



## Getting there is good. Staying there is better. Sustaining clinical outcomes in pressure ulcer prevention

Kathleen Hill, RN, MSN, CCNS-CSC Clinical Nurse Specialist Surgical Intensive Care Unit

The author has no conflicts of interest to disclose



 This presentation will elaborate on the process and outcomes associated with a deliberate, structured approach to pressure ulcer reduction that resulted in a greater than 60% decrease in prevalence and sustained success for more than 24 months, continuing today. The Surgical Intensive Care Unit of this Magnet hospital was in the middle of an expansion from 18 beds to 40 beds. This included doubling its physical size, and doubling the nursing staff in the setting of a shortage of new graduates, and in an environment where senior nurses were more likely to stay in their current positions, rather than search the market during the economic downturn. The original goal was to engage staff in finding and fixing an alarmingly high pressure ulcer rate. The nursing staff team developed thirteen initiatives that formed a pressure ulcer bundle.

- Despite a lowered NDNQI benchmark from the original project start, the unit exceeded its original results and sustained the level of quality through 2011. The successes came because of cooperation across service lines and disciplines, putting aside turf, comfort zones, and formal job descriptions in the interest of improving the patient experience and demonstrating that even the sickest patients can avoid skin impairment in the setting of critical illness.
- The project, which could be translated to any practice setting, emphasized and achieved collaborative relationships that increased the strength of the change and served as the source of energy to sustain the project now incorporated into the unit culture.