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THE DESIGN AND IMPLEMENTATION OF A LOCAL STRATEGY TO INCREASE THE ACCURACY OF PRESSURE ULCER CLASSIFICATION: THE PRESSURE ULCER GUIDANCE (PUG) TOO

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Statement of the problem: Approximately 120 pressure ulcer referrals a month are reported requiring verification. It was apparent that the skills of the staff assessing these patients was problematic, their classification of a pressure ulcer and identifying what type of ulcer they were looking at was unreliable. Many of the nursing staff within the trust was unable to distinguish between various pressure ulcer stages and differentiating superficial pressure ulcers from moisture lesions, this often lead to inaccurate reporting and inappropriate management.

Intervention and methodology: Utilizing the European Pressure Ulcer classification guidance 2014 an easy to use image illustrated decision making tool was designed. The laminated double sided wheel refers to pressure ulcers on one side and side two refers to moisture lesions, suspected deep tissue and unstageable. A logo used on the tool was developed from the Pressure Ulcer Guide, which includes PUG; the Pug dog has now become an insignia. The tool was shared with the Tissue Viability Link nurses.

Measurements of results: Preliminary testing with 20 link nurses on 20 verified pressure ulcer and moisture lesion images resulted in an 80% accuracy rate without the tool to 100% accuracy rate when using the tool. In the months from October – December 2015 an estimated 73% of pressure ulcers were miss-classified, since the introduction of the PUG tool a recent audit estimated 80% of skin damage is now being classified correctly.

Conclusion: In this short period of time the classification skills among healthcare professional have improved resulting in more accurate reporting. This strategy will help provide a consistent approach to clinical practice complementing patient assessment and care planning. Pressure ulcers that are assessed and classified correctly can be appropriately managed and may lead to faster healing improving the patient's quality of life and ultimately lead to a reduction in associated costs.

Biography

Judith Barnard is a Registered Nurse and has been a Tissue Viability Clinical Nurse Specialist for about three and a half years. She has a passion to reduce the incidence of hospital acquired pressure ulcers Misclassification was proving to be problematic she is working to help healthcare professionals overcome this problem. The idea for the PUG wheel came when a need for a more accessible tool for nurses would make it easier to assess patient's pressure areas. By using a different perspective healthcare professionals are able to correctly stage skin damage.

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Notes:

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