A SERVICE EVALUATION IN 3 CARE HOMES OF A SILICONE PRESSURE REDUCING PAD* TO REDUCE THE INCIDENCE OF HEEL PRESSURE ULCERS

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Introduction

The prevention of pressure damage at the heels among people with reduced sensory perception is a clear priority in the NHS and other care organisations. The heel is particularly vulnerable given the high incidence of pressure ulcers at this location. Numerous Departments of Health initiatives along with guidance from NICE and have been issued with regard to pressure ulcer prevention.

This service evaluation considers the effects of introducing a silicone pressure reducing pad* as part of an intervention programme to prevent heel pressure ulcers among care home residents, who have been identified as being at high risk of developing pressure damage at the heels.

Method

The evaluation was set across 3 residential care homes. 30 care home residents who met the inclusion criteria were evaluated weekly over a 4 week period.

The evaluation took place over a 12 week period, with an evening seminar providing education and an information pack given to each home during the first 2 weeks. Participants were on the evaluation for a total of 4 weeks. 2 staff members from each care home were appointed as Skin Champions who collected the data daily.

Heels were observed for a maximum of 28 days or until the individual left the care setting or withdrew from the evaluation.

Outcomes Measured

- Pressure ulcer incidence
- Resolution of category I pressure damage present upon entering the evaluation
- Maceration under the pad
- Approximate length of time the product used per individual
- Comfort
- Ease of application
Results

Pressure Damage
The main aim of this service evaluation was to demonstrate the benefits of using the silicone pressure reducing pad as an intervention to reduce pressure ulcer incidence. One of the key indicators of pressure damage within a clinical setting is the presence of erythema.

At the end of the evaluation erythema was still present in 19 of the residents however no further injury or deterioration was reported.

Incidence Rates
There were a total of 164 residents across the 3 care homes, out of which 38 (23%) were identified as being at high risk of developing heel pressure ulcers but could not consent to the evaluation or were unwilling to participate. Therefore these residents could not participate in the Service Evaluation but would have had an appropriate alternative strategy inline with local and international guidelines to reduce the risk of pressure damage, including floating of heels, however this would have been instigated by the home care staff.

Out of the 38 high risk residents 6 developed heel pressure ulcers by the end of the evaluation. There was an incidence rate of 15.8% heel pressure ulcers in the at risk group who could not participate in the study compared with 0% in the residents who took part in the evaluation.
Ease of using the Pad

Staff were asked to comment on the ease of keeping the pad in place and the methods used. The majority of staff found the use of the silicone pressure reducing pad to be neither easy or difficult to use.

The staff were also asked to comment on the ease of keeping the pad clean. No staff found it to be difficult. All other staff found it either very easy or easy to clean.

Durability

The average length of time the pad was worn was 3.45 weeks. In all there were 67 pads provided for the Service Evaluation with no product deterioration reported. No resident had to have a replacement due to deterioration or damage of the product.

Staff Views

The staff caring for the residents were asked if they would recommend using the silicone pressure reducing pads. All said they were either likely or very likely to recommend the use for use in all vulnerable residents. All staff found it either very easy or easy to clean.
Discussion

The project was run by a Tissue Viability Nurse (TVN) from Provide A Community Interest Company. The TVN collected data on a weekly basis but had to rely on the residential care home staff to collect daily data and to apply the silicone pressure prevention pad correctly as instructed. The collection of data proved to be challenging and could be considered a limitation of the evaluation. Nevertheless, the outcomes of the Service Evaluation was that no one developed injury on the heel at the end of the evaluation.

The feedback from staff in the care homes was that the silicone pressure reducing pad was extremely durable, easy to clean and they would recommend the product as a suitable device to reduce the risk of pressure ulcers in at risk residents.

Residents who participated in the Service Evaluation found if the pad was applied correctly it was comfortable to wear and this lead to good concordance.

Conclusion

This Service evaluation was designed to demonstrate the effectiveness of a silicone pressure reducing pad as part of an intervention to prevent the development of pressure damage of the heels.

Any erythema that was present at the beginning of the study did not break down or progress into a pressure ulcer, and no other heel damage was identified. As these residents could be considered vulnerable and at increased risk of pressure damage, prevention is a key priority for carers and health professionals.

The silicone pressure reducing pad as a routine intervention along with pressure ulcer education can result in a reduction in heel pressure ulcers in care home residents.

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References

Brand Name: Silicone pressure reducing pad*, KerraPro