The Impact of Nurse-driven Pressure Ulcer Prevention Rounds on Hospital Acquired Pressure Ulcers

Susan Julian, MSN, RN, CNS, CWS • Monica Weber, MSN, RN, CNS-BC, FAHA • Christina Canfield MSN, RN, ACNS-BC, CCRN
Cleveland Clinic, Cleveland, OH

Abstract

Hospital acquired pressure ulcers (HAPUs) have been linked to increased length of stay and patient mortality. Our organizational prevalence rates reflect stagnant numbers of HAPUs in high risk areas. We recognized a need for additional interventions to supplement the certified wound care nurse consult team (WCCT) and unit-based skin care nurse resource program. Due to implications for national reporting and reimbursement, our physician colleagues collaborated in interprofessional prevention and treatment efforts. In 2014, a team comprised of WCCT, nursing leadership, physical therapists and vascular and plastic surgeons initiated twice weekly rounds on patients with HAPUs for consensus staging of mixed etiology or complex wounds.

The initiative also included nurse-driven prevention rounds on high-risk units. The purpose was to identify patients deemed high risk for HAPU development and implement appropriate interventions based on Braden subscale categories. The team for prevention rounds included WCCT, Clinical Nurse Specialists, nursing leadership and direct care staff. The team developed specific criteria to select patients at highest HAPU risk. Standardized data, including team recommendations was collected and entered into a database.

Prevention rounds were conducted on a total of 265 patients. 88% of patients had no HAPUs present at discharge. The most frequently recommended interventions were used to target 2015 educational programs. Since the inception of prevention and staging rounds there has been a 33% decrease in hospital HAPU rates with a 66% decrease in ICU. A collaborative interdisciplinary approach to HAPU rounding and prevention decreases HAPU rates and improves patient care outcomes.

Purpose of Prevention Rounds

- Identify patients at high risk for hospital acquired pressure ulcer development and implement prevention interventions
- Engage direct-care staff in rounding procedure to increase proficiency with prevention protocol

High Risk Units

- Intensive care units (ICU)
- Palliative medicine unit
- Nursing units with hospital acquired pressure ulcer (HAPU) rates above the National Database of Nursing Quality Indicators (NDNQI) prevalence benchmark
- Nursing units with high numbers of wound care consults

Patient Selection Criteria

- Braden score ≤18 on a regular nursing unit with no pressure ulcers
- Braden score ≤12 in the ICU with no pressure ulcers
- History of pressure ulcers
- High and low extremes of BMI
- Age
- Extended time of > 4 hours in the operating room
- Use of vasopressors during hospital stay
- Length of hospital stay > 7 days
- Multiple transfers prior to OR during admission

Recommended Consults

- Wound care team
- Nutritional services
- Physical therapy
- Occupational therapy

Most Frequent Recommendations

- Offloading and prevention
  - Skin care and treatment
  - Bed upgrade
  - Foley or tube securement
  - Reposition using foam wedge or pillow
  - Preventative dressing on bony prominences
  - Reposition with use of Turn and Position system (TAP)
  - Use of absorbent, breathable underpad
  - Heel offloading with device
  - Barrier cream
  - Head cushion
  - Antimicrobial textile to skin folds for moisture management
  - Seating cushion

Hospital Acquired Pressure Ulcers

Prevention Rounds initiated February 2014

0 2 4 6 8 10
Prevalence percentages
0 1 2 3 4 5 6 7 8 9 10
Prevalence percentages
8th Quarter 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter 1st Quarter 2nd Quarter
2013 2014 2015

Prevention Rounds initiated February 2014