

CARING – IT'S SKIN DEEP

Implementing Evidence-Based Practice Intervention for Pressure Ulcer Prevention | A Patient Safety Initiative St. Francis Hospital | Columbus, Georgia





INTRODUCTION

- · Pressure ulcers are a serious and common problem for the elderly, affecting one million adults in the United States.
- The Surgeon General's "Healthy People 2010" document has identified pressure ulcers as a national health issue.
- The prevention and healing of pressure ulcers requires the cooperation and skills of the entire multidisciplinary health care team.



CHALLENGES

preventable events (SPE)

· Previous efforts in pressure ulcer prevention had not changed the culture. Skin compromising incidents were still occurring.



Cost Of Quality of Life = undetermined

EVIDENCE-BASED PRACTICE RESEARCH

- · Partnership for Health and Accountability
- Braden and Bergstrom: Chronic Wound Care
- Agency for Healthcare Research and Quality: Clinical Practice Guidelines
- · Guidelines for prevention and management of pressure ulcers: Wound,
- Ostomy and Continence Nurses Society
- National Ulcer Advisory Panel, The Pressure Ulcer Stages

OBJECTIVES

- To identify natients with pressure ulcers and appropriately document the stages
- · To identify patients at risk for developing pressure ulcers and implement
- prevention strategies
- To hire a wound care nurse to address wound prevention and treatment

GOALS

- Conduct 100% pressure ulcer admission assessment for all patients
- · Reassess risk for all patients daily 100%
- Inspect skin daily 100%
- Manage moisture: Keep the patient dry and moisturize skin 100% Optimize putrition and hydration – 100%

SOLUTIONS

- Nurse Quality Council Pressure Ulcer
- Prevention Ratings
- · Mandatory Training Pressure Ulcer Prevention RNs and LPNs · Nursing Inservice: Myths of Pressure
- Ulcer Formation and Treatment Physician Champion: Involving
- Luther H. Wolff, Jr., MD, Emeritus, General Surgery

POLICIES AND PROTOCOLS

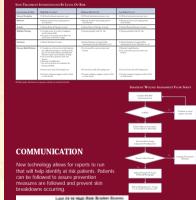
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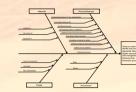
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CAUSE & EFFECT DIAGRAM



TREATMENT OPTIONS



TOOLKITS



STANDARDIZATION

٠	Continued use of risk assessment tools
٠	Braden Scale Risk Score of 18 or less requires interven

- Notification of nurse when patient found at risk
- · Photograph of a wound on admission
- Evidence-based prevention process
- · Evidence-based intervention process Prevention education
- · Unit reporting of results

OUTCOMES

Process chappe resulted i an 80% increase in the utilization of skin protectiv



· Early identification and prevention of skin breakdown

- · Early nutritional support
- Evidenced-based practice
- Continued education · Continued compliance
- IMPROVED PATIENT CARE

CONCLUSION

- The primary lesson we have learned from this process is that simply having knowledge of evidence-based practice is not enough; knowledge must be combined with action and cooperative efforts of our committed professionals working together.
- To prevent pressure ulcers, we must continue to make positive changes to assure our patients are receiving safe and effective care.