

MEETING ABSTRACT

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Pressure ulcer prevention - more than a problem of documentation? An Evidence-based approach

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Background

The prevention of pressure ulcers (PU) is an important public health issue. At the University Hospital Carl Gustav Carus Dresden (UKD) the documentation of PU prevention is standardized. The Braden scale is used to detect PU risk [1-3]. After an initial evaluation of PU data from 2007 to 2011 of the UKD, the medical board decided to reduce the PU documentation in medical departments with PU incidence rate less than 0.5% [4,5]. This was the first scientifically approach to evaluate the value of quality activities like PU documentation within the UKD. The aim of this study is to evaluate this modification of PU documentation.

Materials and methods

We conduct a prospective cohort study. Data sources provide the PU documentation and data from the Activities of Daily Living. Data from the medical departments of the UKD with PU incidence rate less than 0.5% (n = 12) were analyzed over a one year period (06/2013-05/2014). To detect differences in the PU incidence rate, the medical departments were asked to document every inpatient at admission, at change of patient's health condition and at discharge for one month ("General documentation"). About the period of eleven months, the documentation was done with PU risk or existing PU ("Individual documentation"). The documentation was performed by trained staff. The study was registered in the database health services research in Germany (VfD_12_003465).

Results

11 of 12 medical departments implement the recommendation of individual documentation. 23,192 patients could be included in the study. For 11,548 inpatients, no

initial assessment regarding the PU risk exists. The prevalence of PU amounts to 2% (n = 106). A total of 14 inpatients developed an incident PU during inpatient stay. The incidence rate with "general documentation" was 0.06% (n = 13) and with "individual documentation" 0.05% (n = 1). During hospitalization 77 inpatients improved and had a lower grade at discharge compared with admission. The time for the PU documentation decreased from annually 25,000 minutes in 2011 to 4,500 minutes in this study.

Conclusions

Between "general" and "individual documentation" of PU, the observed incidence rates hardly differ and are not higher than in the initial evaluation (2007-2011). The unknown initial PU risk is a limitation of this study. This lack of assessment is important to gather in the future routine care to derive care measures and to obtain meaningful data. The evidence-based approach of PU documentation represents a pragmatic and necessary way to enclose measures of quality management on relevant outcomes and ensure valuable medical care.

Competing interests

No external funding.

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