



# Quality Breakthrough: Reducing Hospital-Acquired Pressure Ulcers to Zero

## Memorial Hermann Sugar Land Hospital

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### Background/Rationale

The intent or goal of the strategy was to reduce our hospital-acquired pressure ulcers, since there was variation in our patient outcomes, with an ultimate goal of reaching and sustaining zero. Data submitted through NDNQI for eight years showed variation in performance and patient outcomes. Since the average cost of caring for a patient who develops a Stage III or IV pressure ulcer is approximately \$63,000, and our data showed variation in our outcomes, this issue was extremely important to address from both a cost and a quality perspective.

A quality improvement team was formed to review our data and develop an action plan for improvement, with a goal of reducing hospital-acquired pressure ulcers (HAPU) to zero.

### Objectives:

- Reduction in hospital-acquired pressure ulcers involving a multidisciplinary skin and wound assessment team
- Achieve a goal of zero hospital-acquired pressure ulcers
- Sustain improvements over time
- Utilize a national registry for comparative data (NDNQI)

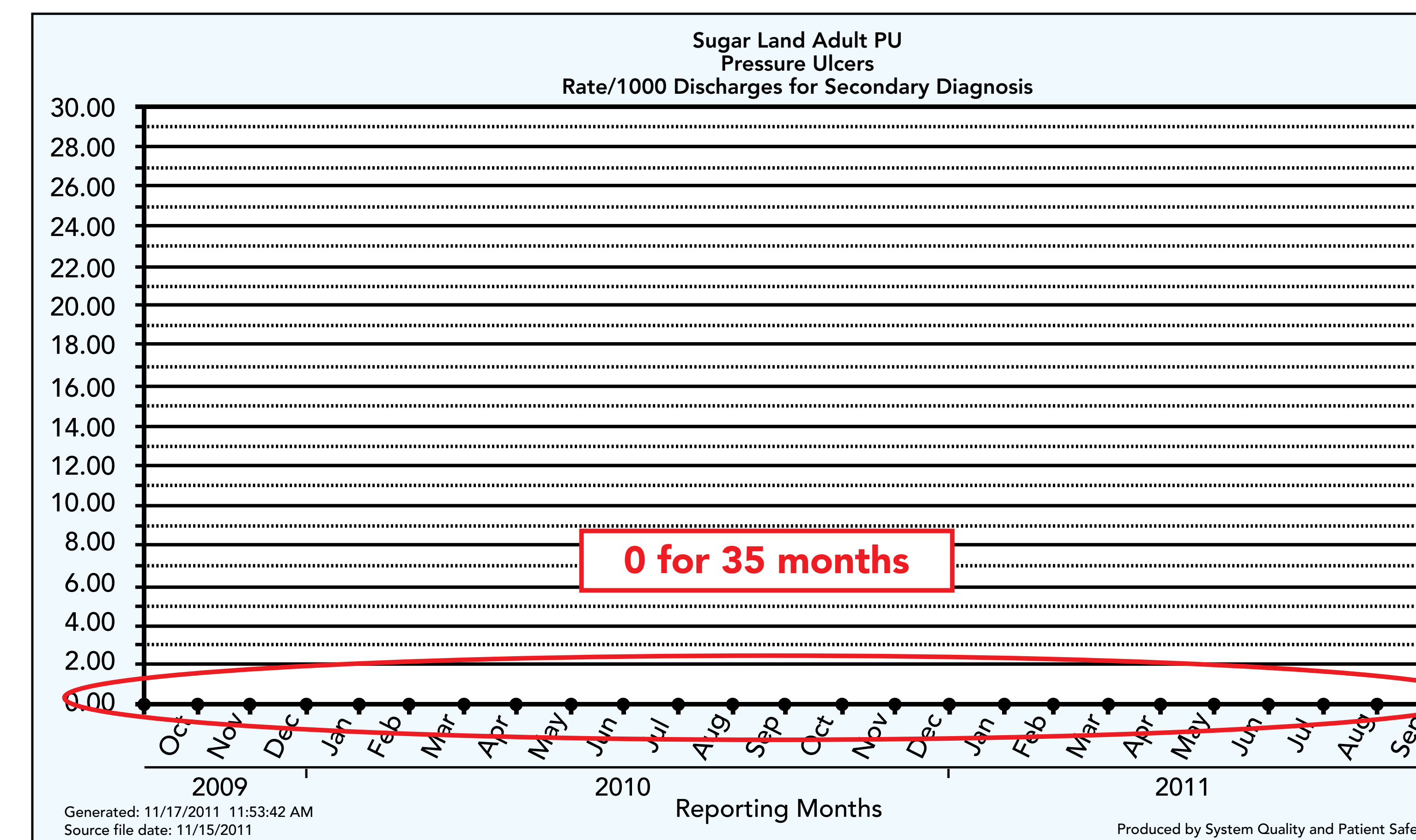
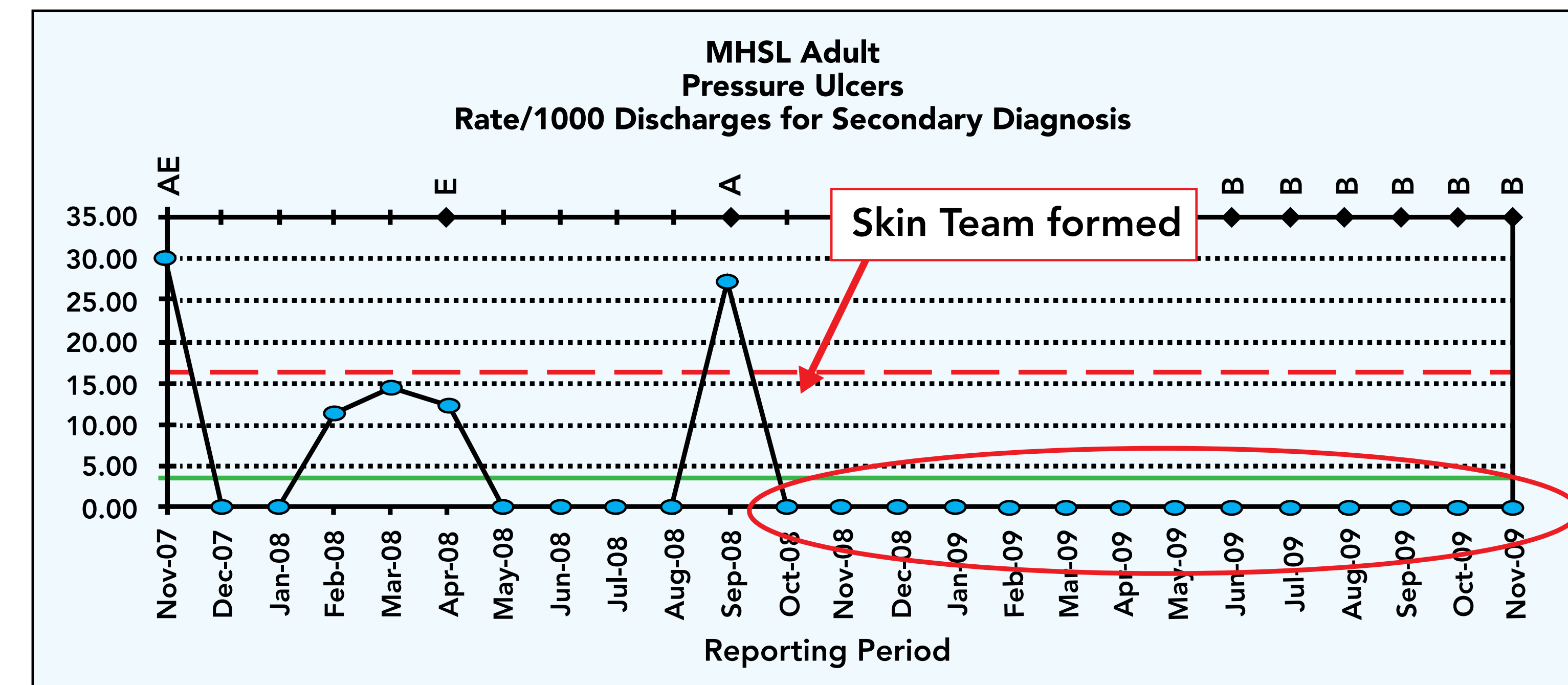
### Methods:

- Multidisciplinary SWAT (Skin and Wound Assessment Team) formed in September 2008 (nursing, educator, nutritionist and wound care specialist)
- SWAT team rounds twice weekly on patients with Braden score of 17 or less, providing recommendations for skin management
- Education of nursing staff on Braden scoring with inservicing by Education department in collaboration with wound and skin care specialty representatives
- Review of skin care products available and supplies stocked on units
- Review and recommendation of treatment modalities and pressure reduction surfaces
- Nutritionist referrals for dietary supplements and/or nutritional maintenance
- Monthly results presented at staff meetings and unit results posted on bulletin boards in public areas (weeks without a pressure ulcer, per unit)
- Visual reminders on turning
- Electronic documentation tools and prompts for Braden assessment

### Conclusion:

Since the formation of the Skin and Wound Assessment Team and rounding twice weekly on patients at high risk for developing a pressure ulcer, results have shown zero HAPU (Hospital Acquired Pressure Ulcers) for 35 consecutive months, which is also confirmed through the AHRQ patient safety indicator results.

### Results/Outcomes: Zero HAPU for 35 Consecutive Months



### Lessons Learned:

These strategies can be easily transferred to other facilities. A team approach with direct nursing staff involvement in improvement efforts was a driving factor. Open communication and transparency of posting unit results in public areas have been instrumental in motivating staff and sustaining the results.

### Electronic Prompts

The screenshots show the Braden assessment tool with various categories like Sensory Perception, Moisture, Activity, and Mobility. Below it are intervention lists for different risk levels (All Risk, Moderate Risk, High Risk, Very High Risk). To the right is a 'Nutritional Risk Factors' table with a 'To Send a Referral to a Dietitian' section.

Factor	Yes	Comment
Cachectic Appearance		
Gestational Diabetes		
New Diabetic < 6 Months		
PO Intake < 50% of Meals > 5 Days	X	
Pressure Ulcer Stages I-IV	X	
Pressure Ulcer Stages III-IV		
TPN/Tube Feeding		
Unintentional Wgt Loss > 15% in 6 months		

### Visual Reminders on Turning

The form includes patient information (Day/Date, Room #, Nurse, Phone#, PCA, Physician, Charge Nurse) and a section for 'Important Questions for my Doctor' and 'Notes'. A clock graphic is used as a visual reminder for turning.

