WALKING AWAY FROM PRESSURE ULCERS

Ann Harrington, RN, MPA, NEA-BC
261 beds
URMC affiliate
16,010 admissions
33,950 ED visits
Specialties:
Orthopaedics, Geriatrics, Bariatrics, Women’s Health
Accreditations and Awards

Magnet Recognition

U.S. News ‘Best Hospitals’ Ranking: Gynecology

AHA/ASA Gold Plus Award

Joint Commission Certification
Evarts Joint Center

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

- ACE Unit HAPU Rate
- NDNQI Mean - Medical
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
  o 11:00 am and 4:00 pm
• Familiar music plays
• Assistance provided by
  o Nurses
  o PCT’s
  o Care Coordinator
  o Physical Therapist
  o 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

- ACE Unit HAPU Rate
- NDNQI Mean - Medical
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
Highland Hospital

Medicine of the Highest Order