



Shanley Pressure Ulcer Prevention Programme (SPUPP)

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Abstract

Introduction:

There is a potential for increase in the incidence of pressure ulcers (PU) in the older population due to the relationship between ageing and reduced mobility. Prevention of PUs is a key issue for enhancing health, and education is a means to empower people to take an active role in health promotion.

Which educational methods did you use and how did you apply them in practice:

SPUPP is a multimedia programme developed by the author to address the key tenets of pressure ulcer prevention described by the SKIN² bundle which are: S: Skin, K: Keep Moving, I: Incontinence: Nutrition. A multi-centre RCT was employed to determine the impact of SPUPP¹. Following ethical approval 64 older adults, living in the community setting participated in the intervention. The intervention group (n=32) participated in the education programme, which consisted of 5 multimedia sessions delivered every 5 days. Both groups completed the KPUP tool, which is a validated knowledge, attitudes and behaviours questionnaire, pre and post intervention. Knowledge was scored from 0-20. Descriptive analysis was used to summarise, describe and explain the data. Inferential statistics were used to test for possible associations between variables.

What were the results?

The participants ranged in age from 70-96 years, 75% (n=48) were female. Pre-intervention the mean knowledge scores were 11.68 (SD: 3.09, intervention group) and 11.68 (SD: 3.60, control group). Post intervention the mean knowledge score in the intervention group was 16.87 (SD: 1.87), and the control group was 12.40 (SD: 3.2). The mean difference in knowledge scores post-test was 4.47 (95% CI: 3.19 to 5.75; p=0.00001) indicating a positive impact within the



experimental group participants. Positive changes were also noted in favour of the intervention group, regarding self-reported health behaviours and attitudes towards PU prevention.

Discussion and further steps:

SPUPP impacted positively on knowledge scores of the participants and also positively influenced attitudes and behaviours towards PU prevention. The significance of this is that it is possible to impact upon individual's knowledge, and in doing so; provide the person with the ability to participate in their own health promotion and ill-health prevention. Patient involvement in healthcare and the rights of patients to have a central part to play in the healthcare process have long been seen as an important aspect of health care provision, and the benefits are believed to include enhanced motivation and knowledge about health and illness resulting in an increased ability to monitor and care for themselves.

Clinical relevance:

SPUPP contributes to the concept of active and healthy ageing, of patient empowerment and of enhancing the capacity and capability of individuals living within the community care setting. This study will add to the growing body of evidence for preventing pressure ulcers and provide valuable data for this cohort of people.

References:

1. Royal College of Surgeons in Ireland, School of Nursing & Midwifery, Shanley, Emer, Moore, Z, Patton, D. *SPUPP Shanley Pressure Ulcer Prevention Programme*. Dublin. RCSI Publications, 2016. Print and Electronic Format.
2. Gibbons W, Shanks HT, Kleinhelter P, Jones P Eliminating facility-acquired pressure ulcers at Ascension Health Jt Comm J Qual Patient Saf. 2006 Sep;32(9):488-96.
3. Royal College of Surgeons in Ireland, School of Nursing & Midwifery, Shanley, Emer, Moore, Z, Patton, D. *SPUPP Shanley Pressure Ulcer Prevention Programme* [Supplemental



Questionnaire–Knowledge of Pressure Ulcer Prevention [KPUP] v.1. Dublin. RCSI Publications, 2016. Print and Electronic Format.