

The Joint EPUAP & EWMA Pressure Ulcer Prevention & Patient Safety Advocacy Project

KEY WORDS

- ▶ EPUAP
- ▶ EWMA
- ▶ Key performance indicator
- ▶ Patient safety
- ▶ Pressure ulcer

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Background: Pressure ulcers (PUs) are a common, costly, debilitating problem across all healthcare sectors, despite significant investment in education and training and use of human resources, equipment, and technological advancements. In recognising the persistent problem of PUs, the European Wound Management Association (EWMA) and the European Pressure Ulcer Advisory Panel (EPUAP) have created a group to work collectively on a specific project advocating for the prevention of PUs to be considered as a major health care and patient safety issue. **Aim:** The overall aim of the project is to establish a joint EPUAP-EWMA working group on PU prevention and engage in patient safety agendas at the European level as well as at the national level in selected European countries. **Discussion:** We are seeking to place prevention of PUs as a high priority on the patient safety agenda within the European Union (EU). To achieve this, given the lack of agreed methodology for incidence monitoring, we advocate for the use of standardised monitoring of PU prevalence, with targeted prevention measures to reduce prevalence, made available across the continuum of care. **Conclusion:** Adopting PU prevalence as a key measurement tool across the wider health care sector in the EU, will ensure that both adequate monitoring of prevalence and use of prevention can be achieved.

Pressure ulcers (PUs), also known as bed sores, pressure sores or pressure injury, are defined as: localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear (National Pressure Ulcer Advisory Panel [NPUAP], European Pressure Ulcer Advisory Panel [EPUAP], Pan Pacific Pressure Injury Alliance [PPPIA], 2014). These wounds range in severity from superficial tissue damage, to full scale tissue destruction (Beeckman et al, 2008). PUs occur most often in individuals who have activity or mobility problems and are exposed to prolonged periods of exposure to sustained pressure/shear forces (Gefen et al, 2008). Thus, pressure ulcers can occur in persons of any age, from the very young nursed in specialised intensive care units, to the very old, nursed in long stay settings (Schoonhoven et al, 2002; Schoonhoven et al, 2006). A recent

report from the Organisation for Economic Co-operation and Development (OECD) suggests that PUs are a significant threat to patient safety, with prevention being substantially cheaper than treatment (Slawomirski et al, 2017).

The financial impact of PUs is a concern, as most but not all PUs can be avoided with appropriate risk assessment and use of interventions targeted at combating this risk (Moore and Cowman, 2014). However, despite this premise, it is estimated that approximately 4% of the annual healthcare budget in Europe is being spent on PUs, with nursing time accounting for 41% of these costs (Posnett et al, 2009). Pressure ulcers have also been shown to increase length of hospital stay, readmission and mortality rates (Lyder et al, 2012; Chan et al, 2013; Pokorná et al, 2017). Approximately 15% of total hospital activity and expenditure is a direct result of adverse events. The most

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burdensome adverse event types include venous thromboembolism (VTE), PUs, and infections (Slawomirski et al, 2017). Furthermore, the highest bed day losses are attributable to PUs and VTE (Slawomirski et al, 2017).

Despite advances in technology, preventative aids and increased financial expenditure, PUs remain a large scale debilitating concern (Moore et al, 2013). Prevalence rates, a measure of the number of persons with a pressure ulcer at a given point in time, in a specific population (International guidelines, 2009), range from 8.8% to 53.2% and incidence rates vary from 7%–71.6% across Europe, the United States of America (USA) and Canada (Moore and Cowman, 2012). Furthermore, 72% of all PUs occur in the over 65 year age group (Russo et al, 2006). From a community perspective, a recent study has identified that 22% of those living at home, but under the care of the community nurse, had a PU (Skerritt and Moore, 2014).

PUs have a large impact on those affected; the wounds may become infected and can be foul smelling (Moore and Cowman, 2009). Pain is one of the most commonly cited complaints and worryingly, this pain is often intractable and is exacerbated by some of the treatments employed to manage the wound (Gorecki et al, 2011). It is clearly evident that people with PUs have a significantly lower health-related quality of life than those without PUs (Essex et al, 2009). Annually, in the UK, of the six most common adverse events, the greatest burden was exerted by PUs equating to 13,780 healthy life years lost (Slawomirski et al, 2017). Worryingly, patients can die as a direct result of a PU, indeed, global mortality directly attributable to PUs has increased from 32.1% (95% CI: 26.0–38.5) to 42.6% (95% CI: 32.9–48.7) from 2000–2010 (Lozano et al, 2010).

THE EWMA/EPUAP ADVOCACY PROJECT

The topic of patient safety has for some years been high on the European Commission health care agenda. At the EU level, as well as at the national levels of most European nations, considerable investments have been made by healthcare authorities to establish organisations and programmes addressing the patient safety

agenda. Looking at the patient safety agenda from a wound care perspective, the topic of PU has always been central due to the fact that most PUs are preventable if the patient is identified and managed correctly by health care staff. Consequently, both EPUAP and EWMA have separately, over some years, been advocating for the prevention of PUs to be considered as a major health care and patient safety issue. Whereas EPUAP, in particular, has strongly supported the annual ‘Stop the Pressure Ulcer’ campaign, EWMA has, in collaboration with the Eucomed Advanced Wound Care Sector, a working group within Eucomed known as the ‘Voice of the Medical Technology Industry in Europe’ that ensures that the implications of wounds for both the patient and the clinician are understood — engaged in raising attention in the European Parliament and European Commission.

Neither EPUAP or EWMA, nor the established national patient safety organisations have, to our knowledge, so far, taken significant steps to establish links or collaboration between their approaches and activities. Thus, while healthcare professionals, mainly nurses, at the local level and national level, are actively engaged in PU prevention and the patient safety agenda, no collaboration, or sharing of knowledge has been established at the organisational level of the established national patient safety organisations.

THE PROJECT'S AIM

The overall aim of the project is to establish a joint EPUAP-EWMA working group for PU prevention which will engage with patient safety agendas at the European level as well as at the national level in selected European countries.

Given that PUs are a common, costly, highly prevalent public health issue, which affect the population across all ages and across all health care settings, a greater emphasis on prevention is essential to reduce the burden of PUs. Thus, we are suggesting that the prevention of PUs is placed as a high priority on the patient safety agenda within the EU. Prevalence rates provide an indication of the burden of the problem of PUs, whereas incidence rates, a measure of the number of new PUs that develop in a specific population over a period of time, are often used to measure

Box 1. The Joint EPUAP & EWMA Pressure Ulcer Prevention & Patient Safety Advocacy Project's achievements

So far, the accomplishments include:

- ▶▶ A working group has been established in January 2016, with representation from both EWMA and EPUAP
- ▶▶ The project has secured unrestricted educational grants from:
 - 3M, Hartmann, Mölnlycke and Smith & Nephew.
- ▶▶ Continuous screening of press announcements/calendars of the European Commission and European Parliament has been undertaken by Instinctif Partners, to make sure that EPUAP and EWMA are aware of and seek to influence scheduled activities that may be used to advocate for improved PU prevention and wound care
- ▶▶ Meetings between Professor Lisette Schoonhoven and the chair of OECD Health Care Quality Indicators expert group have taken place since November 2016
- ▶▶ EWMA and EPUAP met with Mr Matthias Schuppe, European Commission policy officer in charge of patient safety and Mr Gerhard Steffes, Policy Officer for the European Commission Directorate, in Luxembourg, in May 2017. The meeting objectives were to:
 - ▶▶ Call upon the European Commission to look at the patient safety agenda from a wound care perspective
 - Raise awareness of the costs of pressure ulcer and the value of prevention
 - Present the two organisations and the advocacy project
 - Discuss how they could support the European Commission's work on patient safety.
- ▶▶ Joint presentations have been planned for the annual conferences of EWMA and EPUAP. The first of these took place at the EWMA Amsterdam conference 3-5 May 2017
- ▶▶ A systematic review of European PU prevalence has been undertaken and results will be presented at the EPUAP 2017 conference, 20–22 September in Belfast.
- ▶▶ All activities are reported on in more detail at the joint EWMA/EPUAP sessions at the annual conferences of EWMA and EPUAP. The next presentation will take place at the EPUAP 2017 conference, 20–22 September in Belfast.
- ▶▶ Further information and updates about the project activities are available at <http://bit.ly/2uCQzNO>

the quality of care provided to individual users of the health service (International guidelines, 2009). However, given the lack of standardised methodology for the collection of incidence data, and the very real challenges that this poses for adopting incidence monitoring across Europe, we advocate for the use of standardised monitoring of PU prevalence. Indeed, there is already inexistence, a minimum data set, developed by EPUAP (Vanderwee et al, 2007), which provides for a validated methodology to employ across the EU. Further, we advocate monitoring the application of targeted prevention measures to reduce incidence, such as use of the SSKIN bundle (Gibbons et al, 2006), which should be made available across the continuum of care. Finally, adopting PU prevalence, as a key measure across the wider healthcare sector in the EU, will, as a first step, ensure that adequate monitoring of both prevalence and use, or lack thereof, prevention can be identified. From these data, elements of care delivery, which require improvements, may

be identified and interventions employed in a targeted manner. Furthermore, sharing data will lead to sharing experiences and skills, however, international cooperation in PUs prevalence as previous, prevention and treatment is challenged by the lack of national registries (Pokorná et al, 2016). *Box 1* lists the goals, thus far, reached.

CONCLUSIONS

The concept of patient safety is synonymous with healthcare delivery today, and in the EU, a particular emphasis is placed on monitoring adverse events (Health Information and Quality Authority, 2013). The UN Committee on Economic, Social, and Cultural Rights argues that the right to health contains four elements: availability, accessibility, acceptability, and quality (World Health Organization, 2012). For individuals using the health service the EU, the right to health means that they should expect to have access to treatments that are timely, appropriate, patient centred and of the

DECLARATIONS OF INTEREST

The project is funded by unrestricted educational grants from 3M; Hartmann; Mölnlycke and Smith & Nephew

highest quality (Jha et al, 2013). Furthermore, it is imperative that care is delivered within an environment that is conducive to achieving safety standards and where measures are in place to avoid the risk of exposure to an adverse event (Rossi, 2013).

It is evident, however, that despite the drive for safer, better care, adverse events are common. Indeed, the European Commission estimates that between 8% and 12% of patients entering a hospital setting suffers from an adverse event while receiving treatment during hospitalisation (Rossi, 2013). Furthermore, almost 18.1% of patients in acute care, annually in the EU, acquire a PU (Vanderwee et al, 2007). Furthermore, despite the longevity of experience in the assessment and management of individuals with PUs, their prevalence and incidence remains high (Moore et al, 2013). The challenge here lies in the fact that in many cases the PU could have been avoided (Moore, 2013). Quality improvement is the centre focus of this project, therefore, the output, a reduction in the occurrence of PUs, is of particular importance to users of the health service across the EU.

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