prevention, and utilisation of the EPUAP/NPUAP grading system and ensuring reporting within the care home for self-improvement. Future studies should distinguish between care home-acquired pressure ulcers and those acquired elsewhere.

Further priorities will be the offering of wound care guidelines containing typical pathways of care for specific situations, such as leg ulcer and skin tear management. However, it is to be recognised that nursing care homes are independent organisations with their own professional structures and internal procedures, so exportation of local NHS organisation policies will need to be negotiated rather than imposed.

From a tissue viability service perspective, work to introduce an operational policy mapping out referral routes and response times will clarify for care home staff access for help for their clients. There will also be exploration of the use of telemedicine systems to determine the value for prioritisation for consultation and prompt follow-up of patients and their outcomes to treatment. The survey has also recorded a simple benchmark for future contract monitoring. It is planned to undertake a repeat prevalence audit in one year.

References


Key points

- Of 458 nursing care home residents surveyed in 16 homes, 115 (25%) had some kind of wound.
- The most common were pressure ulcers (44%).
- Most, but not all care homes used a pressure ulcer risk assessment tool.
- The first priority of the new service is to reduce pressure ulcer incidence.

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