Application of a pressure ulcer prevention and treatment protocol in the Fatebenefratelli and Ophthalmic Hospital in Milan.

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BACKGROUND

Pressure ulcers are very common in hospitalized patients and if not properly treated and prevented may increase the length of hospitalization, infections due to complications, and the state of suffering of patients. Prevention is thus relevant for assurance of high quality care.

PURPOSE

To improve the quality of care and to monitor the incidence of pressure ulcers, in our hospital a multidisciplinary team has been created in 2009, and a diagnostic and therapeutic pressure ulcers protocol was defined (“Percorso Diagnostico Terapeutico Assistenziale Lesioni da Pressione”). Here we described the verification, made by the multidisciplinary team, of the correct application of the protocol in the departments, using the quality indicators specified in the protocol itself.

MATERIALS AND METHODS

The protocol, created from the guidelines already in use in the hospital, has been implemented with the definition of the operational tools for the verification of its application: the adherence to the protocol ensures a proper prevention and treatment of the pressure ulcers, and furthermore, protect the operator during his activities.

Two analysis (one in 2010 and one in 2011) of the clinical charts of has been performed, in order to check the adherence of the health care professionals in the application of the procedure: this was evaluated based on nine criteria, each of which was assigned 1 point if 'correct', 0 if 'incorrect' (Fig. 1).

RESULTS

In 2010 a total of 214 clinical charts has been analyzed (Fig. 2): in general, a proper data collection was found (57% of cases).

Among patients with pressure ulcers, 35% were properly treated. The departments that mainly detect and prevent the risk of pressure skin damage and follow the procedure for the treatment of lesions are Neurosurgery, Medicine, and Cardiology.

A further analysis on 62 clinical charts in 2011 showed that in 52% of cases, the pressure ulcer were correctly identified, but in only 5% of cases were then properly treated. A third analysis is ongoing, with the aim to identify and correct the errors in the treatment of the ulcers. A poster will also be distributed to departments, for a quick reference to the treatment protocol.

CONCLUSIONS

The protocol is a practical tool applicable in the various Units. The verification of the correct application showed low adhesion to the guidelines: it is fundamental continuing the training of the staff to achieve the required standard. Among the objectives for 2013, another audit with a modified checklist will be performed in the departments, involving a greater number of health care professionals.