

Take the Pressure OFF! : A Journey of Heel Pressure Ulcer Prevention

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Aim Statement

By instituting a Nurse Driven Heel Pressure Ulcer Prevention Protocol, GP4, a combined telemetry medicine unit, will decrease the incidence of heel pressure ulcers 50% by October 2015.

Background

GP4

- 33 Bed Telemetry/Medicine Unit
- 6-7 Registered Nurses, 3-4 Nurse Assistant per shift
- 18 Hospital acquired heel pressure ulcers identified in a 22 month period (January 2014 to October 2015)
- DTI and Stage II Heel Pressure Ulcers were most prevalent

Hospital Acquired Heel Pressure Ulcers cause:

- Functional impairment that adversely affects activities of daily living
- Significant morbidity and mortality
- Increased hospital length of stay
- Severe pain and discomfort
- CMS aims to reduce preventable HACs by eliminating payments for 11 conditions, including pressure ulcers.
- Direct cost of treating a heel pressure ulcer is \$3000 per patient (Meyers, 2010).
- Pressure ulcer prevention requires early identification and rapid intervention.

Methods

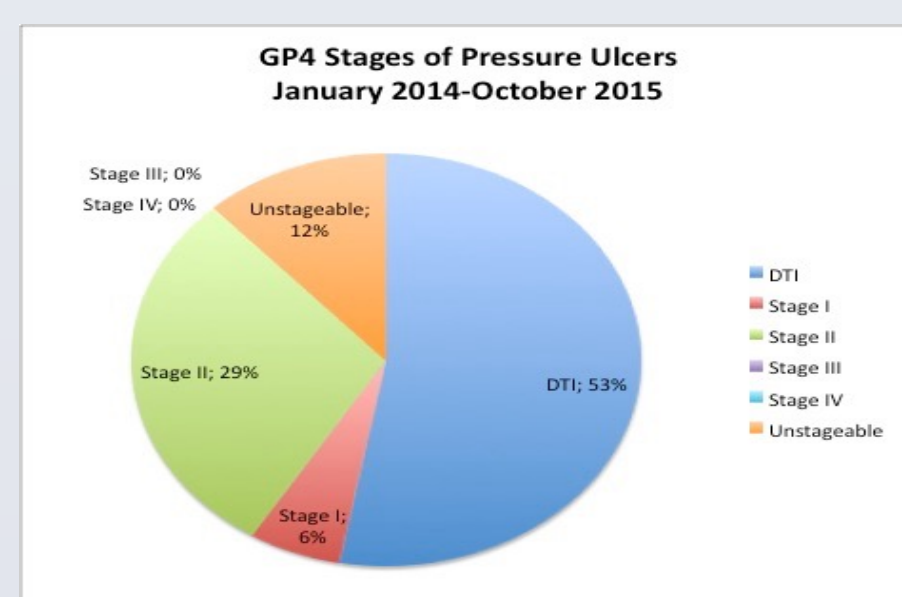
January- March 2015: A review of internal incidence heel pressure ulcer data was completed. Information was drawn in specifics to heel pressure ulcers and stages on GP4

- **Inclusion Criteria:** "inner heel", "lateral foot" and "feet"
- **Exclusion Criteria:** "Achilles", "ankles", "toes", "bunions", "dorsal foot", "outer leg", and "posterior leg".

April 2015: Heel pressure ulcer awareness was initiated

May 2015: A questionnaire was distributed to nursing assistants and registered nurses

July 2015: Initiation of a nurse driven protocol



Nurse Driven Heel Pressure Ulcer Protocol

Patients with a Braden Score of 18 or less will be identified as a high risk for skin breakdown or heel pressure ulcers.

RN Duties:

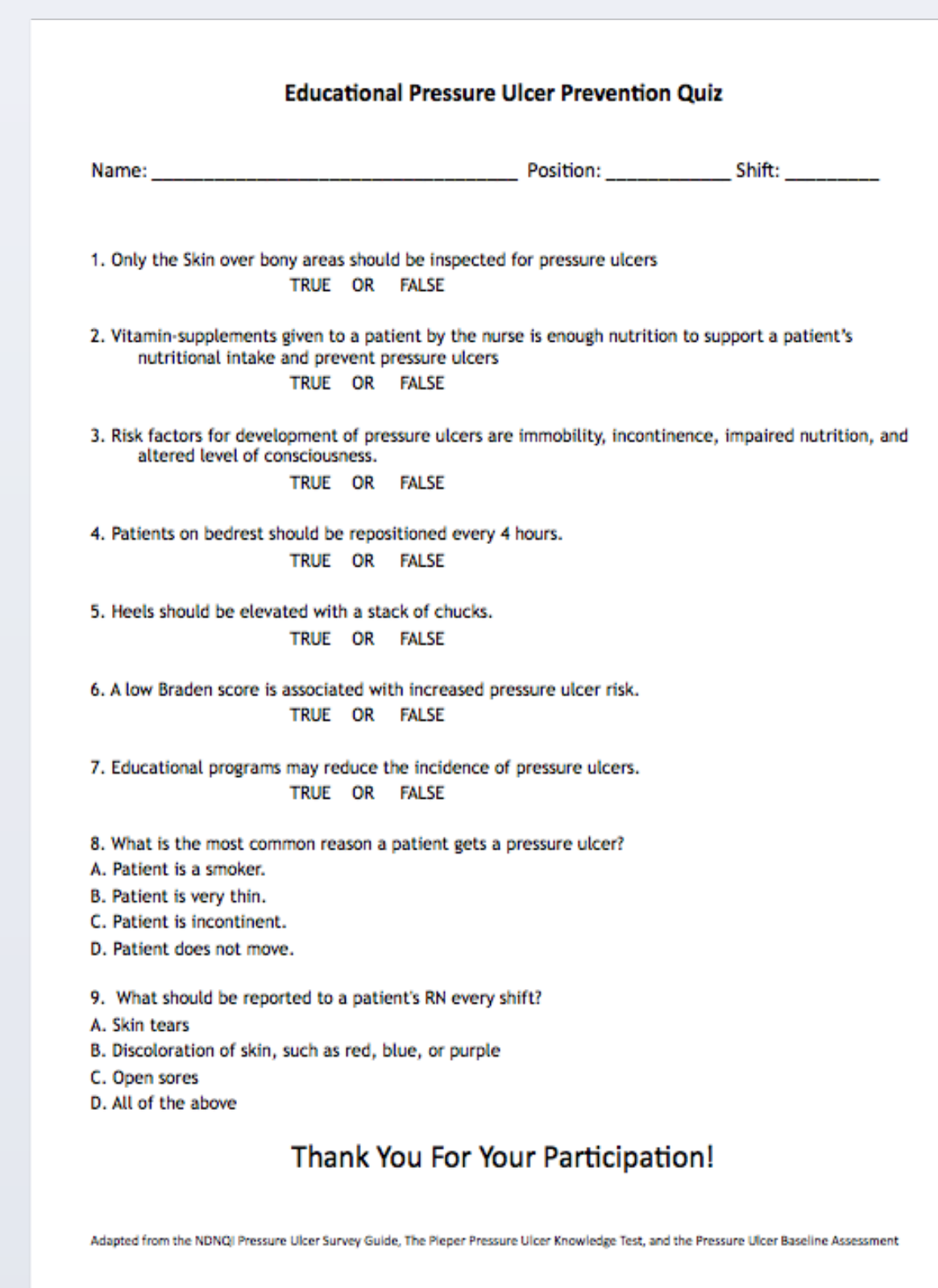
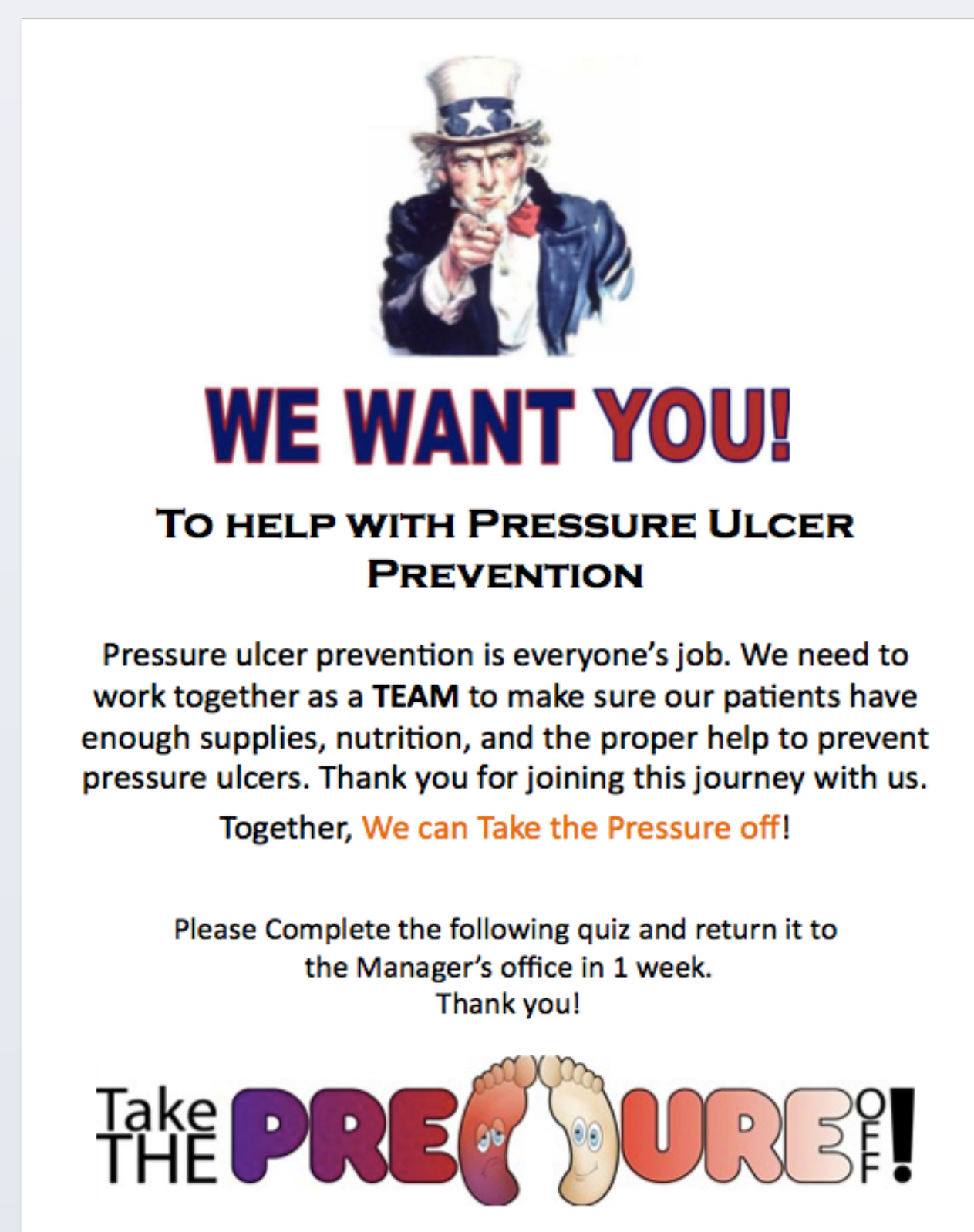
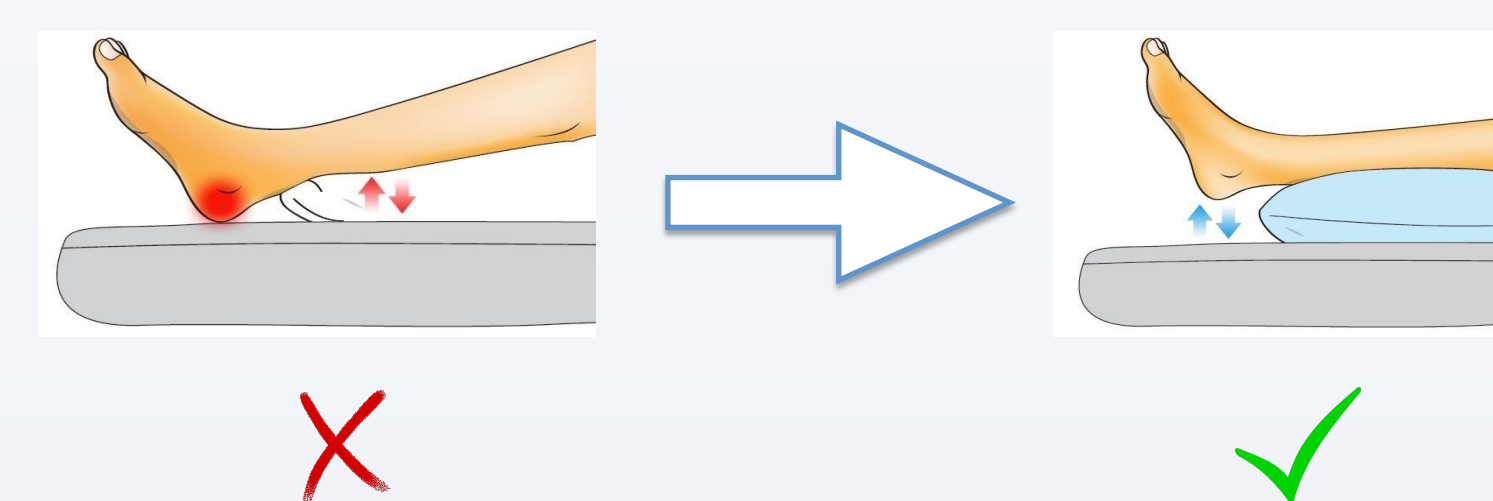
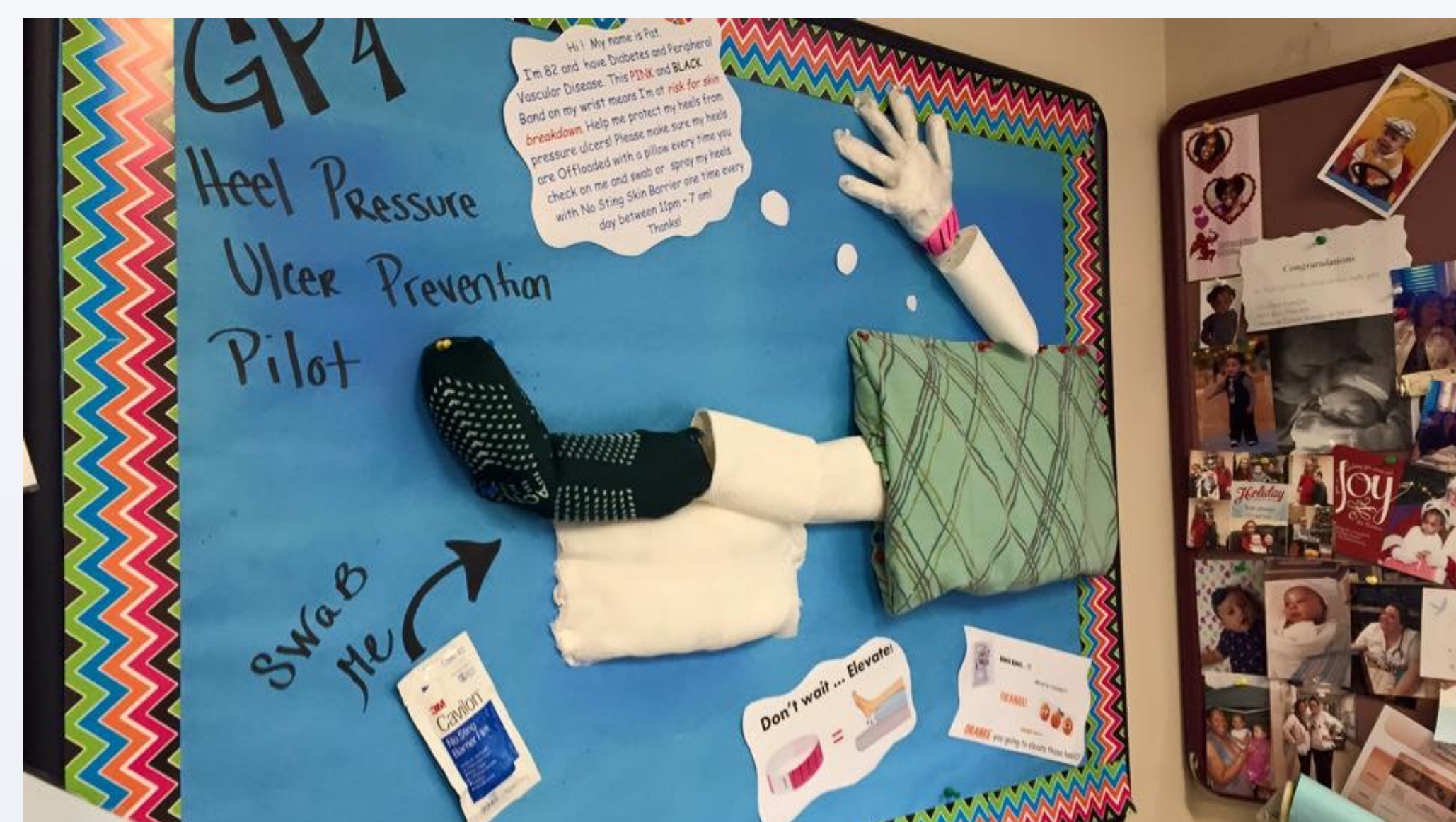
- Apply pink band to patients with Braden Score 18 or less.
- Educate patient and family on importance of maintaining skin integrity.
- Elevate heels on pillows (1-2 pillows) upon initial assessment and every reassessment on patient.
- Document daily skin assessment and Braden Score as per hospital policy (each shift).
- Enter Skin Care RN referrals as per hospital policy.
- Engage the interdisciplinary team by including discussion of high risk patients in daily rounds
- Random unit assessment by SWAT Team RN

Nursing Assistant Duties:

- Ensure that patient heels are offloaded on pillows at every patient encounter.
- Ensure that patients with pink bands have designated pillows for heel offloading.
- Ensure that patients with pink bands have no sting skin barrier spray at bedside.
- Encourage adequate nutrition.
- Report any areas of skin breakdown to RN.

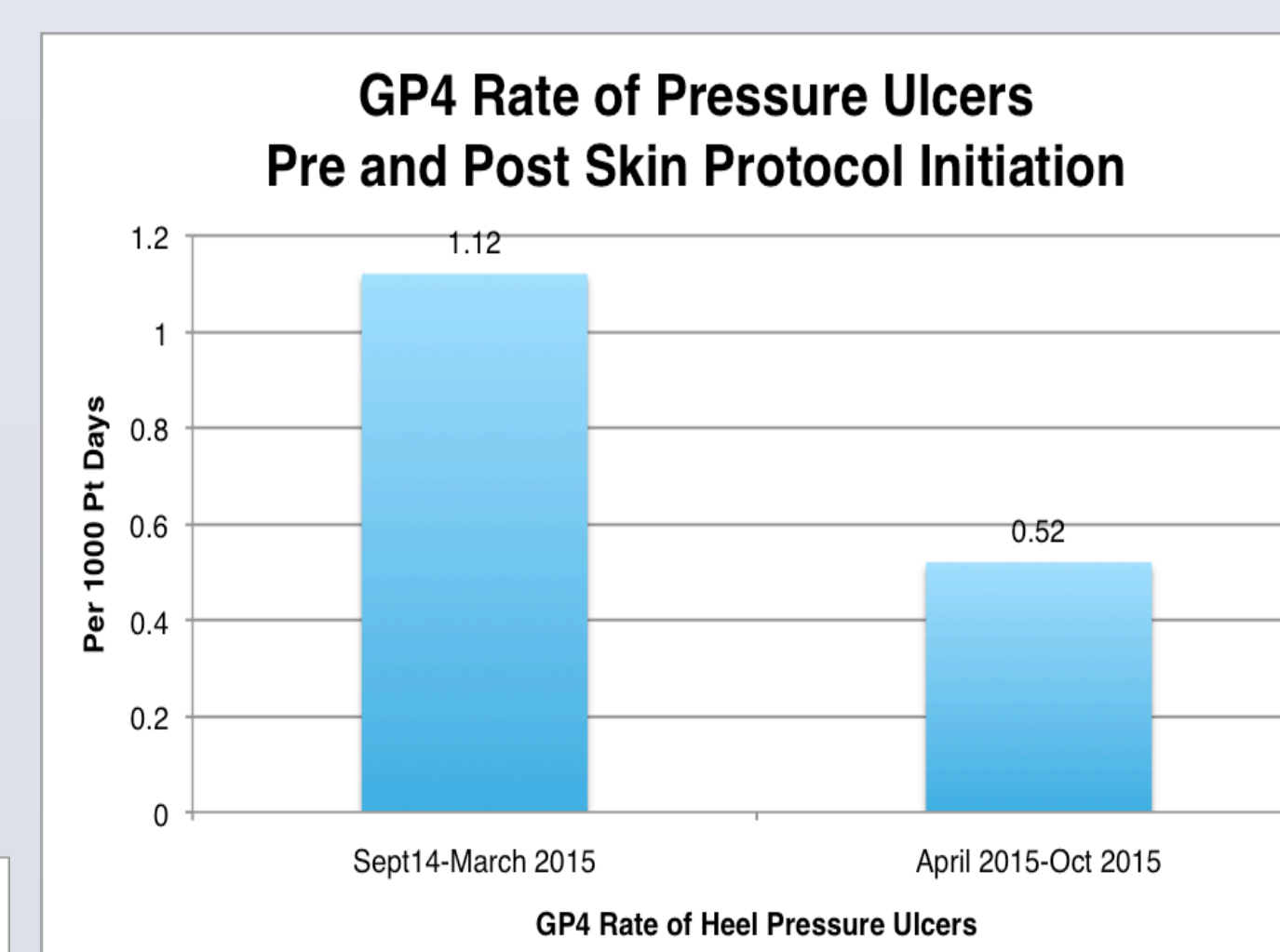
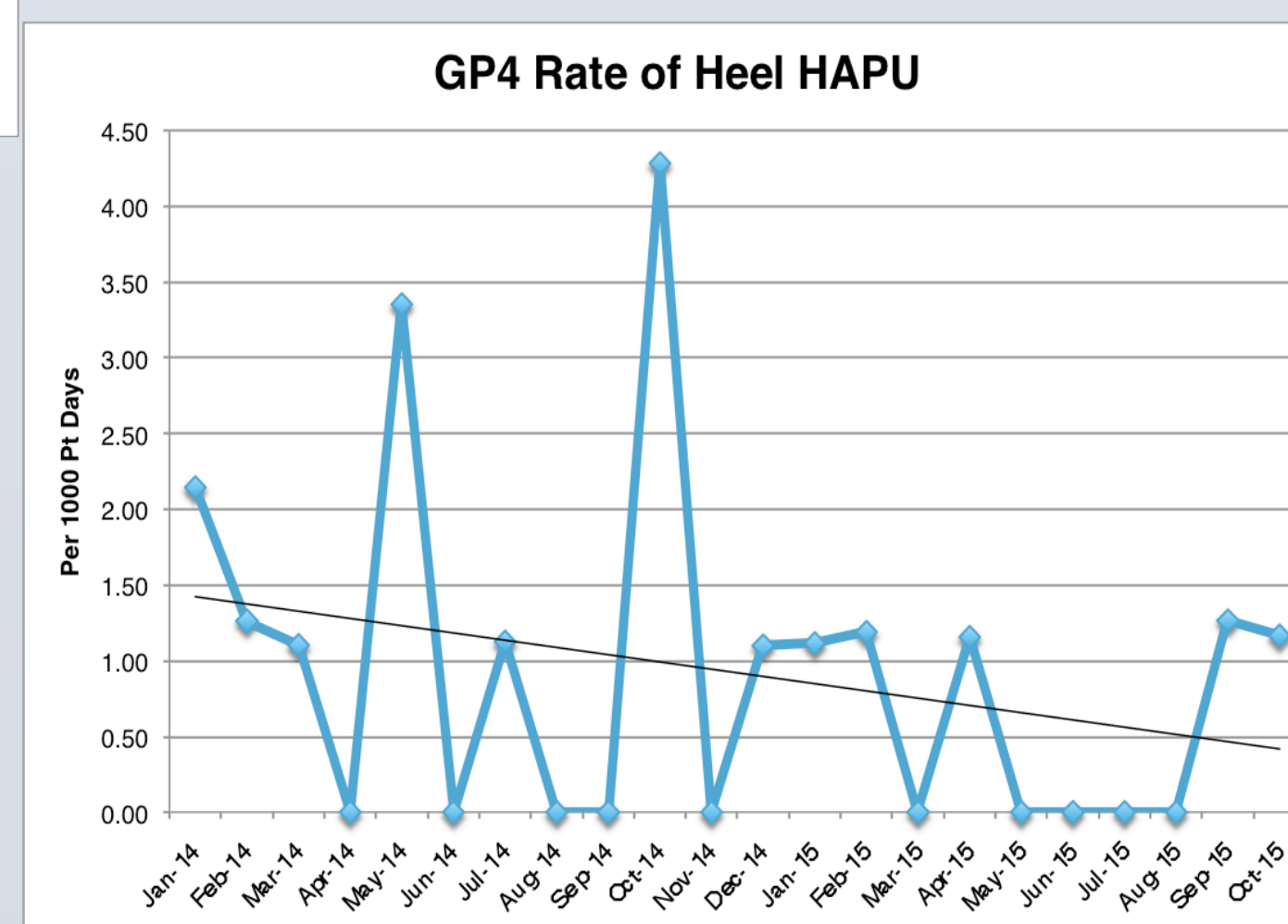
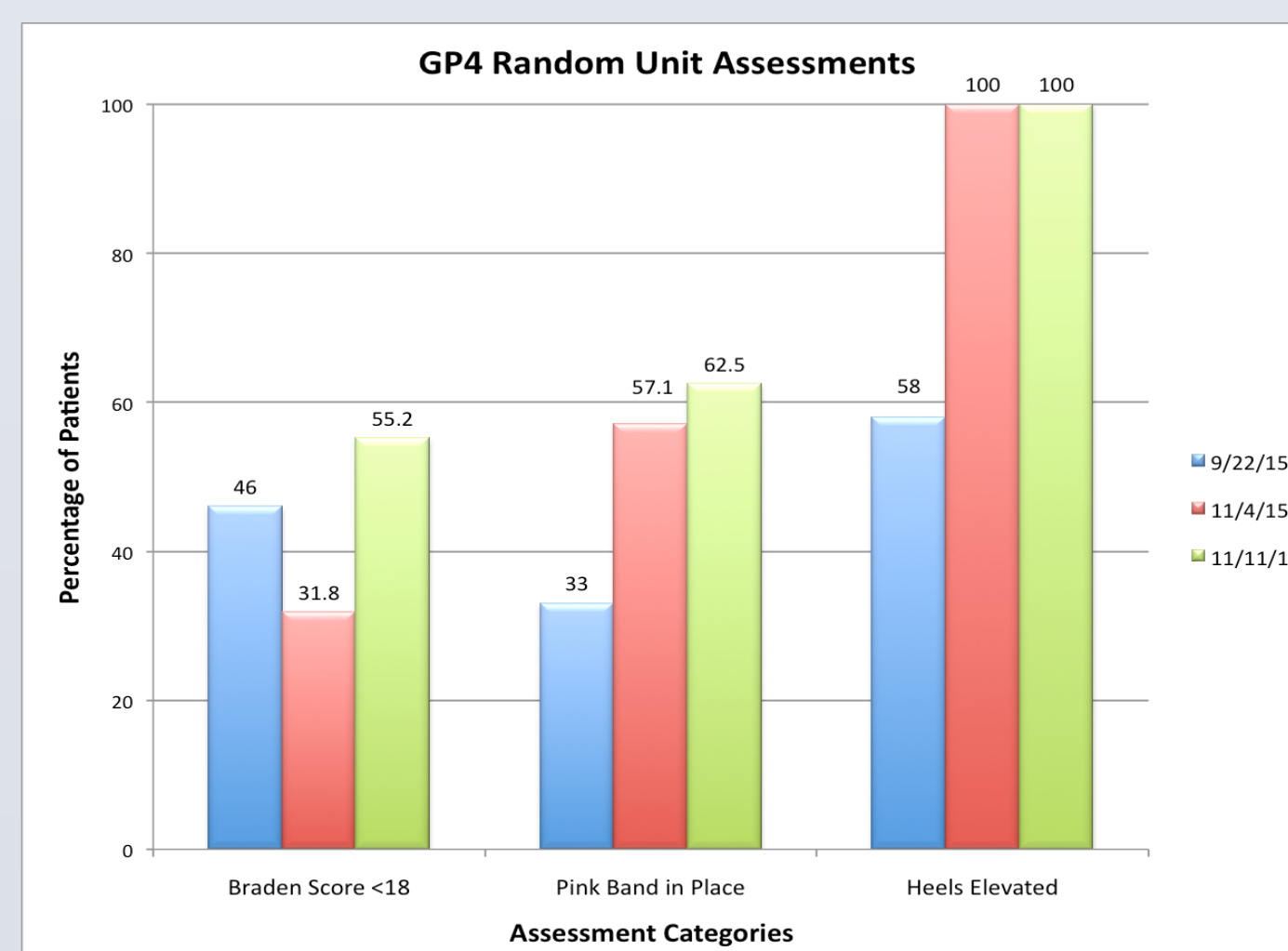
Unit Secretary Duties:

- Ensure that there is a minimum of five pillows kept in stock in designated area of clean utility room.
- Pillow data collection sheet completed every shift.



Questionnaire Findings

- Educational prevention heel ulcer quiz identified gaps in knowledge of pressure ulcer:
 - Staff Nurses and Nursing Assistants recognized heel pressure ulcer risk factors such as: mobility, nutrition, and incontinence, along with repositioning methods and physical appearance of possible skin breakdown.
 - 14% of Staff Nurses and Nursing Assistants did not identify a low Braden Score as associated with increased pressure ulcer risk.



Conclusions

✓ Providing heel pressure ulcer prevention education to both registered nurses and nursing assistants successfully lowered the heel pressure ulcer rate from 1.12 to 0.52 per 1000 patient days. This was a 60% in a six month period.

✓ The nurse driven protocol is an evidence-based approach that allows for nurses to identify patients at high risk for development of heel pressure ulcers.

✓ Deep tissue injuries (DTI) were the most prevalent heel pressure ulcer stage on the selected patient care unit. Understanding what specifically causes deep tissue injury to heels and how nurse driven measures can prevent DTIs.

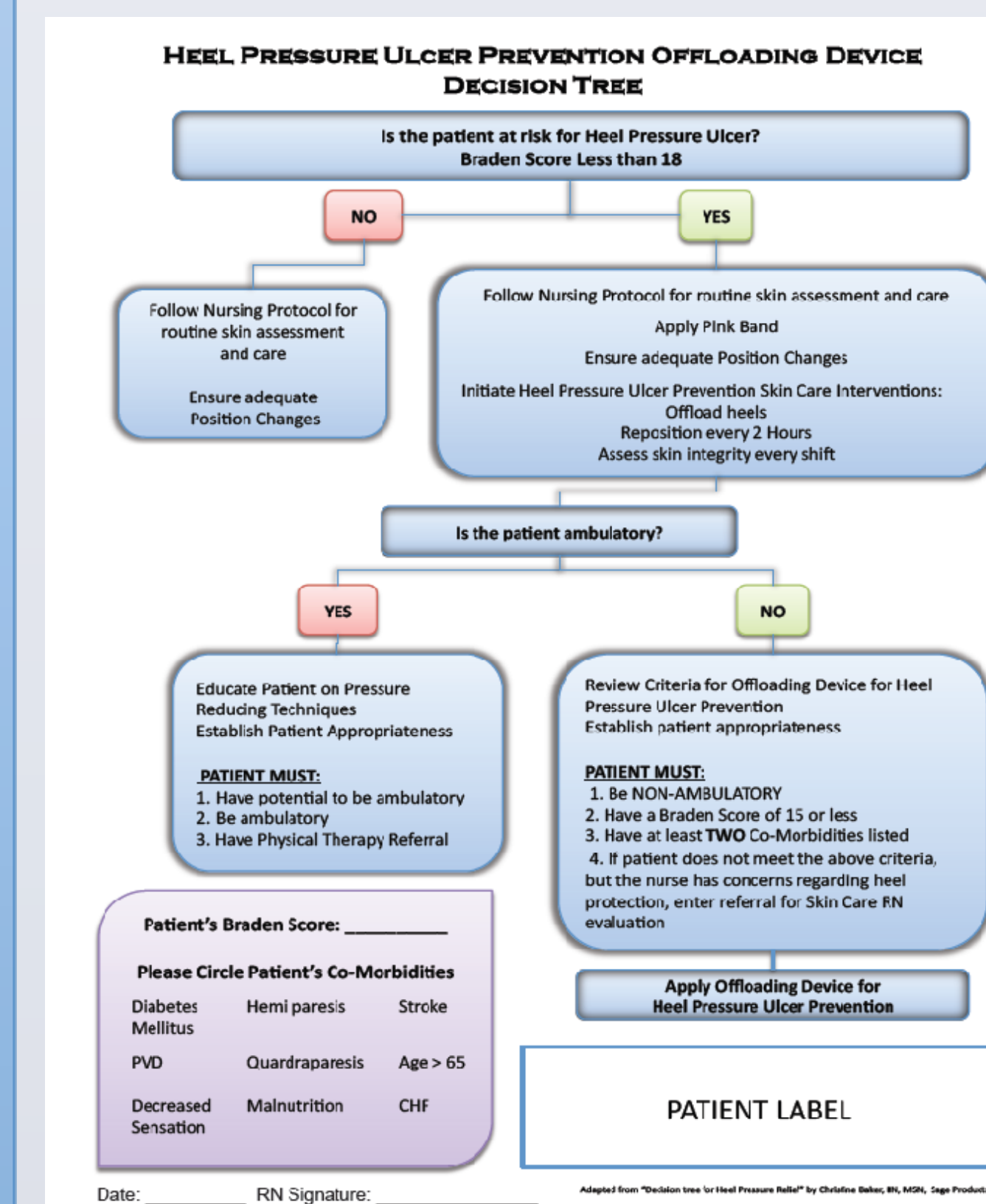
✓ Throughout the time of this study, encouragement of nurses and availability of supplies played an integral role in a successful nurse driven protocol. Weekly skin nurse assessors assisted with pink band identification. Daily round sheets for availability of supplies, such as enough pillows in stock, were completed by the unit secretaries and nursing assistants. Patients who were identified with a pink band were discussed at staff meetings weekly. It is recognized that a team effort from all nursing staff; this includes registered nurses, nursing assistants and unit secretaries; contribute to the successful prevention of heel pressure ulcers. Ultimately, the combination of nurse driven protocols and a team approach will lower the rate of heel pressure ulcers.

Implications for Future Practice

✓ Implement a decision tree to identify patients that would benefit from use of an offloading device

✓ Study the outcomes of the offloading device utilization on heel pressure incidence

✓ Provide a questionnaire every six months and for all new nursing staff hires to continually identify any learning opportunities



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