“Compulsory training would help every HCA spot moisture lesions”

Newton (2010) stated: “Pressure ulcer prevention is not complex, nor should it be made to be. Maintaining the integrity of patients’ skin is a fundamental and essential element of care, for which all healthcare professionals are accountable”. And yet, every year up to 20% of patients nursed in hospital in England and Wales are affected by pressure ulcers (Whitlock et al, 2011). As well as the cost to health, the treatment costs for the NHS are substantial – they are estimated to be 4% of NHS expenditure.

Health professionals are often confused about the difference between a pressure ulcer and a lesion that is caused by the presence of moisture, resulting from urinary or faecal incontinence. Distinquishing between the two, however, is of clinical importance as prevention and treatment strategies are very different.

Developed in 2004 at St Vincent’s Medical Center in Florida, and introduced in Wales in 2009, the SKIN (Surface, Keep moving, Incontinence and Nutrition) bundle is a systematic approach to help reduce incidences of pressure ulcers and ensure improved moisture management.

But, as a dermatology nurse, I believe reducing pressure ulcer incidence and improving moisture management are neither being acknowledged properly nor appropriately addressed by pressure ulcer training and management. I am also concerned that, unless we address the staff level mix and train healthcare assistants to recognise and report moisture lesions, as well as offering good skin care, we will be unable to progress in achieving these aims.

There are many changes to staffing levels and staff skill mix on the wards, most notably the replacement of qualified staff with HCAs. My main worry is that, as teaching is focused on qualified staff, HCAs are missing out. The danger is that, although in the frontline when it comes to observing patients’ skin and the changes occurring, they are not being trained to act on those changes.

My idea of best practice is to have compulsory training for all HCAs to help them recognise moisture lesions as well as pressure ulcers, to carry out the appropriate skin care and to report skin changes to ensure they are documented and communicated to health professionals.

Recently, I attended a study day for HCAs on pressure ulcers, moisture lesions and documentation. None of the attendees could differentiate a moisture lesion from a pressure ulcer, and they did not know how to manage or prevent a moisture lesion from occurring. Surely such study days should be considered by all hospitals? A trust’s tissue viability group could produce teaching packages to inform attendees; such training would help tackle the prevalence of pressure ulcers – most of which are avoidable.

References