

**A PROGRAMME REVIEW OF AN INTERORGANIZATIONAL HEALTH CARE INTERVENTION WITH THE AIM TO PREVENT AND TREAT PATIENTS WITH PRESSURE SORES LIVING IN NURSING HOMES IN THE COPENHAGEN COMMUNITY**

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**Aim:** The thesis focuses on evaluating The Outgoing Function, an interorganizational project carried out in 1999-2002. The health professional intervention is prevention and treatment of pressure sores in nursing home residents of sample nursing homes in the City Council of Copenhagen. The intervention is undertaken by a specialist wound care nurse treating the wound at the patient's residence. The intervention is evaluated in comparison to the existing procedure with treatment at the out-patients clinic of the Copenhagen Wound Healing Centre.

**Material and Methods:** The sample population consists of 196 nursing home residents with pressure sores, divided into a before (n=96) and an after (n=100) group. The evaluation is designed as an quasi-experimental investigation. The effect is estimated as documented measures to prevent pressure sores, the number of delivered expert services, systematic documentation of the patients' wound problems and the use of modern wound treating principles. Data are collected through surveys of medical records and registerdata. Included is a health economic analysis at health sector level. Based on focus group interviews and a display, the intervention is appraised as to whether it was carried out according to the principles of shared care. Statistical analyses are based on bi and multivariate techniques and significance level is 5%.

**Results:** The analysis shows a statistically reliable difference in documenting the use of pressure relief between the before and after groups, OR: 2, 11, CL 95% 1,18 – 3,79. The same applies to an improvement of the written documentation, risk assessment OR: 0, 04, CL 95% 0,02 - 0,09 and photo documentation, OR: 6,99, CL 95% 4,44-10,99. There is a statistically significant decrease in the number of hospital treatments. The outgoing function cost markedly less than treatment at the hospital. The outgoing function has the lowest average costs pr. treatment, 87.696 kr. The most expensive alternative, the hospital's out patients department, costs 238.056 kr. pr. treatment. The intervention accords only in part with the principles of shared care.

**Conclusions:** The intervention is documented to improve the pressure relief and wound treatment in the population examined. Lower average costs per treatment is documented.