Combating Pressure Ulcers through the Implementation of Unit Based Pressure Ulcer Prevention Protocol (PUPP) Teams

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Overview: Hospital Acquired Pressure Ulcers (HAPU) present a real challenge in today's society. Over the last decade, HAPUs have increased causing hospital admissions and extended length of stays. Because of this fact, as of October1, 2008, Medicare can deny payment of preventable HAPUs. As of 1996, the direct costs of caring for all ages of persons with incontinence was documented at $11.2 billion annually in the community and $5.2 billion in nursing homes[1] and the numbers are increasing ill no longer

Purpose:

To share how one medical center decreased the incidence of HAPU through the development and implementation of an effective PUPP team at the unit base level.

Objective

- Describe strategies for unit staff to decrease the percentage of HAPUs.
- Recognize the impact of involving all levels of staff in the education for pressure ulcers.

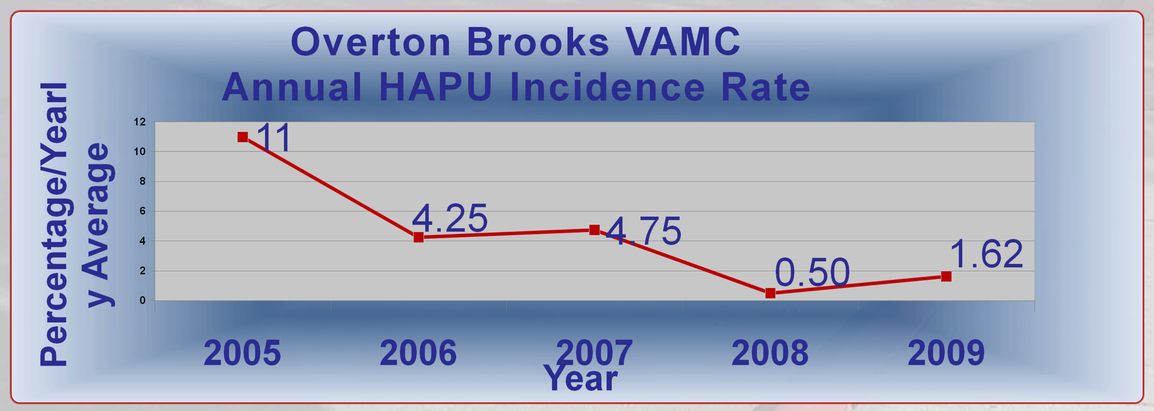
Significance

Pressure ulcers cause pain and suffering to patients, increase nursing hours of patient care, and increase cost of healthcare. The literature estimates that the cost of caring for patients with pressure ulcers can exceed $50.000 per incident depending on severity of the wound.

PUPP Team

Strategy and Implementation

An 11% HAPU rate triggered intense chart review for inner-rater reliability and an educational needs assessment. Accurate Braden Scale scoring and knowledge of preventive strategies were identified as deficient. Skin resource nurses and PUPP Champions from each unit were recruited and trained to assist with PUPP education. Several strategies were implemented to support the PUPP Team Initiative. Development of an evidenced based pressure ulcer prevention protocol incorporated a standardized order set that alerted providers of high risk patients. The Interdisciplinary Wound Care Team created a Skin Risk Assessment Template which included the Braden Scale and patient specific interventions. Awareness increased significantly through the use of bedside posters, bi-weekly rounds with the Wound Ostomy & Continence Nurses and PUPP Champions communication with staff and families. These interventions have resulted in maintaining a HAPU rate below the national benchmark.



Evaluation

Establishment of unit based PUPP teams significantly decreased the percentage of HAPUs from an initial 11% to a yearly average of less than 2.5%.

Implications for Practice

Education, engagement and empowerment of nursing staff can significantly improve nursing practice and clinical outcomes related to the nursing sensitive indicator of HAPUs.

References

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