Preventing Hospital-Acquired Pressure Ulcers

OBJECTIVES:

- Describe how the use of electronic health records can reduce hospital acquired pressure ulcers
- Describe how implementation of a Skin and Wound Resource Team can effect unit-based practice change.

PURPOSE:

To implement preventive interventions and documentation of care so that efforts to prevent skin breakdown can easily be seen when documentation is reviewed. The National Pressure Ulcer Advisory Panel challenges us to prepare nurses with the minimum competencies for pressure ulcer prevention.

SIGNIFICANCE:

Hospital acquired pressure ulcers are a patient safety issue and millions of dollars are spent annually on prevention. An effective national approach begins with each facility. NDNQI accepts "rate of nosocomial pressure ulcers" as a valid measure of the quality of nursing care in a facility.

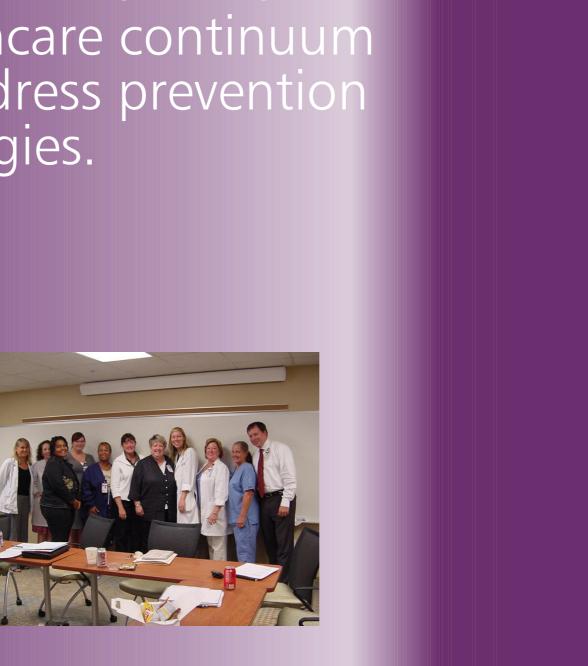
STRATEGY AND IMPLEMENTATION:

The NPUAP guidelines were implemented in an acute care setting by identifying need for improvement via quarterly house-wide skin surveys to monitor hospital-acquired pressure ulcers and 'bed audits' to identify user problems with motorized beds. Based on these results, a Skin and Wound Resource Nurse Program was developed using a 'train-the-trainer' approach. Nursing protocols, four online training modules, annual competencies, and a skin and wound resource website related to skin assessment, management, and documentation was developed. Individualized unit-based 'Skin Rounds' provided one-on-one education and raised awareness for bedside nurses and nursing assistants. A 'Rapid Response Team' approach was implemented to address hospital acquired pressure ulcers identified by the electronic medical record. Multidisciplinary groups were involved in prevention strategies including Informatics, Food and Nutrition Therapy, Physical Therapy, OR, PACU, Environmental Services, Long Term Care, ED, and Rehab Services.



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A Skin Summit was formalized involving multidisciplinary groups across the healthcare continuum to address prevention strategies.



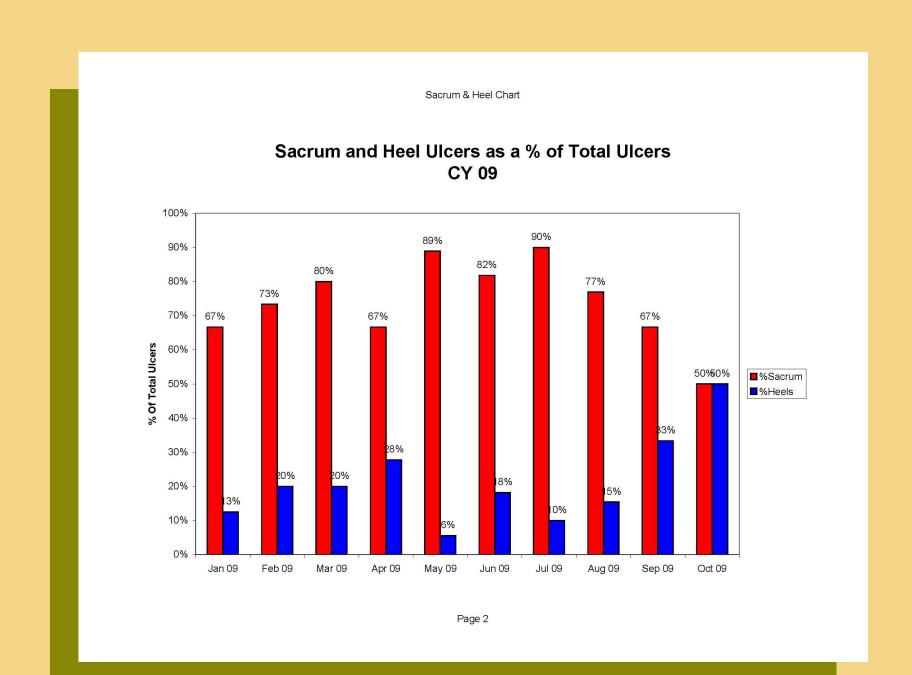
Unit-based ownership of pressure ulcer prevention consisting of education, root cause analysis, electronic medical record auditing of documentation, and patient population specific resource development

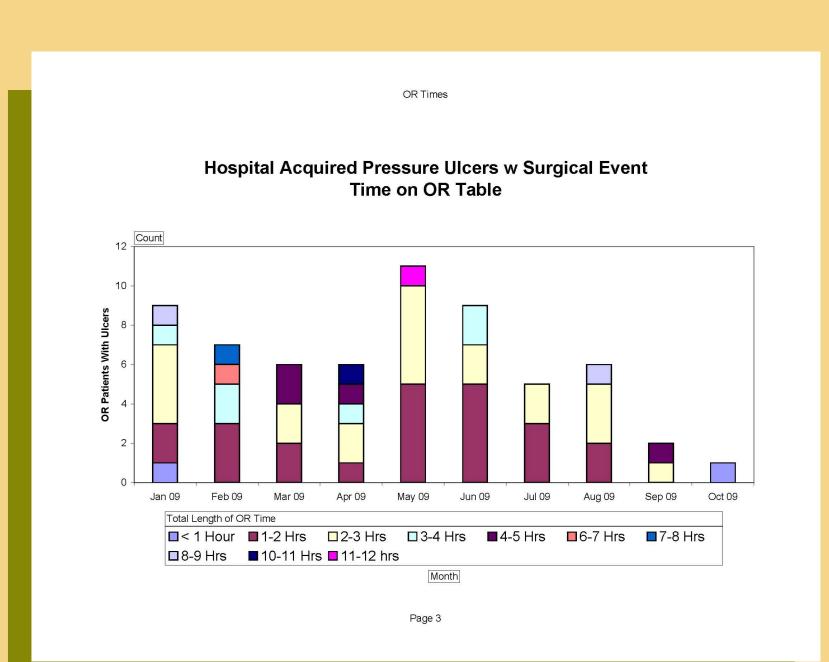
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EVALUATION:

After 26 months, our quarterly hospital-acquired pressure ulcer results continuously improve, skin issues are identified earlier and at less severe stages, all R.N.'s and Nursing Assistants have had one-on-one education, and Braden Scores and other documentation related to skin continue to improve.

IMPLICATIONS FOR PRACTICE:

The electronic medical record is a reliable tool to research issues concerning pressure ulcer formation and identify areas for quality improvement. Achieving this quality requires focused and collaborative efforts. A culture of safety within the facility is essential to effecting improved outcomes.

