



“Real Time” Pressure Ulcer Data Drives Quality

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Background

- Quality standards recommend measurement of quarterly prevalence and incidence of pressure ulcers (PU).
- Benchmarked PU data is derived from point prevalence studies and results are often retrospective.
- Safety, financial and regulatory initiatives necessitate an accurate accounting of PU occurrence

Purpose

- Describe a system of collecting “real time” PU data
- Describe quality improvements derived from **combined** quarterly benchmarking and “real time” PU data analysis

Significance

Effective quality strategies include:

- Benchmarking
- Sharing of meaningful outcome data with staff
- Rapid integration of improvement cycles into care

Garrett J et al (2009). Implementing an always practice to redefine skin management, JONA 39(9), 382-7.

Significance

Is Quarterly P & I Enough ???

Gunningberg L & Stotts NA (2008). Tracking quality over time: What do pressure ulcer data show? International Journal for Quality in Health Care 20(4):246-53.

Ju A & Grifft P (2010) Is pressure sore prevention a sensitive indicator of the quality of nursing care? A cautionary note. International Journal of Nursing Studies 47, 531-33.

Phillips L & Clark M (2010) Can meaningful quality benchmarks be derived from pressure ulcer prevalence data? Journal of Tissue Viability 19,28-32.

Definitions

- Nosocomial Point Prevalence %**

$$= \frac{\text{no. of pts with a hospital acquired pressure ulcer at a particular point in time}}{\text{total no. of pts in the population studied at a particular point in time}} \times 100$$

- Incidence % per specific time period**

$$= \frac{\text{no. of pts developing a hospital acquired pressure ulcer during the specific time period}}{\text{total no. of pts in the population studied over a specified time period}} \times 100$$

Baharestani MM et al (2009) . Dilemmas in measuring and using pressure ulcer prevalence and incidence: An international consensus. International Wound Journal 6 (2):97-104.

With Point Prevalence Data.....

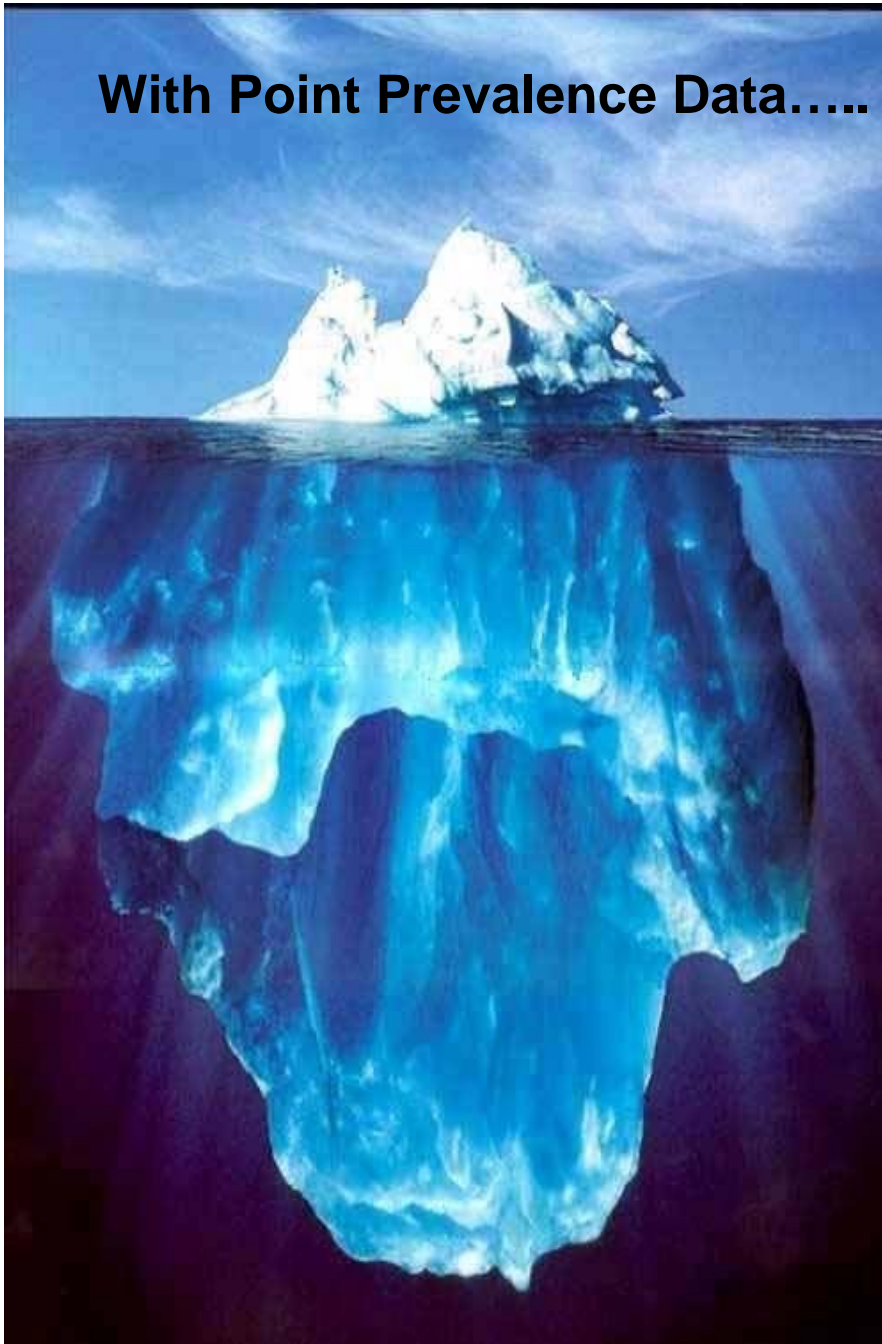
You can.....

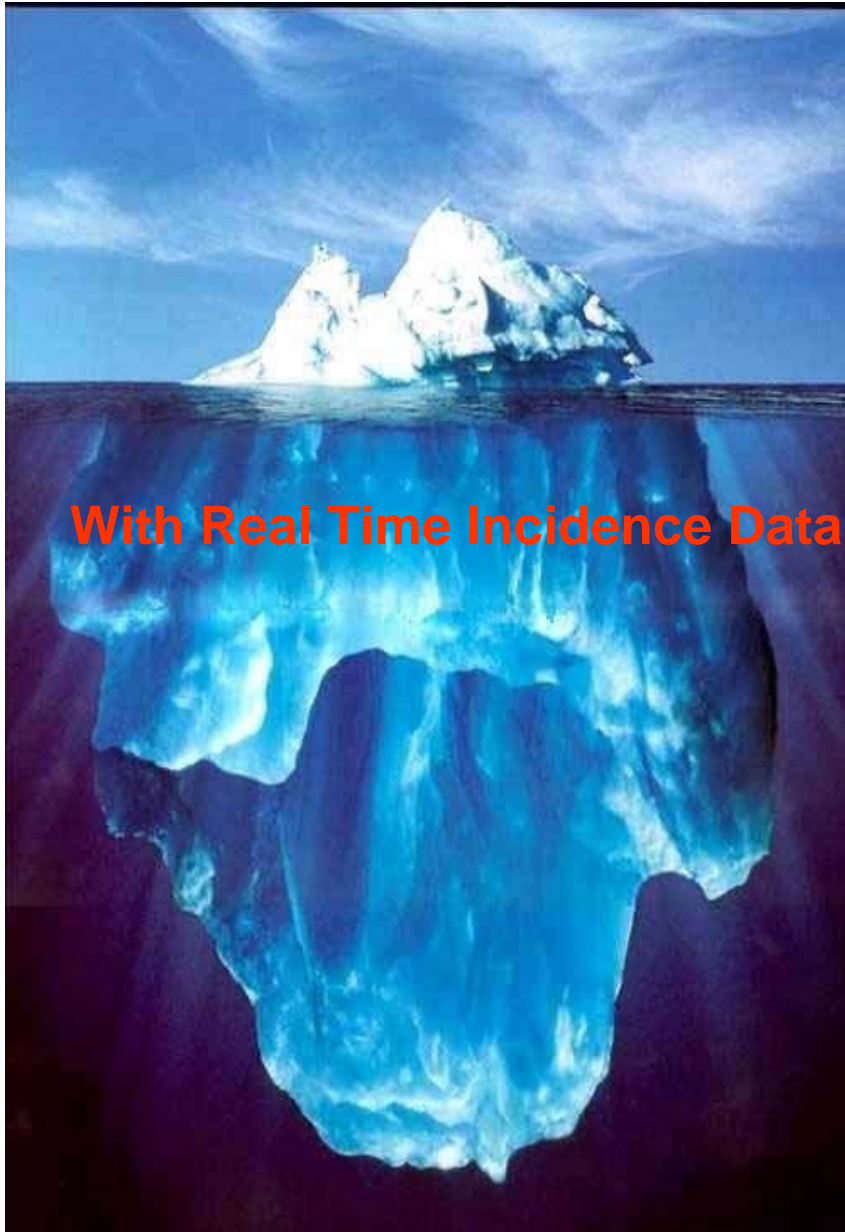
Benchmark Externally

“ Our Surgical Units are in the top deciles compared to peer hospitals”

Trend Internally

“ Our HAPU rates for medical units have declined over the past 2 years”





With Real Time Incidence Data... You can...

Trend / Compare Actual PU by Unit

Evaluate Outcome by Service

Survey Process Indicators

Translate Numbers to Frontline

Assure Transparency

Methods

- Real Time PU incidence collected from:
 - EMR
 - Consult Requests
 - Case Finding Rounds
 - Event Reporting
- WOCN Team verifies staging and plan of care
- “Culture of Quality” supports data collection

Methods

- Wound Team compiles data
 - Daily
 - Weekly
 - Monthly
 - Hospital Acquired Pressure Ulcers (HAPU)
 - Present on Admission Ulcers (POA)
- Access Data Base
- Establish Set of “Rules”

Methods

- Quarterly point prevalence study conducted by unit-based skin champions and WOCN Team
- “Champ Camp”

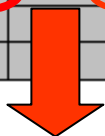
Methods

- Unit-Based PU Incidence posted on intranet

- “Quality Icon”



Month: April													
Unit: CB5	Location												
	Heels	Coccyx/ sacral	Hip	Ischium	Buttock	Device: Nose	Device: Lip	Device: Ear	Device: Trach	Device: Head	Device: Other	Other	Total
Stage: I													0
Stage: II		3			1							1	5
Stage: III													0
Stage: IV													0
Stage: DTI		1											1
Stage: UNS												1	1
Total	0	4	0	0	1	0	0	0	0	0	0	2	7
(YTD totals	4	7	0	0	3	0	0	1	0	0	1	2	18

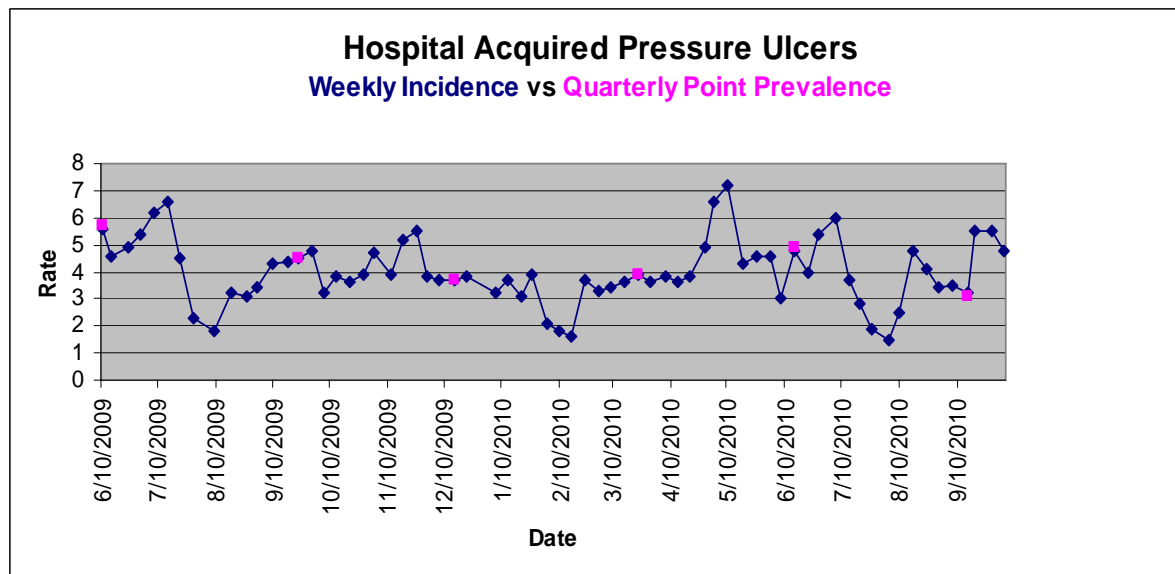
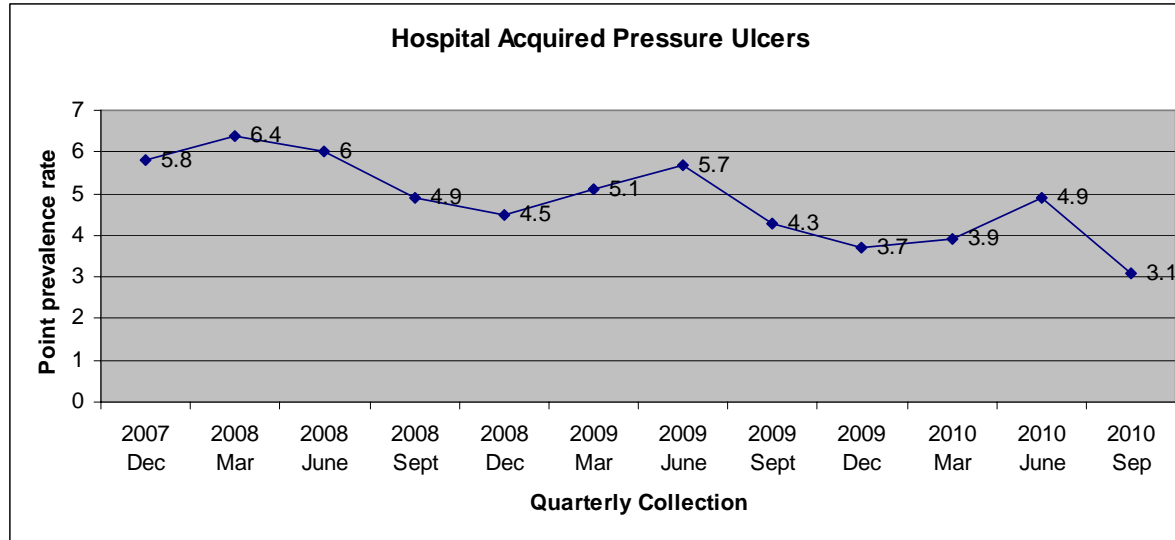


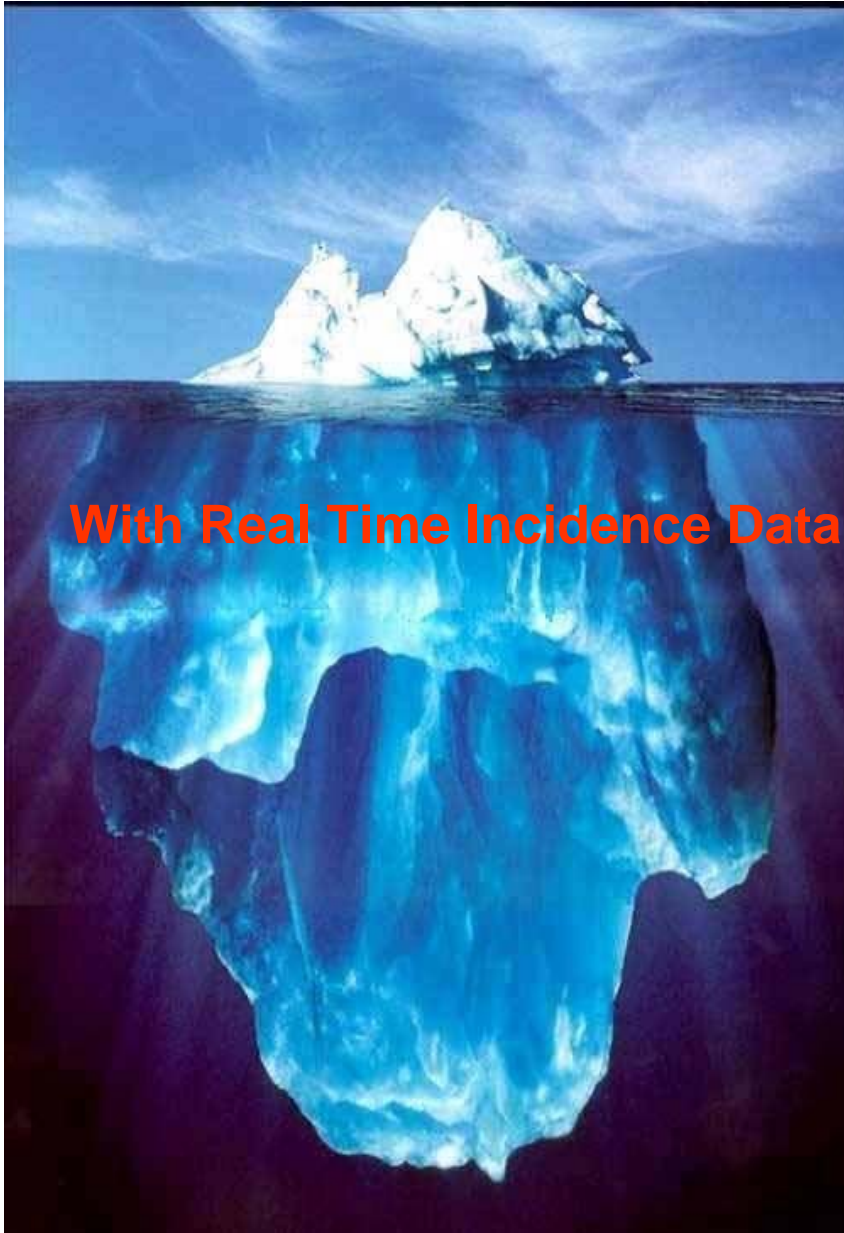
Data directs unit-based action plan for improvement

Methods

- Routine Data Reviews:
 - Unit-based Dashboards, H3W Meetings
 - Nursing Council - Nursing Dashboard
 - Quality Council and Hospital Board

Results





What opportunity lies beneath ?

With Real Time Incidence Data... You can...

Trend / Compare Actual PU by Unit

Evaluate Outcome by Service

Survey Process Indicators

Translate Numbers to Frontline

Assure Transparency

Outcome

- **Trend / Compare Actual PU by Unit**
 - Orthopedics had 0 heel ulcers for 14 months
 - Neurosurgery ICU reduced the number of sacral pressure ulcers over past 8 months
 - Respiratory Step-Down reduced device-related pressure ulcers attributed to non-invasive ventilation
 - CB5 started “Heel Patrol” and reduced heel PU by 50%

Outcome

- **Evaluate Outcome by Service**
 - Cardiac surgery HAPUs declined by 62% with use of immediate post-op specialty bed protocol
 - Surgical ICU Mobility Program resulted in a decrease in HAPU severity over 6 months
 - Trauma Service HAPU rate is below national average

Outcome

- **Survey Process Indicators**
 - 100% of patients admitted with a stage III or IV PU receive a nutritional evaluation
 - 90% of post-op vascular patients get a chair cushion

Outcome

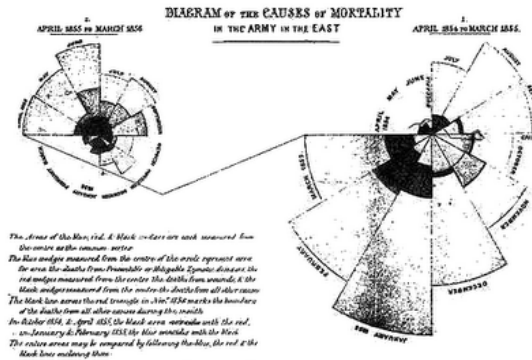
- **Translate HAPU Data to Frontline Staff**
 - Oncology reduced sacral PU by implementing a turning huddle at the start of shift
 - Bliss 8 instituting bedside report and found PU rate dropped
 - Transplant started an aggressive turning protocol for post-op patients and reduced PU rate

Outcome

- **Assure Transparency**
 - Reconcile 100% of PU with coders
 - Transmit accurate staging across continuum
 - This hospital values patient safety since they measure ALL pressure ulcers !

Summary

- Participation in a systematic clinical database registry is vital for benchmarking PU
- Real Time HAPU incidence converges with quarterly point prevalence studies, validating the methodology
- Considerable daily and weekly variation exists in the rates of HAPU when measured real time
- Distribution of real time HAPU data to caregivers results in rapid and meaningful quality improvement cycles
- HAPU rates have declined over past 2 years



“I think one’s feelings waste themselves in words;
they ought all to be distilled into actions which bring
results.”

~ Florence Nightingale

Thank you !

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