

**[OP178] EPIDEMIOLOGICAL STUDY OF WOUNDS IN THE "NATIONAL NETWORK FOR INTEGRATED CONTINUOUS CARE" UNITS IN A PORTUGUESE DISTRICT**

Ana Micaela Oliveira<sup>1</sup>, Coimbra, Portugal , Luis Paiva<sup>2</sup>, Coimbra, Portugal

<sup>1</sup>*Nursing School of Coimbra*

<sup>2</sup>*Nursing School of Coimbra; Ucp Enfermagem Médico Cirúrgica*

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Free Paper Session: Students' Free Paper Session

**Aim:** For units of medium-term stay, long-term stay and palliative care of the “National Network for Integrated Continuous Care” in a Portuguese district: to estimate the prevalence of patients with wounds, to know the type of patients, existing wounds and treatments applied.

**Method:** Quantitative research, descriptive, cross-sectional non-experimental model. The data were collected on inpatients found in units of medium-term stay, long-term stay and palliative care in the “National Network for Integrated Continuous Care” in patients with and without wound. For the inpatients with wound will be applied the questionnaire “Epidemiologic Study of Wounds”.

**Results / Discussion:** The total number of patients enrolled in this study is 543. The prevalence of patients with wounds is 21,7%, and most of the wounds were found in units of medium-term stay. Most users are female and elderly, mean age 77.36 years. These results doesn't differ much from other national and international studies of prevalence found. The most frequent wounds are pressure ulcers category III and IV on the coccyx, and their mean area is 15,59cm<sup>2</sup>. The majority of the dressings are changed three times per week and the most applied are hydrocolloid and hydrofibre.

**Conclusion:** It is necessary to have an overall consensus between different institutions and professional roles, based on the evidence research. Considering that the practices related to wounds treatment are constantly changing, it is important the nursing professionals continually update their knowledge in relation to wound care.

**[OP179] FACTORS INFLUENCING RECRUITMENT TO WOUND CARE STUDIES - THE COMMUNITY NURSES' PERSPECTIVE**

Karen Lamb<sup>1</sup>, Leeds, United Kingdom

<sup>1</sup>*Leeds Community NHS Trust; Leeds Wounds Research Unit, Wound Prevention and Management Service*

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**Aim:** To investigate the factors that influence community nurses when involved in recruiting patients to wound care studies.

Wound care constitutes a large portion of the community nursing workload and although there is increasing research activity in this field, recruitment to studies remains challenging. Community nurses are essential to the recruitment process, primarily through identifying and approaching prospective research participants.

**Method:** This study used a qualitative approach utilising classic grounded theory methodology. Semi structured interviews were used to generate data.

Interview recordings were transcribed and the content was coded with themes derived from the data. Qualitative data analysis software\* was utilised for the data analysis process.

**Results / Discussion:** Eight participants were interviewed over an eight month period and included community nursing staff of varying levels of seniority from a Community Trust in the North of England.

Four main themes were identified. These were:

- Knowing about the patient
- Knowing about the study
- Knowing about the research team
- Knowing about the impact of research studies

**Conclusion:** There are a number of factors (besides eligibility criteria) that influence community nurses when considering recruitment of patients to wound care studies. These factors may limit recruitment and have unintended consequences for the transferability and generalizability of research findings to the intended population. Understanding the factors identified within this study should be taken into account when designing future recruitment strategies and planning study initiation training.

\* NVivo10 (QSR International)

## [OP181] WOUND CARE IN EAST ICELAND. POINT PREVALENCE OF WOUNDS, WOUND CARE AND COST

Guðný Einarsdóttir<sup>1</sup>, Fjarðabyggð, Iceland , Ásta Steinunn Thoroddsen<sup>2</sup>, Reykjavik, Iceland

<sup>1</sup>*The East-Iceland Health Directorate*

<sup>2</sup>*University of Iceland; The Faculty of Nursing*

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**Aim:** To identify the number and type of wounds treated in hospital and community care and wound care related cost in Iceland.

**Method:** A point prevalence survey with a focus on resource consumption was carried out in February and March 2014 in East Iceland in all health care settings in the area. The East-Iceland Health Directorate (EIHD) is responsible for providing hospital and community healthcare for the approximately 11.000 people that live within the geographical area defined by the EIHD. Data were collected in hospital care and nursing homes for two days and community care for a week.

**Results / Discussion:** Forty individuals had wounds or 3,7 individuals per 1000 population (there of 35% acute wounds, 15% pressure ulcers, 20% leg ulcers, 9% foot ulcers and 20% other types). Each patient had on average 1.5 wounds (range 1-18). 70% of patients with wounds were treated in the community there of 80% by a nurse only. Extrapolated figures for nurse time contributed to wound care was equivalent to 1.2 full-time nurse-positions in EIHD. 20% of hospitalised patients had wounds. After hospitalisation cost, frequency of dressing changes was the biggest cost factor in wound care, with, daily dressing changes of pressure ulcers being the most expensive.

**Conclusion:** These results conform with other similar studies in this field. Increased efforts are needed regarding organisation of both wound care and wound prevention within EIHD. A comprehensive structured approach is pivotal to reduce cost and improve patient care.

## [OP182] A SYSTEMATIC REVIEW OF THE STANDARDS OF CLINICAL AUDITS IN UK HOSPITALS

Funkyung Lee<sup>1</sup>, Brighton, United Kingdom , Conrad Lee<sup>2</sup>, Brighton, United Kingdom , Michael George<sup>3</sup>, Portsmouth, United Kingdom

<sup>1</sup>*Brighton and Sussex Medical School*

<sup>2</sup>*Brighton and Sussex University NHS Trust*

<sup>3</sup>*Portsmouth NHS Trust*

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**Aim:** Clinical audits were introduced into the National Health Service (NHS) in order to monitor and improve the quality of healthcare practice. Participation in clinical audits has become a mandatory element of continued professional development and annual appraisal for healthcare professionals. The completion of audit cycles has been reported as key elements to its success in creating improvement in practice. The aim of this systematic review is to analyse published reports of clinical audit assessments in United Kingdom (UK) hospitals within the past two decades, to assess their overall quality and audit cycle completion rates, and to identify key elements which will facilitate the production of a successful audit.

**Method:** A literature search was conducted on EMBASE, MEDLINE, CINAHL, HMIC, TRIP database, Evidence Search, Cochrane Library and Google Scholar using keywords “audits”, “audit of audits”, “completion rate” and “hospitals” for years between 1994 and 2014. An additional handsearch of the indexes from relevant publications was done for additional key papers. Only UK studies relevant to the research question were included for further review.

**Results / Discussion:** Of the 1029 search results, 12 relevant publications were reviewed. A total of 877 clinical audits were analysed in these articles. Only 147 audit projects (17%) have been completed with an audit cycle. 138 out of 283 audit projects (49%) lead to implementation of action plan. A number of recommendations have been made to improve the clinical audit programmes such as: audit training, careful planning of audit projects, involvement of the local audit department and senior staff, multidisciplinary approach, adequate handing over of projects to junior staff, and periodical audit reviews.

**Conclusion:** Low completion rate is a major concern for the effectiveness of clinical audits across NHS hospitals. Not only does this lead to valuable time and resources being wasted in these economically austere times, the educational and core value of clinical audits are also jeopardised. Evaluation of local clinical audit practice is therefore highly recommended in consideration of improving clinical standards in UK hospitals.