

Extended Abstract:

Design and implementation of a local strategy to increase the accuracy of pressure ulcer classification:

The Pressure Ulcer Guidance (PUG) Tool



EWMA • LONDON 2015

Submitted to EWMA Journal, Based on presentation given in the free paper session Pressure Ulcer 2.



Judith A Barnard

BSc (Hons) RN, Tissue Viability Nurse Specialist, North Lincolnshire and Goole NHS Foundation Trust, Scunthorpe General Hospital, Cliff Gardens, Scunthorpe, UK.



Dale L Copson

MSc, BSc (Hons) RN, Medical Affairs Specialist, ConvaTec UK, Deeside, Flintshire, UK.

INTRODUCTION

The Trust Tissue Viability service receives referrals on a daily basis requesting clinical review for pressure ulcer verification. It was apparent that classification skills amongst adult nursing staff within our organisation were poor. Distinguishing between various pressure ulcer stages and differentiating “superficial” pressure ulcers from moisture lesions was problematic, often leading to inaccurate reporting and inappropriate management. This extended abstract describes the development and implementation of a local PUG tool and the supporting poster, which is designed to educate nursing staff and thereby overcome these difficulties.

METHOD

Utilizing the European Pressure Ulcer Advisory Panel (EPUAP 2014) classification guidance¹:

- An easy-to-use, image-illustrated, decision-making tool was designed and shared with the Tissue Viability Link Nurse Group.
- Twenty nurses were asked to classify 15 verified pressure ulcer and five moisture lesion images without assistance.
- Immediately after, the same nurses were asked to repeat the exercise on another set of verified pressure ulcer and moisture lesion images, this time using the decision-making tool to assess its accuracy.
- A logo and supporting poster were also designed and presented to the link nurse group for feedback.

RESULTS

- The Pressure Ulcer Guidance (PUG) logo, tool, and supporting poster were developed (Fig. 1, 2, & 3), and feedback on their design and usability were well received by the nursing staff.
- Preliminary testing with the 20 nurses for all of the verified PU and ML images without the use of the PUG Tool yielded an accuracy rate of 80%.
- Repeat testing using another set of images, with the PUG Tool for assistance, yielded an accuracy rate of 100%.
- Approval was given by the Chief Nurse to implement the tool and poster within the Trust.
- Trust funding was secured for the first print, and the tool was piloted on five acute wards.
- Further external support was provided by a commercial company to fund reprinting for full implementation.

DISCUSSION

We were very pleased with the initial results and feedback from the pilot project. A full (Trust-wide) implementation of this local strategy is currently being phased in. The main aim is to provide a consistent approach to clinical practice, which complements patient assessment, care planning, and documentation. In the short period of time that this project has been running, the Tissue Viability team has noticed a slight increase

in the number of stage 2 pressure ulcers being reported; however, there has been a noticeable decrease in full thickness (stage 3/4) ulcers reported, and the use of the tool as an assessment guide when ulcers are reported is being acknowledged.

CONCLUSION

Implementation of this local strategy raised awareness of the importance of pressure ulcer prevention and management within our Trust, facilitated the accurate classification of pressure ulceration, and guided clinical staff towards differentiating them from moisture lesions, improving the accuracy of pressure ulcer reporting. Pressure

ulcers that are assessed and classified correctly can be appropriately managed, and this may lead to faster healing, improved patient quality of life, and ultimately a reduction in the associated costs. Plans are now being prepared to expand the use of this tool into Children's Services with the acute Trust and to implement it into the local community care setting. ■

Acknowledgements: J. Barnard: PUG Logo, PUG Tool, Poster illustrations©. LINET UK Ltd;2014. Figure 1, 2 and 3. Special thanks to: The management staff & Tissue Viability Link nurses at NLAG NHS Foundation Trust for their feedback and support.

REFERENCE

1. 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. Osborne Park, Western Australia: Emily Haesler, editor. Cambridge Media; 2014. 75 p.



Figure 1. PUG Logo.



Figure 2. PUG Tool. Laminated, double-sided wheel, one side referring to Pressure Ulceration and the other referring to Suspected Deep Tissue Injury or Moisture Lesion.

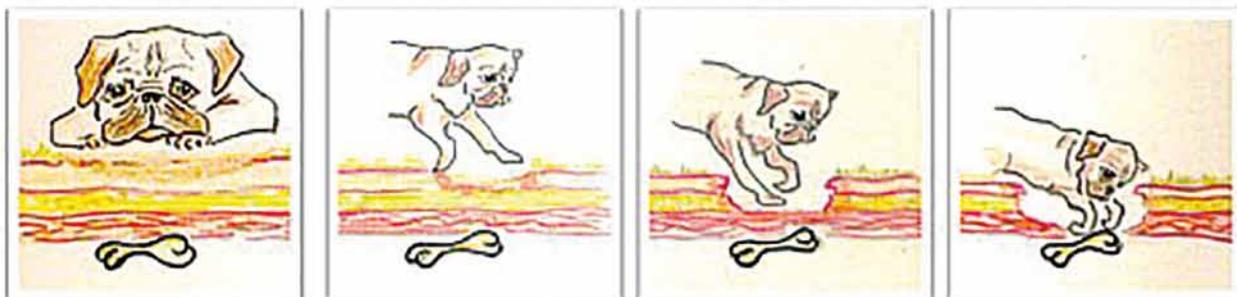


Figure 3. Poster illustrations. Draft illustrations for the PUG Poster have been designed based on EPUAP 2014 classification guidance. Illustrations for Stage/Grade 4-Depth Unknown and Stage/Grade 4-Suspected Deep Tissue Injury are yet to be added.