

**DISTRICT-WIDE WOUND CARE AUDIT: PRESSURE ULCER DATA
ACROSS ACUTE AND COMMUNITY TRUSTS**

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Aims: To describe pressure ulcer prevalence as part of an overall wound care audit across a population of 500,000.

Methods: A structured audit form was circulated to all health care organisations within a newly established Primary Care Trust, which includes two Acute care organisations. Where pressure ulcers were recorded as the most serious wound additional data relating to care was requested.

Results: Of the 1735 forms returned 363 (21%) (M:136, F:224, NK:3) listed a pressure ulcer as the most serious wound (Grade I:48, Grade II:195, Grade III:80, Grade IV:40 [EPUAP grading]). The overall mean age of the patients was 79.1 years (M: 75.8, F:81.3). For Grade II ulcers the M:F ratio was 1:2 with a mean age of 80.3 years. For Grade III ulcers the ratio was 3:5 (M:F) with a mean age of 77.1 years and for Grade IV the ratio was 1:1(M:F) with a mean age of 76.1 year. Ethnicity data showed that the great majority of pressure ulcers occurred in Europeans (326 – 89.8%), which was higher than expected given the local ethnicity data, which shows an Asian population of approaching 19%.

Prior medical history data showed that 119 (33.8%) patients had a prior neurological deficit, 96 (26.4%) had a history of vascular disease and that 63 (17.4%) were diabetic which was lower than the overall population of 1735 patients (19.3%). Of the 363 ulcers 156 (43%) were on the lower leg or foot and 164 (45.2%) on the sacrum or buttock. The most common site for the remaining 43 ulcers was the hip (18). Ulcer duration varied widely but 71 ulcers had been present for 6 months or long. The majority of patients had a single wound (232 – 64%) but 17 had four or more wounds and the mean number of wounds per patient was 1.54.

Data analysis and validation continues looking at where ulcer developed, the use of pressure relieving equipment, nursing practice and risk assessment.

Conclusion: The management of patients with pressure ulcers crosses many care boundaries. This audit, covering acute and community patients, allows the health care providers to understand patient needs in different care settings.