

Making a difference through practice led pressure ulcer research

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#stopthepressurelincoln



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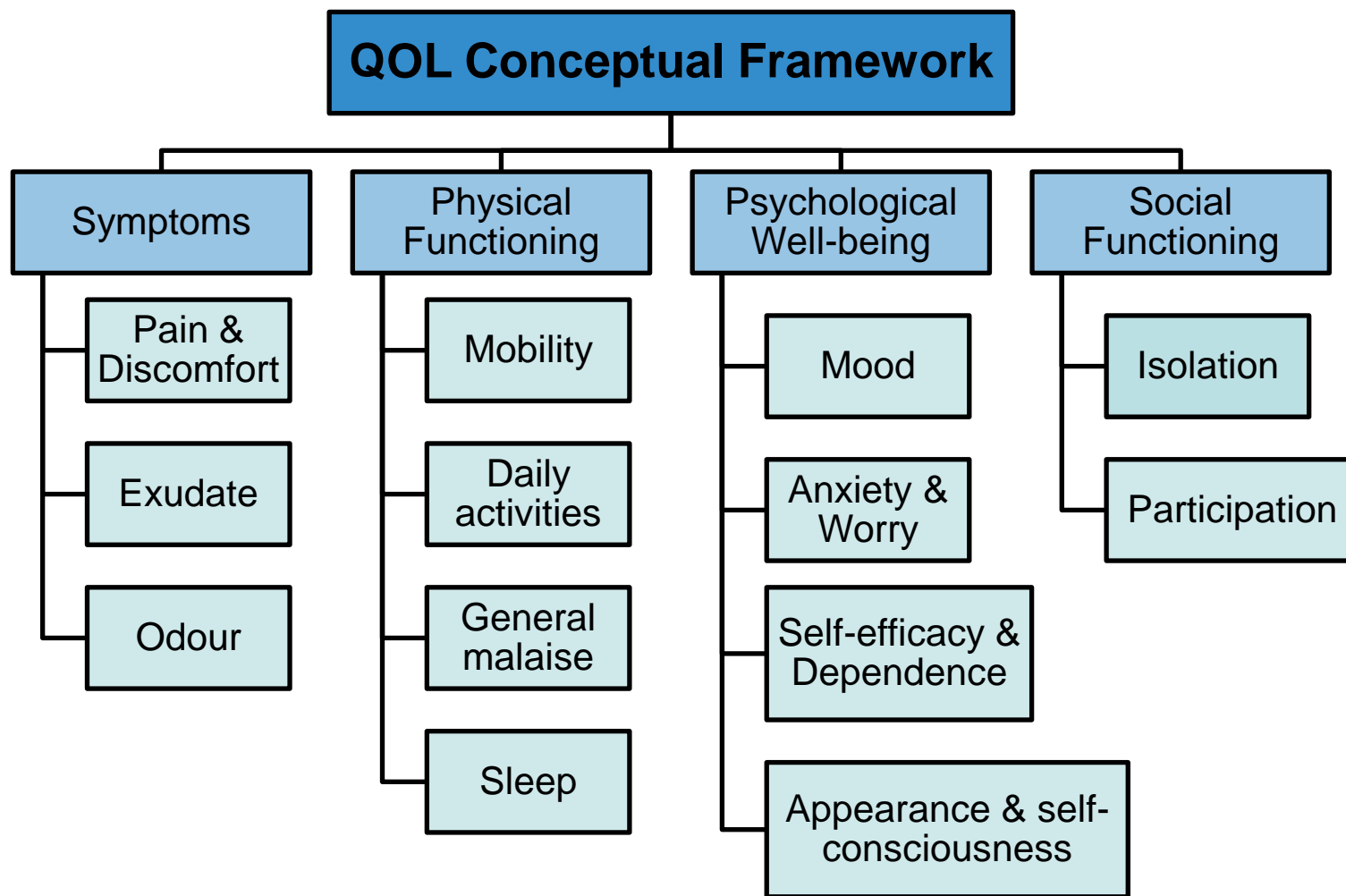
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Impact of Pressure Ulcers on QOL



UK world leading pressure ulcer prevention clinical research

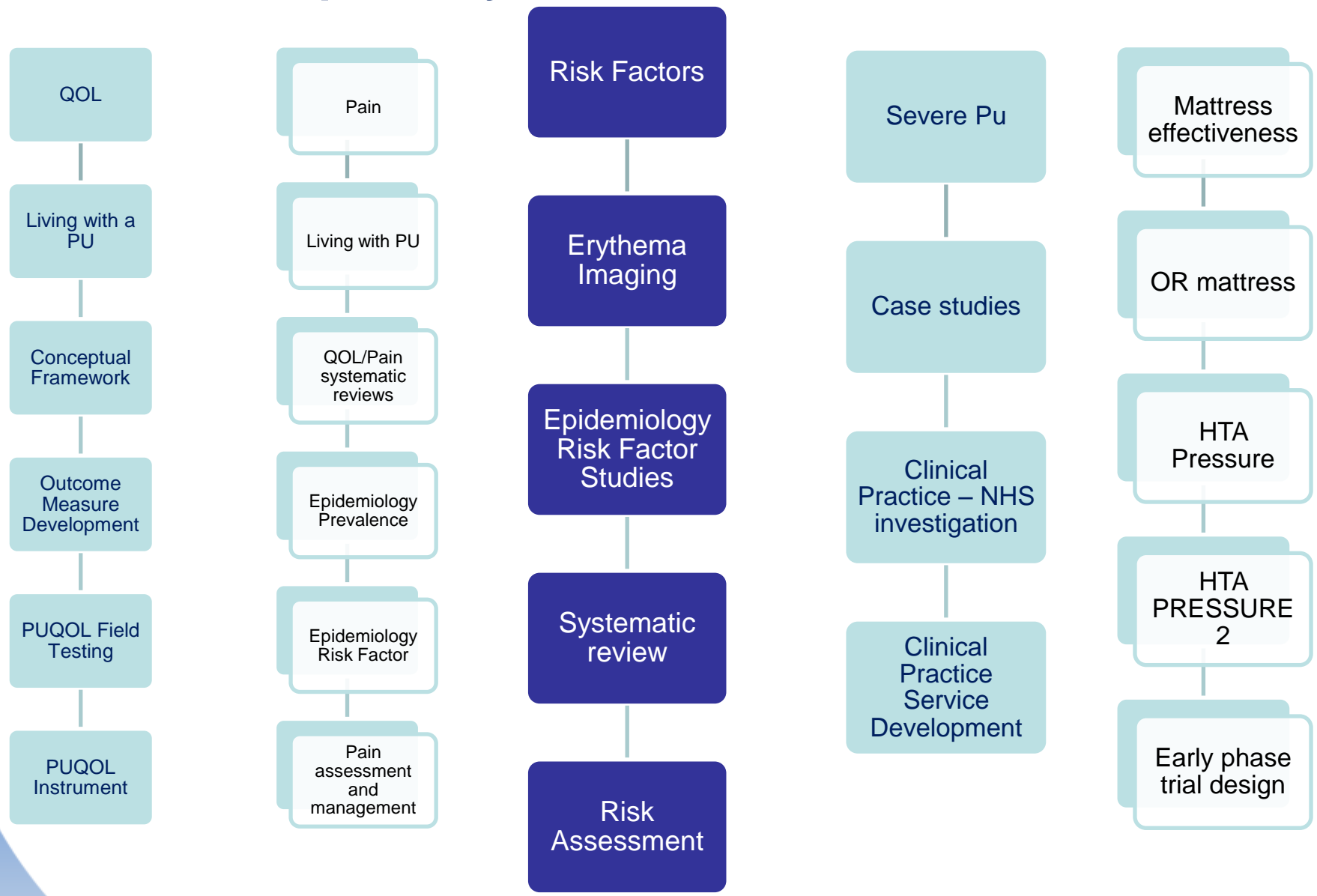


Critical mass Australia, Japan, Germany, the Netherlands, Belgium and USA

UK has 4 fundamental ingredients

1. Nursing research agenda
2. Research funding through National Institute for Health Research
Large trials, Programme Grants, Research for Patient Benefit , Fellowships
3. Clinical Research Networks – Research Nurse infrastructure
4. Clinical Trials Units/Methodologists

Research areas/pathways- Leeds



Pain and pressure ulcers

Living with a pressure ulcer

Qualitative study

Patients reported pain preceding PU development and said nurses ignored their concerns



Living with a pressure ulcer

QOL and Pain systematic reviews

Pain worst symptom of having a pressure ulcer. Pain impacts upon quality of life and is not addressed by hcps



Pain and pressure ulcers

Extent of pressure area related pain

Prevalence hospital and community populations

3397 hospital patients,
15.9%
pressure area pain

287
community patients with
PUs, **75.6%**
reported pain

Severity not
related to PU
Category

Pain reported
on skin sites
with no PUs

Mix of
inflammatory
and
neuropathic
pain



Pain and pressure ulcers

Is pain important in predicting Category 2 PU development?

Cohort study hospital and community populations

30+ centres,
634 patients
analysis
population
602 .

Variable	Odds Ratio	p-value
Presence of category 1 PU(yes vs no)	3.25	<0.0001
Presence of skin alterations(yes vs no)	1.98	0.0014
Presence of pain on a normal, altered or Category 1 skin site(yes vs no)	1.56	0.0931



Severe PU

- Inquiry style study (Laming Inquiry, 2003)
- Innovative retrospective case study design to examine whole system failures

Results:

- Clinicians fail to listen to patients/carers
- Clinicians fail to assess risk/respond to superficial PUs
- Co-ordination failures
- Current practice of investigation does not include patient account and as a result there are gaps



Risk Assessment

Which of your patients are at risk?

Multiple risk factors – which risk factors are most important?

Only 0.34% of hospital patient admissions will develop a pressure ulcer.



PU Risk Factor Systematic Review

Research Question:

Which risk factors are independently predictive of PU development in surgical, medical and community-based populations?

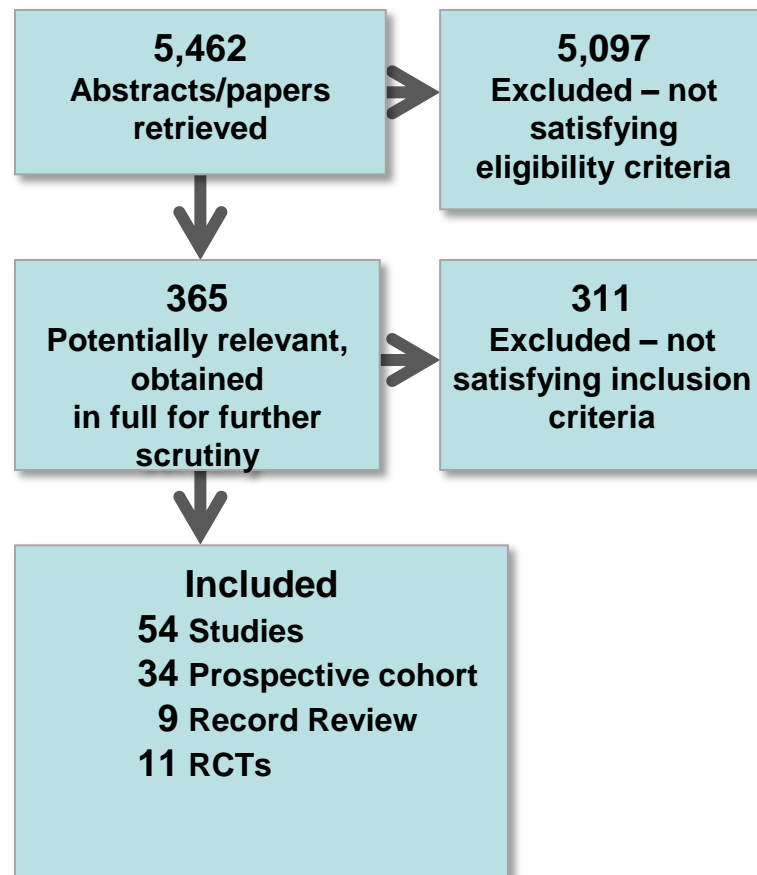
Result

15 Risk factor Domains

46 Sub-Domains

How useful is this for clinical practice?

Flow of studies:



PU Risk Factor Systematic Review

Key Risk Factor Themes included:

- Immobility
- Skin condition
- Perfusion (including diabetes)

Less consistently emerging themes included:

Moisture	Body temperature
Nutrition	Age
Gender	Mental Status
Race	Sensory Perception
Medication	General Health Status
Haematological measures	

Risk Assessment Framework

Aim: to agree a pressure ulcer risk factor minimum data set (MDS) to underpin the development & validation of a risk assessment framework (RAF) for use in clinical practice.

Phase 1 Development of evidence base

PU Risk Factor
Systematic Review
to identify risk
factors
independently
predictive of PU
development

Pre-Clinical

Phase 2 Consensus study

Agree:
- risk factors &
assessment items
for inclusion in draft
risk factor MDS &
RAF
- Conceptual
framework
development

Pre-Clinical

Phase 3 Design & Pre-Test

- RAF Design
- Assess & improve
acceptability,
usability, format,
design, clarity,
comprehension
language & data
completeness of
draft RAF with
clinical nurses

Clinical

Phase 4 Clinical Evaluation

- Evaluate reliability,
data completeness,
clinical usability, &
validity (convergent
& known groups) of
preliminary RAF

Clinical

Phase 5 Long-term Implementation & Clinical Evaluation

- Dissemination of
RAF into routine
NHS care
- Predictive Validity
testing
- Multivariable
modelling & revision
of RAF

Clinical

Consensus methods

Questionnaires

Face to face meetings



Risk Factor Progression

15 Risk factor domains & 46 sub-domains of the systematic review reduced to 26 risk factors following initial expert group meeting

1. Immobility
2. Existing PU
3. Previous PU
4. General skin status
5. Chronic wound
6. Friction & shear
7. Sensory Perception
8. Diabetes
9. Pitting oedema
10. Lowering BP
11. Smoking
12. Cardiovascular disease
13. Albumin
14. Haemoglobin
15. Skin moisture
16. Dual incontinence
17. Medication
18. Acute illness
19. Infection
20. Body Temp
21. General health status
22. Nutrition
23. Mental status
24. Race
25. Gender
26. Age

**Cycle 1:
Risk factor pre-meeting questionnaire**

1. Immobility
2. Existing PU
3. Previous PU
4. General skin status
5. Diabetes
6. Nutrition
7. Sensory Perception
8. Dual incontinence
9. Skin Moisture
10. Acute Illness
11. Body Temp
12. Albumin

**Cycle 1:
Risk factor post-meeting questionnaire**

1. Immobility
2. Existing PU
3. Previous PU
4. General skin status
5. Perfusion
6. Diabetes
7. Nutrition
8. Sensory Perception
9. Skin Moisture
10. Dual incontinence
11. Albumin

**Cycle 2:
Minor Refinement of Risk Factors (incorporated in pre-meeting questionnaire)**

1. Immobility
2. Existing PU
3. Previous PU
4. General skin status
5. Perfusion
6. Diabetes
7. Nutrition
8. Sensory Perception
9. Moisture

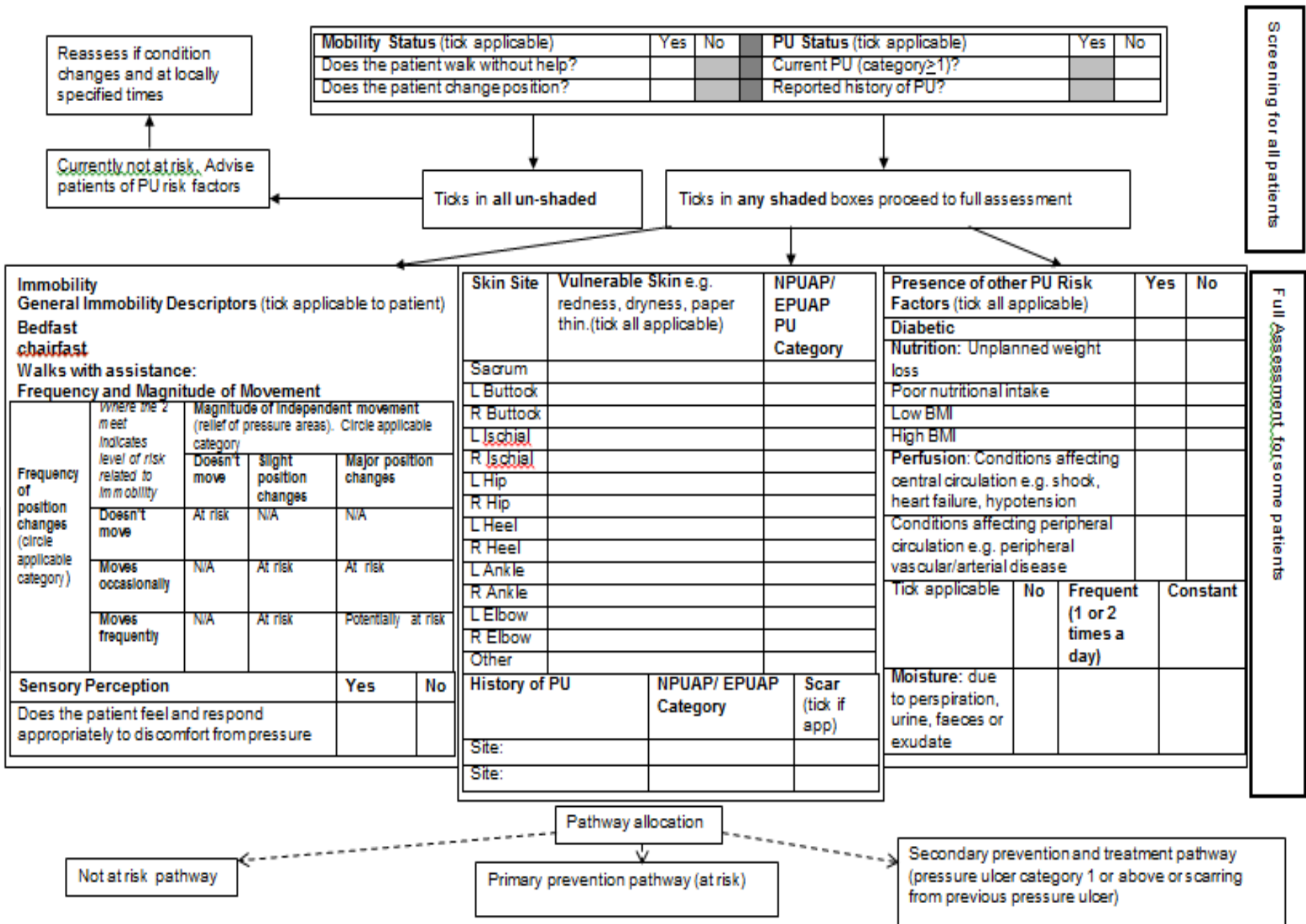
Risk Factors for Screening & Full Assessment Stage of MDS and RAF

Screening Stage
Immobility
PU Status (existing & previous)



Full Assessment Stage
Immobility
PU Status (existing & previous)
General skin status
Perfusion
Diabetes
Sensory perception
Moisture
Nutrition

Initial draft of the RAF and underpinning MDS



Pre-test - Focus Groups



Take home messages

LOOK! at your patients skin



Ask and listen to patients



Problem solve for complex patients

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