



PATIENT SAFETY & PRESSURE ULCERS

GOOD CLINICAL PRACTICES FOR PRESSURE ULCERS

Patient safety has been a high political priority of the European Commission for many years. Recently, the Commission launched the Joint Action on Patient Safety and Quality of Care initiative. Dedicated to implementing the 2009 *Council Recommendations on Patient Safety*, including “the prevention and control of health care-associated infections (HCAIs)”, the initiative is designed to exchange best practices in patient safety throughout the Member States and encourage greater safety and quality in health care delivery for patients in all health care settings.

Ensuring patient safety in health care settings is of great importance. The European Centre for Disease Prevention and Control (ECDC) estimates that between 8 and 12% of patients experience an adverse event during hospitalisation. European figures suggest that up to 23% of all hospital in-patients develop a pressure ulcer. Furthermore, most pressure ulcers occur during hospitalisation for an acute episode of illness or injury (EPUAP, 2002). The message of this document from the European Wound Management Association (EWMA) is that a pressure ulcer is a preventable adverse event. The incidence of pressure ulcers can be significantly reduced across Europe with good preventative strategies.

As part of the Joint Action on Patient Safety and Quality of Care, the EWMA believes that clinical guidelines for the prevention and treatment of hospital-acquired pressure ulcers must be validated and implemented into clinical practice through the creation of an exchange mechanism as part of Work Package 4 on Safe Clinical Practices to protect patients from this common but mostly avoidable type of wound.

PRESSURE ULCERS – AN ADVERSE EVENT

An often overlooked area of patient safety is wounds, and particularly pressure ulcers. Pressure ulcers are often preventable yet frequently

acquired by patients during their hospital stay as they receive treatment for other conditions (EPUAP, 2002). Despite advances in technology, preventative aid, and increased financial expenditure, pressure ulcers remain a common and debilitating concern (Moore, 2012).

The impact of pressure ulcers on the individual is profound and affects all daily functions and activities (Gorecki et al. 2009). The costs associated with the prevention and management of pressure ulcers are considerable and one of the most significant costs is the cost of nursing care (Posnett and Franks, 2008). The economic drain on health care systems is compounded by the fact that health care professionals and clinicians are often not trained in wound prevention and treatment and/or remain in systems where multidisciplinary and integrated care processes are not in place. Without proper clinical guidelines, wound treatment may take weeks or months, and patients may need to undergo additional treatment (including surgery) to recover from a wound that could have been prevented.

Pressure ulcers commonly occur in patients who cannot reposition themselves to relieve the pressure on their bony prominences (Moore 2011). The ability to reposition is often diminished in the elderly, the malnourished, and patients with an acute illness (Moore 2011). Pressure ulcers can be prevented by identifying those patients who are most at risk and implementing effective prevention strategies. Nevertheless, the incidence of pressure ulcers is rising. Therefore, prevention and management strategies need to become core components of the strategic planning of health care services. Indeed, the presence of a pressure ulcer is considered to be an indicator of the quality of care (DOH 2012), and incidence figures reduce society’s confidence in the ability of the health care system to deliver care that is timely, appropriate, and effective (Davis and Caseby, 2001).



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The reduction in the incidence of pressure ulcers is important for both hospital settings and primary care settings, particularly because of the considerable costs of treatment. Relatively little effort is needed to implement guidelines that will benefit patients across primary care, secondary care, home care, and long-stay settings.

COSTS OF PRESSURE ULCERS

Bennett et al (2004) suggest that the total annual cost for pressure ulcer management in the UK is £1.4 to £2.1 billion annually, or 4% of the total UK health care expenditure. In Spain, the proportion is almost 5% (2002-2003 data) (Posnett et al. 2009). The overall cost for the management of pressure ulcers has been estimated at €250,000,000 in Ireland (Gethin et al. 2005). In the Netherlands, pressure ulcers have been found to be the third most expensive disease (Haalboom, 2000). These costs are not due to medication or surgical interventions, but to the prolonged hospitalisation and the intensive nursing care that is required for treatment. Posnett and Franks (2008) estimate that the cost of pressure ulcer management is £1.8 to £2.6 billion annually in the UK, with nursing care accounting for up to 41% of total costs.

Estimated costs of pressure ulcers in Ireland:

- Total cost for one patient = €119,094
- 129 days in the hospital at a daily cost of € 923
- All care settings in Ireland = € 205 million

The length of a hospital stay for a patient who develops a pressure ulcer is estimated to be 2 to 3 times greater (i.e. 30.4 days compared to 12.8 days) than a typical patient that does not develop a pressure ulcer (Allman et al. 1999). In a cohort of 2,000 patients, the presence of a pressure ulcer was associated with a median excess length of stay of 4.31 days (Graves et al. 2005a). Pressure ulcers are also associated with significantly higher mean unadjusted hospital costs (US\$37,288 versus US\$13,924) (Allman et al. 1999). As the demographics of the European population changes, including a rise in the elderly population, these costs are likely to rise proportionately (Moore & Cowman 2009).

Pressure ulcers can be avoided with appropriate knowledge and use of prevention measures by health care staff. Pressure ulcers cost European health care systems up to €25 billion a year*, a cost that equates to almost one-sixth (~17 %) of the total EU budget. Now is the time to adopt interventions that are effective not only in delivering a high quality of care but also in reducing costs.

CLINICAL GUIDELINES FOR PRESSURE ULCER PREVENTION AND TREATMENT

The EU can play a significant role in sharing the best practices for pressure ulcer prevention and treatment in health care settings, particularly through the Joint Action on Patient Safety and Quality of Care. Different wounds require different treatment. Although evidence-based guidelines for health care professionals are available for treatment, these guidelines are often not implemented in many health care settings. The incidence of wounds can be considerably reduced in every Member State of the EU by following basic clinical guidelines.

The EWMA endorses the clinical guidelines developed by the European Pressure Ulcer Advisory Panel (EPUAP) and the National Pressure Ulcer Advisory Panel (NPUAP) and believes that the Joint Action Work Package 4 should take action toward ensuring that these clinical guidelines for the prevention and treatment of pressure ulcers are shared and implemented in clinical settings throughout the EU.

Studies have shown that a reduction of up to 73% of pressure ulcers is possible with effective preventative strategies. Indeed, a recent study (Moore et al 2011) demonstrated that the use of an alternate method of repositioning reduced the incidence of pressure ulceration by 8 per 100 patients (11%-3%). The study reiterates that the repositioning of individuals who are the most at risk to develop pressure ulcers (one component of pressure ulcer prevention strategies) is effective both economically and clinically, in support of the EPUAP/NPUAP 2009 guidelines.

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*Estimates are calculated from the figures above.