

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

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	

Recommended Consults

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

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