INTERNATIONAL COOPERATION IN PRESSURE ULCERS PREVALENCE, PREVENTION AND TREATMENT IS CHALLENGED BY THE LACK OF NATIONAL REGISTRIES

Öien, R.; Pokorná, A.; et al.

“The register of decubitus ulcers – integration strategy for monitoring and preventive interventions on the national level”. (15-29111A)
Introduction

• PU can affect any patient from a new-born child to a patient in palliative care.

• Patients with PU are treated by different caregivers (community care, hospital care, emergency care, primary health care, and private health care providers) – need for continuity of care.

• To address the complex clinical picture of prevalence, prevention, and follow-up of patients with PU, international cooperation using existing national data and results seems a worthwhile research effort.

• Possibility to recognise ways for sharing data
Aim of the presentation/lecture

- Short introduction to the survey among EWMA and EPUAP representatives

- The Swedish National Quality Registry shows Improved Wound Management for Pressure Ulcers – RUT results
  - Healing time
  - Antibiotic use
  - Costs
  - Quality of life

- Future research, cooperation and network
Methods and design – international survey

• **The aim** was to analyse the results from an international survey on prevalence, prevention, and follow-up of patients with PU - common minimum data set from national quality registries could be used in an international setting

• **Sample:** A cross-sectional descriptive survey design was used to obtain data from national PU registries.
  – A questionnaire based on a previously performed review of relevant literature was sent to national experts in the field of wound management (EWMA, EPUAP).
  – Invitations to participate in May 2015 to 83 contact persons covering 52 European countries: (EWMA, EPUAP) reminders July and September 2015
## Results – contacted countries

<table>
<thead>
<tr>
<th>European Wound Management Association (EWMA)</th>
<th>Contacted countries (37)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Austria, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kosovo, Latvia, Lithuania, Macedonia, Malta, Netherlands, Norway, Poland, Portugal, Romania, Scotland, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Wales</td>
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<th>Contacted persons (62)</th>
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<th>European Pressure Ulcer Advisory Panel (EPUAP)</th>
<th>Contacted countries (14)</th>
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<tbody>
<tr>
<td></td>
<td>Austria, Belgium, Denmark, France, Finland, Germany, Italy, Israel, Macedonia, Netherlands, Poland, Spain, Sweden, United Kingdom</td>
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| Contacted persons (21) |
## Results – response rate

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<tr>
<th>Association</th>
<th>Contacted countries</th>
<th>Responding countries</th>
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<tbody>
<tr>
<td><strong>European Wound Management Association (EWMA)</strong></td>
<td>(37)</td>
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<td>Contacted persons</td>
<td>(21)</td>
<td>(10)</td>
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- **EWMA**
  - Contacted countries: 37
  - Responding countries: Czech Republic, Poland, Serbia, Spain, Sweden, Ireland
  - Contacted persons: 62
  - Responding persons: 6

- **EPUAP**
  - Contacted countries: 14
  - Responding countries: Austria, Belgium, Denmark, France, Finland, Italy, Macedonia, Netherland, Spain, Sweden
  - Contacted persons: 21
  - Responding persons: 10
Results – data set

• There is only one national operating register in addressed countries (RUT – Sweden)

• PU category is classified mostly by EPUAP, NPUAP (except Austria – Danielson classification)

• The size of PU is measured in most of the countries as well as location with the use of pictogram

• Most common risk scale is Braden or Norton (in Austria Waterloo, in Finland Jacobs/Cubin)

• Positioning regime is not monitored in all countries

• Objective patients evaluation - ADL, MMSE, MNA, GCS, VAS

• IAD and PU associated with surgery are monitored in 10 countries
Conclusion – part 1

• a lack of national data impairs efforts to develop an international research network on patients with PU and to share data and expert knowledge and skills.

• existing data from quality registries on PU prevention are scarce and inconsistent.

• establishing of a common minimum data set in an international setting seems worthwhile.

• the minimum data set of the Swedish National Quality Registry - RUT, along with the new electronic tool for PU monitoring developed in the Czech Republic should allow data and knowledge sharing.
RUT – the Swedish national quality Registry on Ulcer Treatment for patients with leg, foot and pressure ulcers

Research shows reduction of Healing time
(146 days in 2009 - 53 days in 2015)
Per-patient costs
(4043€ in 2009 - 2173€ in 2012)
Treatment with antibiotics
(71% in 2009 - 26% in 2015)
Improved quality of life

52% primary care
35% hospital care
9% community care
4% private care givers

Sweden
> 6500 patients
A bed-side app for wound management

@ primary care /hospital

Registry of Ulcer Treatment®
www.rut-europe.eu

Ulcer size

Nurse/GP
Telemedicine for wound management
Research project 2017 in Blekinge (150 000 inhabitants)

Register every pressure ulcer during one day/week in March using the bed side app

• Hospitals
• Primary care
• Community care

• Follow up in the registry after 6 months
Future research, cooperation and network

The MDS
age, gender, size, duration, pain, treatment with antibiotics or antiseptics, healing time, treatment with NPWT (Negative Pressure Wound Therapy).

DEKUBITY – SDÍLENÍ ZKUŠENOSTÍ NA MEZINÁRODNÍ ÚROVNI
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PRESSURE ULCERS – SHARING EXPERTISE INTERNATIONALLY
Data-based knowledge, skills and guidelines for a care of long-term ill patients

Rut F Öien, Registry manager of RUT, MD, PhD, Associate Professor