IMPACT OF STAFF ENGAGEMENT ON REDUCTION OF PRESSURE ULCERS

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BACKGROUND

More than 2.5 million pressure ulcer occur in the United States healthcare facilities costing an average of $11 billion each year. Pressure ulcer prevention remains a key nurse sensitive indicator and is subject to federal and regulatory agency scrutiny. In 2008 the Hospital Pressure Ulcer Committee was charged to reduce hospital acquired pressure ulcers. With the development of the committee and the implementation of evidenced based pressure ulcer prevention protocols, 2 staff nurses in the Medical Intensive Care Unit accepted the leadership to provide education to their peers. The result of the pressure ulcer education led to a decrease in the units pressure ulcer rates.

PROBLEM STATEMENTS

1. MICU results from the NDNQI Staff Satisfaction survey identified the need to improve the areas of staff autonomy in decision making and team work.

2. Using NDNQI comparative data, in 2010 the MICU pressure ulcer rate placed the unit in the 75th percentile.

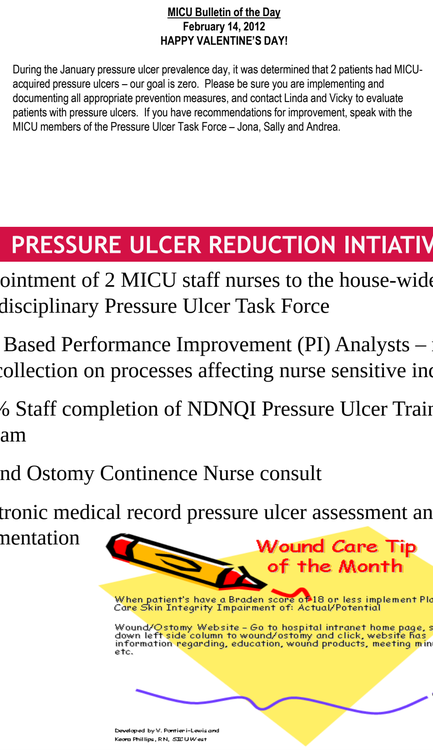
OBJECTIVES

1. Increase MICU staff engagement by developing a unit-based practice council as a forum for staff to voice their concerns and implement changes regarding issues affecting their practice and work environment.

2. Decrease unit acquired pressure ulcers to fall within the 25th percentile.

UNIT BASED PRACTICE COUCIL (UBPC)

- Establish a means for open communication
- Staff meeting facilitated by staff
- "7 on 7" developed to update incoming shift on unit status
- Unit sub-committees for Pressure Ulcers, Ventilator Associated Pneumonia, Catheter Associated Urinary Tract Infection, Central Line Bloodstream Infection and Early Ambulation
- Unit based Sunshine Committee – chaired by staff to improve staff morale and cohesiveness
- Staff recognition for professional accomplishments
- Self-scheduling Committee
- "Thank-You Tree" – notes written by staff expressing appreciation to colleagues for support and assistance
- Newsletter - one page quick informational update from the Clinical Nurse Specialist



MICU Bulletin of the Day
February 14, 2012
HAPPY VALENTINE'S DAY!

During the January pressure ulcer prevalence day, it was determined that 2 patients had MICU-acquired pressure ulcers – our goal is zero. Please be sure you are implementing and documenting all appropriate prevention measures, and contact Linda and Vicky to evaluate patients with pressure ulcers. If you have recommendations for improvement, speak with the MICU members of the Pressure Ulcer Task Force – Jona, Sally and Andrea.

PRESSURE ULCER REDUCTION INTIATIVES

• Appointment of 2 MICU staff nurses to the house-wide multidisciplinary Pressure Ulcer Task Force

•Unit Based Performance Improvement (PI) Analysts – monthly data collection on processes affecting nurse sensitive indicators

•100% Staff completion of NDNQI Pressure Ulcer Training Program

•Wound Ostomy Continence Nurse consult

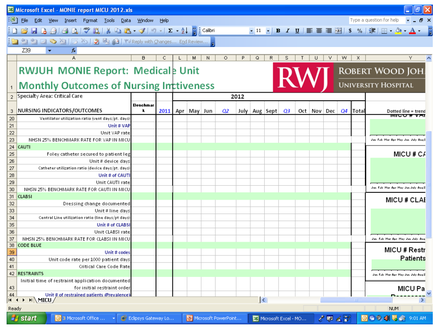
•Electronic medical record pressure ulcer assessment and documentation

PRESSURE ULCER REDUCTION INITIATIVES

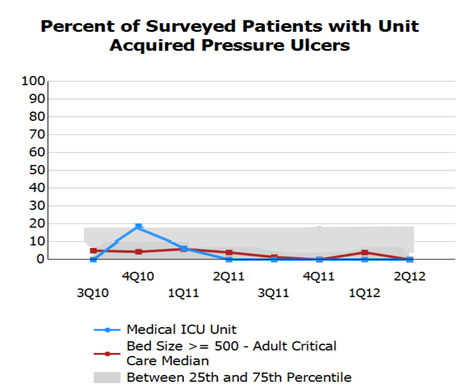
- Daily multidisciplinary rounds include integumentary system
- Wound care tip of the month - education provided by pressure ulcer committee members
- Bedside handoff report
- Communication via white boards in all patient rooms
- Root cause analysis for unit acquired pressure ulcers
- Hourly rounding
  - "4P rounding" = positioning, pain, potty (toileting), personal needs
  - Q2H positioning for identified at-risk patients

PERFORMANCE IMPROVEMENT

- Monthly unit based pressure ulcer prevalence survey.
- Data collected by unit based Registered Nurse PI Analyst
- Pressure ulcer prevalence data shared at monthly staff and UBPC meetings and posted in the MICU



RESULTS



Using the NDNQI unit comparative data, in 2010 the MICU unit acquired pressure ulcer rate was above the 75th percentile. In 2011 the rate decreased, raising the MICU to the 25th percentile.

NURSING IMPLICATIONS

1. Leadership strategies to engage staff in unit change include:
   - •formation of unit based practice council
   - •providing resources to support staff decisions
   - •providing staff with decision making authority
   - •holding staff accountable for unit-based outcomes

2. Enhancing staff engagement results in:
   - •increased autonomy and accountability
   - •improved peer-to-peer communication
   - •practice changes that result in positive patient outcomes