Data Collection Policy

Pressure Ulcer Prevalence and Incidence Data
The ultimate aim of these procedures is to reduce the number of pressure ulcers in all care settings. Pressure ulcers are painful and debilitating for patients, usually result in an extended length of stay in hospital and frequently leave a negative impact on quality of life.

Pressure ulcer prevention and treatment protocols are predicated on data from various sources which indicate that pressure ulcers occur across all care settings including in acute, community and nursing homes. Once a patient develops a pressure ulcer the cost of their care increases dramatically, with the most significant cost being during any period of hospital admission, irrespective of whether the admission is for care of the pressure ulcer or for any other reason.

Current quality initiatives are focused on the prevention of pressure ulcers in NHS care with the aim of zero hospital acquired pressure ulcers. Pressure ulcer monitoring systems have been introduced across NHS in-patient facilities, including in Safety Thermometer in England for reporting of serious incidents. The first of two related papers considering pressure ulcer monitoring systems across NHS in-patient facilities in England focused on a Wound Audit (PUWA) to assess the accuracy of these systems and found high levels of under-reporting for all systems and highlighted ‘data capture challenges’, including the use of clinical staff to inform national monitoring systems and the completeness of clinical records for pressure ulcers.¹

The data collection and reporting projects being conducted by nursing-qualified Medstrom staff are in association with NHS Trusts and Health Boards and are intended to assist in the provision of accurate, up-to-date information to enable informed action targeted to improve the quality of outcomes. All data collected is anonymised and remains the property of the NHS.

Collection of Clinical Outcome and Product Evaluation Data
In order to evidence the clinical efficacy of our products, and to continue to support evidenced based practice, clinical outcome data and data from product demonstrations, evaluations and trials is often gathered. All data collected is anonymous and may be used to develop summaries of clinical outcomes or product evaluations that may be used for marketing purposes.
