Assessment of Risk for Pressure Ulcers in Critical Patients: Nursing Practice and Reflections in the Context of Multidisciplinary Communication

Josilene de Melo Buriti Vasconcelos, PhD, RN, RN
Health Sciences Center, Federal University of Paraíba, João Pessoa – PB, Brazil

Maria Helena Larcher Caliri, PhD, RN [1]
University of Sao Paulo at Ribeirao Preto College of Nursing, Ribeirao Preto, Brazil

INTRODUCTION

Pressure ulcer (PU) is a serious problem and it is considered an adverse result of healthcare that compromises patient safety; however, they are preventable in most cases.
The incidence of PU is the intensive care unit (ICU) stands out as an important indicator in the quality of care in hospitals in Brazil as in many other countries. Depending on the risk factors to which they are exposed, the patient may present greater or lesser vulnerability to the development of PU. For the risk assessment, international guidelines recommend the use of risk assessment scales and Braden scale is considered valid for PU risk prediction and has being used in a variety of healthcare settings [1].
Evaluation of patient´s risk for PU through a specific scale must be associated with the clinical observation to identify other related factors that are not addressed in the tool.
The results of this evaluation should provide the framework for the development of an individualized care plan, centered on the patient, and this presupposes a collaboration process between patient, family and healthcare professionals [2].

OBJECTIVES

Identifying is an ICU in Brazil, nursing documentation on patient´s records of actions related to risk assessment for PU;
Analyze the perception of members of multidisciplinary health team about risk assessment for pressure ulcers and the interdisciplinary communication process.

METHODOLOGY

Descriptive study, with quantitative and qualitative approach, carried out in the ICU of teaching hospital, in João Pessoa/PB, Brazil after approval by the Ethics and Research Committee of the institution.
Data collection was done initially by a review of 38 patient's records using a structured tool. After that a focus group was conducted with members of the ICU's multidisciplinary team to discuss the results regarding the risk assessment practice for PU and to identify the difficulties and strategies that could be used to improve this practice, considering it within the interdisciplinary communication process.
Four focus groups interviews were conducted, three of them with the nursing staff (6 RNs and 25 nursing technician), and one with representatives from all of the ICU's health professionals (1 physician, 1 dietician and 1 phono audiologist). Analysis of interviews was done using content analysis.

RESULTS

- The risk assessment for PU on admission was documented by the RN´s in the medical records of 57.9% patients and all used the Braden Scale.
- Risk assessment was not documented in any record on the days following admission.

Four categories or themes were identified in the analysis. Two were related to the context of multidisciplinary communication and assessment of risk for pressure ulcer

CONCLUSION

The results of this study shows that in order to improve the quality of care in the setting where the study was done it is necessary to use strategies to modify working conditions as well as to educate professionals about how to use the Braden scale and to use the results of evaluation to plan preventive care in a multidisciplinary perspective.
It is necessary also to focus on how to improve nursing and other professional documentation on patient's records as a way to improve team communication and to prevent PU.

CATEGORY 1 focused on "practice of pressure ulcer risk assessment" and originated three subcategories.

1.1 The subcategory called "risk assessment using the Braden Scale", revealed that this scale is the risk assessment tool used in intensive care, and nurses are responsible for its implementation, they do the evaluation only at the time of patient´s admission, and that the results obtained are not used for the planning of care but for administrative purposes:
It is a tool that can be used by all professionals, however, as the RN are the ones that are more connected with the care and especially with skin care, they are the ones who are using Braden Scale ... However, the results should be used by everyone on the team (RN 1).
It is expected that everyone would use the tool for risk assessment and to plan all the routines and procedures to prevent the occurrence of ulcers, however, this is not done in practice. (RN 1).
The risk assessment for pressure ulcer is usually done on admission, what is missing is the documentation on patient´s records (RN 3).

1.2 The subcategory: "barriers to do the risk assessment for PU" identified the lack of knowledge to perform the risk assessment for PU with the Braden scale, lack of knowledge about professional standards for nursing practice and regulation and nurse´s responsibility for patient care.
Nurses prioritize bureaucratic activities over the actions of direct care with the patient, overwork and complain of fatigue due to long working hours in different hospitals.
The statements from the nurses have reinforced the importance of subsequent evaluations, as it is presented on international PU prevention guidelines:
... Lack of knowledge to do the risk assessment, [...] sometimes tired by work overload, not only in the ICU, but also from outside work, often professional arrives to work tired ... and ends the shift without doing the assessment with the Braden Scale (RN 4).
Often the professional do not knows the law and the standards of practice ... the nurse does an excess of bureaucratic activities, for example, talks on the phone, works on computers, sends lab tests ...and loose time to be with the patient, for example, to do the risk assessment (Tech 2).
The difficulty that I have is related to the patient's conditions on admission for some subscales [...] the total score on admission provide some insights, but only on the day by day after the admission is that you'll have more information to work with him (RN 4).

1.3 In the third subcategory - "strategies for assessing the risk for development of PU" it was evident that the Braden scale should be used as a standard tool for PU risk assessment and that the nurses could continue to apply it daily and document the obtained scores on patients chart.
Also, they emphasized that the results of the total score and sub-scores should be known by the other members of multidisciplinary team and be used to plan the preventive measures.
However all professionals should be educated about the importance of the tool and trained on how to use the Braden scale. Also they should have enough time during their shift to do the assessment and to plan the adequate care:
Since it has been shown that the Braden Scale is effective, we agree that we must continue using it (Tech 5).
It is important to assess the risk to the Braden Scale every day ... (RN 4).
I agree that the question is not who applies the Braden Scale, but what you do with the outcome. I believe that only a professional (RN) can collect data and the others could use the results (Tech 2).
We could evaluate patients with Braden Scale and then use some kind of card to identify and communicate the risk classification by color [...] the greater the risk evidenced by the color, the higher the professional responsibility to decrease the occurrence of PU (RN 6).
Professionals should be trained to use the Braden Scale correctly (Tech 2).

CATEGORY 2 - "Documentation of evaluations in the patient records" has two subcategories.

2.1 On the first subcategory - "the importance and practice of documentation", the nurses showed the importance of the documentation related to the risk assessment; however, they recognized that there was underreporting of those in the ICU.
The dietician stressed the importance of nursing records as a source of information to support the nutritional interventions, so once again the importance of the nursing notes as a source of communication tool between team members.
Nevertheless, the physician did not valued the risk assessment, but the documentation about characteristics of the wound when present, recognizing that there are gaps in the record of the occurrence of these, and that sometimes the nursing professionals do the documentation but the other members of the team do not value the information received.
[...] The results of risk assessment for pressure ulcer with the Braden Scale is often not recorded [...] unfortunately, underreporting of actions by nurses is a constant, and we have to change our practices [...] we evaluate but do not document what we do (RN 3) .
All records pertaining to nutrition, hydration, hygiene, etc. preventive need to be improved , many are being underreported (RN 1) .
Often the issue of workload contributes to nurses failure to register some data ... sometimes go unnoticed, we were careless, the workload is very large in the ICU ... (RN 2) .
In our ICU form for documentation, there is a space to register the presence of UP, but often there is a gap in communication between one and another member of the team [..] ... between who identifies the PU and the health team as a whole and what to do with this information (Ph 1) .

2.2 The subcategory - "strategies for improving the documentation" highlighted the need to design an appropriate form to be included on patient´s chart in order to document the risk assessment and for monitoring the skin conditions during hospitalization.
I believe that a specific form is required which is a way that everyone will have to value the occurrence of pressure ulcers and other injuries too ... is a way to value what is done, to follow up ... (RN 1) .
Another form might be necessary to register risk assessment data for UP and presence of skin lesions ...We could evaluate the form that is already used by the Skin Committee and adapt it to test its use in the ICU (RN 2) .
We have a form to register the nutrition assessment. Pretty soon we will include it on patient´s records. (Dietician).

REFERENCES

1. European Pressure Ulcer Advisory Panel, National Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel; 2009. Available at: http://www.epuap.org/guidelines/guidelines-old/ . Accessed July 27, 2015.
2. REGISTERED NURSES ASSOCIATION OF ONTARIO. Risk assessment and prevention of pressure ulcer: guideline supplement. Toronto, Canadá, 2011. 45 p. Available at: <http://rnao.ca/bpg/guidelines/risk-assessment-and-prevention-pressure-ulcers >. Acessed July 27, 2015.

Acknowledgment to National Council for Scientific and Technological Development (CNPq) for research felllowship to MHCaliri - (1) Member of Rho Upsilon Chapter, Brazil. University of São Paulo at Ribeirão Preto College of Nursing - PAHO/WHO Collaborating Centre for Nursing Research Development - mhcaliri@eerp.usp.br