The University Hospital of Columbia and Cornell

BACKGROUND

•Prevalence of hospital acquired pressure ulcers is monitored monthly by the **Department of Nursing.**

•The hospital acquired pressure ulcer rates are benchmarked against the National Database of Nursing Quality Indicators.

 The assessment and identification of patient's at risk for hospital acquired pressure ulcers is an important component of patient management.

•Hospital acquired pressure ulcers prolongs the patient's hospital stay, increases the risk of hospital acquired conditions, decreases patient satisfaction and increases patient discomfort

PROBLEM

•In 2007, the hospital acquired pressure ulcer rate at NewYork-Presbyterian Hospital peaked at 5.99%.

•The Department of Nursing identified the need to map out a strategic plan to reduce the rate of hospital acquired pressure ulcers with specific attainable goals

PROJECT GO •In 2007 and

reducing the

•The goals we • Accurate s •Staging of t reliability; a **O**ecreasing

METHOD:

•The Nursing Program by s assessment •A comprehe

was done.

 An algorithr and an appro nursing staff

KEY STRATE

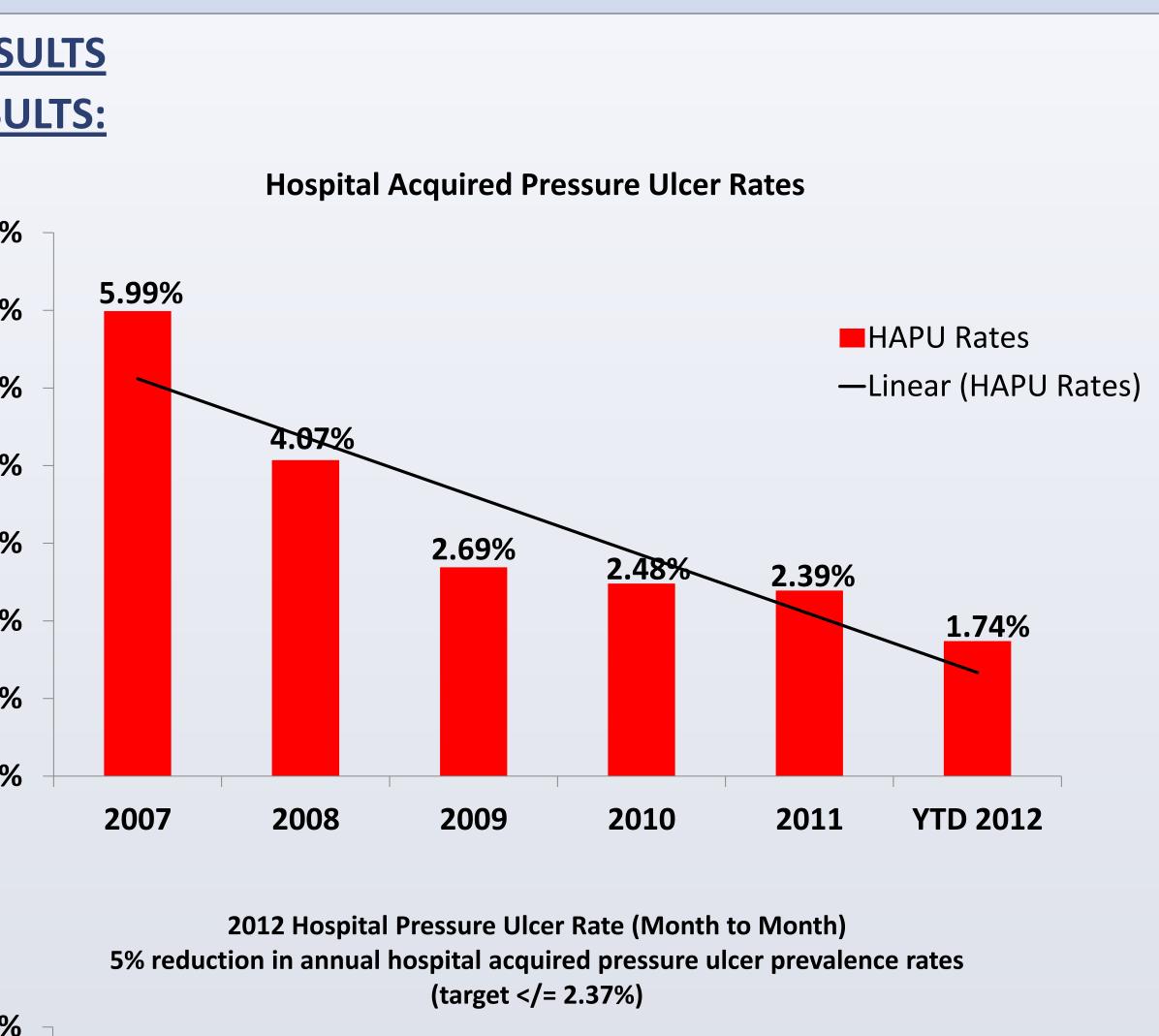
•A single day measure all •A new proce pressure ulc in place. •The validati re-education Focused mo allowed for ulcers hospit Provision of

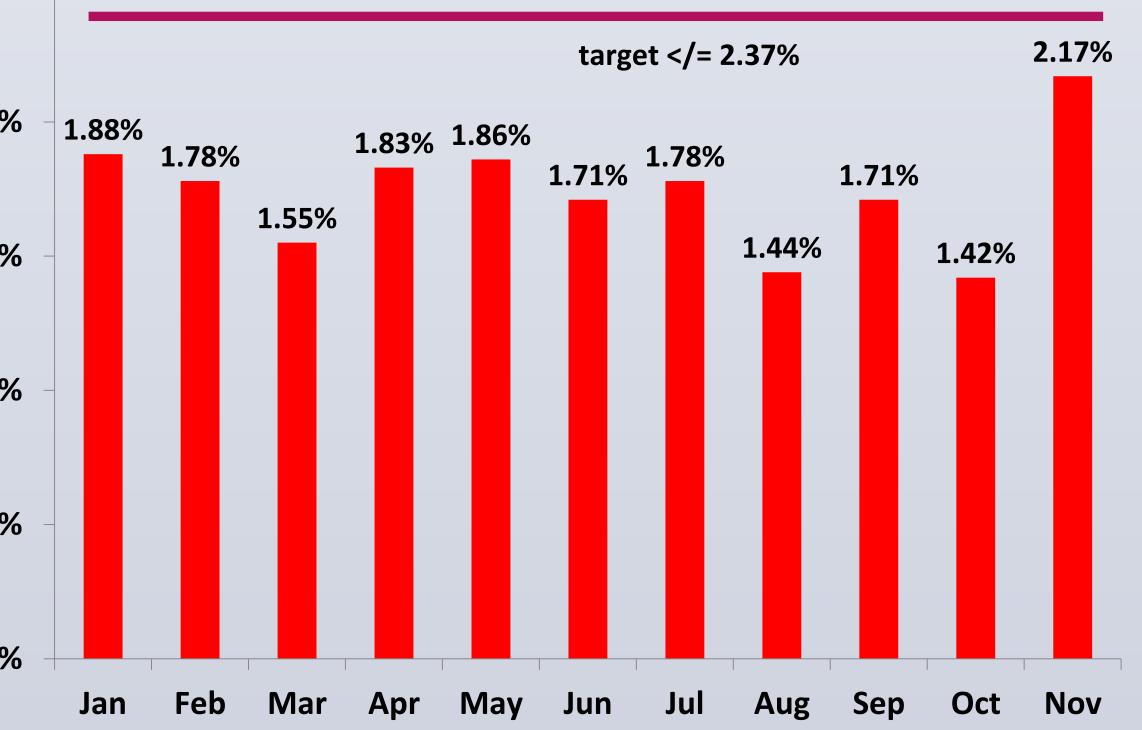
Food and Nu healing

Putting the Pressure on Reducing Hospital Acquired Pressure Ulcers

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| | METHODS/RES |
|--|--------------------|
| <u>DALS:</u> | RESU |
| d every year after, the hospital set a goal of | |
| e rate of hospital acquired pressure ulcers by 5% | 6 7.00% |
| vere focused on: | 6.00% |
| skin assessment; | |
| the pressure ulcers to improve inter-rater | 5.00% |
| nd the variance in how staging is specified | 4.00% |
| the variance in now staging is specified | 3.00% |
| | |
| | 2.00% |
| g Department revamped the hospital's Pressure standardizing skin care; staff education focused | 100% |
| and documentation was conducted across all car | |
| ensive review of all skin care products used hosp | |
| | |
| m for specialty beds used within the hospital wa | |
| oval process was developed and communicated t f. | |
| | 2.50% |
| GIES: | |
| y point prevalence study is conducted monthly to | 2.00% |
| pressure ulcers. | |
| ess of reviewing and validating hospital acquired cers by Wound, Ostomy and Continence Nurses w | T.JU /0 |
| in continence nurses w | as pac |
| ion process resulted in re-staging of pressure uld | cers and 1.00% |
| n on pressure ulcer staging and management. | n ta |
| onitoring of hospital acquired pressure ulcer eve improved trending and reconciliation of all press | |
| talwide. | |
| f adequate nutritional support in collaboration v | 0.000/ |
| itrition Services was put in place to help promot | e skin 0.00% |
| | |





STAFF EDUCATION

NewYork-Presbyterian

Quality and Patient Safety

 Education of 5000 staff members was conducted and completed through selflearning online modules.

•A concentrated focus on updating skills on skin assessments in the emergency department and peri-operative areas was conducted.

•Educational programs realigned the target staff, patients and their families to the hospital's goals

CONCLUSION

•The hospital is committed to sustaining its hospital acquired pressure ulcer rate by introducing an early mobilization initiative: • Ambulating patients as soon as possible, especially in the intensive care units (ICU), which will further help reduce the ICU hospital acquired pressure ulcer rates.

•The hospital also implemented the Skin **Resource Nurse Training Program in** September 2012

Contact for further information:

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