Sustaining Change in Hospital Acquired Pressure Ulcer Rate (HAPU)

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**Purpose**
The purpose of this presentation is to outline the interventions utilized to decrease HAPU rate over a 2 year period. Additional literature review and interventions are outlined that illuminate the process of sustaining the positive change in hospital acquired pressure ulcer rate.

**Implementation**
- *Skin assessment within the first 24 hours of admission*
- *Education on completion of the NDNQI prevalence survey*
- *WOCN reconfirmation of HAPU*
- *Hourly patient rounds*
- *Two hourly turning with turning buddies*
- *Weekly skin prevalence round on units above benchmark*
- *Protocol for Braden score ≤ 18.*
- *Dietary screen of patients admitted with pressure ulcers*
- *4 types of moisture relief under-pads*
- *Specialty pressure relieving mattresses*

**Evidence-based Interventions**
- *Routine practice of interventions*
  - Skin resource nurses champion on each unit
  - Skin care protocol—nursing order
- *Policy and procedure and workflow*
  - Skin Assessment policy
  - Mattress policy
- *Knowledge of rationale*
  - Education on Braden scale
  - Medipore dressing truak
- *Available resources*
  - WOCN, CNS
- *Leadership support*
  - Nursing Resource Committee
  - CPC skin committee
  - Performance evaluation of staff nurses

**Evaluation**
Over a two year course of evidence-based interventions, the HAPU rate dropped from 10.40% to 1%. However in the first two quarters of 2011 the HAPU rate inched up to 1.9% and 1.8%. A small increase in the rate signaled a need to sustain the gains made in the last two years.