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## Extended Abstract:

# Development and Implementation of a Tool to Assess and Differentiate Moisture Lesions and Pressure Ulcers

## AIM

The aim of this project was to develop and implement a care support tool to enable staff to differentiate between moisture lesions and pressure ulcers. This project was important for the organisation because it supported appropriate assessment and care delivery as well as supporting the collection of accurate pressure ulcer data

Skin integrity maintenance ranks high on clinical and political agendas. A key focus is on prevention strategies affected by distinct policies and guidelines. These strategies include patient safety<sup>1</sup>, pressure ulcer prevention<sup>2</sup> and continence care<sup>3</sup>.

A pressure ulcer is a localised injury to the skin or underlying tissue, or both. Pressure ulcers are usually located over a bony prominence; ulcers in this location result from pressure or pressure associated with shear<sup>4</sup>.

Gray et al.<sup>5</sup> identifies the main characteristics of moisture lesions as erythema, erosion or loss of skin barrier function, and maceration. The skin provides an external protective layer, but is susceptible to the individual and combined effects of damage from excessive moisture from wound exudate, urine, faeces, or perspiration<sup>6</sup>.

## METHODS

The Moisture or Pressure Tool (MOPT) was developed following a literature review by a UK Community National Health Services (NHS) Trust. A tissue viability (TV) team, a continence team, honorary contract TV nurses, and primary care clinical staff were included on the project team. The draft MOPT was presented during seven educational events on pressure ulcer prevention and management, which were presented to

Trust members. The staff members were qualified health care professionals and were predominantly nursing staff who regularly had access to education and training in pressure ulcer prevention.

The MOPT guide is a folded, double-sided, A3 paper size, leaflet for staff use. The centre of the guide contains the MOPT, which prompts the clinician to consider wound presentation characteristics (e.g., cause, location, shape, presence of necrosis, wound edge and colour). Images of characteristics are provided, and the staff selects the most appropriate image. If any characteristics on the right-hand side of the page are selected, then the wound is classified as a pressure ulcer, or an ulcer combined with another type of wound.

The reverse side of the MOPT reminds staff about key management and reporting points for pressure ulcers, moisture lesions, and combination wounds. TV staff contact information is also included.

The MOPT tool was modified following feedback received during the educational events. After the seven events were completed, the 225 staff members who had attended them were invited to complete an anonymous questionnaire about using the MOPT in clinical practice. The development process followed the agreed Trust process and included clinical governance support.

## RESULTS AND DISCUSSION

Because the aim of this project was to develop and implement a care support tool to enable staff to differentiate between moisture lesions and pressure ulcers, staff were asked to evaluate the



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Conflicts of interest: None

MOPT and the education delivered to support its development.

- 95 % (n= 243) said that the MOPT was easy to use
- 95 %(n=243) said it assisted with differentiation
- 100% (n=255) said the education supported their clinical practice
- 100 %(n=255) said the tool and education supported the development of appropriate care strategies
- 100 %(n=255) said the tool raised the profile of appropriate continence and tissue viability care

Consistent with NHS England recommendations, the Trust has implemented a system that requires all clinical staff to report all category 2–4 pressure ulcers using a data recording system. This system allows for accurate tracking and monitoring of all patients with pressure ulcers. TV staff members verify that a pressure ulcer is present. No moisture lesions have been reported as pressure ulcers on the Trust reporting system. This result supports achievement of the quality target. Staff members have consulted the continence team for advice and are reporting that patients are receiving more appropriate care. The ability of the MOPT to differentiate between moisture lesions and pressure ulcers will continue to be monitored.

The MOPT is being developed into an e-learning module. The NHS Care Trust will require this module as training for all registered Trust health care professionals with responsibility for categorising pressure ulcers, and differentiating pressure and moisture damage.

## CONCLUSION

In this challenging area of wound care, the effects of introducing the MOPT across the Trust were successfully reinforced during education and training. The audit results clearly indicated that the MOPT was easy to use, assisted with differentiation, supported appropriate care delivery strategies, and increased the profile of appropriate tissue viability and continence care. The staff also indicated that the education supported their clinical practices and appropriate care delivery. This result was confirmed by quantifiable improvement in assessment and categorisation of pressure ulcers in that no moisture lesions were recorded as pressure ulcers. ■

## COLLEAGUES

A copy of the Moisture or Pressure Tool (MOPT) is available. Following the EWMA presentation, a group-based survey will be available that can be used to evaluate the tool within specific clinical areas.

Registered participants can contact Jayne Allchurch (Jayne.Allchurch@hacw.nhs.uk) to receive a copy of the MOPT, the MOPT presentation, and the link to the questionnaire.

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