Service Priorities and Programmes

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A Multi-disciplinary Model in Pressure Ulcer Management

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Introduction

Traditional pressure ulcer management involves body positioning, nutrient intervention and wound management. These are performed by multi-team approach to address its general conditions and co-morbidities that impact wound healing. However, these various teams only share communication in a charting system and provide specific services to the patient separately. The team members independently treat various issues a patient may have, focusing on the issues within their specialty. It cannot perform all the assessment and intervention effectively and thoroughly as a whole. Inevitably, a person with risks of pressure ulcer in the face of the multiple co-morbidities that often contribute to and accompany these wounds. Conversely, a multi-disciplinary model is able to enhance collaborative communication and interdependent practice. This model not only contributes their own profession-specific expertise, but also interfaces the individual findings and then develops a comprehensive care plan. Team members negotiate priorities, agree by consensus and support each other. As a result, patients benefit by this whole team which follows current evidence-based practice. Synergy develops from cross disciplinary care resulting in improved outcomes.

Objectives

In this model, nursing staff and other disciplinary team members collaborate closely with involving the patient and family to come up with a plan to return the person to the greatest level of function possible.

Methodology

A link nurse is assigned to be a coordinator and take in charge of three stages of pressure ulcer management:
Prevention stage
To assess all patients by pressure ulcer link nurse frequently. If risk factors are identified, the link nurse will initiate disciplinary referral and hold case conference with multidisciplinary team without any delay
Intervention stage
To hold meetings with multidisciplinary health care teams to create collaboration and ensure evidence-based care providing continuity.
Evaluation stage

To evaluate the outcome regarding patients general condition and the wound healing progress. Whenever necessary, the care plan may be escalated to prevent secondary pressure injury.

Result

- New pressure incident rate decreased from 0.223/1000 patient bed day in 4Q15 to 0.17/1000 patient bed day in 3Q16.
- Number of wound healing increased from 19 (4Q 2014 to 3Q 2015) to 35 (4Q 2015 to 3Q 2016)

A multi-disciplinary model in pressure ulcer management has enhanced collaboration of service, improved healing rates and reduced new incident rate successfully.