PRESSURE ULCER PREVENTION

University of South Alabama
Medical Center
Mobile, AL

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University of South Alabama Medical Center

- Academic, Urban Hospital
- Regional Level I Trauma Center

TCAB Themes and High Leverage Changes….the "what" of TCAB

- **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

BRADEN SCALE

Extensively tested for reliability and validity

BRADEN SCALE

- 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

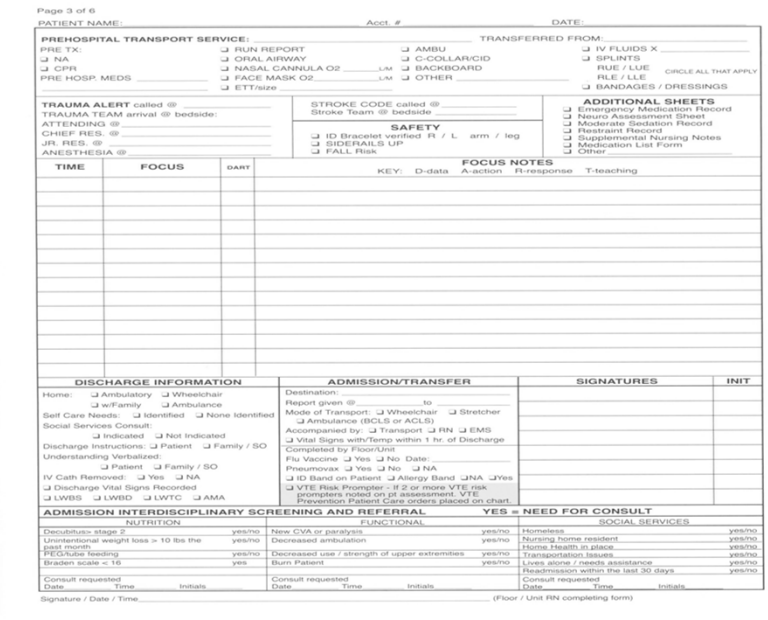
BRADEN SCALE PREDICTION SCORES

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



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PATIENT NAME: Acct. # DATE:

PREHOSPITAL TRANSPORT SERVICE: TRANSFERRED FROM:

PRE TX: ❑ NA ❑ CPR PRE HOSP. MEDS

❑ RUN REPORT ❑ ORAL AIRWAY ❑ NASAL CANNULA O2 LAM ❑ FACE MASK O2 LAM ❑ ETT/size

❑ AMBU ❑ C-COLLAR/CID ❑ BACKBOARD ❑ OTHER

❑ IV FLUIDS X

❑ SPLINTS RUE / LUE RLE / LLE CIRCLE ALL THAT APPLY

❑ BANDAGES / DRESSINGS

TRAUMA ALERT called @
TRAUMA TEAM arrival @ bedside:
ATTENDING @
CHIEF RES. @
JR. RES. @
ANESTHESIA @

STROKE CODE called @
Stroke Team @ bedside

SAFETY
❑ ID Bracelet verified R / L arm / leg
❑ SIDERAILS UP
❑ FALL Risk

ADDITIONAL SHEETS
❑ Emergency Medication Record
❑ Neuro Assessment Sheet
❑ Moderate Sedation Record
❑ Restraint Record
❑ Supplemental Nursing Notes
❑ Medication List Form
❑ Other

TIME	FOCUS	DART	FOCUS NOTES KEY: D-data A-action R-response T-teaching

DISCHARGE INFORMATION	ADMISSION/TRANSFER	SIGNATURES	INIT
Home: ❑ Ambulatory ❑ Wheelchair ❑ w/Family ❑ Ambulance Self Care Needs: ❑ Identified ❑ None Identified Social Services Consult: ❑ Indicated ❑ Not Indicated Discharge Instructions: ❑ Patient ❑ Family / SO Understanding Verbalized: ❑ Patient ❑ Family / SO IV Cath Removed: ❑ Yes ❑ NA ❑ Discharge Vital Signs Recorded ❑ LWBS ❑ LWBD ❑ LWTC ❑ AMA	Destination: Report given @ to Mode of Transport: ❑ Wheelchair ❑ Stretcher ❑ Ambulance (BCLS or ACLS) Accompanied by: ❑ Transport ❑ RN ❑ EMS ❑ Vital Signs with/Temp within 1 hr. of Discharge Completed by Floor/Unit Flu Vaccine ❑ Yes ❑ No Date: Pneumovax ❑ Yes ❑ No ❑ NA ❑ ID Band on Patient ❑ Allergy Band ❑ NA ❑ Yes ❑ VTE Risk Prompter - If 2 or more VTE risk prompters noted on pt assessment, VTE Prevention Patient Care orders placed on chart.		

ADMISSION INTERDISCIPLINARY SCREENING AND REFERRAL **YES = NEED FOR CONSULT**

NUTRITION		FUNCTIONAL		SOCIAL SERVICES	
Decubitus> stage 2	yes/no	New CVA or paralysis	yes/no	Homeless	yes/no
Unintentional weight loss > 10 lbs the past month	yes/no	Deceased ambulation	yes/no	Nursing home resident	yes/no
PEG/tube feeding	yes/no	Deceased use / strength of upper extremities	yes/no	Home Health in place	yes/no
Braden scale < 16	yes	Burn Patient	yes/no	Transportation Issues	yes/no
				Lives alone / needs assistance	yes/no
				Readmission within the last 30 days	yes/no
Consult requested Date Time Initials		Consult requested Date Time Initials		Consult requested Date Time Initials	

Signature / Date / Time (Floor / Unit RN completing form)

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 then 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 there 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