

WALKING AWAY FROM PRESSURE ULCERS

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HIGHLAND
HOSPITAL

MEDICINE *of* THE HIGHEST ORDER

An Affiliate of the



UNIVERSITY OF
ROCHESTER
MEDICAL CENTER

261 beds

URMC affiliate

16,010 admissions

33,950 ED visits

Specialties:

Orthopaedics, Geriatrics, Bariatrics, Women's
Health



Accreditations and Awards



Magnet Recognition



Gynecology
U.S. News 'Best Hospitals' Ranking:
Gynecology



AHA/ASA Gold Plus Award



Joint Commission Certification
Evarts Joint Center



COMMITTED TO EXCELLENCE
Center of Excellence
Bariatric Surgery Center



Center of Excellence
Highland Breast Imaging Center



Beacon Award
for Nursing Excellence
Intensive Care Unit



NICHE
Nursing Accreditation
Acute Care for Elders Unit



NSQIP
Top Performer
Department of Surgery



New York State
Designated
Stroke Center

Excellence in Geriatric Care

NICHE Hospital since 2006

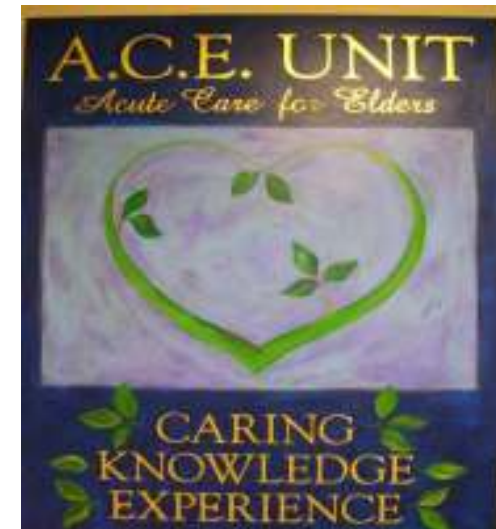
15 Board Certified Geriatricians

Geriatric Hospitalists

38 bed Acute Care for Elders (ACE)Unit

Interdisciplinary Quality Team + Unit Council

- Tactic: involve all disciplines, patients and families
- Goals: reduce LOS, improve outcomes



The Case for Change

Population Needs

- Elders are at higher risk for HAC's
- PU's increase risk:
 - Delayed healing
 - Infection
 - Unnecessary discomfort /pain
- Lack of ambulation results in
 - Deconditioning
 - Longer LOS
 - Potential for mental decline
 - Mortality

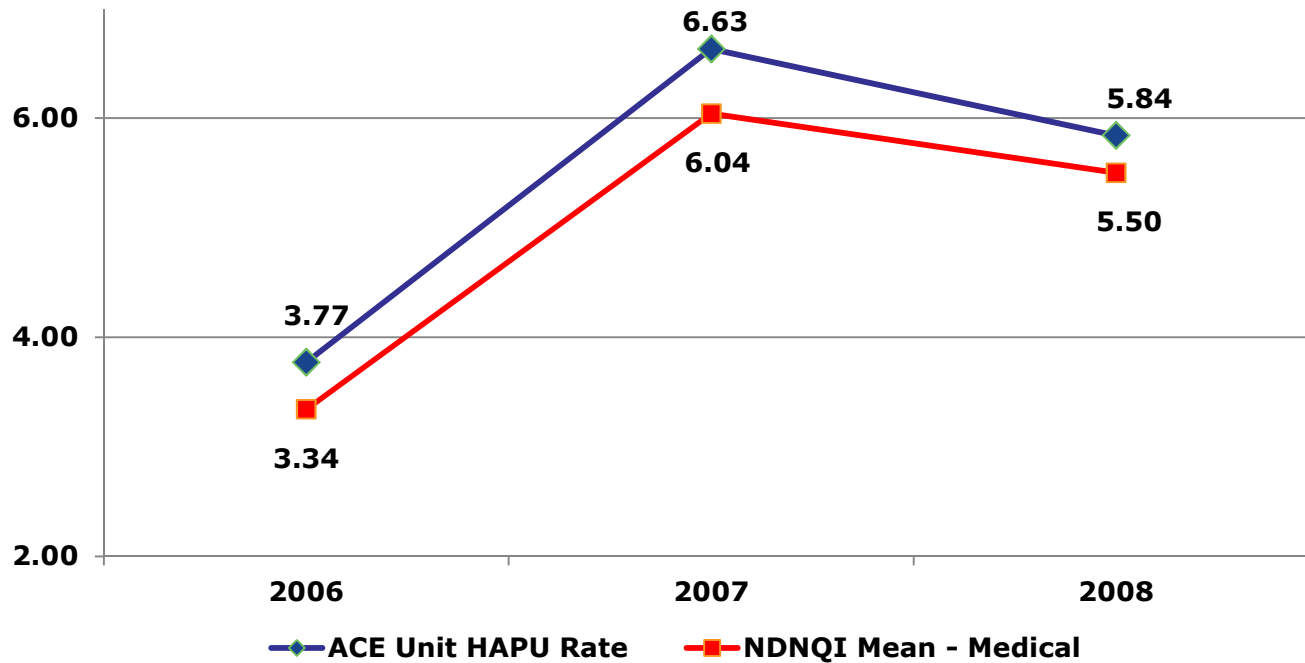


Maintain excellence in geriatric care

The Case for Change

NDNQI Unit Acquired Pressure Ulcer rates

Baseline HAPU Rates



The Case for Change

- Patient Safety
- Needed more structured approach to mobility
- Differentiation of elder care
- Knowledge of evidence based practices (Inouye, 2003, 2004)
- LOS
- Cost avoidance
- Need for improved outcomes



Performance Improvement Methodology

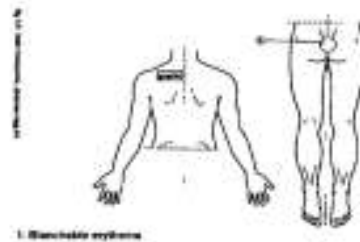
- Identify champions
- Engage staff at all levels
- Utilize nursing shared governance and interdisciplinary quality structures
- PDSA performance improvement model
- Search for evidence-based best practices
- Customize ACE Unit approach



Performance Improvement Process

Skin Care Committee/WOC APRN's

- WOC APRN's and Unit-based Skin Care Nurses developed improved assessment, care and education:
 - Daily Braden Score Assessments
 - Enhanced documentation standards – now electronic



- More autonomous nurse-directed interventions
- Nurse, provider and caregiver education

Performance Improvement Process

Wound Wednesdays

- Weekly assessment and documentation of each patient's skin condition.
- All nurses on all units participate
- WOC APRN's collate data
- Timely intervention occurs
- Huddles for all new pressure ulcers



“Step It Up a Notch” ACE Unit’s PI Initiative

- Patients identified in multidisciplinary rounds
- Twice daily assisted ambulation
 - 11:00 am and 4:00 pm
- Familiar music plays
- Assistance provided by
 - Nurses
 - PCT’s
 - Care Coordinator
 - Physical Therapist
 - Providers



Implementation/Communication

- Unit culture change!
- Competencies identified
- In-depth education
 - Nursing and all disciplines including companion observers
 - Small group rapid-fire education sessions around the clock
- Organizational dissemination of program information



“Step It Up” in Action

Daily Patient List

- posted at the main nurses’ station

Overhead announcement

Participants:

- All available staff
- Family and friends

Walking to music

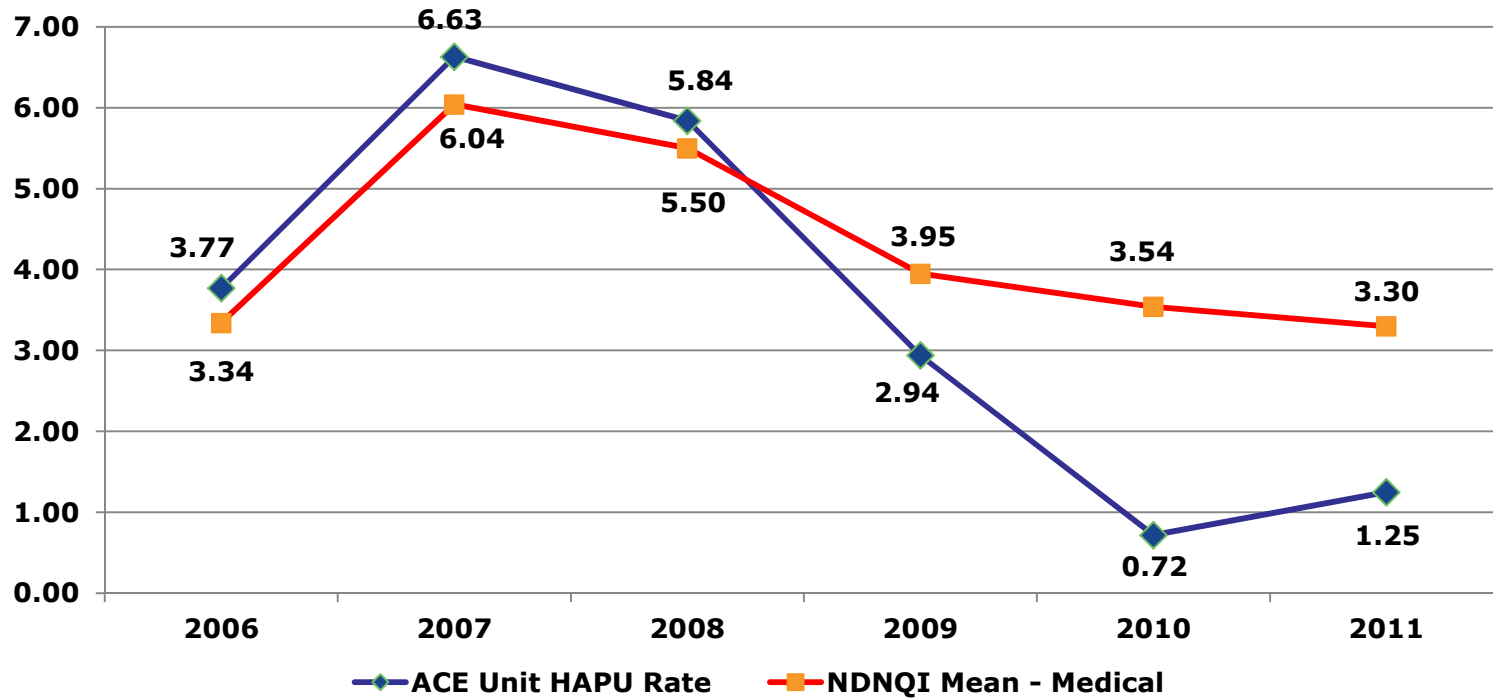
Prep for meals



Outcomes

Improved HAPU incidence

HAPU Trends



Outcomes

- Comments from Team members
- Patient/Family Feedback
- Decreased Call Bell Use
- Staff participation and engagement
- Qualitative research study results
 - LOS reduction
 - No falls



Conclusions

Mutually supportive and engaged team members

Improved quality of care

Improved staff satisfaction

Actions Needed to Sustain Gains:

- Maintain constant focus
- Keep it fresh and new
- Team recognition



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