

# Pressure Ulcer Prevalence Audit:

## What are the benefits of doing it?

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### Methodology

Four main hospital sites were audited. The study was conducted by tissue viability link nurses with assistance from Pegasus representatives, who analysed the data collection forms. The data was collected using a predetermined protocol, for all in-patients at 00.00 hrs on the date of the audit. Ulcers were graded using the EPUAP Pressure Ulcer Grading system (EPUAP, 1999)

Pressure Ulcers continue to pose serious clinical and economical challenges to the NHS. Recent estimates of the cost of preventing and treating pressure ulcers is estimated at between £1.4 and £2.1 billion annually (Bennett et al, 2003). The Best Practice Statement for the Prevention of Pressure Ulcers in Scotland suggests that Prevalence and /or Incidence data should be carried out to assist in the development of preventative strategies. (NHS Quality Improvement Scotland, 2005).

The Fife Acute Operational Division is a 600 bedded Trust, with a variety of specialities. Yearly Point Prevalence was started in 2001 to look at several issues related to tissue viability including:

- Determining areas where Incidence or Prevalence of pressure ulcers was high
- Possible inappropriate use of pressure relieving equipment
- Documentation of risk status and care planning

At that time a decision was made to introduce a new type of equipment, which aimed to reduce pressure ulcer incidence with a bigger emphasis on prevention and overall reduction in cost. Although four audits were carried out over the time period, the following poster compares the main results of audits carried out in October 2001, compared with February 2006.

The grades of ulcer were recorded and are detailed below

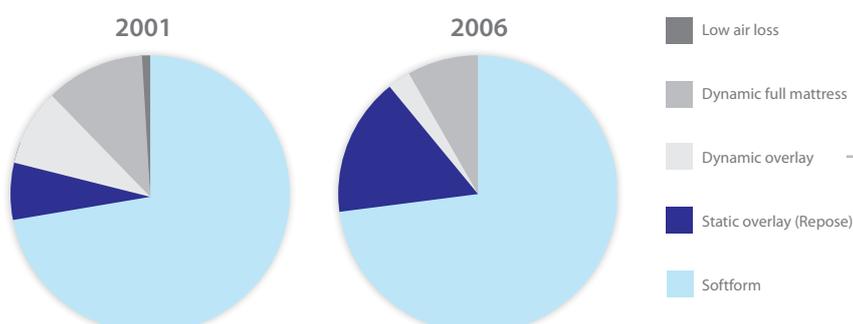
Table 1	2001	2006
Number of patients seen	566	591
Overall Prevalence	17%	15%
Patients with an ulcer	96	89
Number of ulcers	137	121

Table 2	2001	2006
Grade I	42	47
Grade II	70	40
Grade III	18	17
Grade IV	6	12

In both audits, the most common site for a pressure ulcer to occur was the sacral area, followed by heel area. It is interesting to note that the number of Grade II ulcers recorded in 2006 appears to have dropped considerably from the 2001 audit. A big emphasis has been placed on early assessment and prevention over the 5 years with increased availability of pressure reducing surfaces. Although Grade IV ulcers have increased, most were inherited from out with the hospital.

Risk Profile	2001	2006
High and Very High risk	214	217
At risk	168	145
No risk	175	175

Although the general patient population appears to be at increasingly high risk for the development of pressure damage, mainly related to age and comorbidities, it can be seen that there was very little difference in risk status on the dates of the audit. The Waterlow risk assessment tool was used to determine risk status (Waterlow, 1988).



**Use of Pressure Reducing /Relieving Equipment**  
A variety of systems were in use. The dynamic equipment used by the Trust is predominantly Pegasus Ltd, with a number of owned mattresses by Huntleigh Healthcare. The pressure reducing mattresses are Softform (Invacare Ltd) and Repose (Frontier Medical). There has been a big investment in Repose products over the 5 years, with mattresses, cushions, foot protectors all in use. The pie chart details the mattresses seen on the 2 days of the audit.

## **Conclusion**

A reduction in Pressure Ulcer Prevalence of 2% over the 5 years cannot be seen as significant, but it is encouraging that the prevalence is no higher. There has been a definite shift away from the use of dynamic systems within the Acute Hospital Division. Due to the increased availability of Repose mattresses, patients are being 'upgraded' more quickly. In the past, nursing staff may have waited several days to obtain 'higher level equipment' with pressure areas already deteriorating.

Although cost impact has not been looked at within the scope of these audits, the Trust was spending in excess of £300,000 in 2001 on dynamic equipment. The budget for all pressure relieving equipment is now £62,000 per annum.

## **Benefits of carrying out Prevalence Audits**

- Identification of patterns of pressure ulcers within areas – 'hot spots'
- Helps with allocation of resources – eg, pressure relieving equipment
- Assists with development of prevention strategies

It does appear valuable to look at trends over a greater period of time, and the audits 5 years apart have demonstrated that the risk taken initially with Repose has proven to be both clinically and cost-effective

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Declaration of interest: *None*

### **References**

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