Pressure Ulcer Role Awareness: Bridging the Knowledge and Practice Gap

An Innovative Strategic 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 ≤ 0.0%
- 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

Pressure Ulcer Prevention Interventions were active and somehow disparate
- Unlicensed 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 (RN’s and Certified Nursing Assistants)
- Modules 1 (Pressure Ulcer Stageing) and 2 (Other Types of Wounds)
- Multidisciplinary SKIN Team
- Nurses, dieticians, 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
- Mobility Prevention
- Nutrition & Hydration
- Turning Frequency
- Hypoallergenic 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 variable nursing resources
- Importance of present on admission skin and wound assessment with documentation
- Role of 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 formulation
- 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 handoff 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 unlicensed 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
  - Include pressured areas
  - Include presence of other wounds
  - Include pressure ulcer staging

Pressure Ulcer Prevention – Wound & Braden Case Scenarios
- Critical Care, Medical-Surgical, Orthopedics, Peri-operative, Emergency
- Psychiatric, Geriatric, Psychiatry, Trauma, & Gynecology
- Discussed scenarios with open dialogue in relation to accurate identification of typical 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

Pressure Ulcers/1000 patient days
- 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
- Overall improvement in pressure ulcer prevention in 2010 – significant breakdown within 24 hours of admission removed
- Quarter 3, 2010 – Increase in nosocomial pressure ulcers identified
- Quarter 4, 2010 – Decrease in nosocomial pressure ulcers identified
- NDNQI Pressure ulcer prevalence < 4%

Graph Trendline Interpretation
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Pressure Ulcer Prevention … and the work continues
- Patient handout on pressure ulcer prevention within admission packet
- Reevaluation of how to broaden critical role of nutrition in all patients
- Magnet turning clocks for every 2 hour reminders
- Documented bed decision guide keeping pressure ulcer prevalence < 4%

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