

# Report on Evaluation

*This article will review the evaluation aspects of the Pressure Ulcer Awareness Program (PUAP) pilot as well as describe the impact of the evaluation component on the clinical setting.*

BY  
Barbara Shanks,  
BScPT,  
AND  
M. Gail Woodbury,  
BScPT, MSc, PhD

**E**valuation of all aspects of the pilot program was done to determine the appropriateness and value of the awareness educational materials before introducing the materials nationally. In addition, we wanted to know if there was evidence of (1) an increase in awareness among clinicians, managers, patients and their families/caregivers, (2) a change in clinical practice, and (3) a change in the frequency of pressure-ulcer occurrence following the pilot project.

From the beginning, evaluation was a cornerstone of the pilot and was the most time-consuming aspect for the pilot site champions. All educational material and PUAP events were evaluated in many ways. The PUAP and its parallel evaluation process began with a kick-off event that was held at each site to announce and promote the program. Education sessions were offered for several weeks from May through July involving knowledge assessment (pre- and post-education) for staff, management, clients and families. In order to determine if a change in practice was occurring, charting audits were done before pilot commencement and monthly until the end of September 2006. Care reviews and high-risk rounds were implemented in all sites, with evaluations on these interventions as well. The site champions kept diaries to record the program's progress, including successes, challenges and impact on their sites.

The strength of this program fostered an increased

awareness of the existence and development of pressure ulcers through the collection of wound indicators. The recognition of the numbers and severity of these ulcers provided constant feedback for frontline staff. The implementation of the Braden Scale and introduction of the Care Planning Template facilitated a change in practice that reflected success through fewer wounds. Preliminary prevalence data have indicated a 35 per cent decrease in wounds with a presumed reduction in treatment costs.

The evaluation challenges encountered throughout the pilot were as follows:

- limited time to collect data and to support and mentor practice changes
- limited support from administration to provide prevention supplies, time to collect data, and time to evaluate the processes implemented
- constant staff shortages, which necessitated continuing education and clinical mentoring in order for the program to be successful, i.e., to effect a new clinical culture.

### Results of Evaluation

The positive impact of the program, which was determined through the continuous evaluation, was huge!

1. The appropriateness and value of the educational materials were reviewed for improvement.

Pressure Ulcer Awareness Program Evaluation			
	Awareness	Practice	Outcomes
<b>Initiative</b>	Education <ul style="list-style-type: none"> <li>• stages of ulcers</li> <li>• skin protection</li> <li>• pressure management</li> <li>• nutrition management</li> </ul>	Implementation of new procedures <ul style="list-style-type: none"> <li>• admission screening</li> <li>• high-risk rounds</li> </ul>	<ul style="list-style-type: none"> <li>• ↑ wound reporting</li> <li>• ↓ wound occurrences</li> <li>• ↑ team care-planning</li> </ul>
<b>Evaluation Process</b>	<ul style="list-style-type: none"> <li>• pre and post awareness quizzes</li> </ul>	<ul style="list-style-type: none"> <li>• chart reviews</li> </ul>	<ul style="list-style-type: none"> <li>• prevalence</li> <li>• diaries</li> </ul>

## 2. Awareness Results

### Quantitative

On average, knowledge increased (based on percentage with correct answers)

- Frontline clinician: 77 per cent to 83 per cent
- Patient/families: 44 per cent to 90 per cent
- Management: 96 per cent to 100 per cent

### Qualitative

- recognition of red/colour-changed areas
- reporting of red/colour-changed areas
- early intervention for Stage I pressure ulcers
- patients and families very pleased to receive information

An example that illustrates an increase in administration support—despite strong initial knowledge—was the purchasing of needed supplies for prevention.

## 3. Clinical Practice Results

### Quantitative

Based on five chart review questions:

- Was the Braden score recorded in the chart?
- Was the risk status of the patient identified?
- Were the results of the Braden Score reflected in care planning?
- Was the patient aware of his/her risk for pressure ulcers?
- Is there a communication system in place to document the number of high-risk patients in the facility at any one time?

The average percentage correct for all five questions improved from 33 per cent in May to 67 per cent in September.

### Qualitative

- increased use of support surfaces and positioning aids
- increased use and availability of pillows
- increased purchase and availability of pressure redistribution aids
- improvement in nutritional programs
- increased clinical discussion around risks and prevention, e.g., improved interprofessional collaboration to identify those at risk and development of appropriate care planning as a result of high-risk rounds and wound rounds.

## 4. Frequency of Occurrence of Pressure Ulcers

There was reduction in wound occurrences at all sites during the course of the program.

### Quantitative

One site reported the following prevalence estimates:

- Pre (2003) - 24.7 per cent
- Pre (2005) - 23.4 per cent
- Post (2006) - 15.2 per cent

This is a decrease in prevalence of 35 per cent.

### Qualitative

- recognition and increased reporting of Stage I pressure ulcers
- fewer Stage II, III and IV pressure ulcers

The opportunity to be a part of this pilot program has been a catalyst at all pilot sites to improve the skin- and wound-care education that is being provided for all stakeholders in pressure-ulcer prevention. We have seen local improvement in prevalence but also in clinical practice through the effective use of the Braden Scale and the Care Planning Template to reflect risk and needs.

The results of the evaluation process for the pilot indicate that the program is a very effective enabler for fostering better interprofessional collaboration for a health-care issue that has been under-recognized. ☺

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pressure ulcer awareness

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