

CAWC's Pressure Ulcer Awareness and Prevention (PUAP) Program: How a Big Idea is Changing Practice

Update 2009

BY Kimberly
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The main goal of the Pressure Ulcer Awareness and Prevention (PUAP) Program is to create a shift in emphasis from *treating* pressure ulcers to *preventing* them. The PUAP program provides facilities with the necessary tools to transfer knowledge related to pressure ulcers to the bedside so that facilities can *act* on what they *know* to be best practice. As of January 2009, 45 individual facilities across Canada were implementing the PUAP program. Participating provinces include Alberta, Ontario and Nova Scotia. We are also excited to have brought on board our first international hospital, in Alaska.

As the PUAP National Team Leader and Program Manager, I'd like to share how, since the official offering of the PUAP program began, practice is changing at the bedside and facilities are achieving success in stamping out preventable pressure ulcers. So, how are we measuring up?

Quantitative Results

Now that most facilities have been in the program long enough to submit the first annual prevalence and incidence (P&I) data, the CAWC would like to share how effective the PUAP program has been to date in participating facilities across Canada. Prerequisites of the program include the collection of pre-program baseline P&I data and annual collection thereafter. The PUAP program has outlined a standard for how P&I data are to be collected in all facilities to ensure standardization and accuracy.

Currently, 21 facilities have submitted their data for our analysis. Taking the results of all 21 facilities together, the prevalence of pressure ulcers has been reduced from 12.3 to 8.8 per cent, representing a 28 per cent reduction (Figure 1). Incidence has dropped from 4.6 to 2.9 per cent, representing a 36 per cent reduction (Figure 2). The 95 per cent confidence intervals for prevalence and incidence are shown in

Background

In 2006, the Canadian Association of Wound Care (CAWC) designed and piloted a Pressure Ulcer Awareness and Prevention (PUAP) Program. The PUAP initiative was formed in response to a 2004 study by Woodbury and Houghton, in which the authors reported a national pressure ulcer prevalence rate of 26 per cent¹; a number that demonstrated a big problem. Woodbury and Houghton's findings meant that one in four people in health-care settings across Canada experience a pressure ulcer. This prevalence rate is unacceptable when we know up to 70 per cent of pressure ulcers can be prevented.

The CAWC took action, and the PUAP program was developed. Six facilities—three long-term care, two acute care, and one outpatient care—participated in a pilot study in 2006–2007. The results indicated a reduction in the prevalence of pressure ulcers of seven per cent to 57 per cent in five of the six facilities. Only two facilities reported incidence rates, which indicated reductions of 71 and 56 per cent. Detailed information about the pilot project and its results have been reported elsewhere.² Following the success of the pilot program, the PUAP program was made available to facilities across Canada in the spring of 2007.

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Figures 1 and 2, respectively. In both instances, the confidence intervals do not overlap from baseline to the annual reassessment, indicating that the changes are statistically significant.

The implications of these results are stunning. In the case of these 21 facilities, the numbers may indicate that increased awareness and changes in care affected the prevalence such that 100 fewer people had an ulcer at the time of the year-end assessment, a clear reduction in patient/resident suffering, caregiver workload and costs for care and materials.

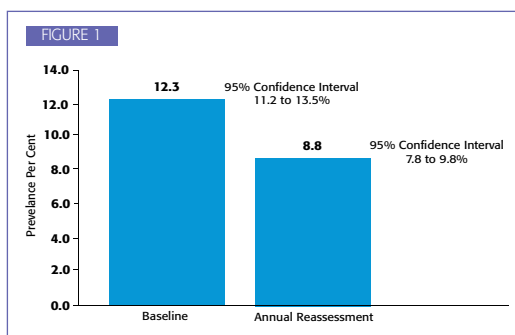
Qualitative Results

The success of a program is measured by more than just numbers. Qualitative information on the effectiveness of the program has been collected via “site champion” teleconference calls and progress reports. The most common feedback I receive is on how the program has affected practice including the following:

- improved communication between regulated and unregulated staff
- better recognition and increased reporting of red and discoloured skin and Stage I pressure ulcers
- reduction in the frequency and worsening of Stage II, III, IV and unstageable pressure ulcers
- frontline staff feel more empowered; they now know how to make a difference at the bedside

To provide you with a little more insight on how the program is influencing changes in practice, the following sample of direct quotes from site champion progress reports demonstrates how the PUAP program has made an impact within individual facilities.

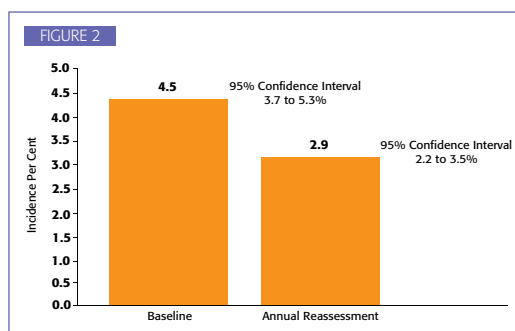
- “There is increased awareness of pressure ulcers, especially with our health-care aides. Staff are more proactive with reporting of Stage I pressure ulcers and implementing interventions.”
- “Families are very interested and think the PUAP is a great program.”
- “Resident care plans have been enhanced, as we now note the specific risk and the plan of action to manage the identified risk.”
- “[Personal support workers/health-care assistants] are also empowered to not only verbally tell the registered staff of concerns, but to put in a wound-care referral as well.”



Prevalence of pressure ulcers in 21 facilities at baseline and first annual reassessment.

- “More involvement of physiotherapist/occupational therapist.”
- “No more rubbing red spots—a new change in practice.”
- “The program has empowered frontline staff to take a key role in the prevention of skin breakdown.”
- “There is a 45 per cent decrease in prevalence of pressure ulcers since the implementation of the program.”
- “High-risk cards have increased communication to [the] dietitian about who is at risk, better communication overall.”
- “Monthly skin and wound statistics suggest that more pressure ulcers are identified earlier (i.e., Stage I or II) and/or being healed earlier or not progressing to later stages.”
- “A reduction of 50 per cent in high-intensity-needs wound-care products required to manage ulcers.”
- “A decrease in severity of ulcers—reduction of Stage III, IV, and unstageable ulcers.”

With enhanced communication and an improved interprofessional team approach to pressure ulcer prevention, some facilities have also worked hard at going the extra mile to involve frontline staff and reward them for positive changes in practice. One example is where



Incidence of pressure ulcers in 21 facilities at baseline and first annual reassessment.

TABLE 1

The winning testimonial at a PUAP Recognition and Celebration Day

Written by Lester Braithwaite, PSW, Drs. Paul and John Rekai Centres, Wellesley Central Place, Toronto.

Normally the colour **RED** is associated with happy things like Christmas, Valentine's Day, a good bottle of wine, and roses—to name a few. However, in long-term care **RED** means **Stop, Look Out, Danger Ahead!** Reddened skin has become the focal point for caregivers, as this has been identified as the single greatest indicator of something going wrong in the life of the resident. Recently we have learned through PUAP that getting the **RED** out means more than turning a resident every two hours. Just as important as that, we need to look at the resident holistically. Some of the questions we are now asking ourselves include the following:

- Is the resident incontinent?
- Is the resident dry?
- Is the resident appropriately hydrated and getting adequate nourishment?
- Is the resident toileted adequately?
- Is the resident wearing appropriate and proper-fitting clothing?
- Is the resident agitated or in pain?

Suddenly we realize that these are the same questions that we would want asked on our behalf if we were in the resident's situation.

So from now on, we are getting the lead out to get the **RED out!**



frontline staff had the opportunity to submit staff testimonials about how they felt about the PUAP program as part of a PUAP Program Recognition and Celebration Day. The author of the winning testimonial (Table 1) was provided with a gift basket, and the PUAP program team was even rewarded with PUAP team T-shirts!

Creating a positive-feedback cycle where site champions recognize the positive practice changes of staff efforts has proven to be an effective motivating tool. It has also instilled a general sense of pride among staff, further enhancing their commitment to preventing pressure ulcers. Overall, the PUAP program has positively influenced the practices of facilities using the program and, as with all cultural changes in an

organization, more is yet to be gained and improved upon as facilities continue to enhance the quality of care they provide through their three-year commitment and beyond.

Next Steps: The Pressure-free Zone

The results we have to date clearly demonstrate that the PUAP program is effective at reducing the prevalence and incidence of pressure ulcers. As with all projects, growth and improvement continue, and we have now recognized an even better way to address the problem of pressure ulcers within the health-care system. A new emphasis will be placed on encouraging health regions and districts to consider tackling the problem through "Pressure-free Zones."

The Pressure-free Zone concept looks at incorporating all facilities and health-care offices in a geographic area to address the reality of patients/residents who transfer between sectors of care (acute care, home care and long-term care) and how the patient's/resident's risk for developing a pressure ulcer is addressed and managed. This approach is valuable because we can easily see how all the efforts made by health-care workers in one sector of care are in vain if all of the facilities in the continuum of care are not working together on prevention.

It is simply not enough to have one facility in a large city or health district/region focusing on preventing pressure ulcers. We need to consider how patients/residents move through the system and ensure that all of the health-care providers they meet along the way address their risk for pressure ulcer development with the same knowledge, practices and consistency. Is your region/city/district up to the challenge? Will you be part of Canada's first Pressure-free Zone? We're ready... are you?

If you would like more information on the PUAP program please do not hesitate to contact me at (250) 764-6283 or by e-mail at stevenson@preventpressureulcers.ca. You can also explore our Web site at www.preventpressureulcers.ca. ☺

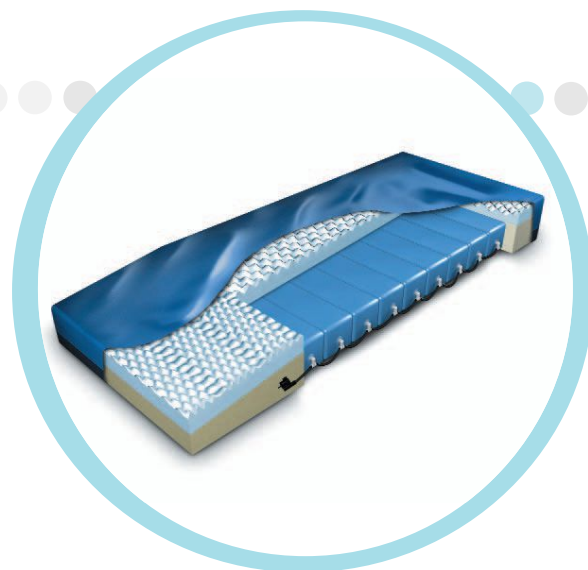
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1. Woodbury MG, Houghton PE. Prevalence of pressure ulcers in Canadian healthcare settings. *Ostomy/Wound Management*. 2004;50:22–38.
2. Orsted HL, Rosenthal S, Woodbury MG. Pressure Ulcer Awareness Program. A quality improvement program through the Canadian Association of Wound Care. *JWOCN*. 2009;36(2):178-183.

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