Do we take pressure ulcers seriously enough?

The *Journal of Tissue Viability* is pleased to report in this issue upon the development and content of a new National Institute for Clinical Excellence guideline on the use of pressure-relieving beds and mattresses. This guidance is welcome and addresses a significant issue in pressure ulcer prevention and management. While many may express concerns that the guideline is not sufficiently specific this simply marks the current paucity of sound evidence to support the use of particular technologies. Regardless of the strength or weakness of the evidence supporting many wound care practices some important issues could be resolved with little new study. One of these issues is the monitoring of pressure ulcer occurrence. While health-care providers are continually pressed for data upon the number of patients affected and the severity of their pressure ulcers there is no clear guidance upon how such audits are to be conducted, reported and interpreted. The continued failure to provide such a framework for pressure ulcer audits is unacceptable and organisations such as the Tissue Viability Society must seek to convince all players from the Department of Health to individual health-care providers and professionals that a systematic approach to audit must be a priority.

A call for formal guidance upon pressure ulcer audit should not be confused with any effort to use pressure ulcers as indicators of the quality of health-care delivery. It may be that some pressure ulcers mark the delivery of poor quality care but it is equally obvious that not all pressure ulcers result from deficits in practice. There are simply too many gaps in our awareness of pressure ulcer aetiology to accept such simplistic statements that pressure ulcer prevalence or incidence is an unambiguous indicator of the quality of care. Let us move forward from using pressure ulcer occurrence as an indicator of quality and rather let us seek to use systematic audit as a measure of our success or failure in tackling this group of wounds.

The Tissue Viability Society came into existence over 20 years ago but is the problem of pressure ulcers greater or smaller now than in the early days of the Society? We may all hold personal views on trends in pressure ulcer occurrence over the years but as a health system we cannot answer this fundamental question. We cannot answer this question for there are no comparable data on pressure ulcer occurrence over time or by health-care provider. This seriously weakens all attempts to place pressure ulcers high upon the political or policy landscapes – for what policy maker would want to focus on pressure ulcers where no data were available to show their intervention had reduced the scale of the problem. It is now past time to be able to provide comparable data on the numbers of people affected by pressure ulcers.

Many would say 'but should we record pressure ulcer prevalence, incidence or incidents?' Others might add 'but how do we take account of changes in the characteristics of our patient populations?' These are technical issues that could be answered if we, as a wound care community, had a common will to resolve these epidemiological challenges. But who should take the lead on this important issue? It is without doubt that all the UK wound care organisations including the Tissue Viability Society, the Wound Care Society and the Tissue Viability Nurses Association will need to work together if systematic audits of pressure ulcers are to become a reality. There is clearly also a place for our commercial colleagues in promoting such systematic audits within their support to customers.

That systematic audit can be achieved is not in doubt; the European Pressure Ulcer Advisory Panel reported upon the development and testing of systematic approaches to collecting pressure ulcer prevalence data across several European countries[1]. This initiative may assist with questions related to prevalence measures but is prevalence the most appropriate form of audit we could adopt? Most would argue for pressure ulcer incidence or incidents to be reported; the challenge for the Tissue Viability Society and our sister organisations is how should this information be collected? If we do not accept and meet this challenge now then we will remain in ignorance regarding whether our efforts to tackle pressure ulceration have been ultimately successful. We would argue that this is not an acceptable scenario and that it is now time for pressure ulcer monitoring to come of age and demonstrate a maturity that can only come from the performance of systematic audits following nationally agreed methods.

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1 Clark M, Bours G, Defloor T. Summary Report on the Prevalence of Pressure Ulcers. *EPUAP Review*, 2002, 4(2): 49–57.

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