

CQI Program
On enhancing pressure ulcer
assessment and prevention for
hospice & palliative in-patients

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11.5.2010





Introduction

- Pressure Ulcer is common and contributes major cost in hospitals
- Adds burden to patients & relatives and undermines their quality of life
- Incident rate was used clinical indicator (KPI)





Objectives

 Standardize in prevention of pressure ulcer in accordance to hospital requirement

 Enhance staff compliance in assessment and intervention of pressure ulcer





Plan

Identification the problem of pressure ulcer assessment and intervention

Staff compliance factor





ANALYSIS

Root Causes

Nonstandardize assessment tool & intervention

Insufficient periodic monitoring

Pressure
ulcer
attribute
poor
patients'
quality of life

Lack consensus on assessment and prevention

Expected Situation

Unified Norton Score Assessment form & intervention

Enhanced by audit & monitoring

Decrease its occurrence rate upon hospitalization

Compliance on standard assessment and prevention





Methodology

Total sampling of all in-patients

Pressure Ulcer Prevention Protocol

Routine skin assessment by using **Norton Scale & then** reassessed weekly

Staff Training on turning skill & use of Pressure relieving equipment

Collaborate with PT & OT in mobility care

Distribute patient education leaflet

Conduct chart audit to ensure compliance





Implementation Plan

- Set up working team
- Review pressure ulcer journals & set up prevention protocol
- Formulate the standardized workflow for pressure ulcer assessment & education
- Conduct staff training and launch staff audit
- Sustain staff compliance on Norton Scale assessment & intervention
- Data collection and analysis





- Time frame of study: 5 months
 (July/09 Nov/09)
- Distribute Pressure ulcer education leaflet
- Formulate Intervention checklist
- Pressure ulcer audit form
- Record Turning Chart





Multidisciplinary Approach







hy Man Cambanas Office Chadar Pressure Relieving Device

Anti-Decubitus Mattress









Pressure Relieving Device

Jelly Pad

Heel Protectors









Pressure Relieving Device

Seat Cushion





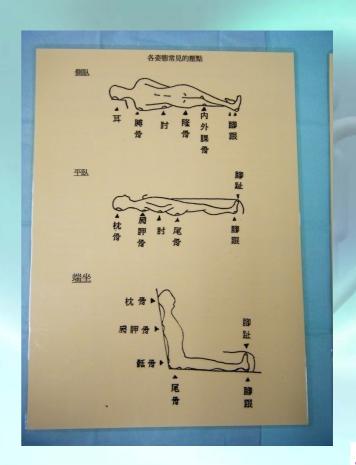




Pressure Relieving Device

Signage









EVALUATION

- Finally statistical data was drawn from the pre and post program comparison.
- The SPSS statistical method ANOVA test was used
- The pre and post new pressure ulcer occurrence rate were recorded.



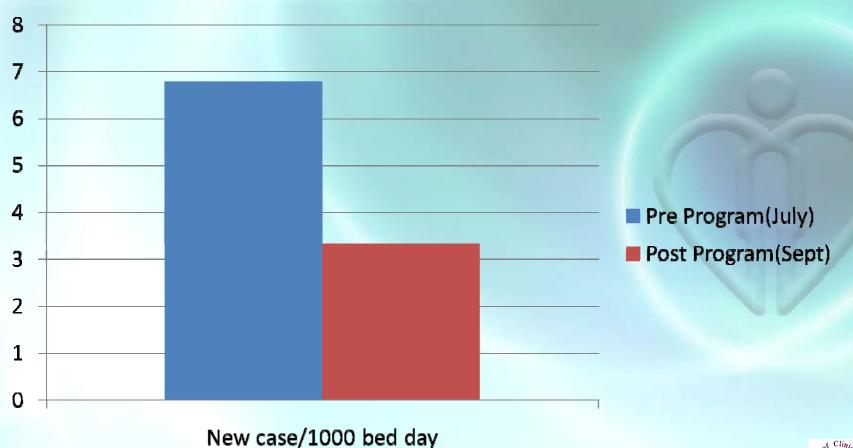


Findings & Discussion:

ANOVA test	Pre-program	Post-program
Sample size	381	392
Mean Scores of Norton Scale for all sample size	15.99	16.25
Norton Score categories <10	8.1%	6.6%
11-14	25.2%	24.5%
>10	66.7%	68.9%
New case/1000 bed day	6.78	3.34

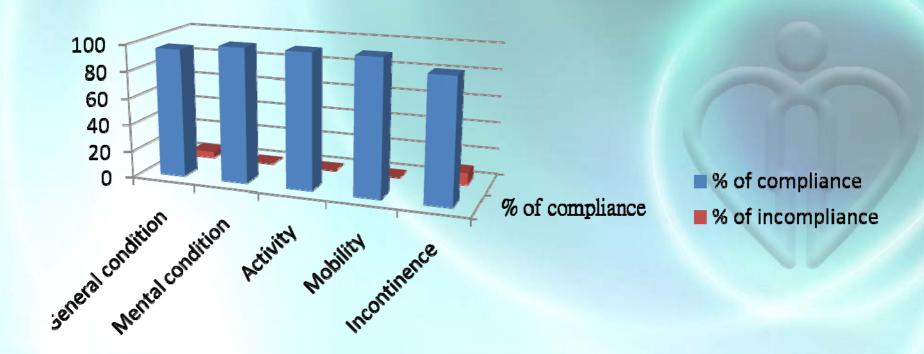


Pressure Ulcer Occurrence Rate per thousand bed day





Staff Chart audit result for Assessment Vs Intervention using Norton Scale







Inadequate time for samples recruitment

 Fragile physical status such as cord compression case, multiple bony prominence weak case





V Conclusion & Recommendation

Achieved expected outcome

 Pressure ulcer is better to prevent than to manage

How to sustain? On going training & audit

 Pressure care training to NGO health care worker & main carer





Our Team: TMH H1 Ward





PT & OT Team

Paul & Brian & Marine

Margaret & Anne







