Guidance on completing the NHS Scotland Pressure Ulcer Safety Cross

Outlined below are some common questions and answers about the safety cross.

**Why should the safety cross be used?**

The Pressure Ulcer Safety Cross has a number of key aims. You can use the data collected to:

- Raise awareness within the team and others regarding, for example, how many pressure ulcers are acquired in your care area (i.e. hospital ward, care home).
- Improve patient safety.
- Promote good practice (i.e. look at how many days have gone by without a new pressure ulcer occurring).
- Provide real time incidence data.
- Link the data to an improvement aim (see section on *What do I do with this data?*).

**How and who fills in the safety cross?**

Each safety cross represents one calendar month. Within each cross there are 31 boxes, as each box represents a single day. To the left of the cross is a key which lets you know that each colour represents an outcome of a single day in your ward or care home (see cross for colour guide). Each box should be coloured at the end of the day (i.e. midnight) using the appropriate colour. Where possible, only one colour should be used per day. However it may be necessary for you to record ‘multi coloured’ days especially if you have a high turnover of patients/clients over a short time (i.e. if more than one colour is required for a given day, consider splitting the date box). The golden rule is to keep the format...
simple in order to make the occurrence of a pressure ulcer immediately obvious. You can use either colour pen or colour stickers to shade the boxes.

For the days that are coloured in either orange or red, you are encouraged to record the number of pressure ulcers found on that day. You can record this figure within the small box given for the appropriate day.

The Senior Charge Nurse or Nurse in Charge has responsibility for ensuring the safety cross is completed. However the task of completing the safety cross can be delegated to any member of the team.

**Do I record the same pressure ulcer for more than one day?**

You only count an ulcer once. In order to minimise double counting of pressure ulcers, it is recommended that you record this in the table provided when a pressure ulcer is identified. You can do this by recording the date the ulcer was discovered for a particular patient/client, and the location of that pressure ulcer. Remember that patient/client data needs to remain confidential at all times, so consider putting the table on the back of the safety cross. A pressure ulcer should be recorded regardless of whether the patient/client developed an ulcer in your ward/care home or was transferred into your ward/care home with an ulcer. Remember to record the information in the patient’s/client’s notes too.

**What do I do with this data?**

It is important to stress that each care area (i.e. hospital, ward, care home) should have a clear aim in what they are trying to achieve, otherwise the safety cross is seen merely as a reporting tool. There are three fundamental questions to think about, the answers to which form the basis of improvement;

- What are we trying to accomplish? (e.g. reduce hospital acquired pressure ulcers by 50% within the next 6 months)
- How will we know that a change is an improvement? (i.e. use the safety cross to enable us to see our incidence locally and act on it)
- What changes can we make that will result in improvement? (e.g. use the tools available on www.tissueviabilityonline.com or www.leadingbettercare.scot.nhs.uk)

It is recommended that you keep all completed safety crosses for your own records. At local level you can decide who should gather in the safety cross at
the end of the month for tallying. Perhaps a ‘link nurse/carer’ for you ward/care home could be nominated to help with this. You can then display this data in the form of run charts.

The safety cross is not intended to replace the reporting systems that you may already have in place, rather the safety cross should complement them by encouraging early detection.

It is a good idea to let staff and patients/clients know on a daily basis how many days have gone by without a new pressure ulcer developing on your ward/care home. You can do this by simply stating in a public area ‘It has been ___ days since a pressure ulcer developed on this ward/care home’. This information would be updated on a daily basis.

It is recommended that both your current safety cross, run chart and simple statement on number of days are displayed on your ward measures boards or in a visible area for patients/clients, public and staff to see. Staff take great pride in knowing they have improved their care.

**What are the key points I need to remember?**

- One box should be coloured daily. Simplicity is key to the effectiveness of the safety cross.

- Record all pressure ulcers, regardless of their grade.

- Ensure that all staff in your ward/care home are aware of the cross and know how to complete it.

- The safety cross should ideally be placed in a public area, so everyone will see it on a regular basis (i.e. ward measures board). This will provide an ‘at a glance’ view of, for example, the number of patients/clients who are developing a pressure ulcer in your ward/care home. This will enable you to think about what changes you need to make to result in an improvement.

- Remember, you want to care for patients/clients in such a way that you reduce the number of pressure ulcers occurring (i.e. red boxes).

- Please be honest with your data; this is data for improvement not judgment.

- Link the data you collect to an improvement.
For further information contact your local Tissue Viability facilitator or RTC / LBC facilitator.

Or visit –

www.tissueviabilityonline.com

www.leadingbettercare.scot.nhs.uk