Decreasing ICU Pressure Ulcer Incidence with Risk Focused Prevention Rounds

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**ABSTRACT**

Purpose: Pressure ulcer prevalence and incidence rates are high in the adult critical care population. The purpose of this project was to determine if a change in focus would positively impact implementation of prevention interventions and pressure ulcer incidence in adult intensive care units (ICUs).

Significance: Pressure ulcers are a health problem which can result in prolonged length of stay, increased pain and suffering, and increased health care costs. Pressure ulcers are one of the NDNQI Nursing Sensitive Indicators with the quality of nursing care having direct impact on pressure ulcer incidence.

Strategy and Implementation: An ICU pressure ulcer prevention team was formed incorporating clinical leadership from five adult ICUs and consultants from the wound ostomy team and School of Nursing. Using the Braden Risk Assessment tool and current literature on evidence-based nursing interventions, a risk focused pressure ulcer rounding tool was developed. This tool is utilized by clinical leadership, including clinical nurse specialists, managers, and supervisors to conduct daily skin rounds on patients in the ICU. The tool allows clinical leaders to track patient risk for pressure ulcer development, and current skin status. It also enables leaders to ensure that interventions implemented are both comprehensive and appropriate. During rounds, leadership reinforces the importance of skin care and pressure ulcer prevention interventions providing “real time” teaching and knowledge reinforcement to nursing staff.

Evaluation: Implementation of daily skin rounds resulted in improved unit acquired pressure ulcer incidence in all of the involved units, with some units reaching zero. Elapsed time between education and implementation of nursing interventions also decreased after daily rounding was introduced.

Implications for Practice: Risk focused pressure ulcer rounds facilitate timely implementation of appropriate prevention interventions, positively impacting patient care and unit incidence. Engaging clinical leadership in these rounds reinforces the value of nursing intervention and emphasizes skin care as a priority.

**METHODS**

**OBJECTIVES**

- Evaluate the impact of daily skin rounding on the implementation of evidence-based protocols critical pressure ulcer prevention interventions.
- Evaluate the impact of daily skin rounding on pressure ulcer incidence in the adult critical care setting.
- Decrease pressure ulcer incidence in the adult critical care setting.

**METHODS**

- An ICU pressure ulcer prevention team was formed incorporating clinical leadership from five adult ICUs, consultants from the wound ostomy team and School of Nursing.
- Using the Braden Risk Assessment tool and current literature on evidence-based nursing interventions, a risk focused pressure ulcer rounding tool was developed.
- Highlighting the Braden sub scale scores, this tool is utilized by clinical leadership, including clinical nurse specialists, managers, and supervisors to conduct daily skin rounds on patients in the ICU.
- The tool allows clinical leaders to track patients’ risk for pressure ulcer development, and current skin status. It also enables leadership to monitor that interventions implemented are both comprehensive and appropriate.

During rounds, leadership reinforce the importance of skin care and pressure ulcer prevention interventions providing "real time" teaching and knowledge reinforcement to nursing staff.

**OBSERVATIONS**

- Following implementation of the prevention rounds at the beginning of April 2009, there is evidence of improvement in unit acquired pressure ulcer incidence in all of the involved units, with some units reaching zero for several weeks.
- In May and June 2009 it was noted that the ICU experienced a significant increase in unit acquired pressure ulcers. This increase was directly related to the high acuity of multiple MHI patients. These patients were unable to be repositioned for prolonged periods of time due to severe hemodynamic and respiratory compromise.
- In July 2009 it was noted that several of the adult ICUs demonstrated an increase in unit acquired pressure ulcers. In discussion with the team, it was determined that this may be attributed to increased acuity on the units which was perceived by leadership and/or inability to sustain daily rounding due to staffing, and overall workload.
- July 2009- September 2009 CVC s xepistachies significant increase in unit acquired pressure ulcers. It is believed that this increase is related to the change in unit leadership, and an inability to consistently conduct daily rounds.
- In addition to the positive impact on pressure ulcer incidence, observations suggest that as the daily rounding process has moved the time from education of staff to implementation of prevention interventions has decreased.

**IMPLICATIONS FOR PRACTICE**

- Risk focused pressure ulcer rounds are effective.
- The rounds facilitate timely implementation of appropriate prevention interventions.
- The rounds positively impact patient care and unit incidence.
- Engaging clinical leadership in these rounds is effective.
- Involvement of clinical leadership in rounding emphasizes the value of nursing interventions.
- Involvement of clinical leadership in rounding emphasizes to staff that skin care is a priority.

**REFERENCES**

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