Pressure Ulcer Prevention Course: Risk Screening, Skin Bundles and Ward Audit

12 – 16 July 2027
Rome

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Programme Summary

Pressure ulcer prevention is the subject of this one-week training course for directors of nursing, quality and patient safety leaders at managerial level, and each participant completes a prevention bundle and audit plan for their own wards. Hospital-acquired skin damage is largely avoidable, yet it persists where screening, equipment and unit routines are not managed as one system. The programme moves from risk and skin assessment to bundle design, device-related injury, audit and learning. Mars Training Centre UK delivers this programme on pressure ulcer prevention for mixed hospital cohorts.

The Business Case

Pressure injuries extend stays, add nursing workload and erode patient trust, and they are among the clearest signals of how reliably basic care is delivered. Leaders who can see where harm arises, and why prevention steps are missed, can redirect effort before incidents multiply. The programme gives them a method to measure, explain and act on that picture.

- Patient harm: fewer avoidable hospital-acquired skin injuries through reliable bundles.
- Resource use: better-targeted decisions on support surfaces, repositioning and staffing.
- Reporting quality: prevalence and incident data that boards and units can trust.

Principles and Evidence Base

- The EPUAP, NPIAP and PPPIA International Clinical Practice Guideline: participants use its recommendations on risk assessment, skin and tissue assessment, repositioning and support surfaces to set the standard for ward practice.
- Human factors: participants examine why correct steps are missed under workload and redesign routines accordingly.
- Pareto analysis: participants rank injury sites, wards and causes so effort goes where harm concentrates.
- Plan-do-study-act cycles: participants test unit changes in small steps and judge them on data.

Intended Participants

- Leaders accountable for nursing standards across several wards or a whole hospital.
- Quality and patient safety managers who own harm reporting and audit.
- Senior clinicians who sponsor wound, skin and tissue viability services.
- Managers who decide on mattresses, cushions and prevention equipment budgets.

The programme suits acute hospitals, long-term care providers, rehabilitation services and health authorities.

Learning Outcomes

1. Participants will be able to evaluate a hospital's pressure ulcer risk profile using screening and prevalence data.
2. Participants will be able to construct a skin care bundle that ward teams can apply reliably each shift.
3. Participants will be able to prioritise support surface and repositioning decisions by patient risk.
4. Participants will be able to diagnose causes of device-related pressure injury and specify controls.
5. Participants will be able to design a ward audit that separates true prevention failure from recording gaps.
6. Participants will be able to justify an improvement plan with unit feedback, targets and review dates.

Programme Structure

Day 1: Why Pressure Ulcers Occur

How do pressure, shear and patient condition combine to cause tissue damage?

- Pressure, Shear and Microclimate Model
- Staging and Classification Systems
- Risk Assessment Scales
- Skin and Tissue Assessment Checklist
- Hospital-Acquired Harm Pathway Map

Day 2: Reading Risk Across Wards

How is exposure measured and ranked across units and patient groups?

- Point Prevalence Survey Design
- Incident Data Review
- Pareto Ranking of Injury Sites
- Admission Screening Gap Analysis
- Ward Risk Heat Map

Day 3: Designing the Prevention Bundle

Which routines belong in a skin care bundle and how are they made reliable?

- Repositioning Schedules and Records
- Support Surface Selection Matrix
- Heel Offloading Protocol
- Nutrition and Hydration Referral Trigger
- Human Factors Review of Bundle Steps

Day 4: Devices, Audit and Learning

How are device-related injuries controlled and how does audit show whether prevention works?

- Device-Related Pressure Injury Controls
- Ward Audit Tool and Sampling Plan
- Root Cause Review Template
- Unit Feedback Dashboard
- Plan-Do-Study-Act Test Log

Day 5: Applying the Plan to Your Hospital

How do the earlier tools combine into one plan that a hospital can adopt?

- Application of Risk Map to Priority Wards
- Application of Bundle to Local Equipment Limits
- Application of Audit Tool to Reporting Cycle
- Board and Ward Briefing Plan
- Completed Prevention Bundle and Audit Plan

Methodology

The principal method is a data workshop. Participants work on anonymised prevalence tables, incident summaries and ward profiles, test their reading of them in small groups and defend decisions before peers. Short inputs introduce each tool, and most time is spent applying it to cases drawn from acute care, long-term care and rehabilitation settings.

- Suggested activity: rank wards by risk using a supplied prevalence table.
- Suggested activity: redesign a repositioning routine that fails on night shifts.
- Suggested activity: critique a ward audit tool and correct its sampling.

Capstone Output

Each participant completes a prevention bundle and audit plan for their own hospital. It contains a risk map, the bundle steps with owners, a support surface decision rule, a device injury control list, an audit schedule and a unit feedback format. Participants take it back to nursing and quality committees as the draft for adoption and review.

Frequently Asked Questions

Is this pressure ulcer prevention programme suitable for non-clinical leaders?

Yes. It is pitched at managerial level for leaders who oversee nursing and quality. It assumes familiarity with ward operations and hospital reporting, but no bedside wound care skills.

Which guideline does pressure ulcer prevention in this programme rest on?

It rests on the EPUAP, NPIAP and PPPIA International Clinical Practice Guideline, applied with human factors and improvement methods to run prevention across many wards.

How is the pressure ulcer prevention capstone used at work?

You take the bundle and audit plan to your nursing and quality committees. It gives them a risk map, owners, audit schedule and feedback format to adopt, test and review.

How does pressure ulcer prevention differ from a general patient safety programme?

It concentrates on one preventable harm and its skin, equipment and device causes, while a general patient safety programme covers many harms and system themes at higher level.