Introduction
Pressure ulcers (PU) can lengthen patient stays, increase care costs, induce pain and suffering. Pressure ulcers are the most frequent type of expensive, avoidable side-effect of care has been estimated to cost a facility USD$10,288 per occurrence. The total cost of managing a Medicare patient with a pressure ulcer in an acute care setting is estimated as USD$43,180 per hospital stay. For every 1,000,000 patients who developed pressure ulcer, 65,000 die from complications. The aim of this study serves to minimize the numbers of pressure ulcers on critically ill patients and improve the staffs’ caring knowledge.

Objectives
Aims: The aim of this study was to examine the effectiveness of staff empowerment approach in pressure ulcer prevention focusing on critically ill patients. Objectives: The objectives of this study were to reduce 5% of pressure ulcers formation in critically ill patients and to enhance 10% of staffs’ knowledge about pressure ulcer prevention.

Methodology
Study Design: This was a Quasi-Experiment trial. Patients who were critically ill and with ventilator support admitted to Ventilator ward were recruited. They were assigned either to control group (CG) receiving usual pressure ulcer prevention by pillows or intervention group (IG) which aimed to use a triangular wedge with a mixture of Vaseline and Zinc Oxide cream application. This Staff empowerment program began at in-patient stage. Nursing staffs and health care assistants had to attend a classroom-based lecture on pressure relieving program. Data were collected at three time points: pre-test (T0), 1-week post-test (T1) and 12-week post-test (T2). Data collection format included written examination and observation chart by a
Result
Results: Of 24 recruited subjects, 15 (9 in CG and 6 in IG) completed the study. Drop-out rate was 25% (CG) and 50% (IG) respectively. Results on group-by-time effect showed that IG had less chance of developing pressure ulcers. Comparing the numbers of pressure ulcer and the numbers of bed days from historical data, we found that PU by quarters dropped significantly from 19.42 to 4.29 (P<0.001) There is significant between-group different was found in health care assistants knowledge on pressure ulcers. Mean score increased from 30.04 to 75.60 (P<0.001) Moreover, within group comparison over the 3 time points in IG showed decrease in PU (p=0.005) while a reverse pattern was observed in the CG. However, there is an increasing trend of PU in CG at 1-week post-test (T1). Also the knowledge of health care assistants was unable to maintain at 12-weeks post-test (T2). Conclusion: This study found positive changes on staff empowerment in enhances nursing staffs' knowledge about pressure ulcer. With a decrease pressure ulcer rate on critically ill patients, staff empowerment is not just a tool to motivate staffs but a good channel to prevent pressure ulcer formation.