

PROTECTING HEELS IN EMERGENCY CARE: THE SENSIBLE SOLUTION

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The Challenge

Heels are the second most common site for the development of pressure ulcers (Fowler et al 2008), unfortunately the anatomy of the heel predisposes to a high risk of pressure injury particularly in the supine patient, or those resting feet on a stool for example. The calcaneal tuberosity of the heel has a wide surface area and little subcutaneous fat, and so tissue tolerance to pressure is very low.

If we accept the view of the National Patient Safety Agency (2010) that the majority of pressure ulcers are avoidable then heel ulcers developing as a result of failure to provide adequate preventative measures could be seen as negligent. Posnett and Franks (2007) concluded that 4% of the NHS budget was allocated to managing these seemingly negligent events.

At the University Hospital of North Midlands (UHNM), more than 200,000 patients per annum are assessed and cared for in the emergency care centre during an acute episode of ill health. A high proportion of these patients will be nursed on a trolley, sometimes for several hours, many will be admitted to an emergency ward for stabilisation. At UHNM all patients entering the unit are assessed for risk of pressure injury using the Anderson risk assessment tool. The majority of patients nursed on a trolley score high risk, however Campbell et al (2010) suggest that a preventative strategy should be universally applied to all patients not only those at high risk, and this would appear to be the best strategy in emergency care.

The Solution

A small audit of 25 patients admitted to the frail elderly care assessment unit during June 2014 was conducted to assess the efficacy of a single patient use foam heel boot (fig 1) to enable cost effective heel offloading. The patients were provided with the boots on arrival in the department and continued to wear them on transfer to a ward. None of the patients developed hospital acquired heel pressure ulcers during the admission episode.

The author suggests that patients are often most vulnerable to heel injuries while nursed in emergency care and admission area due to restricted repositioning while on a trolley and due to the associated comorbidity associated with hospital admission. It is sensible therefore to provide heel offloading to all patients at an affordable cost.

Avoidable heel pressure ulcers remain a significant challenge in acute care, being a potential threat to income via CQUIN penalties, performance to quality measures and patient outcomes. The author proposes that a universal strategy should be implemented to drive elimination of avoidable heel pressure ulcers by enabling heel offloading at an affordable unit cost of approximately £5 per patient.

References

- Campbell KE, Woodbury MG, Houghton PE (2010), Implementation of best practice in the prevention of heel pressure ulcers in the acute orthopaedic population. *International Wound Journal* 7 (1) 28-40.
- Fowler E, Scott-Williams S, McGuire JB (2008), Practice recommendations for preventing heel pressure ulcers. *Ostomy Wound management* 54(10) 42-57.
- Posnett J, Franks P (2007), The cost of skin breakdown and ulceration in the UK. Smith and Nephew foundation. Hull.
- Kerr M (2012) Foot care for people with diabetes. The economic case for change. NHS Diabetes.



Fig 1

Drivers for improvement

CQUIN value to reduce avoidable pressure ulcers. £800,000 2013/4.
Potential litigation in lieu of injury.
Cost to treat hospital acquired avoidable heel ulcers. £169,000 2013/14. £5,827.59/ulcer.
Delayed discharge due to heel pressure injury. Capacity/flow.
Patient QoL. Pain, odour, mobility, exudate.
Public perception of care quality.
Increased amputation risk in pt with diabetes who develop a heel pressure ulcer and increased mortality (Kerr 2012).