



EWMA · LONDON 2015

Submitted to EWMA
Journal based on
presentation given in
the free session Pressure
Ulcer 1

Pressure Ulcer Incidence: Do patients retain information?

INTRODUCTION

Many service commissioners are demanding a reduction in pressure ulcer prevalence and regard pressure ulceration as a key indicator of care quality. Within our area of practice, local commissioners have indicated that all health care providers in the district should work together to reduce pressure ulceration across the local health care economy. Health care professionals clearly have a critical role to play in patient assessment, risk categorisation, care planning and equipment provision. However, this alone will not be sufficient to achieve the reduction targets which will involve effective patient engagement.

National and International guidelines all recognise the importance of patient education in care and recognise the significance of patient involvement in personalised care planning and service provision.^{1,2} Hartigan et al have demonstrated the value of education leaflets in supporting pressure ulcer prevention in an elderly population.³ Patient support applications running on mobile phones and tablets are also available to assist in pressure ulcer prevention and patient education⁴ but are not widely used in a hospital setting. This study examines how effective standard verbal and written information is at delivering patient education for pressure ulcer prevention.

Local hospital policy is that all patients identified as being at risk of developing pressure ulceration are provided with information on what a pressure ulcer is, what constitutes risk and how to assist staff in pressure ulcer prevention. The policy includes patient and carer involvement in care planning, and encouragement to report skin changes and pain to staff.

METHOD

Hospital policy is that patients are provided with both printed information based on the criteria in National Institute for Clinical Excellence (NICE) guidance¹ and European Pressure Ulcer Advisory Panel (EPUAP) documents² and reinforced by verbal discussion in relation to pressure ulcer prevention. To audit the effectiveness of the current information provided by ward staff to “high risk” patients, a questionnaire was designed by the Wound Healing Unit (WHU) to allow both assessment of the current “education” and to provide WHU staff with the opportunity to give patients further information when deficiencies in their knowledge or understanding relating to pressure ulcer prevention were identified.

Fifty patients, from both medical and surgical wards, at high risk of pressure ulceration were identified. Following consent, patients were approached and questioned by the WHU staff. A proportion of patients (1 in 5) were randomly selected (9) to undergo a further assessment by WHU staff using the same questionnaire. The second assessment occurred on the following day and was designed to assess their retention and understanding of any additional information provided during the first questionnaire session.

RESULTS

Following provision of information by the ward staff, 38 of 50 patients knew what a pressure ulcer was. 6 patients thought that moisture lesions and bedsores were the same thing. 26 patients recognised that pressure ulcers could occur at several body sites including the sacrum and heel, 20 felt

Kathrin Vowden^{1,2}Victoria Warner¹Jane Collins²

¹ Bradford Teaching Hospitals NHS Foundation Trust, Bradford UK

² University of Bradford, Bradford UK

Correspondence:
krv3@me.com

Conflicts of interest: None

that pressure ulcers only occurred on the sacrum and 4 were unsure where they occurred.

When asked how staff recognised that they were at risk of pressure ulceration, only 3 knew that staff had a risk assessment sheet, 26 did not know and 15 said they know these things because they were nurses. The remaining 7 felt that everyone in hospital may get a “bed sore”.

33 patients recognised that they were having regular skin assessment and knew why, in addition 9 patients knew to report skin soreness. The remainder did not equate skin assessment with pressure ulcer prevention. 29 patients were aware that the nurses had told them that they were at risk of developing a pressure ulcer, 10 patients expressed concern about developing a bedsore. 38 patients recognised that poor mobility was a risk factor and understood the need for repositioning. 7 patients understood that poor nutrition contributed to risk. 9 patients did not know about factors that increased risk.

Despite all patients being on a profiling bed and a minimum of a high density foam mattress, 16 felt that they were not provided with pressure relieving equipment, 4 of these were actually on an alternating pressure mattress.

Re-questioning of the sub-group of 9 patients after further information provision by the WHU staff during the initial questionnaire session showed an improvement in understanding, but one patient still lacked understanding and two did not know that pressure ulcers could occur anywhere on the body.

DISCUSSION

Patients’ understanding of the information provided in relation to pressure ulcer prevention may not be as complete as we assume. Even after specialist staff provided additional information, some patients still do not understand why and how pressure ulcers occur. Patient engagement in pressure ulcer prevention is a key component in the overall prevention strategy, and a lack of patient and family understanding often contributes to complaints and litigation.

CONCLUSION

This small survey indicates that we should all revisit this aspect of care and work to raise public awareness of their role in pressure ulceration prevention. ■

REFERENCES

1. National Institute for Clinical Excellence (NICE). Clinical guidelines CG179: Pressure ulcers: prevention and management of pressure ulcers. 2014.
 2. National Pressure Ulcer Advisory Panel European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Haesler E, editor. Osborne Park, Western Australia: Cambridge Media; 2014.
 3. Hartigan I, Murphy S, Hickey M. Older adults’ knowledge of pressure ulcer prevention: a prospective quasi-experimental study. *Int J Older People Nurs.* 2012;7(3):208-18.
 4. Hudgell L, Dalphinis J, Blunt C, Zonouzi M, Procter S. Engaging patients in pressure ulcer prevention. *Nurs Stand.* 2015;29(36):64-70.
-