

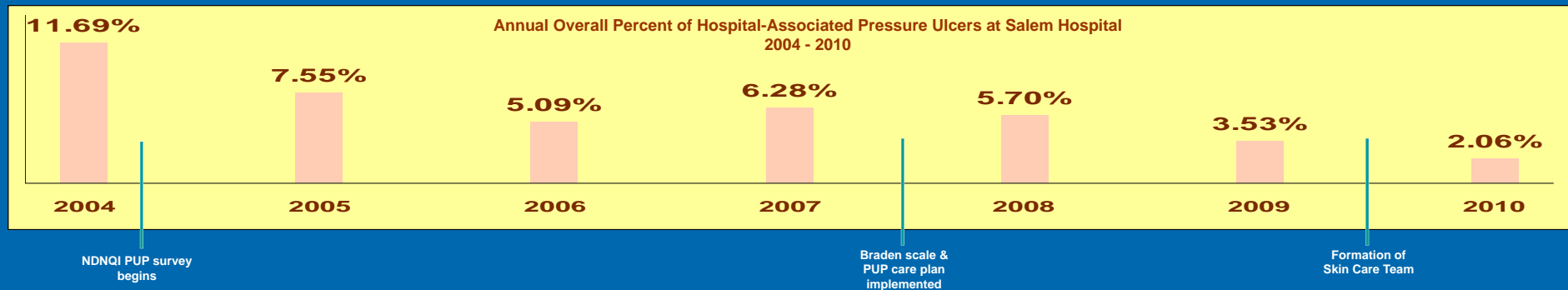
Taking the Pressure Off: Impacting the Rate of Hospital-Associated Pressure Ulcers



Salem Hospital, Salem, OR
Skin Care Team



Cindy Branch, RN, Monica Henderson, BSN RN, Toni Salchenberg, RN OCN, Amanda Mehlhoff, BSN RN, Laurel Anderson, BSN RN, Kristin Haydon, BSN RN-BC



Background

Our hospital-associated pressure ulcer prevalence was >11% in 2004. We decreased our prevalence to 6% by 2007 but found ourselves at a plateau.

The Braden scale was piloted in October, 2007 on our Neurosurgical Unit. Training was conducted by Specialty Practice Team members (unit-based shared decision making team). This model was highly successful and was replicated throughout acute care.

We visited Providence Portland Medical Center in early 2009 to learn from their award-winning PUP program, which included a Skin Care Team.

We created and developed our Skin Care Team to strengthen unit-based prevention efforts, provide expertise and consistency in care.



Back row: Ruth Campbell, RN WOCN, Trish Meier, RN OCN, Crystal Hattenbihler, BSN RN WOCN, Fay Crowell, BSN RN WOCN, Cindy Branch, RN, Suzie Byczynski, BSN RN, Chris Baker, RN, Amanda Mehlhoff, BSN RN, Jennie Aguilar, MSN RN, Susan Bearden, BSN RN CMSN, Katie Brady, BSN RN CNOR, Julia Trofimchenko
Front row: James Glaus, Shane Whitfield, David Carter

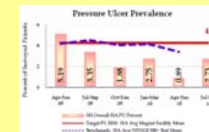
How We Do It

What's made the difference?

- **Skin assessment on admission** is crucial to documenting community-acquired pressure ulcers. Admission Unit RNs, who see the majority of admitted patients, perform exemplary & consistent skin assessments. The admission assessment includes photo documentation of wounds & staging.
- **Braden Scale** is completed every shift.
- **PUP care plan**, adapted from the work of James Hospital, is implemented with a Braden ≤ 18 .
- **Lift Team** repositions critical care patients every 2 hours.
- **Use of specific products & equipment:**
 - Moisture:** Use of dimethicone wipes and Ultrasorb pads have significantly reduced moisture issues.
 - Redistribution surface:** Use of VersaCare™ beds throughout acute care. Air mattresses are also available as an overlay.
 - Oxygen tubing:** Use of padded oxygen tubing reduced the incidence of stage I & II pressure ulcers behind the ear.
- **Nursing referral** to Wound Care Specialist for complex wounds and to Dietician for nutrition support.
- **Skin Rounds** to ensure consistent implementation of interventions.

Our Outcomes

- Our 2010 overall HAPU rate is 2.06% with 0.89% in Q2.
- 2 medical/surgical units and Inpatient Rehabilitation have gone at least 5 quarters with zero unit-acquired pressure ulcers.



Our Future Plans

- Increase the number of skin experts on each unit.
- Standardize Skin Rounds' process and tools.
- Expand PUP in the ED and Surgical Services.
- Increase patient and family engagement in PUP.
- Continue pursuing skin care excellence through incorporation of the best evidence, persistent evaluation of data, and process and tool refinement.

References

PUPPI: The Pressure Ulcer Prevention Protocol Interventions, AJN 107 (April 2007).
Providence Portland Medical Center, Skin Care Resource Nurse (2009) and Preventing Hospital Acquired Pressure Ulcers (2008).

Who We Are

Skin Care Team

Our team is comprised of RNs from across the continuum, CNAs, Wound Care Specialists, Director of Clinical Excellence and a physician champion. We meet monthly to review PUP data, trends & case studies, and to develop our team with training and exemplars.

The unit-based team members conduct **Skin Rounds** at least monthly, during which they assess each patient, and provide feedback, expertise and coaching to colleagues.

The team disseminates information via staff meetings, weekly manager notes, email and postings.