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MEDICINE

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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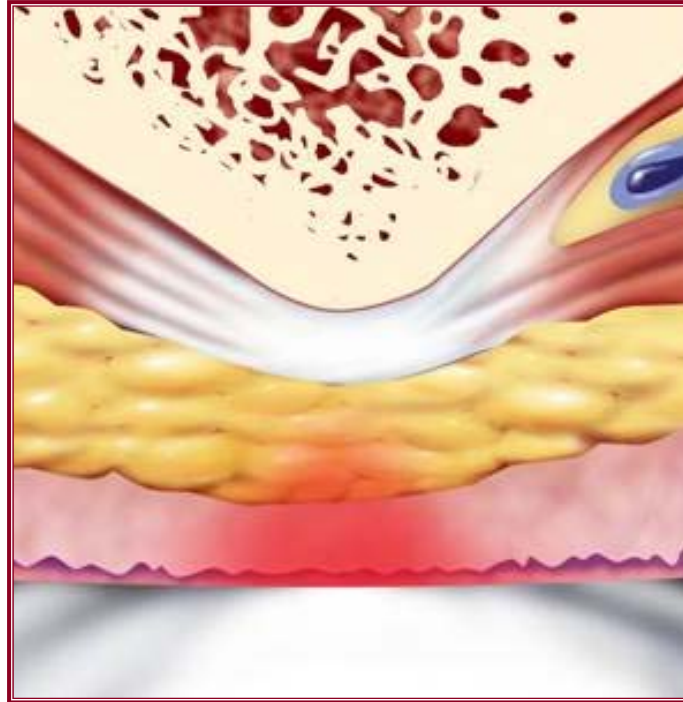
Center for Nursing Professional Practice & Research

The University of Chicago Medicine

- 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

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)

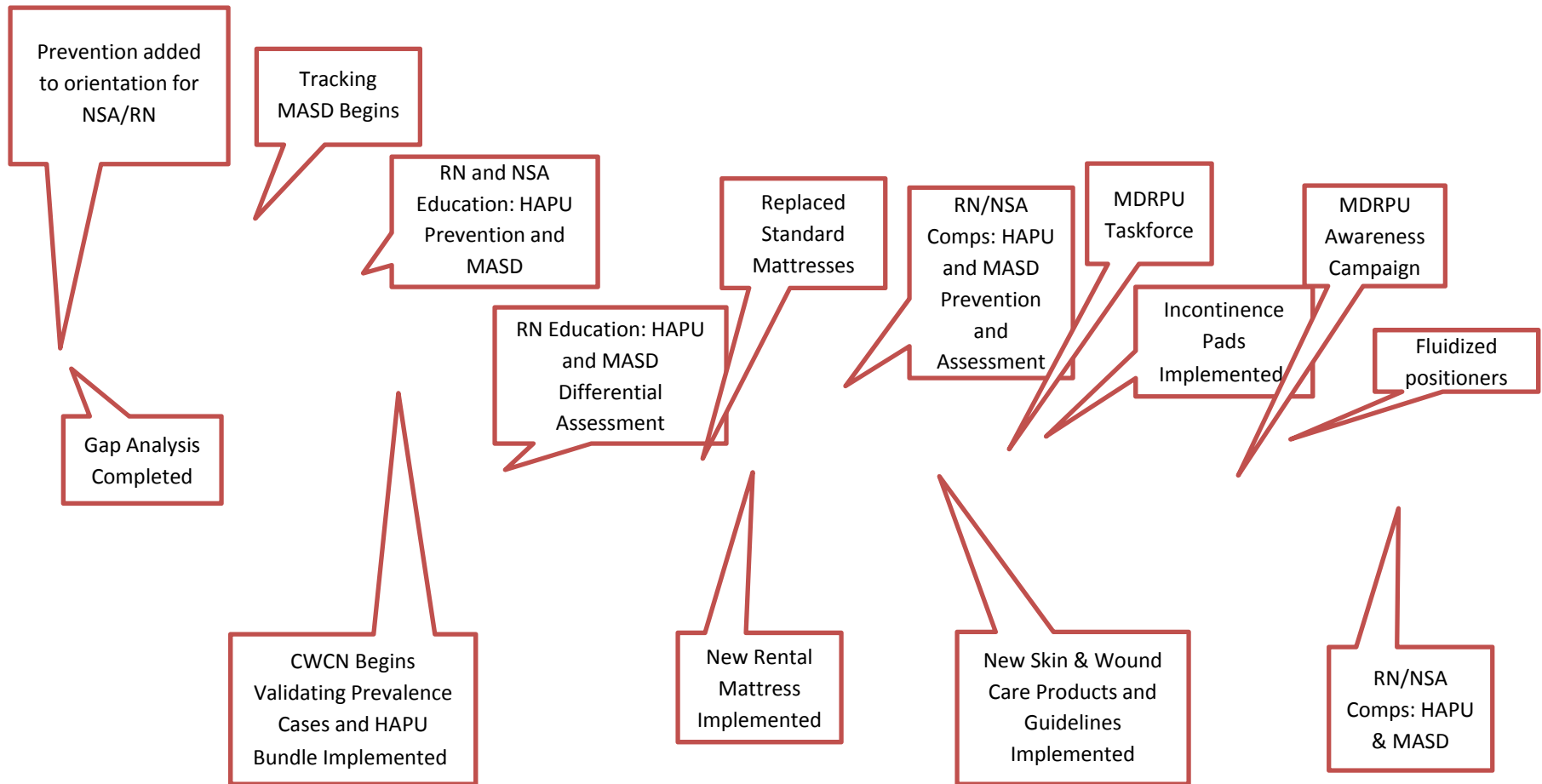
- “...inflammation and erosion of the skin caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus or saliva.”
- Incontinence Associated Dermatitis
 - Typically located in the peri-area and is widespread and diffuse¹
 - **Often incorrectly 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



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

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