

CUSHIONS OR CASUALTIES? ARE PATIENTS WITH FULL-TIME NEEDS GETTING PART-TIME CARE?

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Aim: A pressure ulcer guideline (England and Wales) was launched in September 2005. Peri-launch audit of almost 35,000 patients (2005/6) revealed a 10.3% prevalence; improved guideline concordance for bed-bound patients but a serious and persistent lack of provision for seated patients. Analysis of 2007 data aimed to determine; 1) the degree of unmanaged risk in vulnerable patients particularly when seated, 2) whether trends in guideline concordance can be associated with measurable adjustments in the rate and severity of ulcers.

Methods: 2007 pressure ulcer audit across 44 hospitals (28,074 patients) collected data including; age; weight; pressure ulcer origin, anatomical location, severity; type of mattress; type of cushion; independent mobility; time seated. Comparisons were made between the provision of pressure-redistributing equipment, patient vulnerability, and wound outcomes for 2005/6 and 2007.

Results: Prevalence was similar at 10.2% with a small increase in the percentage of grade 2 & 4 ulcers. 5% more ulcers occurred in the pelvic area while vulnerability, mean age, and degree of immobility was largely unchanged. Marked improvements (61.5% - 80%) were noted in the risk management of bed bound patients; the exception being patients with grade 3 or 4 ulcers, for which 22% had no specialist support surface. The provision of specialist seat cushions had improved by 62.5% for those with extant ulcers but, 3 in 4 vulnerable patients who had been allocated a specialist mattress had no similar protection when seated.

Conclusion: Clinical practice is aligned to the guideline for the management of bed-bound vulnerable patients but appears to fail around 1 in 5 of those with full thickness wounds. The converse is true for seated patients where the management of those with ulcers has improved while the protection of vulnerable individuals needs addressing. Unless guideline-practice gaps are bridged, prevalence rates may prove resistant to change.