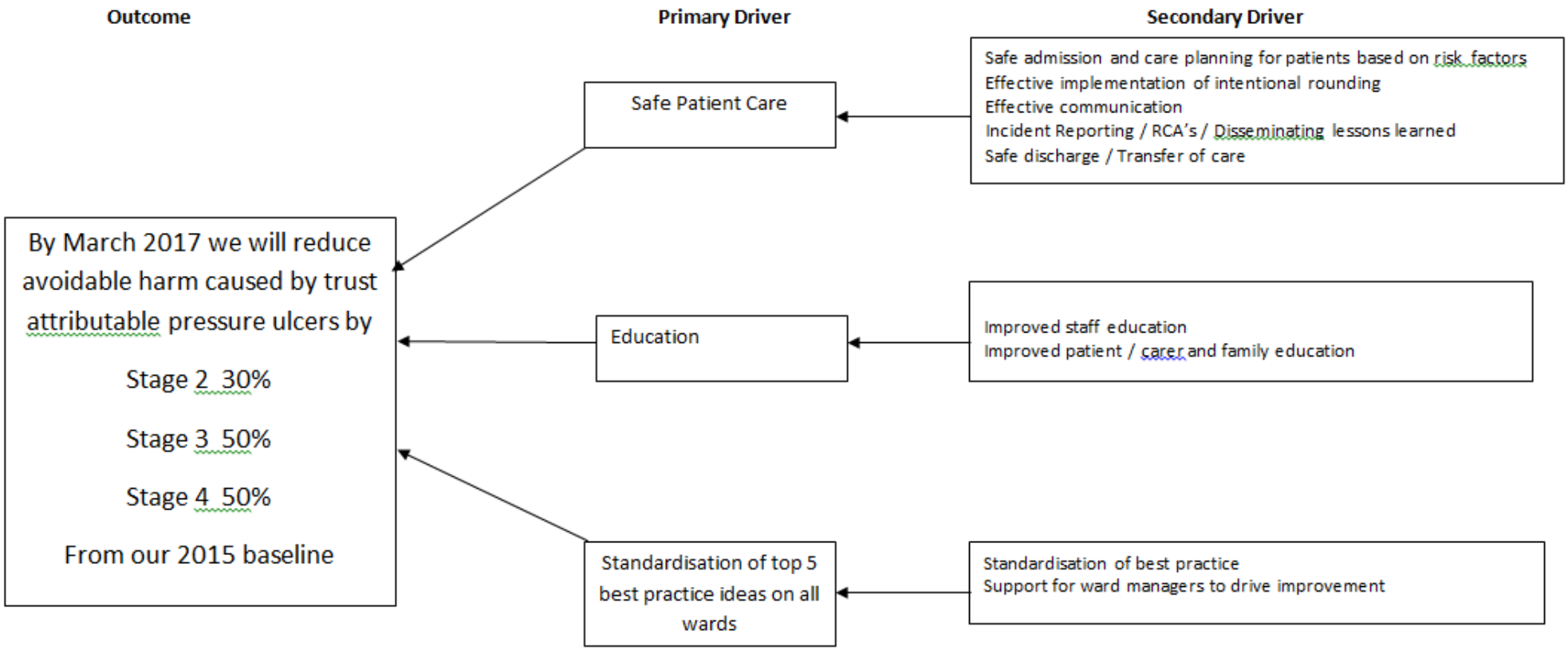
Driver Diagram



Primary Driver	Secondary Driver	Key Change Concept / Change Idea
Safe Patient Care	• Safe admission and care planning for patients based on risk factors • Effective implementation of intentional rounding • Effective communication • Incident Reporting / RCA's / Disseminating lessons learned • Safe discharge / Transfer of care	• Understand pressure ulcer risk factors • Utilise Safety Handovers / Safety Huddles to communicate risk • Inspect skin/pressure areas with a frequency dependant on risk and advice/clinical judgement dependant on individual's needs to identify quickly pressure damage. • Minimise pressure damage by ensuring manual handling equipment is available when turning patients assessed as at risk. • Identify methods to manage the moisture of patients whose skin is exposed to increased moisture. (wound drainage, continence issues, leaks, discharge, excessive sweating). • Ensure skin is kept clean and dry (note excessive dry skin presents an increased risk). • Utilise patient and carer information leaflet. • Engage with multidisciplinary team to support pressure ulcer prevention • Set a clear local aim for reducing pressure ulcers. • Assess tissue viability risk within 6 hours of admission/transfer and re-assess daily / when change in condition • Develop monthly reporting process to identify patient harms, incorporating falls to focus areas for improvement. • Promote Incident Reporting / RCA's when a fall occurs to learn lessons and improve care • Engage with staff to learn about the barriers to risk assessment being done within 6 hours from admission/transfer/ first visit. • Utilise safety handovers / SBAR Approach / Safety Huddles. • Identify Ward and community base level targets. • Develop RCA template corporately in collaboration with divisions • Develop support process for areas with challenge to drive improvement • Implementation of non-compliance, pressure ulcer prevention and safeguarding policies • Monitor compliance with – SKIN Care Bundle, - SAS Tool • Review the use of pressure relieving devices in line with the Trust guidelines. • Arrange for staff to spend time shadowing the Tissue Viability Nurse Specialists. • Re-enforce the use of the pressure ulcer staging tools. • Make sure ward / department / Locality staff know about the tool to aid with pressure ulcer recognition and assist with their education/competency. • Know how to contact the Tissue Viability Advisor if required. Ensure the skills, knowledge and competency of your team are up to date. • Utilise local and specialist tissue viability nursing experience

		• Initiate and maintain correct use of equipment • Discuss risk as part of Board Round with medical staff
Education	Improved staff education Improved patient / carer and family education	• Ensure the skills, knowledge and competency of your team are up to date. • Educate staff, patients on pressure ulcer contributory factors. • Ensure all new staff complete the pressure ulcer prevention workbook • Utilise formal and informal learning opportunities to educate your teams about pressure ulcer risk. • Use patient stories to educate, motivate and inspire staff. (Hearts & Minds). • Provide patients and relatives with information on the risks of pressure ulcers on admission/transfer or when there is a change in their condition that puts them at risk. • Educate patients, families and carers how they can help to minimize pressure ulcer risk whilst in hospital and at home, where relevant. • Work with patients and families as co-partners in their care. • Review and update Tissue Viability User Guide Folders for each ward / dept. • Review current patient information leaflet, including audio version. (arrange corporately) • Develop revised RCA template for all pressure ulcers stage 2, 3 and 4 • Disseminate lessons learned from SUI's / RCA's • Develop pressure ulcer counter on intranet • Develop safety crosses to identify 'days since' a pressure ulcer harm
Standardisation of top 5 best practice ideas	Standardisation of best practice Support for ward managers to drive improvement	• Review best practice and areas of challenge • Engage ward managers at away afternoon • Identify and agree 5 best practice ideas to drive improvement and implement the same across the Trust • Develop ward manager pledge • Identify processes to remove barriers and work with divisional teams to achieve roll out of best practice