

## Purpose

To develop a nursing practice model in the Surgical ICU (SICU) to increase bedside RN knowledge and implementation of pressure ulcer (PrU) prevention interventions.

This quality improvement project evaluated the effectiveness of nursing bedside rounds (NBR) as a strategy to decrease hospital acquired pressure ulcers (HAPU).

## Clinical Significance

The HAPU rate in a 17 bed SICU was unacceptably high and previous interventions did not have a positive impact on decreasing HAPU.

NBR were an educational program delivered while patient care was occurring and provided real time teaching to actively change practice and positively impact outcomes.

The SICU is part of a 413 bed quaternary referral academic medical center. SICU patients typically experience:

- High acuity
- Long operative times
- Periods of hemodynamic instability
- Aggressive fluid mobilization, excessive moisture, third spacing, and fecal incontinence

## Quality Improvement Strategy: Nursing Bedside Rounds (NBR)

Chart audits showed the Braden® Score was completed, but it was unknown if the RN had developed a dynamic plan of care derived from risk variables to prevent PrU. NBR were created to connect documented PrU prevention strategies to patient care.

Weekly, two SICU RNs and a CWOCN conducted NBR asking bedside nurses focused questions on PrU risk and interventions. Eventually, the SICU RNs independently completed NBR during their shifts.

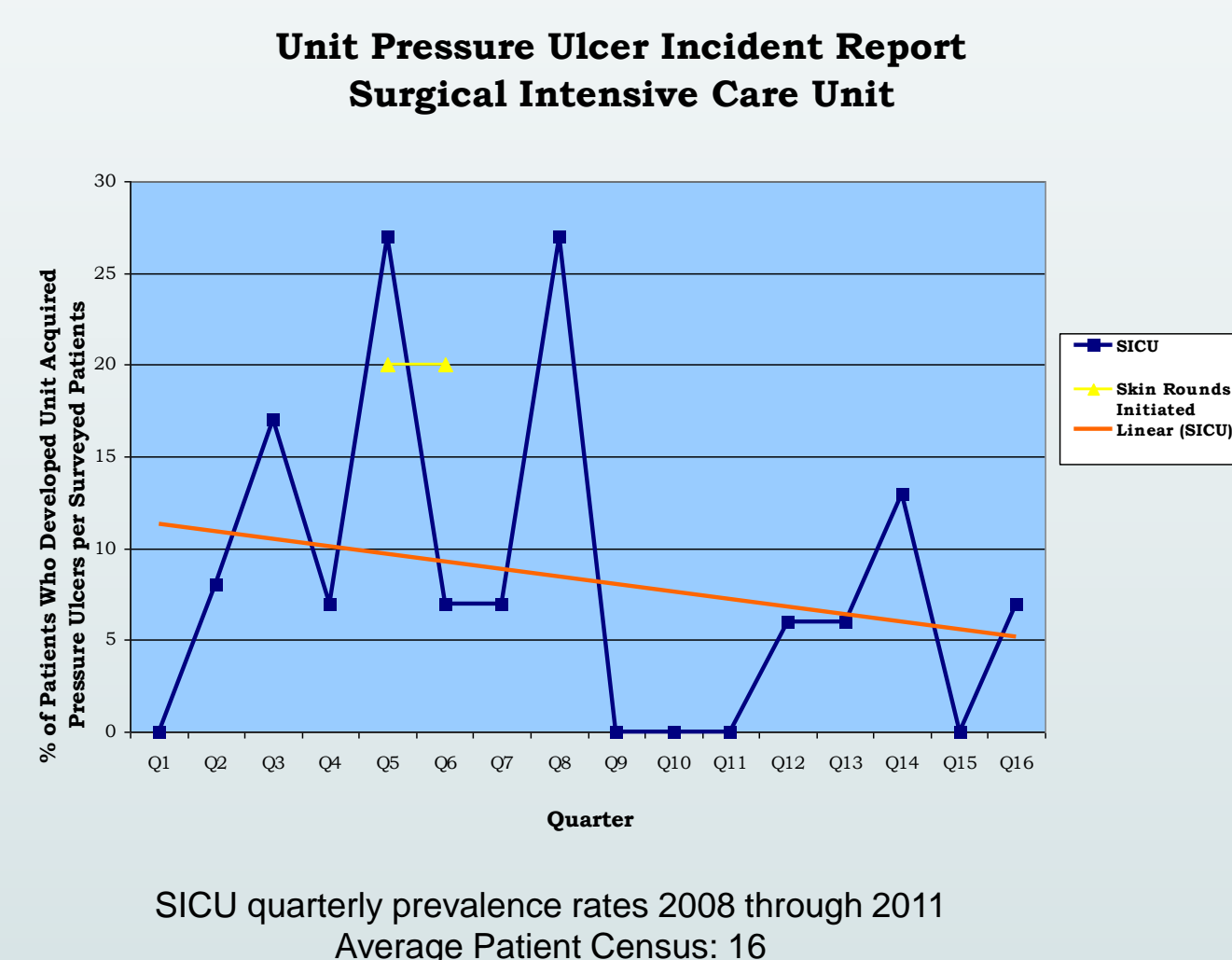
NDNQI PrU Prevalence Quarterly Reports were tracked to evaluate the effectiveness of education and quality improvement.

### Nursing Bedside Rounds Questions:

- What are the Braden subscale problems that could contribute to skin breakdown?
- What is the clinical plan for prevention of PrU?
- Is there skin breakdown? If so, is the current treatment effective?
- What type of therapeutic surface is the patient on and is it appropriate?

## Outcomes

Prior to NBR the HAPU rate was 27%; post NBR the rate trended down to 0% and was sustained for three quarters. PrU interventions also increased: use of prevention surfaces by 92%, repositioning by 31%, nutrition by 77% and moisture management by 100%.



Quarter	# HAPU and Stage	Prevention Surface	Reposition	Nutrition	Moisture Management
Q 1	0	53%	100%	47%	36%
Q 2	2-Unstageable	27%	100%	23%	30%
Q 3	1-Stage II 1-Stage IV	8%	75%	33%	17%
Q 4	1-Stage II	39%	69%	46%	0%
Q 5	2-Stage II 1-Stage IV 1-Unstageable	73%	80%	53%	53%
Q 6	1-Unstageable	79%	100%	79%	21%
Q 7	1-Stage II	40%	100%	53%	47%
Q 8	4-Stage II 1-DTI	68%	100%	88%	88%
Q 9	0	100%	100%	100%	100%
Q 10	0	100%	100%	100%	100%
Q 11	0	100%	100%	100%	100%
Q 12	1-Unstageable	100%	100%	100%	100%
Q 13	1-Stage I	100%	100%	100%	100%
Q 14	2-Stage II	100%	100%	100%	100%
Q 15	0	100%	100%	100%	100%
Q 16	1-Stage II	100%	100%	100%	100%

## Evaluation

NBR through peer to peer communication provided an effective process of focusing on the patient assessment and PrU interventions.

The focus on Braden subscale assessments was found effective in triggering patient specific, proactive interventions to prevent skin breakdown.

## Implications for Practice

NBR were an innovative strategy that reduced HAPU by:

- Increasing autonomy of bedside nurses' PrU risk assessment and patient specific interventions.
- Providing a forum for real time education on new skin initiatives and product changes for the hospital.
- Allowing one on one communication that was perceived to be more meaningful than traditional educational strategies.

NBR provided a forum to facilitate collaborative problem identification, clinical decision making, and incorporation of evidence at the point of care to promote patient centered nursing.

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