PRESSURE ULCER PREVENTION

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❖ Academic, Urban Hospital
❖ Regional Level I Trauma Center
TCAB Themes and High Leverage Changes….the “what” of TCAB

èmes

Safe and Reliable Care
◆ Vitality and Teamwork
◆ Transformational Leadership
◆ Patient-Centered Care
◆ Value-added Care Processes

OBJECTIVES
◆ Review of Pay Per Performance related to pressure ulcers
◆ How to chose a pressure ulcer prevention tool
◆ Identifying strategies for pressure ulcer prevention
◆ “Shamelessly Steal” ideas, forms, & interventions
PATIENT POPULATION

Annual admissions
◆ 39% Self pay
◆ 15% Medicare, 15% Medicaid
◆ 31% Other providers
◆ Case Mix Index: 2.3 (44th in Nation)
◆ African American: 50%
◆ White: 48%
◆ Other: 2%

OVERVIEW

◆ Hospital beds: 164
◆ Hospital average daily census: 112
◆ Hospital wide RNs: 248 full-time
  28 part-time
  47 PRN
OVERVIEW

- 6th Floor beds: 35
- 6th Floor average daily census: 35
- 6th Floor RN’s: 27 full-time
  3 part-time
- RN to patient ratio average: 1:6-1:8
- Nursing care hours: 7.0
- Average LOS: 5.1
- Average admissions: 96 per month
- Average pt days: 986 per month

OVERVIEW

- October 1, 2008 reimbursement for treatment of hospital acquired pressure ulcers ended
- POA pressure ulcers that lack physician documentation r/t size, area, stage, and treatment orders will not be reimbursed
- Nursing notes not a substitute for physician documentation
OVERVIEW

◆ PREVENTION: REMAINS A NURSING RESPONSIBILITY!!!!
◆ 2 steps for prevention:
  1) Identify patients at risk
  2) Reliably implementing prevention strategies for all at risk patients

IN THE BEGINNING…

◆ The CNS for the burn center was charged by administration to address pressure ulcers
◆ Using the 5 Million Lives campaign as a guide mandatory educational in-services were done
◆ Specialty low air-loss beds were used on high risk patients
◆ The Braden Scale was completed on all in-patient admissions
IN THE BEGINNING...

◆ Burn CNS and staff RNs from BICU rounded once a week on all in-house patients to assess for breakdown
◆ On rounds it was noted the specialty beds were not being used correctly
◆ Heel protectors were also not being used

IN THE BEGINNING...

◆ As the weekly rounding continued it became apparent that it wasn’t sustainable for 2 people to round every week
◆ 6th floor staff was always very helpful during rounding
◆ They always notified the team of breakdown or at risk patients
◆ 2 6th floor RNs volunteered to do the weekly rounds themselves...
IN THE BEGINNING…

- After the 6th floor RNs volunteered the light bulb went off
- A pressure ulcer prevention committee was formed (PUP)
- Staff RNs from all units are in charge of completing weekly “Butt Rounds” on their units
- Assessment forms were created by the group members
- The forms were then sent to the CNS to be entered in database

IN THE BEGINNING…

- Those 6th floor RNs really started the idea that each nursing area needed to take ownership of their patients
- Having staff nurse champions on each floor made it a sustainable innovation
- It made it personal for the staff
- It brought the importance of prevention to the forefront
IN THE BEGINNING…

♦ In collaboration with the CON, graduate students researched best practices related to pressure ulcer prevention
♦ Changes to the program were made after more research was done
♦ Most of the research reinforced interventions already in place

PRESSURE ULCER PREDICTION TOOLS

♦ Assessment tools to identify patients at high risk for breakdown
♦ Ensures systematic evaluation of risk factors
♦ Norton Scale
♦ Braden Scale
Extensively tested for reliability and validity

- Identifies patient’s current status not pre-hospital state
- Hospitalized patients are not static: their conditions change
- Assess on admission and every shift
- Numerical 4 – 23 point scoring system
BRADEN SCALE

- Sensory Perception
- Moisture
- Activity
- Mobility
- Nutrition
- Friction and Sheer

BRADEN SCALE
PREDICTION SCORES

15-16  Low Risk
13-14  Moderate Risk
<12   High Risk

- We have since increased the low risk number to 15-18
- Patients who receive an 18 Braden score are to have prevention measures started
Nursing Interventions

- Systematic skin assessment on admission and every shift
  - Particularly over bony prominences
  - Braden Scale to be completed Qshift
- This was changed from the beginning were it was only done on admission
- A referral section was also added to the admission profile related to nutrition needs
- DOCUMENT DOCUMENT DOCUMENT
Nursing Interventions

- Reposition at least q2 hrs while in bed
- Reposition at least q1 hr while in chair
- Utilize positioning devices:
  - Pillows
  - Foam wedges
  - Boots
- Order Low Air Loss Specialty Bed if not contraindicated i.e. unstable spine
- May need dietary consult

PUP PROGRAM

- Report wounds to the MD and document
- Weekly “Butt Rounds” are completed on each nursing unit by staff
- Data collection forms are to be submitted to CNS each week
- ET RN to be notified of new pressure ulcer patients when they are assessed (page, e-mail, call)
- ET RN will follow wound progression and work with MDs & wound center on treatment
QUALITY ASSURANCE MONITORING

- Braden scale use
- Appropriate interventions
- Appropriate specialty bed use
- Prevalence & incidence
- MD documentation
- Unit based reports
- Incidence goal <2%

STAFF EDUCATION

- ET nurse creates a monthly pressure ulcer newsletter
- It highlights different topics each month
- Past topics: staging wounds, topical barriers, and proper positioning of patients
- Quick reference guides are also posted in all nursing areas & on intranet
- Case studies about patients that have developed a stage III pressure ulcer with the staff on that unit
INCIDENCE

- 6th floor monthly average incidence rate: 0.76 none greater than stage II
- 0 pressure ulcers for the last 3 months: (March, April, May)
- Hospital incidence rate average: 1.63
- Low of 0.72 in April house-wide
- Data base tracks incidence rates as well as location of pressure ulcer (sacrum, etc.)

SPECIALTY BEDS

- We have traditionally used specialty beds (low air loss) on at risk patients
- In attempts to decrease bed rental costs a trial was done on the 6th floor using the Waffle mattress
- The 6th floor staff volunteered to be the test site
- This was started in April 2009, no increase in pressure ulcers were seen
- Spread to all med-surg areas May 2009
SPECIALTY BEDS

- Waffle mattress are a one time patient charge, with a hospital cost of $34
- Families can take the mattresses home with the patient
- OR and ER use
- Makes sliding patient easier decreases shearing
- Easily cleaned

SPECIALTY BEDS

- Low air loss beds daily rental cost of: $10-$12.50 (use of local companies has greatly decreased costs)
- Bariatric bed rentals increase costs: $99 day ($29,401 over 12 months)
- Increased criteria & restrictions for bariatric beds
- Possibility of cross contamination if not cleaned properly between patients
- Harder for staff to place patient on
SPECIALTY BEDS

- Cost savings since Waffle use started:
  - 12 Month average cost for specialty beds prior to Waffle: $13,110 per month
  - Monthly average cost for beds after Waffle: $5,000 per month
  - Decrease in savings of: over $10,000 per month
  - These numbers do not include bariatric beds

SPECIALTY BEDS

- Low air loss beds are still used
criteria for placement of these beds are:
  - Stage III or IV pressure ulcer
  - Patient is >300lbs
  - Posterior burns
  - Critically ill with gross edema and/or large amounts of drainage
PATIENT/FAMILY EDUCATION

- Educational pamphlets are given to high risk patients and their families.
- These pamphlets highlight risk factors for breakdown, areas of breakdown, and interventions to decrease risk for breakdown.

CELEBRATIONS

- Every month there is a contest involving all nursing units to have 0 nosocomial pressure ulcers.
- Winning units get an ice cream party, certificate of achievement, & have pictures taken.
- In the cafeteria where the hospital “Pillars” are located there is a pressure ulcer section highlighting units that have had no pressure ulcers in the previous month.
RECOGNITION

- Our program has been recognized by both Robert Wood Johnson and AHA for excellence in practice

SPECIAL THANKS

- Rigg Curtis, RN, MSN, CNS
- Felicher Jones, RN, MSN, CWON
- Angela Duffy, RN, CCRN
- 6th Floor Staff
QUESTIONS