Preventing Pressure Ulcers Across the Continuum of Care

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Purpose: Our goal with this initiative is to implement practice change that results in reduction and/or elimination of pressure ulcers across the continuum of care.

Significance: Tracking trends allows us to focus on areas where improvement is needed. Because pressure ulcers are a result of direct patient care practices across the continuum of care, the significance of this initiative has been and continues to be providing safe passage for our patients.

Strategy and Implementation: Following an initiative in March of 2008 that resulted in bringing our hospital-acquired pressure ulcers to less than 5%, we began to assess trends from the prevalence study--focusing on the continuum of care. For example, we worked with respiratory therapy to change the practice of nasal cannula usage to include foam on all tubing. As a result, we have eliminated pressure ulcers to the ears. Another example of practice change was documentation of skin assessments on admission. The trends indicated that patients with thoroughly documented skin assessments were less likely to develop skin breakdown. Changing practice to incorporate the skin assessment sheet in all initial paperwork has resulted in further decreasing our hospital-acquired prevalence. Currently we are working with the OR to develop a practice change that will reduce stage I pressure to chins following prolonged back surgeries.

Evaluation: Success for us is knowing that our patients pass safely through the continuum of care while with us. We measure our success by our monthly prevalence study percentages. In June of 2009 our aggregate hospital-acquired pressure ulcers was 1.6%.

Implications for Practice: By focusing on safe passage for our patients throughout the continuum of care, identifying trends from the monthly prevalence study, and focusing on practice change, we have achieved a significant reduction in hospital-acquired pressure ulcers.



