Taking the Pressure Off by Getting to the Bottom of the Problem: The Value of Expert Validation During Pressure Ulcer Prevalence Surveys

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- Located on the University of Chicago campus
  - Chicago’s Hyde Park neighborhood

- University of Chicago Medicine
  - The Center for Care and Discovery
  - Bernard A. Mitchell Hospital
  - Comer Children’s Hospital
  - Duchossois Center for Advanced Medicine

- 2,054 RNS
  - 33% have national certification

- NDNQI Hospital since 2004
PRESSURE ULCER FACTS

- 1-2 hours to develop
- 4.3 days median excess
- $129,000 Stage IV
- 2.5 million patients/year = city of Chicago
- 2008
- 2nd most common
- 80,000 deaths annually

2008

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The Problem

• Consistently underperformed in relation to targets

• Interventions employed in past:
  – Skin Care Team
  – Top 10 list for HAPU prevention
  – Purchase of prevention surfaces
  – House-wide education covering 17 modules
  – Monthly prevalence surveys
  – Silicone dressing in ICU/OR
The Problem: Identifying the Issue(s)

• Identify key team members
  – Content expert
  – Leadership
  – Staff RNs including:
    • Representatives from units
    • Quality RNs and Skin Care Team RNs
  – Purchasing

• Analyze current practices, processes and outcomes against standards
  – SWOT (Strength-Weakness-Opportunities-Threats)
  – PDSA (Lean: Plan-Do-Study-Act)
  – Practice audits
  – Direct observation by expert
The Problem: Identifying the Issue(s)

“If you do not know how to ask the right question, you discover nothing.”

W. Edwards Deming

- What are the standards/evidence-based practice
- Are you meeting standards?
  - Practice gaps
  - Product gaps
  - Knowledge gaps
Moisture Associated Skin Damage (MASD)

- “…inflammation and erosion of the skin caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus or saliva.”

- Incontinence Associated Dermatitis
  - Typically located in the peri-area and is widespread and diffuse¹
  - Often incorrectly labeled as a pressure ulcer
  - Increases risk of pressure ulcer development
The Solution

• Quantify the issue
  • Began collecting monthly prevalence of MASD (October 2014)
    • MASD rates lower than anticipated, HAPU rates remained high
  • Began validating all potential HAPU, MASD during Prevalence Survey to further quantify/understand
    • Determine differential diagnosis

• Included process as part of an evidence-based HAPU Prevention Program
Results: 70% reduction in HAPU rate (6 months pre- and post- bundle)  
207% decrease in mean HAPU rate 15 months pre- and post- 
Sustained rates below target 

- Prevention added to orientation for NSA/RN 
- Tracking MASD Begins 
- Replaced Standard Mattresses 
- RN and NSA Education: HAPU Prevention and MASD 
- RN Education: HAPU and MASD Differential Assessment 
- RN/NSA Comps: HAPU and MASD Prevention and Assessment 
- MDRPU Taskforce 
- Incontinence Pads Implemented 
- CWCN Begins Validating Prevalence Cases and HAPU Bundle Implemented 
- New Rental Mattress Implemented 
- New Skin & Wound Care Products and Guidelines Implemented 
- MDRPU Awareness Campaign 
- Fluidized positioners 
- RN/NSA Comps: HAPU & MASD 

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Implications

• Validation may be necessary to ensure you’re measuring what you think you’re measuring

• Differential assessment of pressure ulcers versus other lesions is complex and requires expertise
Next Steps

• Complete MDRPU Prevention pilot, refine and implement

• Better define exclusion criteria for purposes of prevalence survey
Selected References


