

## Poster

### “Let’s take the pressure off!” An integrated inpatient pressure ulcer prevention program

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<b>Clinical Practice Guideline</b>	Guidelines: Pressure ulcer (PU) prevention guidelines Produced for a sub-acute health care facility that cares for a diverse range of patients, including rehabilitation, aged-care, psycho-geriatric, and nursing home.
<b>Stakeholders</b>	Setting: Caulfield General Medical Centre Guidelines produced by a multi-disciplinary working group An inter-disciplinary committee that included medical, nursing, allied health, quality, risk management, education and hospital executive representation. Target: All clinical staff, but focusing on nursing and allied health.
<b>Evidence-practice gap</b>	High prevalence and cost of pressure ulcer management. Results for Statewide Pressure Ulcer Point Prevalence Surveys (PUPPS), and the recommendations of the Victorian Quality Council.
<b>Implementation strategies</b>	A literature review was conducted for relevant evidence and information regarding PU prevention and guideline implementation strategies. An integrated PU prevention program was developed that included:- risk assessment using standardised documentation; guidelines for prevention based on risk; periodic and multi-faceted staff education; multi-disciplinary approach to prevention and management; equipment purchasing plan; and distribution of patient education material to higher risk patients.
<b>Data</b>	Periodic evaluation of compliance with prevention guidelines, monitoring the prevalence of PU, prevention equipment audit. Survey and audits conducted by staff involved with working group or co-opted to assist from nursing or allied health clinical staff
<b>Results</b>	Reduced prevalence of PU; improved documentation of risk assessment and prevention; improved access and use of appropriate prevention equipment; and improved systems for measuring the prevalence of PU
<b>Barriers</b>	Time required to participate and change practices
<b>Enablers</b>	No single answer. Importance of project outcomes, constant repetition of message, multi-faceted approach to education and awareness raising all important.
<b>Resources</b>	No specific funding. Clinical staff time, or unpaid over-time.
<b>Key message</b>	Need to have support across organisational structure, include multi-disciplinary team and especially those directly involved in actual implementation, do thorough background research and compare to work of others and adapt to local needs, necessity for multi-faceted implementation
<b>* Presenter Bio</b>	Dr Peter New is a Rehabilitation Medicine specialist working in Melbourne. He has a Masters of Clinical Epidemiology and is an honorary lecturer with Monash University Department of Epidemiology and Preventive Medicine. He is the Head of the Spinal Rehabilitation Unit at Caulfield General Medical Centre, and Head of Rehabilitation in the Rehabilitation and Aged Services Program, Southern Health. He is the current chair of the Australasian Faculty of Rehabilitation Medicine Special Interest Group in Spinal Cord Injury. He has published numerous articles, including a series on non-traumatic spinal cord injury.