Reducing Pressure Ulcers in a Pediatric Population

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Background

In October 2008 Centers for Medicare and Medicaid (CMS) rules took effect regarding hospital-acquired conditions such as pressure ulcers (PU), with potential for reduced payment for conditions not present on admission. This was a clear mandate for change that prompted a children's hospital at an Academic Health Center to evaluate its pressure ulcer prevention infrastructure.

Upon evaluation, team members discovered five Stage III or IV pressure ulcers and a lack of patient care infrastructure to support skin integrity. Only the pediatric intensive care unit used Braden Q, but interventions were not linked to risk. Hospital culture was one that viewed pressure ulcers as an "adult problem," resulting in caregivers treating the issue as a lesser priority.

Purpose

The hospital team identified pressure ulcer prevention structures and processes as a definitive need and set out to improve patient care safety and quality in this regard.

Methods

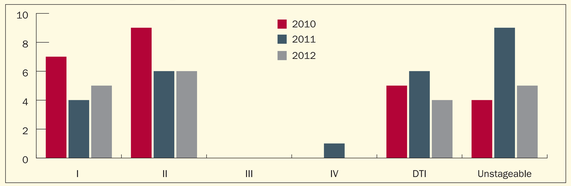
We used a multi-pronged approach to change knowledge and attitudes as well as to create an infrastructure to support evidence-based practices to prevent pressure ulcers in infants and children including:

- Established a Pediatric Wound and Skin Care Council of direct care RNs, CNSs and WOCNs
- Began daily Braden Q risk assessment for all inpatients; periodic assessment of inter-rater reliability and recent update to risk categories
- Developed Interventions to Prevent PU tool based on Braden Q subscale scores
- Assessed nurse education and competency annually
- Established CNS rounding and clinical decision support tools
- Developed practice guidelines and nursing order sets

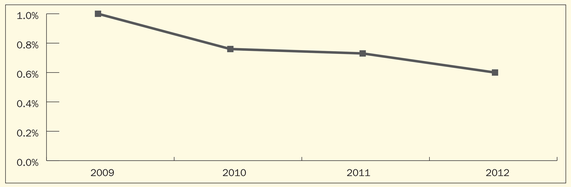
Data/results

The PU prevalence rate has decreased by 40% over four years. The number of state-reportable PUs also has decreased by 40% in the same time period. Successful culture shift has occurred so that team members view skin integrity among the highest priorities at the children's hospital, placing the issue at the forefront of nursing care.

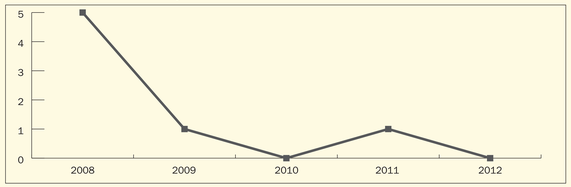
PU Prevalence by Stage



Mean PU Prevalence Rate by Year



State Reportable PU by Year



Conclusions

The steady improvement in PU rates is the result of multiple and iterative interventions by numerous individuals including direct care RNs, CNSs, WOCNs and all levels of nursing leadership. We continue to explore opportunities to eliminate all hospital-acquired PUs, including device-related injuries.

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