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Reducing the Incidence of Bedsores among Adult Medical Admissions at a teaching hospital, Liberia, 2019

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**Introduction:**

This is the premiere tertiary and teaching hospital in Liberia, a low-income country.  Bedsores, which are a sign of poor nursing care, are known to result in increased hospital stay, huge hospital bills and increased inpatient mortality.  We observed a high average monthly bedsore incidence rate of 27.3% among bedridden medical admissions at the hospital, a rate that was twice that seen in Nigerian hospitals (13.84%). Our objective was to reduce the average monthly bedsore incidence rate among bedridden adult medical admissions at the teaching hospital by half, from 27.3% to 13.7% by end of May 2019.

Method

This was a clinical audit carried out on the ward and in the emergency room of the internal medicine department at the hospital between March and May 2019. We retrospectively reviewed inpatient charts from the internal medicine department between January and March 2019 and then tallied the occurrence of bedsores and the number of bedridden patients during that same period. We then calculated the average monthly bedsore incidence rate among bedridden patients and used it as our baseline incidence rate.   Causes of bedsores in the department were identified by searching for the relevant SOPs, observing how the nursing staff managed bedridden patients and assessing the equipment and materials on the wards as well as ambient room temperature and humidity.   A comparative analysis of specific interventions for each root cause was carried out and the most ideal interventions were implemented.

Results

A total of 33 out of 131 (27.3%) bedridden patients in the internal medicine department were found to have developed bedsores between January and March 2019.   Four root causes, namely, the lack of SOPs, limited knowledge among nursing staff, lack of bedsore-preventing mattresses and equipment and hot plus humid wards were identified as the major causes of bedsores in the department.  Interventions specific to the first two were chosen for implementation following a comparative analysis.   A standard operating procedure on the prevention and management of bedsores was developed, approved and adopted by the hospital management.  Thirteen nursing staffs were trained on the prevention and management of bedsores and the monthly incidence of bedsores dropped from 27.3% in March 2019 to 16.7% (9 out of 54) in May 2019. The total cost of these interventions was a hundred and fifty-five United States dollars only.

Conclusion

Simple and effective interventions can be implemented with good results on meager budgets. Though we failed to reach our target, we managed to reduce the incidence of bedsores in the department significantly.  The team should continue monitoring and reinforcing knowledge and skills on bedsore prevention and management among the nursing staff. Similar clinical audits should be rolled out in the other departments at the hospital as well as other hospitals in low-income countries.