A Successful Pressure Ulcer Prevention & Treatment Program Implemented by a Med/Surg Clinical Nurse Specialist and other Nursing Staff

PROVIDENCE Portland Medical Center

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INTRODUCTION

Providence Portland Medical Center (PPMC) in Portland, Oregon, has developed a successful pressure ulcer (PU) prevention program that has reduced their hospital acquired (HA) rate from 19% to 0% during a five year journey. This accomplishment included 15 acute care units/departments and many ancillary departments that "touch" the patient during their hospitalization. The program is based on the following six critical interventions:

- Chief Nurse Officer (CNO) & Management Support
- Role Development of the Skin Care Nurse
- Purposeful Patient Rounding
- Staff Commitment & Accountability
- Monthly Patient Prevalence Studies
- Recognition & Lessons Learned

CNO & MANAGEMENT SUPPORT

The CNO recognized that the new HAPU "present on admission" or "events" regulations created by Centers for Medicare and Medicaid Services in 2006 would link quality measures and hospital financial performance. Simultaneously, one of the goals of the Providence Health & Services Quality Strategic Plan was "no preventable injuries or deaths", which included HAPUs. As a result, the CNO directed an advance practice nurse to facilitate a facility-wide PU program and provided resources to support the program. Each unit Nurse Manager allocated four budgeted hours per month for a "unit champion" to attend a one hour monthly meeting and the remaining three hours on the unit providing "real time" teaching to peers on skin care issues. Many units have two skin care nurses; one day shift and one for night shift.

DEVELOPMENT OF THE SKIN CARE NURSE

These designated unit nurses are considered the "first responders" to assist peers and physicians with PUs and other skin care issues (i.e. skin tears, incontinent dermatitis, Wound VACs, etc.) with wound assessment, treatment and writing the plan of care. This critical pressure ulcer accountability is in addition to a regular full patient care assignment and the development of the skin care nurse has included:

a) Wound, Ostomy, Continence Nurses (WOCN) providing monthly education on a variety of topics
b) One-on-one staff mentoring by Nurse Practitioner, Clinical Nurse Specialist and WOCNs
c) Defined unit role and responsibilities that are reviewed annually and updated by the team
d) Attending Crucial Conversation Class to effectively communicate with all levels of staff
a) Providing leadership skills and tools to professionally develop designated staff nurses

PURPOSEFUL PATIENT ROUNDING

Regular, focused rounding was implemented in 2008 by using a variety of tools (monthly audits, video, staff competency for nurses and CNAs, etc.) to help ensure the patients feel "cared for" by staff and their basic needs are met for pain, preventing PUs, and reducing falls. Many units use CNAs to round every 2 hours on each patient.

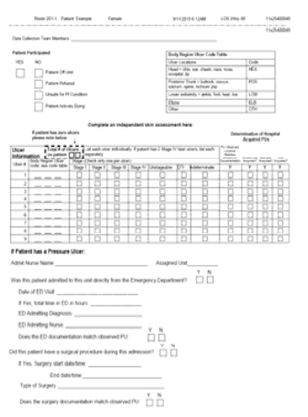
STAFF COMMITMENT & ACCOUNTABILITY

This intervention reflects the organization's culture of safety and journey of "doing no harm" on "my watch." This includes:

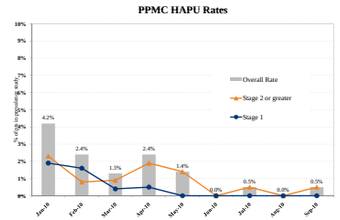
a) WOCNs review daily query report based on previous 24 hour admissions to identify patients with PUs and follow-up appropriately with unit staff
b) Inpatient Nurse Practitioner (who is also a WOCN) receives an electronic referral for all Stage 3 & 4 PUs to verify, document and ensure a plan of care is written for the patient
c) Shift to shift report in the patient room discusses PU prevention and treatment
d) kin care nurses have been instrumental in decreasing variation by conducting unit audits each month and providing "real time" teaching to peers
e) Sharing audit results each month with peers via staff meetings and displaying results on the unit
f) Completing Unusual Occurrence Reports on all hospital acquired PUs for appropriate follow-up and debriefing
g) Partnering with ED & Surgical Services to assess, treat and communicate PU findings to inpatient setting to provide a "connected care" experience

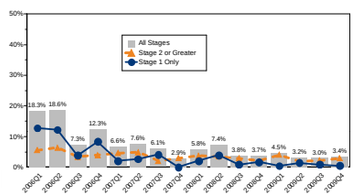
MONTHLY PREVALENCE STUDIES

Literature review and consultation with other Magnet facilities around the U.S., revealed that many hospitals have moved from quarterly prevalence studies to monthly studies to achieve 0% HAPU rate by providing more timely data to staff and identifying barriers to resolve them within 30 days (prior to the next study). To move from "good to great", the PPMC skin care team decided to conduct monthly studies in January 2010. Six months later, this resulted in PPMC achieving the goal of 0% HAPU rate. Each prevalence study team leader is the skin care nurse on that assigned unit and this has been beneficial in being able to provide peer feedback in "real time."



Customized Data Collection form for Monthly Prevalence Study





RECOGNITION AND LESSONS LEARNED

It is important to publicly recognize individual staff and unit teams for doing an outstanding job as well as provide feedback and "lessons learned" in a constructive manner. Examples include:

a) Monthly prevalence study results are emailed to staff (house-wide) *within 24 hours upon completing the study*
b) Each HAPU is debriefed on the day of the study and learnings are shared with the unit via email
c) The admission nurse (who admitted the patient to the inpatient setting) receives a "thank you" card for documenting a community acquired PU from the study data; this is also done by ED and Surgical Services
d) "Just in time" kudos are sent to staff during the month by the Nurse Practitioner, Clinical Nurse Specialist and WOCNs for documenting complicated and challenging PUs
e) Nurse Managers recognize staff via monthly staff meetings and by written "thank you" notes
f) An end of the year celebration for skin care team to review goals, responsibilities, provide a team building exercise, etc.

Skin Care Resource Nurse
2010 Roles, Responsibilities & Expectations

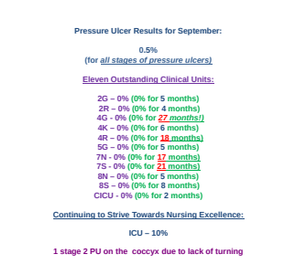
The Skin Care Resource Nurses (SCRN) are clinical staff who partner with the direct care nurses, physicians and other health care providers to identify, plan, implement and evaluate patient skin care issues.

Based upon the needs of the patient population, each inpatient unit must have at least one SCRN (Behavioral Health and Maternity are exempt).

The SCRN will commit to meeting the following minimum requirements each year:

- Attend monthly skin care meetings. If a SCRN will be absent for a monthly meeting, it is the responsibility of the SCRN to follow-up with Natalie Martin or Hillary Ryan within 7 days of the meeting date to stay current with skin care practices.
- Participate each month in the pressure ulcer prevalence study.
- Follow-up via email or other vehicle to share lessons learned and kudos to staff based on monthly prevalence study results so the entire team can learn.
- Disseminate evidence-based education at unit staff meetings and on unit skin care boards each month.
- Create and send out a monthly unit email based upon the contents of each meeting to share key information with peers and management. Hillary Ryan is responsible for 4R, 4K, 8N, 8S, 7N, 7S, CICU, ICU. Natalie Martin is responsible for 2R, 2G, 5G, 5R, 4G, OR, ED, PACU, and Endoscopy.
- Knowledgeable and accountable for unit skin care data, outcomes, initiatives and recommendations based upon the practice guidelines.
- Achieve National certification in area of specialty (Med/Surg, CC, ED, etc.) and/or complete Clinical Ladder level III-IV (utilizing skin care activities) within 2 years of SCRN role.
- Provide consulting services across shifts and units as needed and as available.

Roles and Responsibilities for Each Skin Care Nurse



Pressure Ulcer Results for September:

0.5%
(for *all stages of pressure ulcers*)

Eleven Outstanding Clinical Units:

2G – 0% (0% for 5 months)
2R – 0% (0% for 4 months)
4G – 0% (0% for *27 months!*)
4K – 0% (0% for 6 months)
4R – 0% (0% for 18 months)
5G – 0% (0% for 5 months)
7N - 0% (0% for 17 months)
7S - 0% (0% for 21 months)
8N – 0% (0% for 5 months)
8S – 0% (0% for 8 months)
CICU - 0% (0% for 2 months)

Continuing to Strive Towards Nursing Excellence:

ICU – 10%

1 stage 2 PU on the coccyx due to lack of turning

A Communication Example to All Staff

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