Bundle forms part of the Care Rounds, the SHA audit documentation could be modified so that we audit both the SSSKIN Bundle and the Care Rounds at the same time.

- The TVNs will provide support with any identified training needs.

Example

Matron	Jan	Feb	Mar	Apr	May	June	July	August
Claire Kent (Terrington), + Jerry Green (Shouldham)	1,2,3	3, 4 (B, C, F, G, H, I, K, L)	3, 4 (B, C, F, G, H, I, K, L)					
Linda Coultrup (Denver, Elm) + Julie Calton (Feltwell, Gayton, SAU		1,2,3	3, 4 (B, C, F, G, H, I, K, L)	3, 4 (B, C, F, G, H, I, K, L)				
Angela Mills (Oxborough, Pentney, W/Raynham) + Beth Shannon (Rudham, NICU) + Sue Glendenning (Castleacre)			1,2,3	3, 4 (B, C, F, G, H, I, K, L)	3, 4 (B, C, F, G, H, I, K, L)			
New Matron (Necton, Tilney)				1,2,3	3, 4 (B, C, F, G, H, I, K, L)	3, 4 (B, C, F, G, H, I, K, L)		
Lynda Stockwell (SAU) + Karen McGuire (CCU) + Liz Barker (Theatres, Day Surgery)					1,2,3	3, 4 (B, C, F, G, H, I, K, L)	3, 4 (B, C, F, G, H, I, K, L)	