

# Report on Public Policy

*This article will review the policy aspects of the Pressure Ulcer Awareness Program (PUAP) pilot.*

BY  
Carol Keefer, RN,  
AND  
Cathy Burrows,  
RN, BScN



One goal of the program was to provide heightened awareness of pressure ulcers for all of the stakeholders in the health-care process: health-care providers (from frontline staff to managers), patients/residents, and families. When stakeholders are knowledgeable, empowerment can follow. When stakeholders are empowered, positive change is possible—and change is necessary when shifting from a treatment focus to a prevention focus.

Another goal was to provide the evidence needed to convince managers to modify facility policy, if necessary, to support activities that lead to pressure-ulcer prevention. In this way, the empowerment of the stakeholders needed to become formalized.

A long-term goal will be to use the pilot program results to encourage government health officials to create policies that will support a preventative approach. These policies will reduce the occurrence of pressure ulcers nationwide.

One of the most rewarding aspects of the pilot was a noticeable knowledge and attitude change among staff and families. The most significant change was that questions are now being asked about repositioning. The public feels more empowered now that they have more knowledge about pressure ulcers and how to prevent them. This is an important first step toward culture change in any facility.

As well, the program's structure has led to more effective teamwork with an increase in communication throughout the facilities. Nursing, dietary, restorative, physiotherapy, occupational therapy, support services and activity departments are now working collaboratively on prevention, resulting in a decrease in pressure-ulcer occurrence and in a more stimulating work environment.

As a result of the program, facility policy has been modified to support significantly improved documentation and more effective use of the Braden Scale and its incorporation into care planning and prevention

strategies. Management's reallocation of resources toward prevention has been another outcome. These factors will have a positive impact on any facility seeking accreditation.

A major challenge faced by the pilot participants was government criteria for management of pressure ulcers. Currently, most health ministries focus on treatment rather than prevention, and availability of funds for specialty surfaces is only accessible after a pressure ulcer has occurred. Ministries need to be aware that spending for prevention (on items such as surfaces, nutrition, incontinence products, increased staffing) is more cost-effective than spending solely on treatment. Evidence from the program may become an important tool for the Canadian Association of Wound Care as it moves forward to educate health policy-makers on the advantages of supporting a preventative approach.

Overall, the pilot project was very successful in educating facilities' stakeholders. The goal of heightened awareness has resulted in changing the knowledge, skills, attitude, and policy support from treatment to prevention—a culture shift in the right direction. We recommend that the health ministries adopt and implement policy for pressure-ulcer prevention as part of their mandate for all aspects of care. The expansion of this project to other homes and hospitals would benefit the public and would result in a major decrease in pressure-ulcer occurrence across Canada. ☺