

St. John Medical Center is a 650+ bed teaching hospital located in Tulsa, OK. Our Adult Intensive Care Unit (AICU) is a 22 bed unit with the average age of 62.4. Our Apache score is 62.43 vs 58 at other facilities. AICU admitted 1915 patients into the unit last year. The top 5 admission diagnosis were: Respiratory, Acute MI, Sepsis, CV-other, and Bacterial Pneumonia.

# War on Wounds in the Adult Intensive Care Unit

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## Our Problem

The incidence of pressure ulcer development in our Medical Intensive Care Unit peaked at 50% July 2008. Staff felt the continuous lateral rotation beds not only prevented pulmonary complications but also prevented pressure ulcer development.

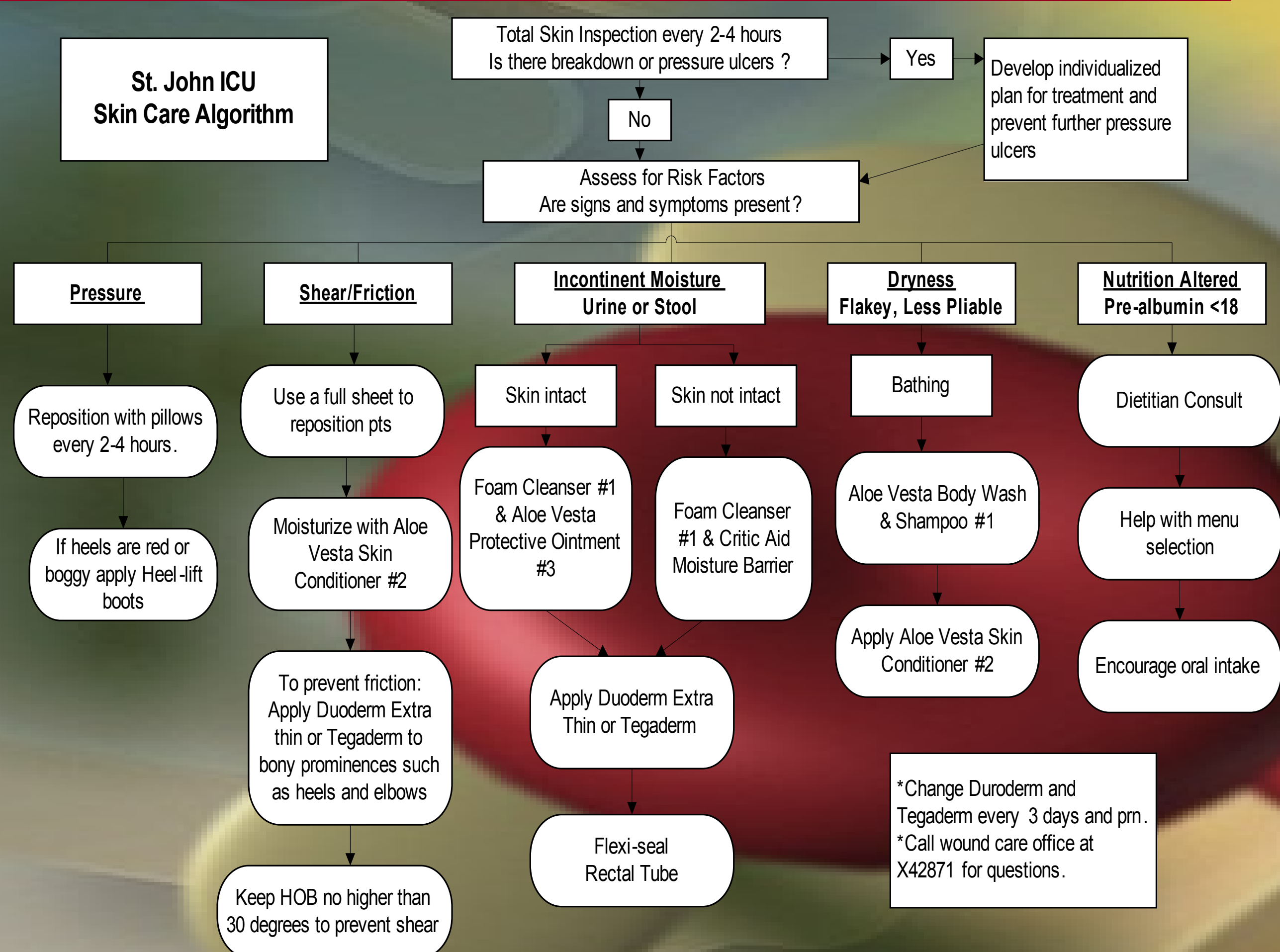
## Purpose

A performance improvement project was developed to increase nursing awareness of risks for pressure ulcer development in the ICU while using continuous lateral rotation therapy (CLRT). This aggressive campaign introduced tools/interventions to reduce pressure ulcer incidence in this high risk group.

## Significance

In 2008 CMS instituted non-payment for nosocomial pressure ulcer treatment of Stage III and IV pressure ulcers. While national standards recommend Q 2 hour turning as a prevention strategy, the ICU is using CLRT to prevent/treat pulmonary complications. The challenge is to prevent pressure ulcers while rotating a patient 18 hours/day.

## Skin Care Algorithm



## Solution: War on Wounds (WOW)

### Increase Awareness of Problem:

- Presented data to Unit-based Council (UBC)
- Staff meetings and specific unit education
- Bulletin board with monthly reports
- Nursing pods with posted monthly reports and WOW turn schedule

### Leadership Support From:

- Clinical Educator
- Nurse Manager
- Critical Care Nursing Director
- Vice President of Nursing
- Medical Director of Quality and Safety

### Nurse Buy-in:

- UBC agreed that the problem must be addressed
- Staff nurse developed unique turn schedule
- Staff nurses made overhead announcements during scheduled manual turns

### Personnel and Material Resources:

- ICU educator developed and provided extensive education, assisted with auditing staff performance with one-on-one instruction
- Dedicated ICU Certified Wound Ostomy Continence Nurse (CWOCN) rounded on all patients with low Braden every 2-3 days
- Fluidized-gel head pillow, heel protectors (prevention & treatment), turning wedges
- Skin Care Algorithm: aids in skin care product/interventions based on risk assessment

### Evaluation Process:

- CWOCN evaluated see all patients with low Braden every 2-3 days
- Variations were written on all newly developed pressure ulcers
- Educator and manager made intermittent rounds
- Manager asked to look at pressure ulcers found by CWOCN

### Predicted Outcomes:

**Patient:** Maintain intact skin during ICU stay

**Nurse:** Perform thorough skin assessment each shift, document and report alterations in skin integrity to CWOCN, follow turn schedule, utilize skin care algorithm and pressure relieving devices.

**Organizational:** Reduce ICU acquired pressure ulcer prevalence by 50% within 6 months.

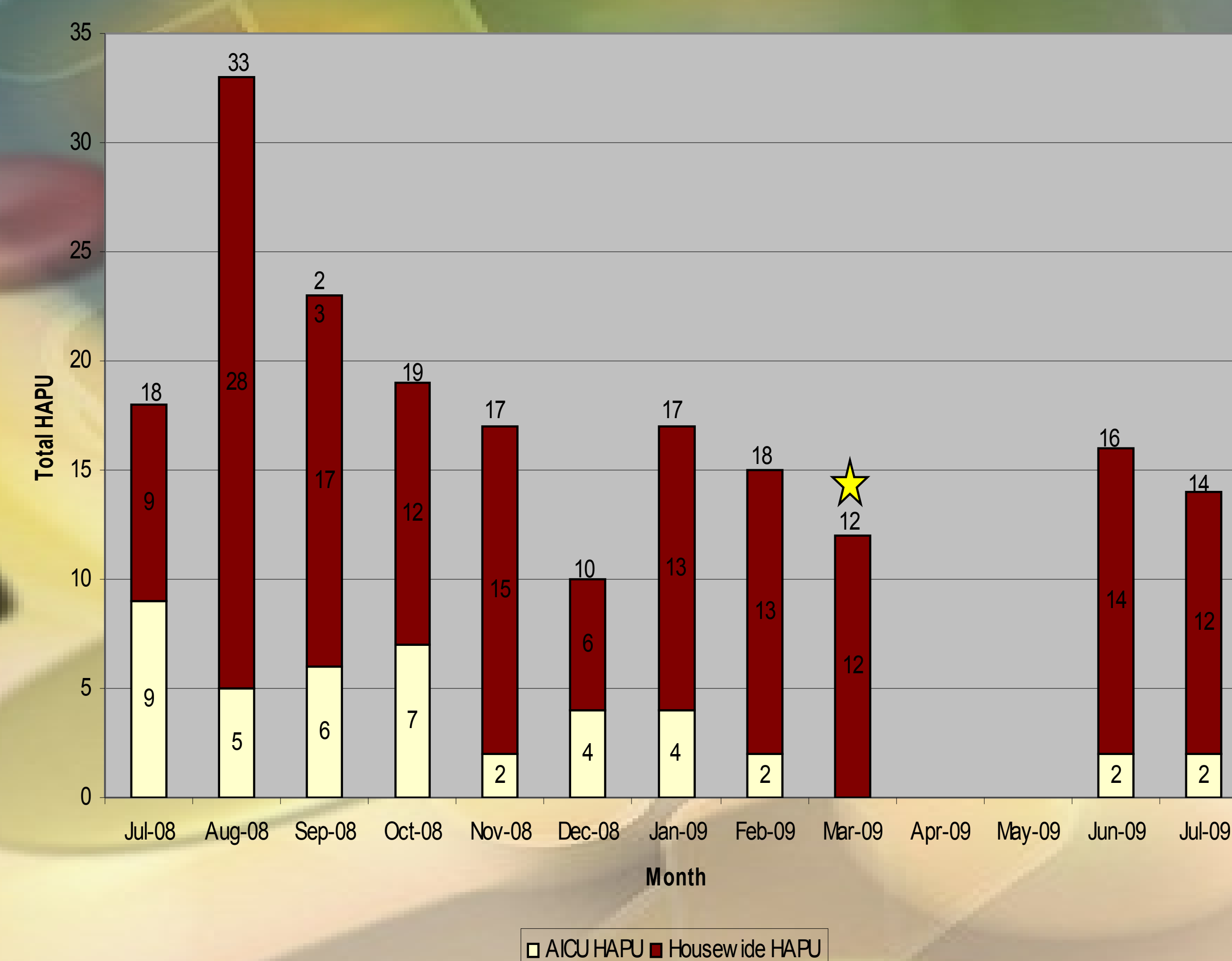
## Manual Turn with CLRT Schedule

Assess skin and document in Cerner by 1000 & 2200 daily.

Stop rotation and manually turn the patient on the following schedule:

<b>0500-0600</b> Manual turn	<b>0600-0900</b> Rotation per sport bed
<b>0900-1000</b> Manual turn	<b>1000-1300</b> Rotation per sport bed
<b>1700-1800</b> Manual turn	<b>1800-2100</b> Rotation per sport bed
<b>2100-2200</b> Manual turn	<b>2200-0100</b> Rotation per sport bed
<b>0100-0200</b> Manual turn	<b>0200-0500</b> Rotation per sport bed

## Hospital vs AICU (PU Incidence)



## References

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