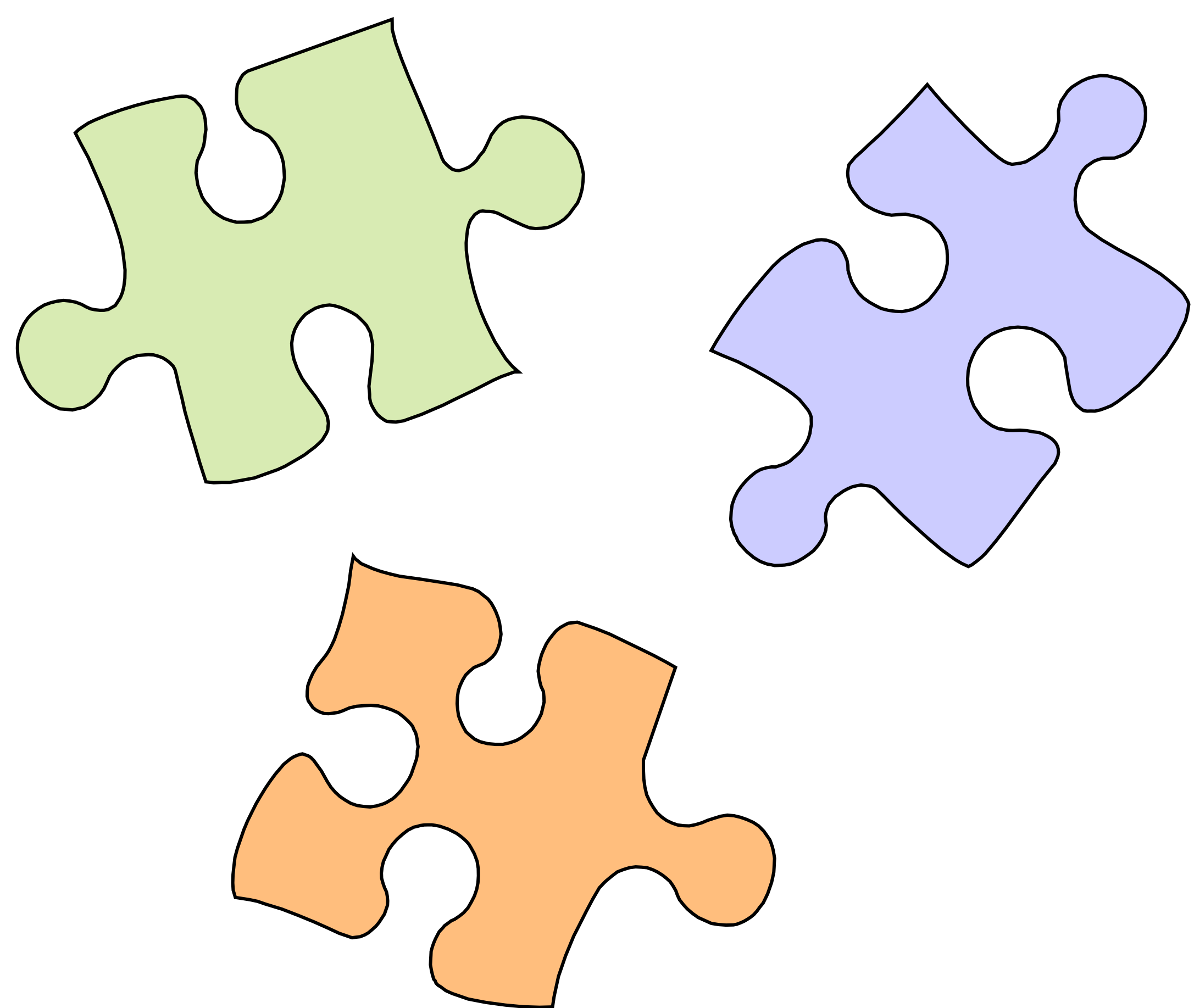


Introduction

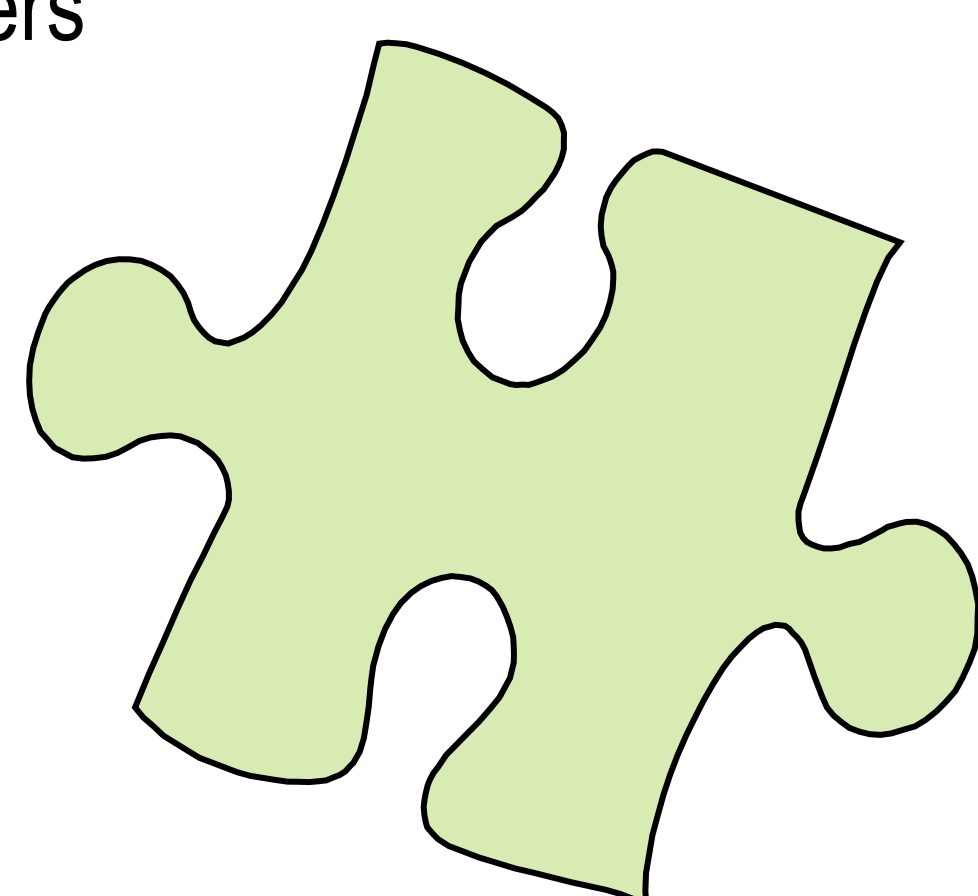
A 519 bed community hospital utilized a multidisciplinary approach and applied best practices to reduce Hospital Acquired Pressure Ulcer (HAPU) prevalence.

Comparison to the National Database of Nursing Quality Indicators (NDNQI) revealed opportunities, particularly in the critical care areas. An investigation revealed inconsistency across the facility in the prevalence survey data collection process. There was also variability at the unit level in pressure ulcer staging and bedside prevention strategies.

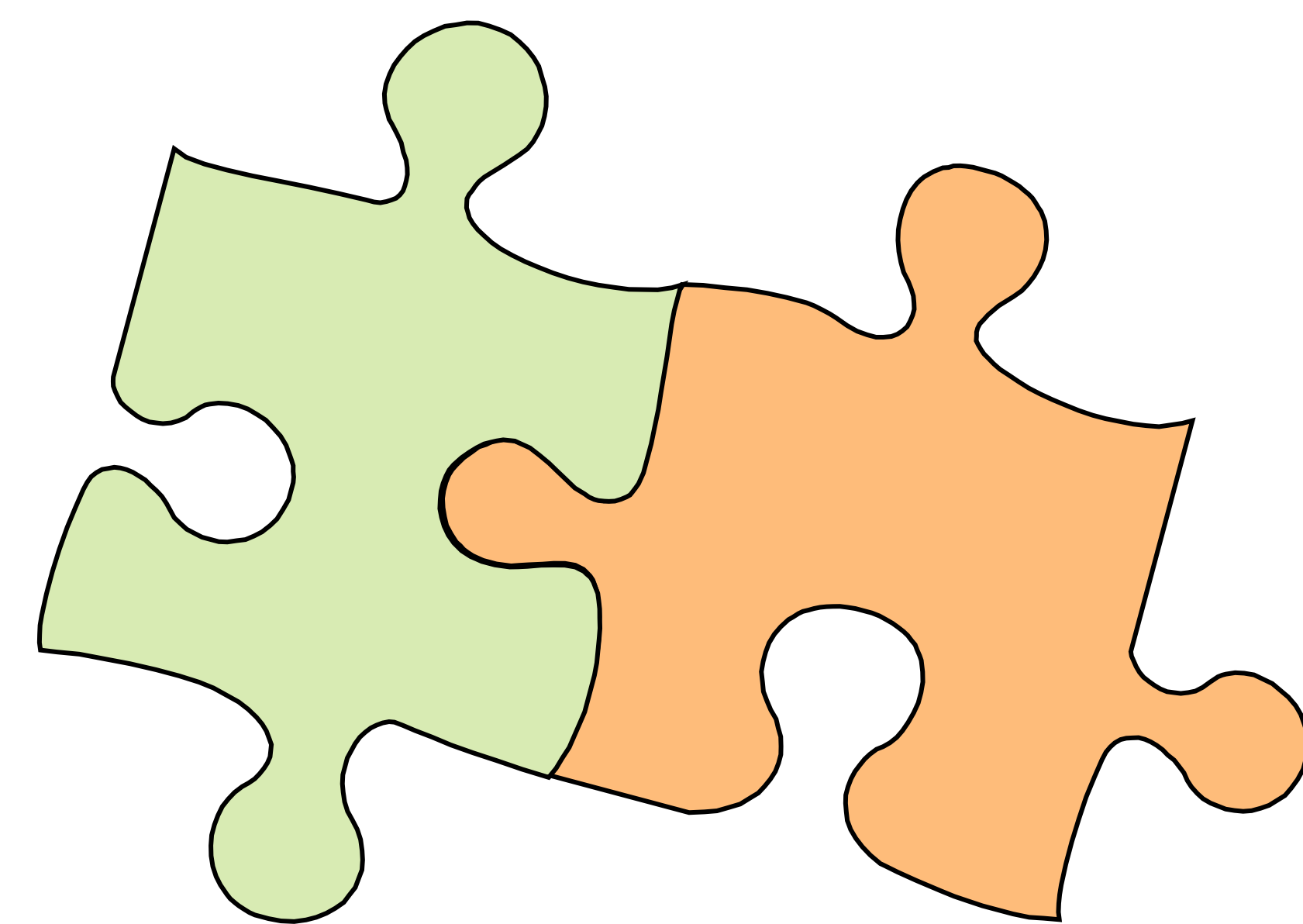


Initial Methods for Improvement

- A Wound Ostomy Continence Nurse (WOCN) coordinator role was developed to organize and enhance efforts of the Wound/ Ostomy /Continence Department and pressure ulcer prevention.
- A Pressure Ulcer order set was developed to empower bedside staff in implementing strategies to identify and manage Present On Admission Pressure Ulcers (POA PU).
- The education department and WOCN developed mandatory In-services and computer based competencies including:
 - Braden scales scenarios
 - Skin care products
 - Proper use of linen layers
 - Risk identification
 - Accurate staging
 - Use of relief devices



Reorganization of the Skin Survey Team



- Increased membership on skin survey team. Required all units to be represented. Members function as skin champions. Added ancillary departments for multidisciplinary collaboration.
- Dieticians used electronic reports to identify patients with special nutritional needs.
- Respiratory Therapy increased focus on PU prevention with airway devices.
- Skin team was provided with quarterly education and NDNQI comparison updates.
- RNs shared best practices at quarterly skin survey meeting. Electronic newsletters were sent to RNs for ongoing education.
- Comparison graphs were included on unit based quality reports.
- WOCN confirmed interrater reliability of assessment and provided immediate feedback regarding HAPUs identified during survey.

Skin Team



Post-Implementation Results

Hospital Acquired Pressure Ulcers		
Unit	Pre data 1Q08	Post data 1Q11
ICU	15.38	0.00
CCU	30.77	0.00
Critical Care NDNQI Bed Size Benchmark	11.42	7.56
5E VTU	0.00	0.00
STCU		0.00
CVU	nd	0.00
CVI		0.00
TCU	0.00	0.00
PCU	0.00	0.00
Step Down NDNQI Bed Size Benchmark	6.38	3.82
8 Park	0.00	0.00
7 Park		0.00
Ortho NDNQI Benchmark	3.93	2.41
6E MedSurg	nd	0.00
6N MedSurg	0.00	0.00
6 Park Tower	nd	0.00
4 Park Tower	0.00	0.00
6 S MedSurg		0.00
Med/ Surg NDNQI Bed Size Benchmark	4.49	2.61
5 Park Tower	14.29	0.00
Neuro NDNQI Benchmark	4.64	2.77
3 Park Tower	0.00	0.00
Oncology NDNQI Benchmark	5.07	2.61
Rehab	0.00	0.00
RHB NDNQI Bed Size Benchmark	6.71	3.61
Eligible Units	14	18
Total units participated	11	18
# better than NDNQI	8	18
% better than NDNQI	73%	100%

Sustaining Results

Applying Evidence Based Practice

- Turn teams were implemented to improve repositioning.
- Products were revised. New incontinence absorptions pads were trialed. Baby powder was eliminated from product line.
- A bed pump protocol was added to PU order set. Hospital purchased additional pumps for entire hospital and specialty beds for critical care areas.

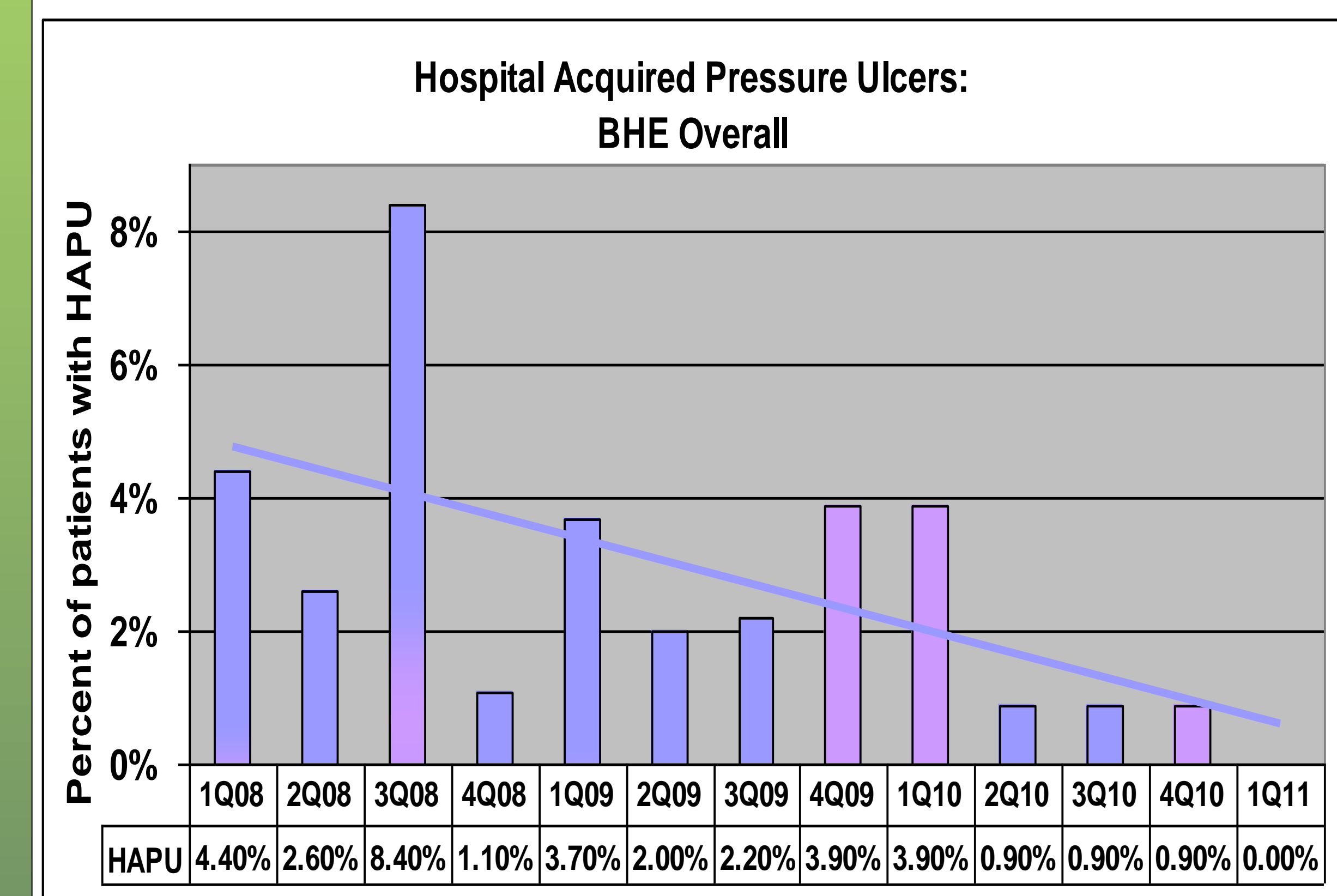
- Additional revision of PU Order set to empower staff to implement interventions and prevention strategies on both POA PU and HAPU.

Unit Based Projects

- Critical care areas performed monthly mock audits to monitor HAPU prevention strategies.
- Surgical Services implemented strategies to reduce possibility of PU development on high risk patients in the lateral position.
- Unlicensed personnel developed poster on skin product availability in the hospital. This was shared on all units.
- Unit based shared governance teams developed action plans based on unit specific survey results for improved outcomes.
- Outliers noted on the quarterly surveys were sent to managers to investigate for opportunities.

Empirical Outcomes

- Overall total HAPU rates decreased from 4% in 2008 to 1.6% in 2010. The first quarter 2011 rate was zero.
- The number of units participating in the survey increased.
- The number of units that outperformed the NDNQI mean for "Percentage of patients with a HAPU" increased.
- Number of units that outperformed the mean for "Nutritional supplementation" increased.
- The critical care average for HAPU dropped from 16.7% at the end of 2008 to 4.4% as of 4Q 2010.



Conclusion

Improvements were attributed to the implementation of best practices, staff empowerment, hospital wide education, multidisciplinary involvement and engagement of skin team members. Administrative support was integral to the success.

