

Head down, heels up

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Background

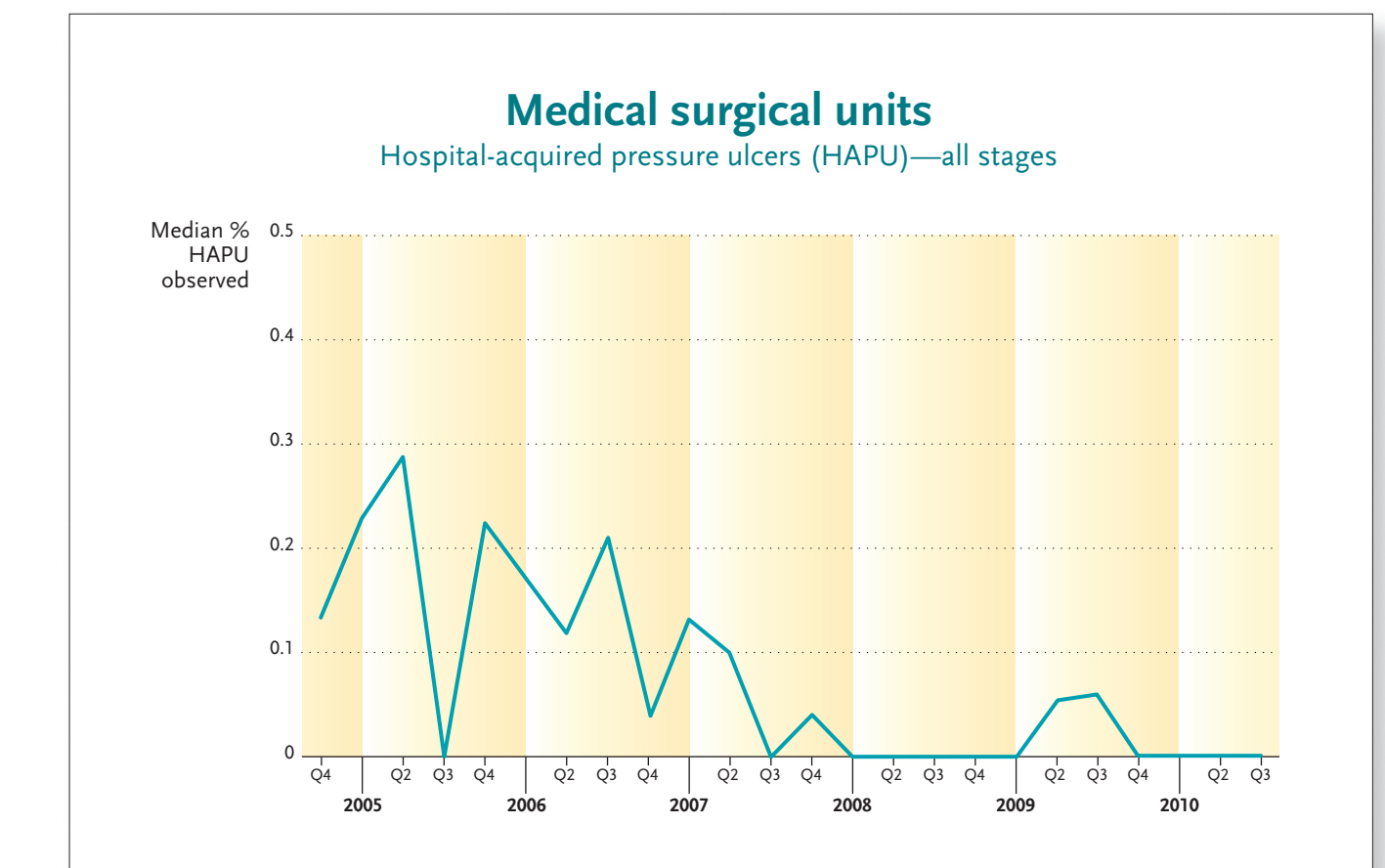
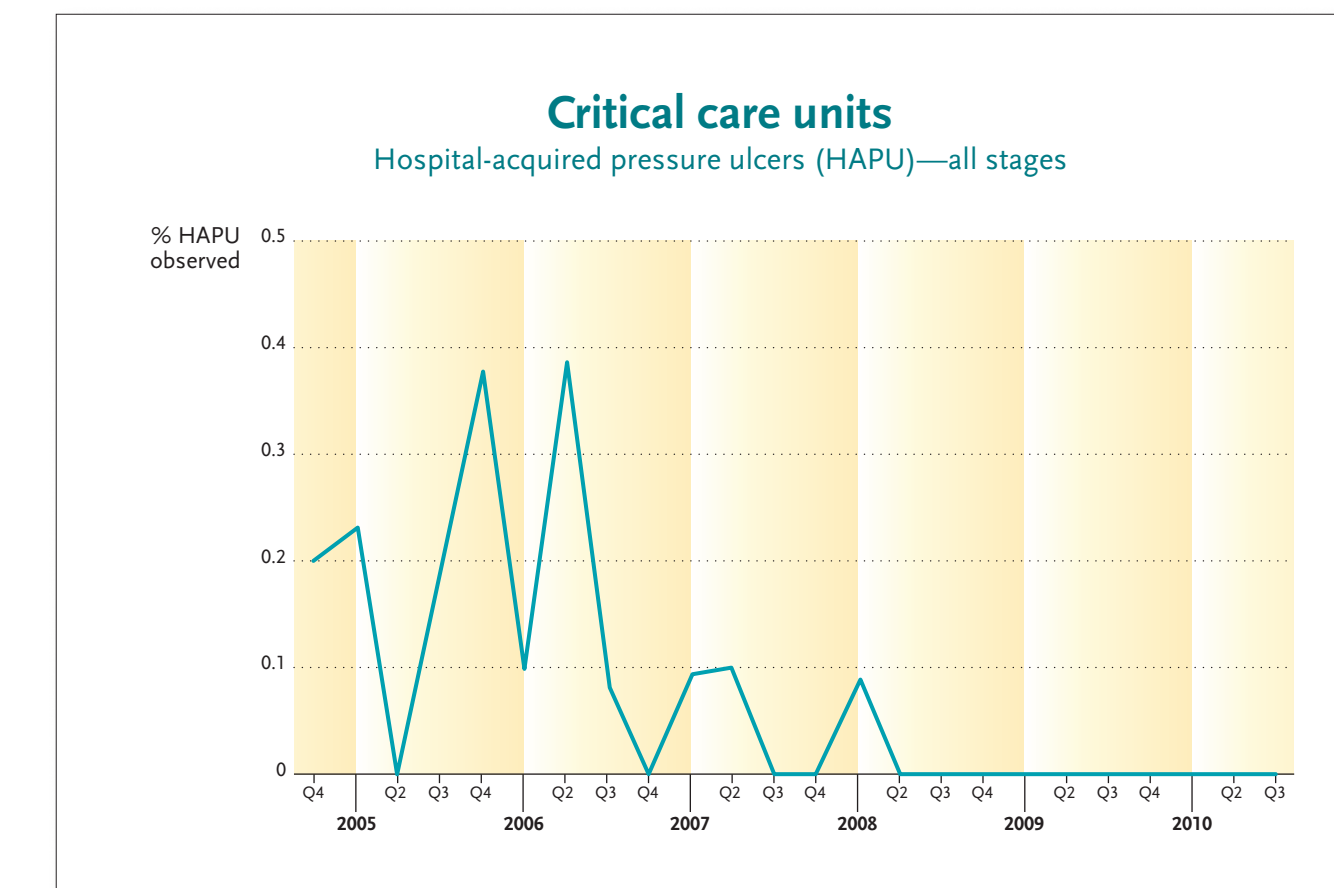
- Emerson Hospital is a full-service 179-bed community hospital.
- The nursing department’s mission is to provide the highest quality patient care in a professional, respectful, and caring environment.
- A key nursing role is our enterostomal therapist (certified wound and ostomy care nurse), who covers physician and nursing referrals for skin integrity issues.
- A major responsibility of this position has been the education of nurses and physicians on the prevention, detection, and treatment of pressure ulcers.

History

- As early as 1982, the Emerson nursing department policy recognized the importance of the elimination of hospital-acquired pressure ulcers (HAPU).
- Pressure ulcer prevalence studies have been conducted annually since 2001 with the help of Hill-Rom.
- In 2004, Emerson began participation in NDNQI quarterly pressure ulcer prevalence studies.

Skin Care Resource Team purpose and goals

- Unit-based staff provide clinical support to peers
- Best practice is maintained through an ongoing educational process
- Responsibilities of Skin Care Resource Team:
 - participation in quarterly prevalence studies
 - skin-related quality initiatives
 - education and mentoring of unit staff
 - communication of unit rates
 - educational support of skin care procedures/wound care products
 - consultations with staff and physicians



Outcomes

- Sustained success at elimination of hospital-acquired pressure ulcers in critical care
- Continued improvement toward elimination of hospital-acquired pressure ulcers on medical surgical units

Continuing challenges

- Support, education, and recruitment to the Skin Care Resource Team
- Maintaining best practices, up-to-date equipment/technology, and skin care products

Events leading to our current success in reducing pressure ulcers

2004–2005

- Initiation of a staff nurse “Skin Care Resource Team”
- New support surface mattresses
- Patient care technician education in pressure ulcer prevention
- Introduction of elimination/skin care guidelines

2006

- Focused Braden scale education to staff nurses
- Creation of guidelines for support surface selection
- Skin Care Resource Team participation in prevalence studies

2007

- Institute for Healthcare Improvement challenge to “Get to Zero”
- Education on National Pressure Ulcer Advisory Panel staging definitions
- Education on legal implications for nurses related to HAPU

2008

- Revision of electronic assessment documentation
- Pressure ulcer hand-off communication implemented
- “Look Beyond the Numbers” education

2009–2010

- Evaluation of “low air loss mattresses”
- New skin care products implemented
- “Head down, heels up” mantra campaign for prevalence studies
- Introduction of the Braden Q (pediatric)