VANDERBILT UNIVERSITY MEDICAL CENTER

STOP Pressure Ulcers Campaign

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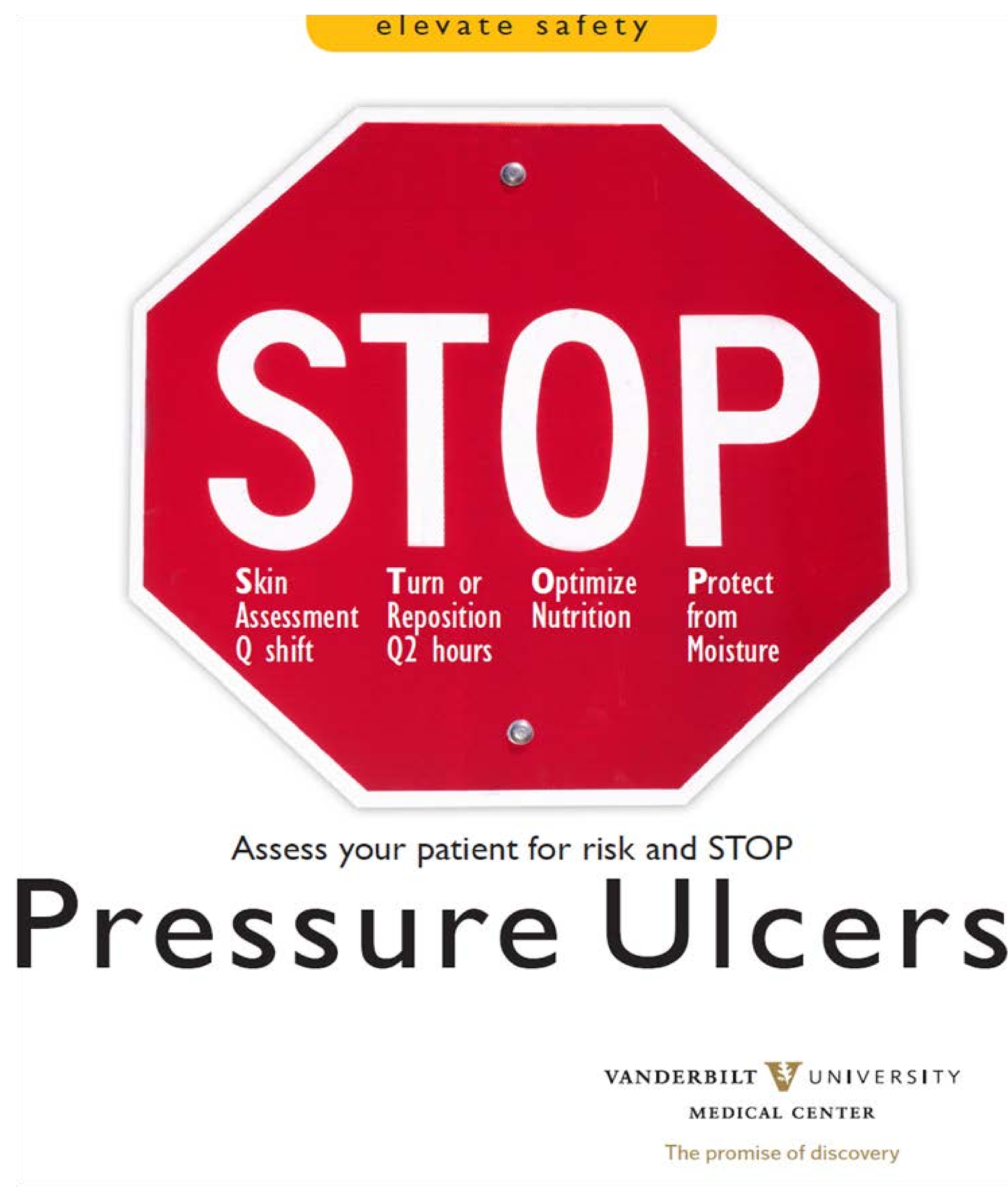
Purpose

To reduce hospital acquired pressure ulcers by introducing a house-wide STOP Pressure Ulcers campaign that includes new alert signage, electronic dashboard indicators, tools for monitoring compliance with prevention interventions, current number of patients with pressure ulcers, and a tool to review every newly documented pressure ulcer.

Significance

Hospital acquired pressure ulcers (HAPU) increase patient discomfort and may contribute to morbidity and mortality as well as length of stay and cost of care. Developing new strategies and tools for prevention will improve patient outcomes, length of stay, healthcare costs, and possibly contribute to decreased readmissions.



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Nursing Care Indicator Report

Day — 10/04/2010 07:00 AM

# Patients in the Unit	# Patients with Braden < 17	# Patients w/ Pressure Ulcer	# Patients w/ High Fall Risk	# Patient Falls
30	19	0	18	0
Braden Done % All Pts: 98 %				
Pressure Ulcer Bundle Score Patients w Braden < 17: 85 %				
Falls Risk Bundle Score: 99%				

Night — 10/04/2010 07:00 AM

# Patients in the Unit	# Patients with Braden < 17	# Patients w/ Pressure Ulcer	# Patients w/ High Fall Risk	# Patient Falls
33	22	0	18	0
Braden Done % All Pts: 99 %				
Pressure Ulcer Bundle Score Patients w Braden < 17: 84 %				
Falls Risk Bundle Score: 99%				

24 hour — 10/04/2010 07:00 AM

Shift	# Patients in the Unit	# Patients with Braden < 17	# Patients w/ Pressure Ulcer	Braden Done % All Pts	Pressure Ulcer Bundle Score Patients w Braden < 17	Pressure Ulcer Braden Done % Time Green	Pressure Ulcer Repos Q2 % Time Green	Pressure Ulcer Therapy Bed % Time Green
Day	30	19	0	98 %	85 %	98 %	77 %	70 %
Night	33	22	0	99 %	84 %	99 %	81 %	66 %

Month — 09/06/2010 07:00 AM

Shift	# Patients in the Unit	# Patients with Braden < 17	# Patients w/ Pressure Ulcer	Braden Done % All Pts	Pressure Ulcer Bundle Score Patients w Braden < 17	Pressure Ulcer Braden Done % Time Green	Pressure Ulcer Repos Q2 % Time Green	Pressure Ulcer Therapy Bed % Time Green
Day	885	558	31	98 %	83 %	98 %	80 %	67 %
Night	922	586	30	99 %	79 %	99 %	79 %	53 %

Strategy and Implementation

- The goal was to strengthen our current ulcer prevention program through increased awareness. Ultimately, this program should lead to an improvement in our culture of safety and decreased hospital acquired pressure ulcers.
- Alert signs were created using the STOP acronym and placed on doors of patients with a Braden score of 18 or less.
- Standardized Safety Rounds, focusing on fall and pressure ulcer prevention, provided performance coaching and mentoring opportunities for both unit leaders and bedside nurses in the actual prevention interventions for individualized patient risk factors.

Strategy and Implementation

EDUCATION:
- House-wide training for nurses, care partners, dieticians
- Prevention emphasis
- Annual competency
- Strengthen care partner role
- Unit Leadership education- monitoring and review tools

MONITORING TOOLS:
- Nursing care indicator report- unit snapshot of last 24 hours
  - Process measures
  - Number of patients with pressure ulcers
- Electronic Medical Record indicators- real time- patient specific
- Quality measure reporting database details- retrospective data

REPORTING:
- Review pressure ulcer analysis data and report trends
- Identify opportunities for improvement- local and across VUH
- Recommend and Implement necessary changes
- Continue PDSA cycle to improve outcomes

REVIEW:
- Unit based event review of all hospital acquired pressure ulcers
  - Reviews are forwarded to Pressure Ulcer Prevention improvement team for analysis and trending

Critical Event Analysis (CEA): Hospital Acquired Pressure Ulcer (HAPU)

	Yes	No
Was a Skin Assessment completed on admission?		
Was a Braden Risk Assessment completed on admission? (*List the score)*		
Was the admission Braden Risk Assessment appropriate?		
Has a Braden Risk Assessment been completed in the past 24 hours?		
Was the most recent Braden Scale appropriate? (List the score)		
Was the Plan of Care for "Pressure Ulcer Risk: Prevention/Management" initiated?		
Based on the most recent Braden Score were appropriate interventions initiated?		
Approved turning schedule with documentation of position and time		
Was the Bed Mobility Team (Lift Team) turning the patient		
Consult PT and OT (to maximize mobilization)		
Pressure redistribution bed/mattress; identify **type of bed:** Patient **weight:** **height:**		
Manage Nutrition and hydration (Pre-albumin status)		
Manage moisture (incontinence checks, skin barrier applied)		
Manage friction/shear (HOB<30%,lift sheet)		
Blood glucose control		
If appropriate heels floated off the bed with pillows, foam, or suspension boots		
Was the pressure ulcer discovered within 48 hours of admission?		
What day in LOS was ulcer discovered		
If admitted through the ED department was the patient in ED longer than 4 hours?		
Has the patient been in the OR within the past 48 hours?		
If yes was the patient in the OR longer than 4 hours?		
Has the patient been off the floor for a procedure longer than 4 hours?		
Was there any medication that could have contributed to the patient developing a pressure ulcer (sedatives, narcotics, neuromuscular blockades, VasoPressors, paralytics)?		
Were there multiple co-morbidities that may have contributed (diabetes, vascular disease, stroke, obesity, paraplegic/quadriplegic, or septic, actively dying)?		
After the pressure ulcer identified was there an assessment that included:		
Skin Assessment		
Braden Risk Assessment		
Documentation in nursing notes to include location, size (LxWxD), Undermining\Tunneling stage, drainage, and odor.		
Wound Care and pressure ulcer risk interventions initiated		
Was the attending notified?		
Was the patient/ family notified?		
Document interventions on the plan of care: Pressure Ulcer Risk and Treatment		
Notify the wound care nurse of the HAPU.		
Complete and return the CEA along with the QCR to the Quality Dept.		

Not a part of the permanent medical record.

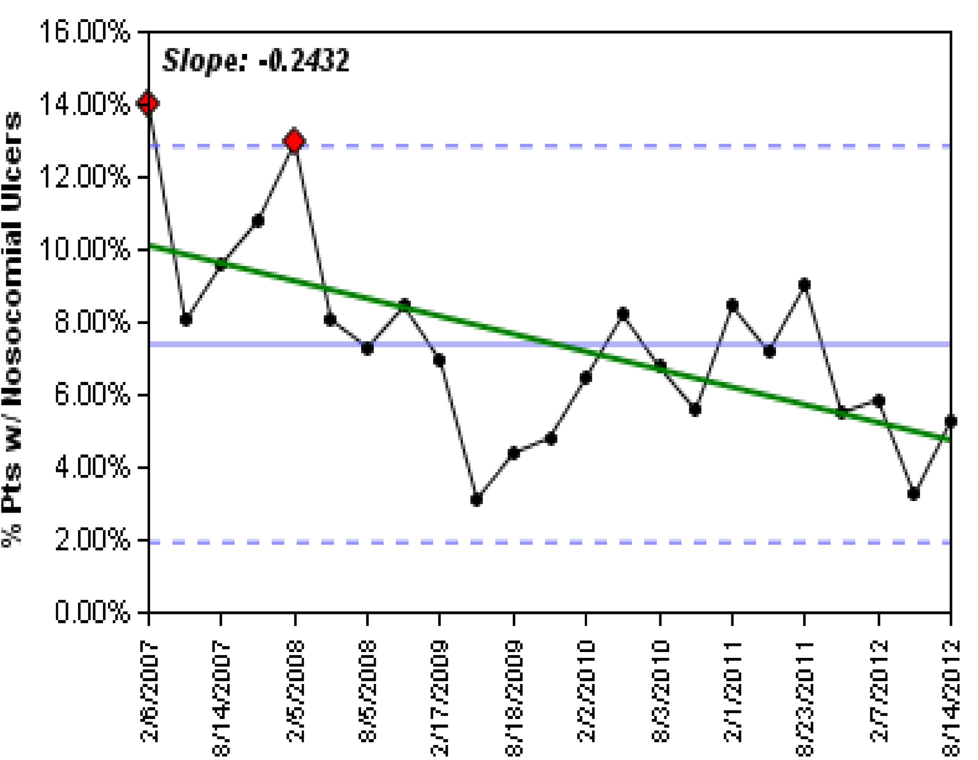
Unit____________ Date____________ Time____________ RN signature____________

Pt. label

*Critical event review tool we are beginning to use for review of hospital acquired pressure ulcers.

Evaluation

STOP Pressure Ulcer door alert signs are now in use on all 21 inpatient units, bedside staff have been educated, all unit managers receive a daily unit performance and status report, an electronic Braden indicator is displayed on all clinical work stations. Since the implementation the number of patients with hospital acquired pressure ulcers has decreased 50 percent per NDNQI data from may 2011 to May 2012.



Implications for Practice

The use of multiple strategies to improve a culture of safety was successful in reducing pressure ulcers in our patients. These strategies (education, monitoring, reminders, and feedback) may be used to improve other problems impacting patient safety as well.

MR# | Pt Name | Adm.Date | Unit | Bed | Attd.Phys. | POA Ulcer | admUlcer | newUlcer

*The outline of the pressure ulcer dashboard available in the electronic medical record listing all patients with pressure ulcer documentation in the current admission at various data points.

S — **Skin** & Braden assessment Within 8 hours of admission and every shift

T — **Turn** or Reposition every 2 hours in bed and chair. Use pressure redistribution devices

O — **Optimize Nutrition**

P — **Protect** from moisture. Use barrier skin products; blue chux on air beds.

Assess you patient for risk and STOP
Pressure Ulcers

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