

PRESSURE ULCER ROLE AWARENESS: BRIDGING THE KNOWLEDGE AND PRACTICE GAP

An Innovative Strategies Approach to decrease hospital-acquired, full thickness pressure ulcers

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Pressure Ulcer Prevention Background

2009 Strategies

- NDNQI quarterly pressure ulcer prevalence assessments were stable at < 4.0%
- Multiple nursing-driven, skin safety interventions had been developed to:
- Decrease hospital acquired pressure ulcers
- Increase present on admission pressure ulcer identification and documentation

2009 Disappointments

- Full thickness pressure ulcers were averaging one a month!
- All full thickness, nosocomial pressure ulcers are evaluated using an RCA* methodology
- *RCA Root Cause Analysis

Pressure Ulcer Prevention Interventions were active and somehow disparate

- Unit-based Wound Care Champion
- RN with additional skill set in pressure ulcer prevention and wound care management
- NDNQI Pressure Ulcer Training was required of all nursing staff (RNs and Certified Nursing Assistants)
- Modules 1 (Pressure Ulcer Staging) and 2 (Other Types of Wounds)
- Multidisciplinary SKIN Team
- Nurses, dietician, administration, MD, and a Quality analyst
- Backbone of all pressure ulcer prevention activities
- NDNQI quarterly pressure ulcer prevalence
- Hospital-wide and unit-specific trend line graphs posted

Pressure Ulcer Prevention & Nursing Resources were hardwired into the EMR

- Braden tool subscale definitions readily available
- Pressure ulcer bundled set of interventions triggered with summed Braden score ≤ 18
- Daily Skin Care
- Pressure redistribution
- Moisture Prevention
- Nutrition & HydrationTurning Frequency
- Hyperlinked resources in the Pressure Ulcer Prevention Plan of Care
- Bed Decision Guide to choose the most appropriate surface
- Wound Care Dressing Selection Guide for all types of wounds

So What was Missing?

- Knowledge of available nursing resources?
- Importance of present on admission skin and wound assessment with documentation?
- Bedside nursing ownership in relation to maintaining patient's skin integrity?
- Accuracy and consistency of the Braden scale?
- Knowledge of the Braden Score value for identifying pressure ulcer risk formation?
- Knowledge of the hospital-wide policy and procedures for skin and risk assessment?
- Understanding how to Stage Pressure Ulcers?
- Role of Nutrition & Hydration in Pressure Ulcer formation?
- Appropriate frequency & amount of offloading bony prominences?
- Nursing hand-off communication in relation to maintaining skin integrity?

Strategic Purpose and Objective

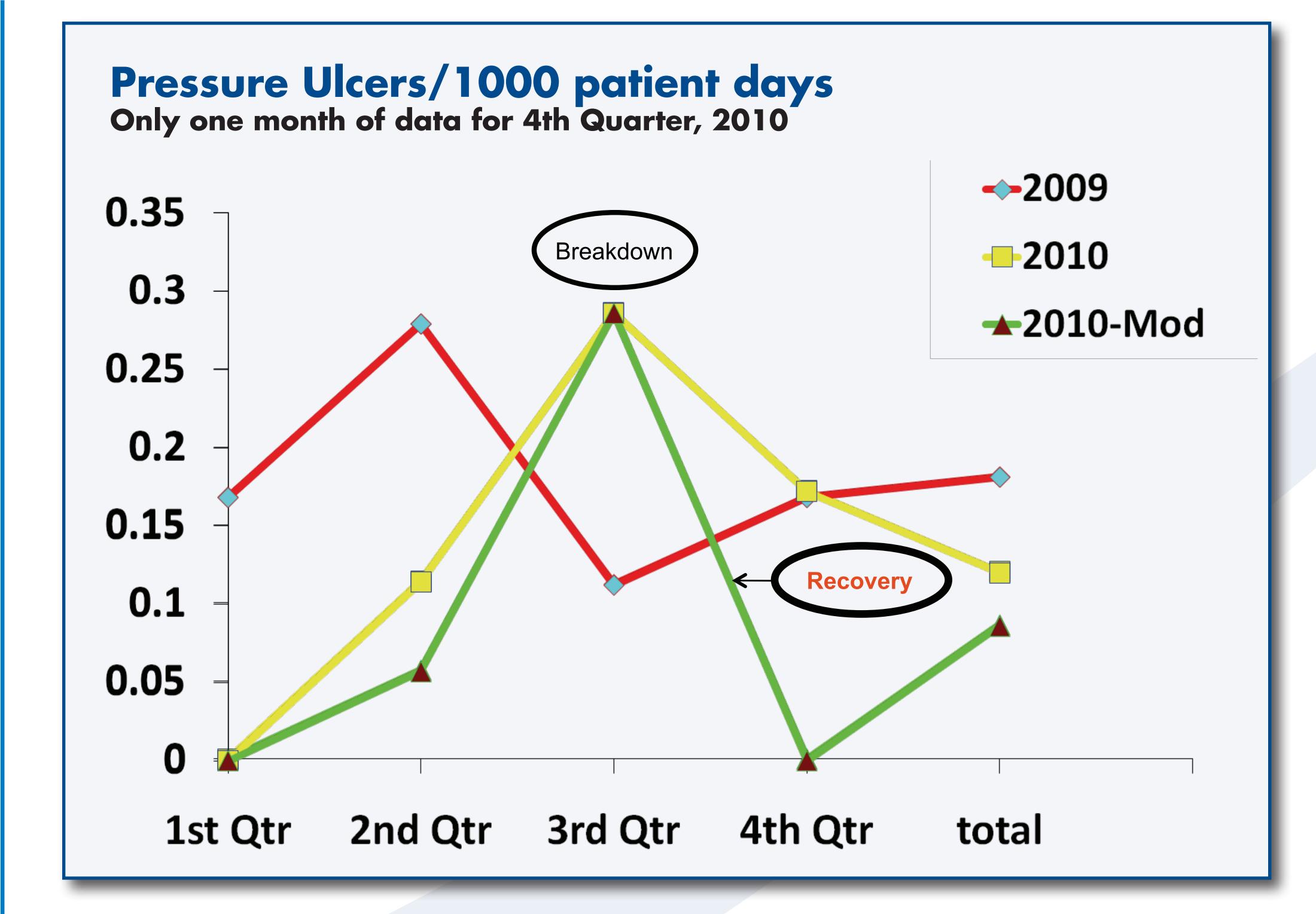
- By enhancing nursing's role and awareness of Pressure Ulcer prevention, it is believed a decrease in the following patient clinical outcomes will be seen:
- Nosocomial full thickness pressure ulcer cases (Stage III, IV or Unstageable), and
 NDNQI Pressure Ulcer prevalence < 4 %
- To coordinate nursing-driven Pressure Ulcer assessment, interventions and documentation through a 30 minute standardized, nursing education class

Pressure Ulcer Prevention Educational Content

- Role of Nurse as bedside clinician coordinating patient-centered care
- Pressure ulcer overview as nursing sensitive, preventable clinical patient outcome
- Review of Pressure Ulcer Staging, including skin below medical devices
- Consultation of CWOCN, Skin team member, or unit-based Wound Care Champion for present on admission wounds
- Complete and document the following within 24 hours of admission and every shift:
- Skin assessment head to toe
- Emphasis on behind the ears, sacral cracks and valleys as well as heels
- Per NDNQI guidelines, if wound not documented within 24 hours, "we own it"!
- Braden Risk Tool 6 Subscales and Scoring
- All Braden Summed Scores ≤ 18 require Pressure Ulcer Prevention Bundle Set
- Emphasis on offloading/turning frequency & nutritional interventions

Pressure Ulcer Prevention – Wound & Braden Case Scenarios

- Competency Validation through Practice Case Scenarios built for nursing specialties
- Critical Care, Medical-Surgical, Orthopedics, Peri-operative, Emergency Department, Psychiatric Inpatient, Obstetrics & Gynecology
- Discussed scenarios with open dialogue in relation to accurate identification of wound type, pressure ulcer staging and Braden Scoring
- Emphasis on nursing-driven interventions needed to maintain skin integrity
- Incorporate and communicate skin risk and skin as an essential category in nursing report



Graph Trendline Interpretation

- 2009: 12 full thickness nosocomial pressure ulcers
- 2010: 7 full thickness nosocomial (no greater than Stage III)
- 2010 Modified: 2 known present on admission pressure ulcers not documented within 24 hours of admission removed
- Quarter 3, 2010 Increase in nosocomial pressure ulcers identified
- RCA of each case revealed areas for improvement
 Preventive sacral dressings for lengthy OR cases
- Inclusion of contract service areas in pressure ulcer prevention
- Overall improvement in pressure ulcer prevention in 2010 significant breakdown in Quarter 3 with recovery in Quarter 4.

Pressure Ulcer Prevention ... and the work continues

- Pressure Ulcer Staging pocket reference cards
- Magnet turning clocks for every 2 hour reminders
- Wider role of Shift Supervisor Coordinator (Charge Nurse) in identifying patients at significant risk for pressure ulcer breakdown
- Reevaluation of how to broaden critical role of nutrition in all patients
- Patient handout on pressure ulcer prevention within admission packet
- EMR Communication with Licensed Independent Practitioner (Physicians, Physician Assistants, Nurse Practitioners) for present on admission pressure ulcer chart documentation