

POINT PREVALENCE OF PRESSURE ULCERS AT ONE CANADIAN ACADEMIC HOSPITAL

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Aim: The purpose of this study was to identify the point-prevalence and severity of pressure ulcers and monitor the use of best practices related to prevention and treatment. The setting was an academic tertiary hospital in Canada. The program used to collect data was the Toronto Tri-hospital Acute Care Pressure Ulcer Prevalence Tool, validated in 2006.

Methods: Informed consent was obtained. 287 inpatients participated in the study. 88 patients declined participation. Obstetrical and Psychiatric units were excluded from the study. Teams of registered nurses were trained to complete the data collection forms. Data was collected on one day in November, 2007. Identification of pressure ulcers was employed using the NPUAP 2007 staging system. Multivariate methods were employed to analyze the 54 data elements.

Results: 12.2% of the patients had pressure ulcers. Compliance with use of risk assessment tool was 41%. Braden Scale scores of <16 were associated with the development of pressure ulcers. Interventions known to reduce risk of pressure ulcers (management of moisture, nutrition, friction and shear, pressure redistribution and turning/repositioning) were recorded in 73%, 89%, 73%, 100% and 50% of the patient records respectively. In this population of patient co-morbidities and risk factors associated with pressure ulcer development included fragile skin, bed bound, fecal incontinence, sensory impairment, agitation, involuntary weight loss, hemaglobin < 100mg/dL ($p < 0.05$).

Conclusion: Pressure ulcer prevalence has been identified. More importantly, monitoring of risk assessment and interventions known to mitigate pressure ulcers helps institutions identify best practice gaps. Specific risk factors within the population described can also allow institution to target and evaluate new interventions/practices that may improve patient outcomes.