

Turning Evidence Based Research into Evidence Based Practice in
Pressure Ulcer Prevention
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OBJECTIVES

1. Identify the barriers in implementing Evidence Based Practice effectively on a medical-surgical unit
2. Explain the necessary leadership and role modeling skills to create a healing environment

INTRODUCTION

Prevalence of unit acquired pressure ulcers continues to be an issue despite extensive evidence based research. The aim of this project was to effectively implement research into practice and decrease pressure ulcer prevalence in a high-risk patient population on a medical-surgical unit.

Prevention of pressure ulcers is an integral part of creating a healing environment. Based on NDNQI data, the unit acquired pressure ulcer prevalence was 3.58% in 2010. This included two Stage III sacral ulcers. Patients on the unit are at a high risk of breakdown with a mean Braden score of 14.63 compared to 18 for the organization.

METHODS

The methods used aimed to create a culture change among staff in order to successfully implement prevention strategies.

Team Leaders and Role Models. Unit Wound Care Coordinators (2) increased data collection from monthly to weekly. One nursing assistant for each 8-hour shift was given the title of "Team Leader." These nursing assistants were provided extra education, became involved in meetings with Wound Care Coordinators, and made pressure ulcer prevention a priority on the unit.

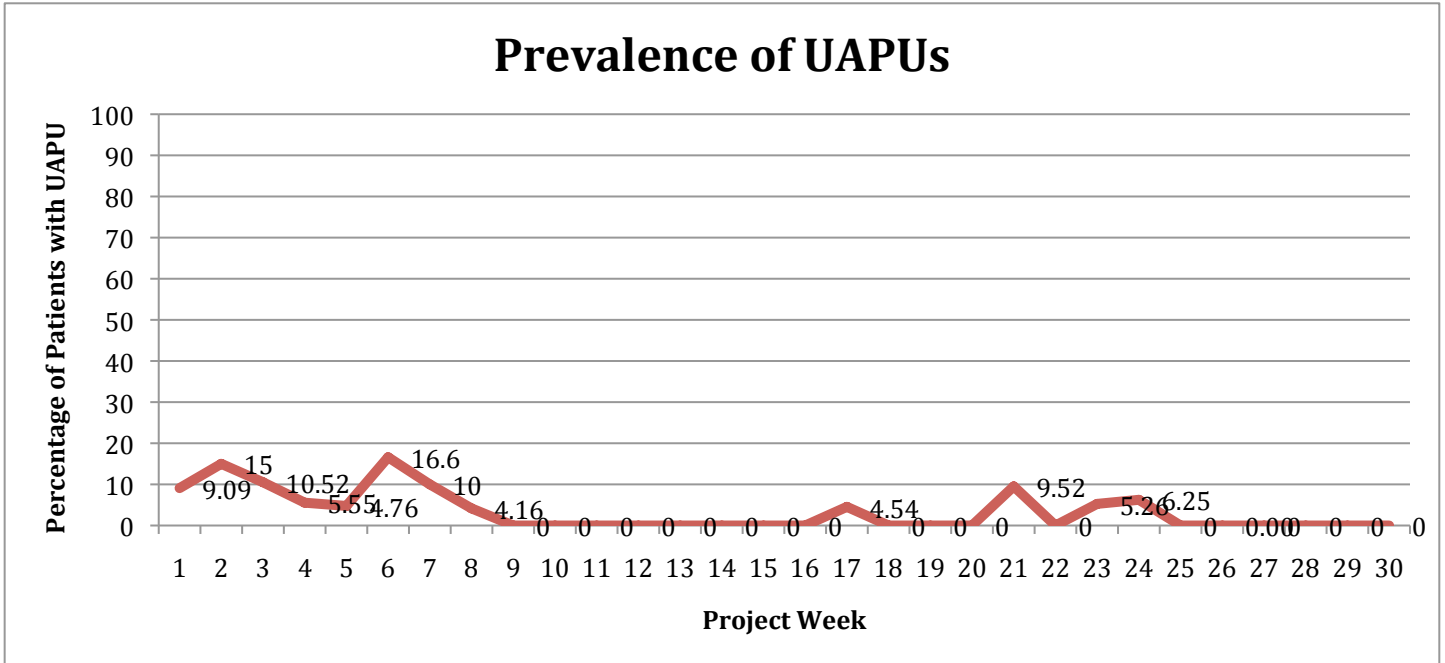
Increased visibility and recognition. A large calendar was hung in the staff break room to document time since a UAPU occurred. The calendar kept the project visible and staff could easily see the results of their effort. A celebratory pizza party was given after 60 days without a unit acquired pressure ulcer.

Increased education. Mini-inservices were given to RN and NA staff in collaboration with the nutrition and physical therapy departments. Topics included analysis of the Braden Scale and early nutritional intervention.

Increased accountability. In addition to increased rounding of unit-based Wound Care Coordinators, hospital-wide coordinators were more active on the unit. Root cause analysis was used when development of any pressure ulcer occurred. Using RCAs were not to place blame but instead find any breakdown in practice.

RESULTS

Initiatives began in October of 2010. For the 7 weeks of data collected in 2010, the prevalence rate of UAPUs was 10.22%. New UAPUs were found on each of these 7 weeks. All methods mentioned were initiated by January of 2011. Of the 23 weeks of data collection in 2011, 18 weeks had a zero prevalence. The mean prevalence in 2011 was 1.29%.



If you would like more information on this project, please contact Marsha Duffy by email at marsha.duffy@atlanticealth.org

