

# Library and Knowledge Services case study

# *Birmingham Community Healthcare NHS Foundation Trust – Smallwood Library: Evidence to support the identification of pressure ulcers in dark skin tones*

Date 22*/02/2022*

## Reason for enquiry

The user was interested in gathering evidence how to detect and diagnose pressure ulcers on darker skin tones.

*“I had read some articles, which included one that was written by Professor M.A.Bennett, stating a call to action in needing better management of Pressure Ulcers (PU) on darker skin tones. After reading this article, I felt that we needed more information to confirm that what was stated in 1995 was still the case. This then led to the request of a* ***literature search, which extended our knowledge base****. The additional information confirmed what we know, which is that PU management of darker skin tone is a global problem that has yet to be addressed sufficiently.”*

## What the knowledge and library specialist did

The Library Service conducted the literature search using the relevant search terms on a number of medical databases and supplied the results.

# Impact of input from the library and knowledge service

*“When I began to present the findings, there was a mixture of responses; there was curiosity, uncertainty and a lot of questions were posed, which you would expect when someone wants to bring change to an established system and process. I found that I was able to* ***strengthen my case*** *for us needing change the way in which we work by being able to take back evidence based information.”*

*“I am hoping this Quality Improvement project is going to be* ***life changing for our communities****. It is not just an academic piece of work; this is very much* ***changing clinical practice and patient’s lives****. Hopefully we will see* ***better quality of life, reduced risk and a reduced financial burden on the NHS****.”*

## Immediate Impact

*“We have now used the information that we learnt about through the literature search to* ***change our education and our clinical material.*** *As an organization, we have traditionally used images and references points that are based on white skin tones. This acknowledgement and change is pertinent when you look at Birmingham with a population of 1.3 million, of which* ***42% are from the Black Minority Ethnic (BME) population group****. This literature has supported us in* ***ensuring that our clinical and educational material aligns with the communities in which we serve****.”*

*“I have worked very closely and collaboratively with our Tissue Viability Team and Clinical Governance Team, through numerous discussions at our Safety Express Trust meetings. We have looked at this Quality Improvement project from the lens of patient safety and one of the recommendations was a change to our assessment documentation. We now have* ***questions within our assessments*** *that focus on* ***assessing darker skin tone****, which* ***as a Trust we didn’t previously have****.”*

*“If you look at the assurance process from our initial assessments through to our serious incidents, there was a limited opportunity of ensuring that we were assessing people with darker skin tones in a way that's correct for darker skin tones. We are now* ***changing our Incident reporting system, Datix*** *to ensure that there’s* ***ethnicity recorded*** *because one of the indicators which is ‘redness’ or ‘blanching’, which has been traditionally taught might not be seen on darker skin tones. What we're now saying is, if you're looking at records and it's someone who's from a Black Minority Ethnic (BME) Community with darker skin tone and has ‘redness’ or ‘blanching’ recorded in their records then the clinician/practitioner traditionally, might actually not have used the right indicators and that patient might potentially be classed as higher risk. So that's* ***one of the things that going through this journey has identified for us****.”*

*“In terms of professional development, I think it has* ***allowed me to work in a new clinical area*** *and* ***to deliver recommendations to a service*** *that are hopefully up to the right standard. Personally, I feel that it has given me the* ***reassurance*** *that I needed as I am working as a Senior Nurse within the organisation and I don't always have the time to go into great detail. T****he library service is a function that has supported me to work competently and confidently****. It's that extra work that's done in the background and if you're looking at the CQC 5 areas of Well-led and Safe,* ***then the library supports you in achieving within these domains****.”*

*“I also worked more closely with the Performance Team in making recommendations on how data is triangulated and captured and that's something I haven't done previously. As an organization, we've got a new system called InPhase, and what the Performance Team are going to be doing going forward, is to* ***capture data related to ethnicity and age in relation to Pressure Ulcer incidents****. I believe that the new skill set has come through making recommendations about a subject area which is not my clinical specialist area. It has been quite a good experience, in that I've come from children and families and* ***through the library service I've been able to competently make suggestions and recommendations to improve clinical care*** *in the Adult Community Service and Adult Specialist Rehab Divisions”*

*“My main primary staff stakeholders were the Tissue Viability Team and District Nursing Teams in the West of Birmingham. We were able to* ***exchange information, knowledge and understanding*** *because ultimately they’re the specialists that are going to go out and delivering care to our patients. This process allowed us to* ***have a mutual foundation base*** *in being able to* ***enhance clinical care by actually looking at what literature was out there and in existence****. This wasn't about bringing in a personal opinion but* ***factual knowledge which the library service provided. It strengthened the case and the argument for change****, especially when we look at health inequalities. We only have to look at the Race Health Observatory’s latest article, Ethnic Inequalities in Healthcare: A Rapid Evidence Review which puts further emphasis on the need to change how we practice. Having access to* ***this literature supported our need for wanting change when it comes to delivering things differently in response to tackling health inequalities for our communities****.”*

*“What I knew and what we hold* ***hadn't taken into account what the literature search ended up identifying*** *and hopefully that detailed information is now being used or will be used to* ***support staff in understanding how to identify early stage pressure ulcers in darker skin tones****.”*

## Probable future Impact

*“In terms of service delivery, we* ***now have the right set of questions related to darker skin tone that staff will ask which we previously didn’t have****. When it comes to service development, we're* ***hoping to bring in a photo app to take photos of pressure ulcers****. It* ***strengthened the case in identifying the need to have a visual record that supports the assessment of pressure ulcers*** *because one of the things that we're hearing is that pressure ulcers aren't always identifiable in darker skin tone when you're looking at the skin visually. We a****re also hoping to introduce and pilot a SEM (Sub-Epidermal Moisture) scanner.*** *We want to try that on darker skin tones to see if* ***we can start to detect the damage under the skin so we can make recommendations to try and avoid further pressure damage****. T****he literature has supported us in trying to bring these two pieces of technology into the organisation****.”*

*“We previously didn't have the right assessments to detect pressure ulcers early. What we're hoping is that by detecting Pressure Ulcers (PU) at stage one and two,* ***this will in turn reduce the prevalence of acquiring stage three and four*** *PUs – that usually means that there is deep tissue damage present and there is likely of developing an open wound. At this stage, it takes a longer time for the PU to heal, the quality of life for the patient deteriorates because you've got an open wound you're trying to manage, which causes discomfort and distress for both patient and staff. I am hoping that by detecting PUs early, recommending exercises, encouraging the patient to mobilise or rotate positions will result in a reduction of pressure placed on that damaged pressure area. We are hoping that this will mean that* ***we will see less open wounds, which means, less clinical time*** *managing an open wound* ***by the District Nursing Teams****.”*

*“We are looking at ways in which to bring assurance to the process. A District Nursing student has suggested that we adapt the Safety Thermometer and add ethnicity and the new assessment questions for darker skin tone. We are hoping that the introduction of this measure will mean that we will be able to detect* ***risk much earlier in our current clinical practice****. This is the next phase of what we are looking to address within out patient safety measures.”*

*“There's definitely a health economy cost saving case, as it currently costs the NHS £3.8 million (2020) a day in pressure ulcer management. I****f we can reduce the number of stage three and four PUs*** *that patients have, then that will* ***definitely reduce the cost****. We have to remember the resource that is needed to manage an open wound; from dressings, ointments and creams, antibiotics if there is infection and regular clinical time to redress wounds. From what I have learnt so far, I definitely believe that there is potential for cost reduction to be seen with this.”*

## Submission by:

Kumbi Kariwo

Chief Nursing Fellow

## For further information on how you can get similar support contact your local NHS library and knowledge service.

**Submission Details**

Name of Organisation *Birmingham Community Healthcare NHS Foundation Trust*

Knowledge and Library Service Contact Email *smallwood.library@nhs.net*

NHS Region Midlands

Title of Case Study *Evidence to support the identification of pressure ulcers in dark skin tones*

Sector Community

Group Impacted Nursing and Midwifery

Impact Types [Please select any which apply]

Contributed to personal or professional development.

Contributed to service development or delivery.

Facilitated collaborative working.

Health Information for Patients, Carers and the Public.

Improved the quality of patient care.

Mobilising evidence and organisational knowledge.

More informed decision making.

Productivity and efficiency.

Reduced risk or improved safety.

Saved money or contributed to financial effectiveness.

Improved health and wellbeing of staff and learners

**Consent**

I have consent from individuals referred to in this case study to share details nationally for advocacy and promotion. *[Make bold the option which applies:]*

Yes