

BACKGROUND

Regulatory agencies have recently launched major initiatives aimed at preventing quality failures and now designate the development of pressure ulcers as a "Never Event". Hospital acquired pressure ulcers (HAPUs) place patients at increased risk for adverse events and significantly drive up healthcare costs. The burden of HAPUs is immense in terms of human suffering and mortality (nearly 60,000) with a whopping annual price tag of \$11 billion dollars.

To address the issue of HAPU prevention, an interdisciplinary team headed by nurses sought to proactively effect targeted interventions that could be monitored and measured. Partnering with NDNQI was the key strategy to help us meet regulatory demands by providing a systematic approach that enabled us to assess, measure, evaluate and improve outcomes. Using NDNQI as a source for evidence based practices and tools, we gained stake holder buy-in to stimulate and hardwire hospital wide cultural changes. Prevalence studies were pivotal as a springboard for comprehensive education, improving nursing competence/clinical skills, interdisciplinary collaboration, revision of policies, and streamlining processes. Achieving quality rhythms with NDNQI data improved outcomes.

PURPOSE

To demonstrate NDNQI partnership as the cornerstone for launching HAPU prevention initiatives and infusing evidence based protocols into Moses Taylor Hospital culture.

STRIKING THE PERFECT CHORDS FOR QUALITY CARE

Maestro *NDNQI* and The Moses Taylor Hospital Orchestra present *"The Prelude to Interdisciplinary Harmony"*



Comprehensive Education, Competency and Champions



Evidence Based Bundles, Protocols, Standardization



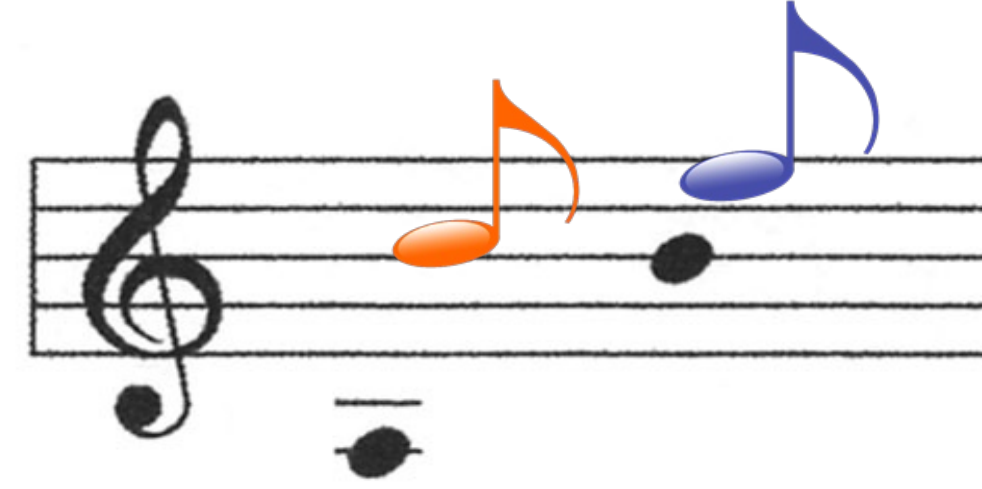
Streamlined Documentation, Risk Assessment, Prevention Strategies



NDNQI Prevalence Study Nurse Driven, Promoting Autonomy



Real Time Data Meaningful Monitoring and Feedback



NDNQI Benchmarking Vigilance

RHYTHMS OF QUALITY

- Ensure integrity of data through internal systems
- Seek advice through NDNQI as an expert resource
- Implement accountability at all levels
- Create Unit Specific dashboards

MEASURING SUCCESS

- NDNQI Prevalence Study
- Benchmarking with NDNQI Data
- Internal Dashboards

Pressure Ulcer Prevention

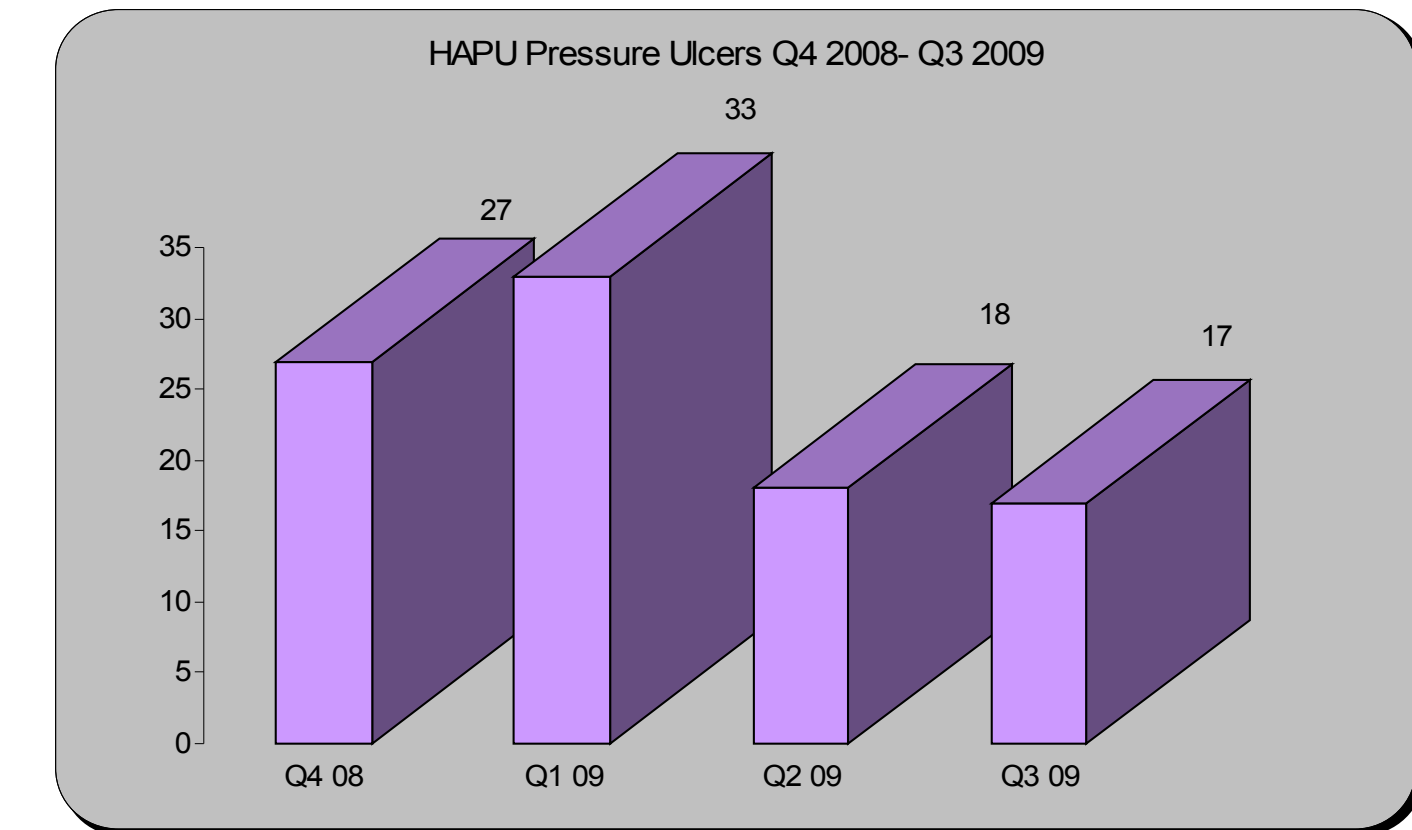
ICU	4th qtr 08	1st qtr 09	2nd qtr 09
Pressure Reducing Surface	66.67	88.89	100.00

Improvement in percentage of "at Risk" patients who had a Pressure Reducing Surface in ICU

Red = Below Blue=Close Green =Above

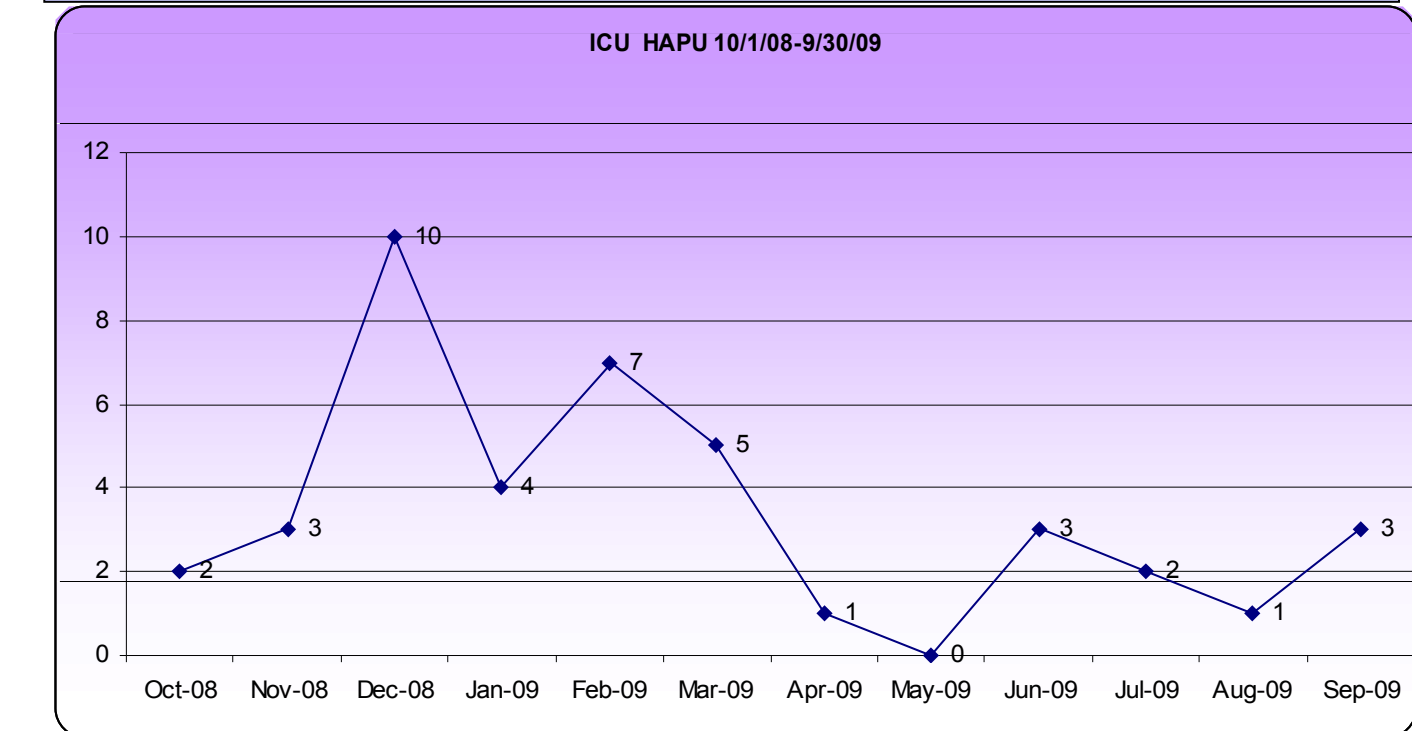
National comparison data are a product of the American Nurses Association's National Database of Nursing Quality Indicators (NDNQI)

OUTCOMES



- Q4 08: 1st NDNQI Prevalence Study
- Q1 09: Increased awareness of PU and over reporting
- Q2 09: Refinement of prevention strategies
- Q3 09: Sustained HAPU prevention
- This graphs demonstrates a 37% decrease in HAPU

UNIT SPECIFIC OUTCOMES



Sustained improvement reflected in individual unit

IMPLICATIONS

Interdisciplinary change resulting in decreased HAPUs was orchestrated through the use of NDNQI data.