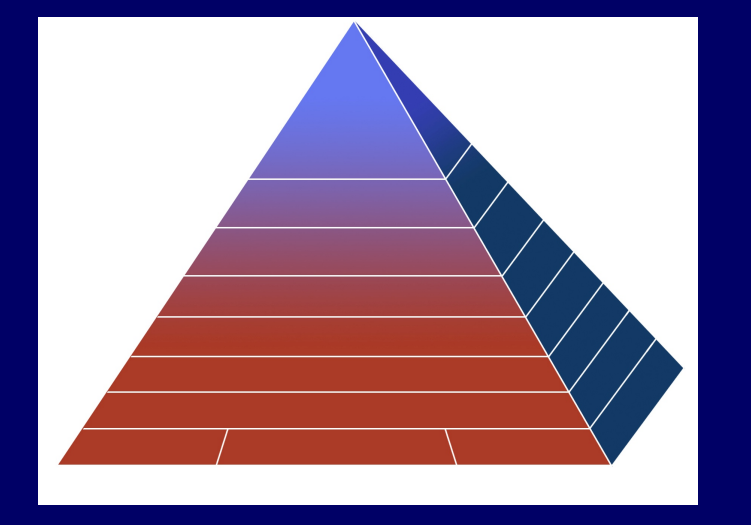


Skin Care Clinical Nurse Champions: Protecting the Bottom Line



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Purpose

The purpose of this innovation was to engage clinical nurses to champion the implementation of evidence-based practice guidelines for pressure ulcer prevention to support the organization's goal for reducing the prevalence of hospital acquired pressure ulcers (HAPU) in an academic medical center.

Implementation

Pressure Ulcers

- Defined as any lesion caused by unrelieved pressure resulting in damage to underlying tissue.
- Most commonly occur over bony prominences (sacrum, heels, greater trochanter, and ischial tuberosities).
- High risk populations include elderly, elderly with hip fracture, patients with spinal cord injuries, diabetics and patients with ESRD.
- Patients with pressure ulcers are 3 times more likely to be discharged to a long-term care facility.
- Increase patient LOS and discomfort and mortality. The average cost of managing a full-thickness pressure ulcer is \$40,000.
- As of October 1, 2008, CMS are no longer reimbursing hospitals for care of hospital-acquired pressure ulcers.

UPHS Pressure Ulcer Prevention Bundle

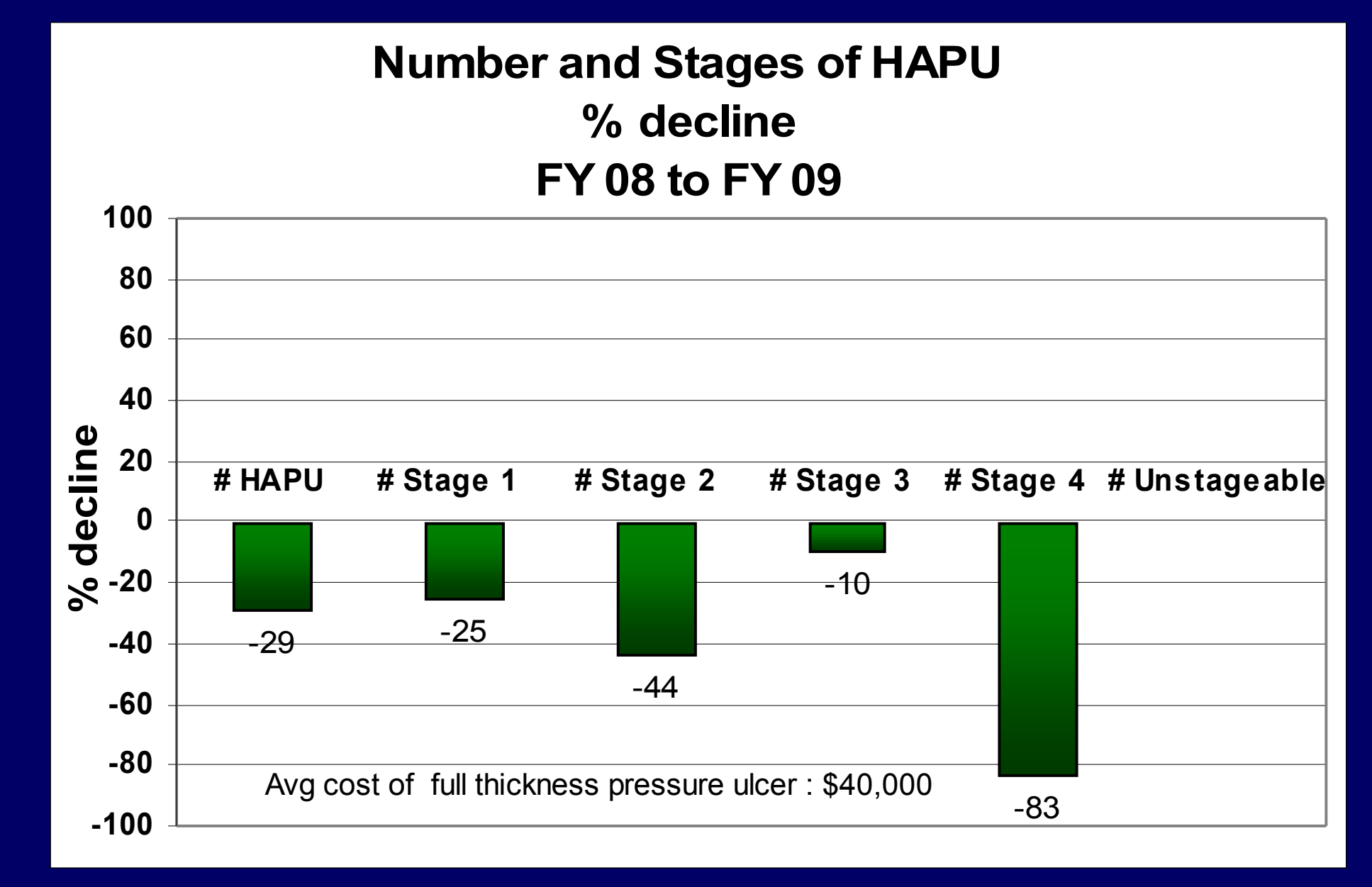
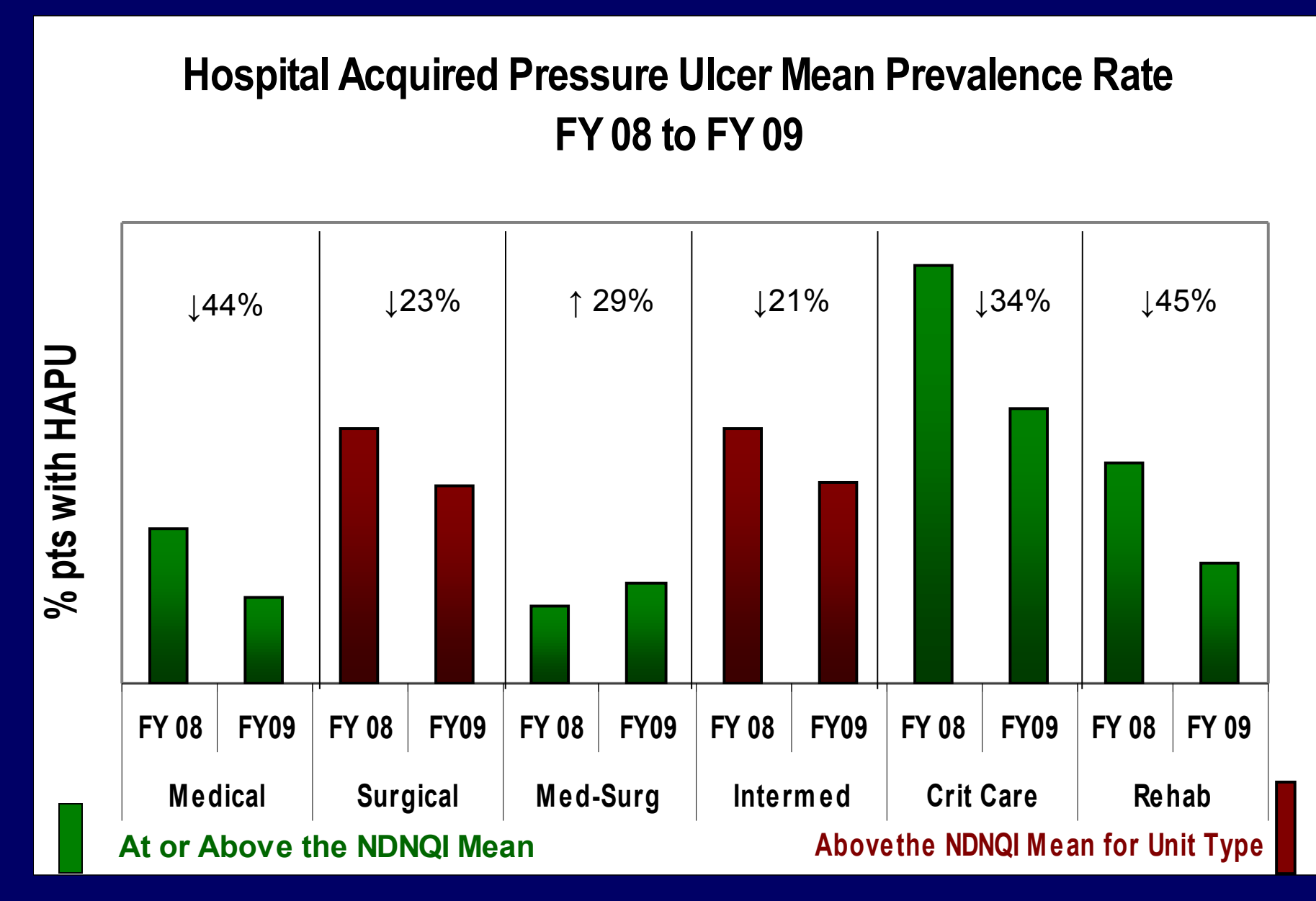
- S**upport Surfaces
- K**eep Repositioning
- I**ncontinence Care
- N**utrition & Hydration
- C**areful Lifting
- A**ssess risk and skin daily.
- R**educe HOB < 30 degrees
- E**levate Heels

Evaluation

Through this innovation, the overall HAPU prevalence rates decreased by 57% from Q4FY08 to Q4FY09. When benchmarked with NDNQI Academic Medical Centers, the prevalence rates for medical, medical-surgical, critical care, and rehabilitation units met or outperformed the mean.

Significance

With reimbursement declining for HAPU, clinical nurses are in a pivotal role to positively impact both patient outcomes and organizational financial health. Significant reduction in HAPU can be achieved through evidence-based prevention and organizational investment in education and technology.

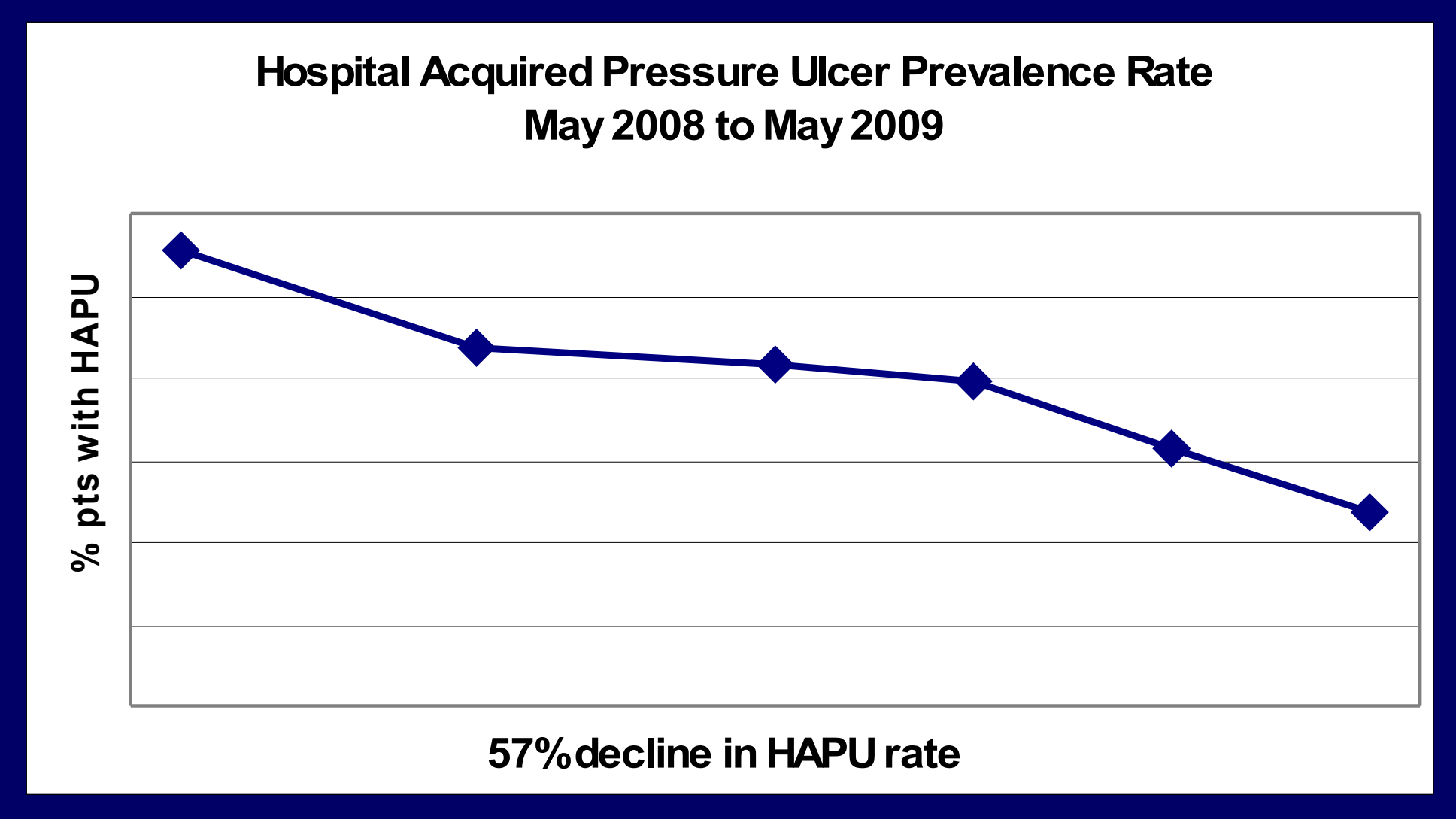


Strategy

This innovation used established clinical nurse EBP champions to focus on implementation of the newly developed SKIN CARE prevention bundle.

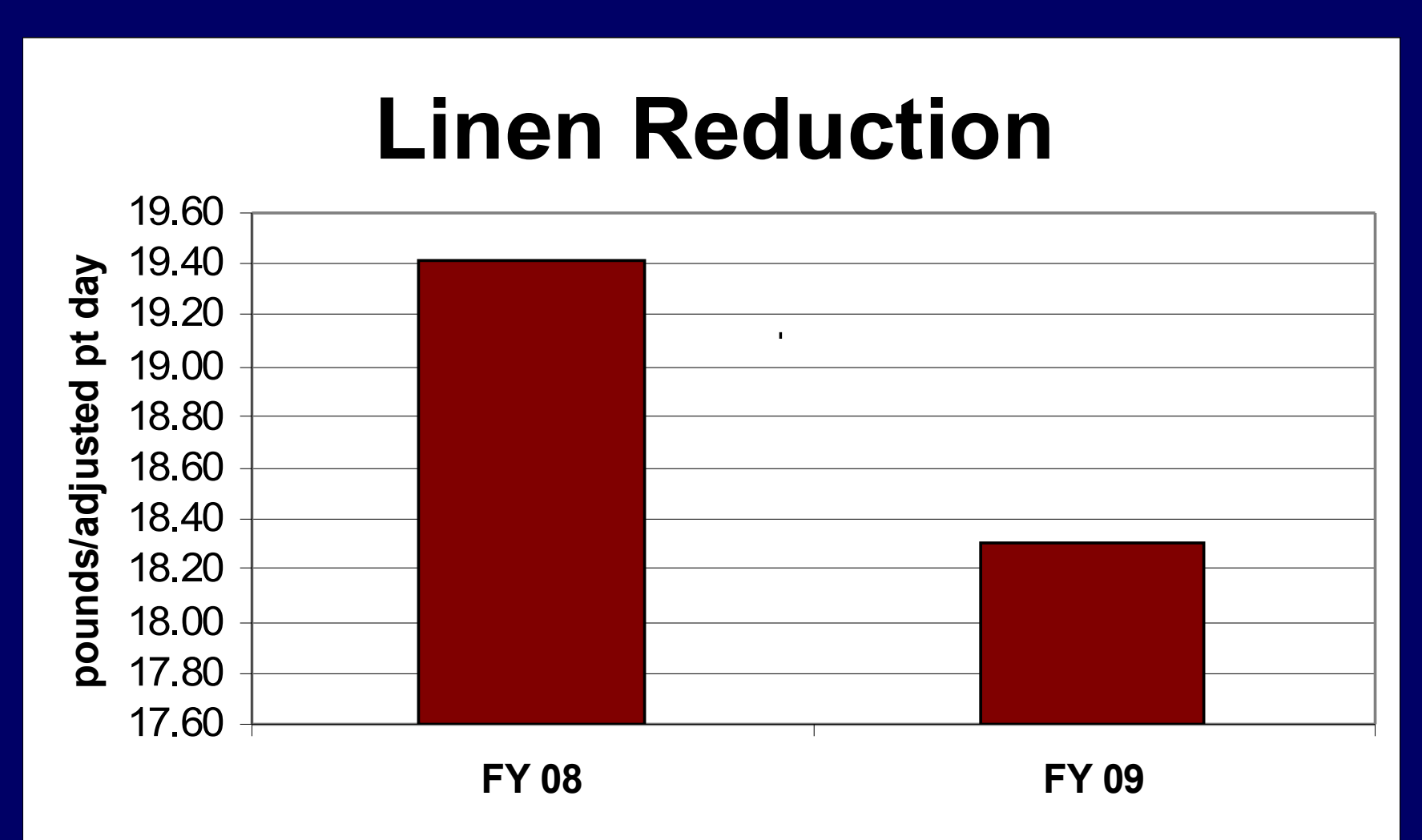
Quality improvement innovation consisted:

- On-line self-learning module on prevention & staging
- Modification of documentation tools to improve daily skin assessment and to link risk assessment to prevention interventions
- "Less is Best" linen reduction campaign projected to save \$62,415 in the first year



Less is Best!

Every extra layer of linen:
 • Increases interface pressure
 • Increases skin temperature
 • ↑ heat → ↑ moisture
 • ↑ moisture → ↑ friction & shear
 • Increases risk of Pressure Ulcer development!



Implication for Practice

This successful intervention highlights the influence of clinical nurses in improving patient outcomes through applying evidence-based guidelines, thus showcasing nursing's contribution to organizational fiscal health in an era of pay for performance.

Technological investments included:

- Easily accessible website with comprehensive EBP guidelines
- Installation of ceiling mounted lifts
- Proactive use of low air loss surfaces for high risk patients

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