Hospital Acquired Pressure Ulcers – The Rhode Island Hospital Experience

Quality Partners of Rhode Island

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Team Members

John Callahan	Process Enhancement
Anita Creamer	Clinical Resource Coord.
Donna Huntley-Newby	Nursing Excellence
Christine McAniff	Rehabilitation Services
Lynn Mcnicoll, MD	Geriatrics
Barbara Mederios	Risk Management
Sue Manchester	Nutrition Services
Christine Daniels	Nursing
Amanda Ryan	Nursing
Anne Stepka	Ostomy/Clinical Specialist
Ann Tetreault	Quality Management

Our Situation

- **Nationally the incident rate for hospitalized patients with pressure ulcers**
  - **Ranges from 3% to 30%**
  - **Centered around 9% to 13%**
  - **Lifespan Quality Indicator Goal – 8%**
    - **Goal is related to academic medical centers of similar size**

Opportunity Statement

An opportunity exists to *reduce the rate of Hospital Acquired Pressure Ulcers and to eliminate the progression of existing ulcers* beginning with *the RN Assessment after the patient is first Registered* *(Account # assigned for the visit),* *continuing with every 'nursing shift"* and ending with *patient discharge.*

This effort should result in the following:

Coordinated inter-disciplinary assessment, maintenance and treatment of patients' skin demonstrated by:

- ***Monthly audits***
- ***A financial savings related to LOS***

The improvement of this process will impact

The Patients

Major Issues

- **Documentation of the Braden Scale upon admission although required, not done routinely**
  - **Examples of Braden not readily available on units**

Audit Results for Admission Assessment Documentation

QA Categories for the September 2004 Monthly Chart Review	Avg Score Medical	Avg. Score Surgical	Combined Avg.
SAMPLE SIZE	30	29	
Med/Surg History	95%	90%	**93%**
Activity Level	92%	86%	**89%**
RN SIGNATURE	94%	84%	**89%**
NUTRITION	92%	84%	**88%**
DATE	92%	84%	**88%**
Medications	79%	92%	**85%**
TIME	86%	57%	**71%**
Understands Ilness	81%	61%	**71%**
Weight	70%	71%	**71%**
Understands Meds	80%	61%	**70%**
Understands Diet	79%	61%	**70%**
Height	70%	69%	**70%**
Pneumonia vaccine	76%	62%	**69%**
Influenza vaccine	76%	62%	**69%**
Reason for admit	73%	64%	**69%**
Neurologic / Sensory	79%	58%	**68%**
Latex Sensitivity	74%	61%	**67%**
Admission	78%	54%	**66%**
Sexual / Reproductive	74%	58%	**66%**
Safety Level	76%	31%	**53%**
Case Mgmt Consult	62%	22%	**42%**
Psychosocial	27%	43%	**35%**
Braden Scale	38%	10%	**24%**

Audit is of the completeness of Admission documentation at least 24 hours post arrival to the unit.

Policy = complete after 24 hours

Audit is of 30 patients' chart/unit

Major Issues

- **Documentation of the Braden Scale upon admission although required, not done routinely**
  - **Examples of Braden not readily available on units**
- **Treatment protocols not used consistently**
  - **Algorithm needs to be simplified**
  - **Resource material needs revising**
- **Equipment is:**
  - **Not readily available**
  - **Individuals don't know how to operate**
  - **Who should order not always clear**
- **RNs uncomfortable repositioning high acuity patients – unsure of proper technique**

Major Issues

- **Interdisciplinary communication is not well coordinated**
  - **Role of RN and Rehab; there is overlap, who is responsible**
  - **Communication between units – transfers**
  - **Ulcers form over many days and several RNs have had responsibility for the patient, no ability to monitor accurately**
- **High prevalence of chemical & physical restraints**
  - **Fall prevention**
  - **Geography of some units impede line of sight**
  - **Pain Management**

Campaigns

- **Donuts**
- **Lamb's wool blankets**
- **C N A classes – skin care, posiitoning**
- **Education road show**

Actions

- Applied for and received a Risk Management grant of $35k
  - Sponsor 2005 conference – Strategies to Reduce Hospital Acquired Pressure Ulcers
  - Clinical Educator – Prevention Strategies & Interventions
  - Digital cameras for documentation
- Developed an algorithm for caregivers
  - Easy to follow
  - Guideline for treatment & interdisciplinary collaboration
- Revising wound care manual
- Implemented monthly audits
- Piloting and implemented new documentation tool

Pressure Ulcer Prevention and Treatment

Universal Guidelines for ALL patients

- ♦Ambulate ASAP and QID
- ♦Keep skin clean, dry and moisturized
- ♦Toileting as needed instead of reliance on diapers
- ♦Daily skin assessments
- ♦Document Braden Scale on admission and every 72 hours

Braden Scale ≤ 16
Or Pressure Ulcer Present

High Risk or Pressure Ulcer present

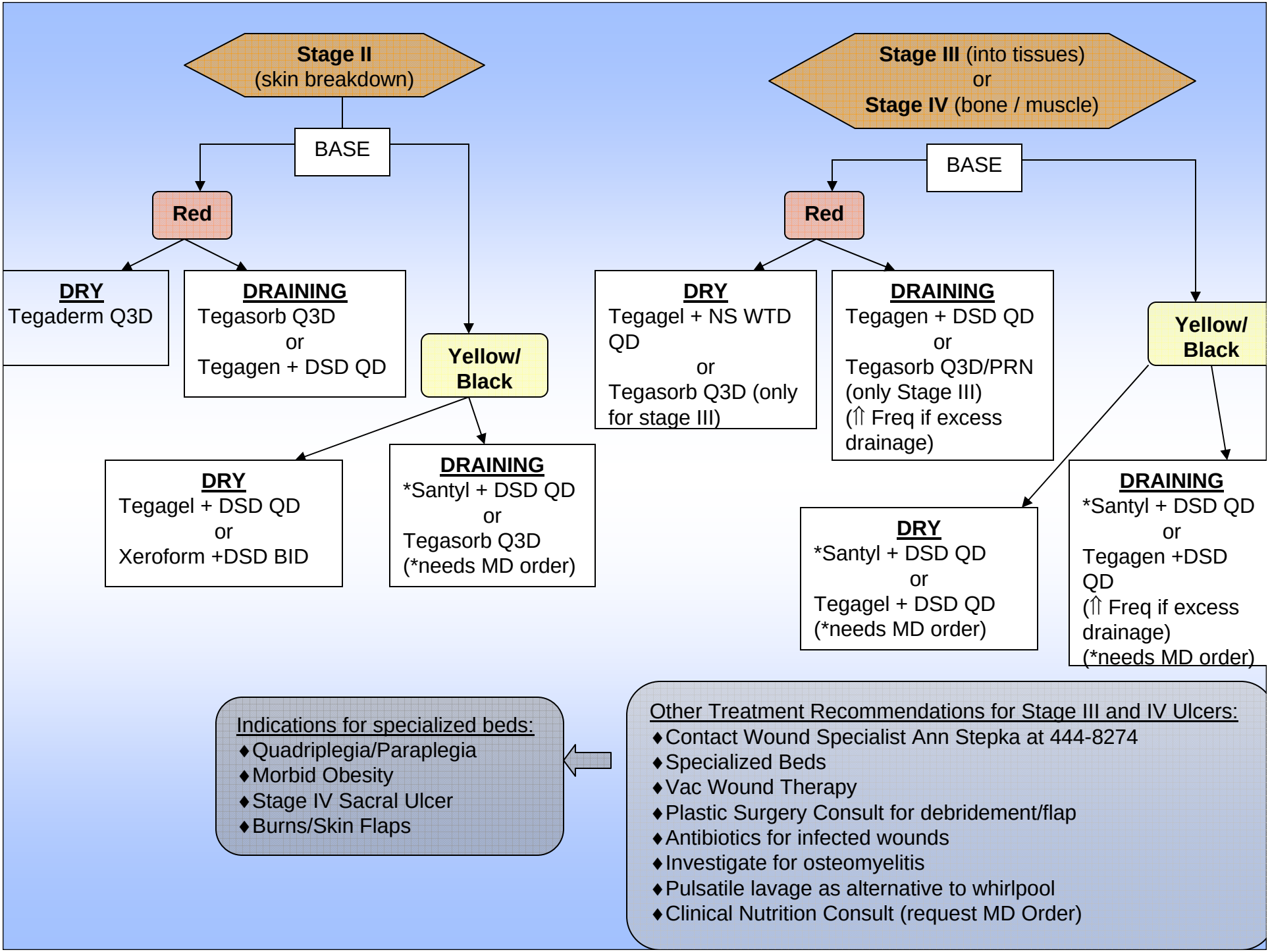
- ♦Pressure Relief – verify pressure relief mattress is on and functioning
- ♦Decrease Friction – HOB < 30˚, use draw sheets
- ♦Skin Care – Cavalon barrier cream or no sting spray
- ♦Assistive Devices – trapeze, transfer boards, hoyer lifts, walkers for transfer OOB
- ♦Qshift skin assessments
- ♦PT Consult if medically stable (needs MD order)
- ♦Nutritionally Compromised (scores 1-2 on nutrition section of Braden Scale)
- ♦Patient and caregiver education
- ♦Document presence of ulcer, stage and description, and care plan on flow sheet

Additional Pressure Relief Measures

- ♦Heels off bed/pillow (heel protectors are not sufficient)
- ♦Pillows to keep bony prominences from direct contact
- ♦"Soft care" chair cushions (no donuts)
- ♦Proper reposition Q2H in bed, Q1H in chair
- ♦Avoid extended sitting >3 hours
- ♦Careful foley and rectal tube positioning
- ♦Hoyer lift

- ♦Document nutrition intake
  -oral (%solids, type and volume of liquids)
  -tube feeding volume
- ♦Provide assistance/MD Order nutritional supplements if needed
- ♦Consult clinical nutrition (request MD order)

Cleanse and irrigate wound with NS at every dressing change (enter RN order)


Stage II
(skin breakdown)
BASE
Red
DRY
Tegaderm Q3D
DRAINING
Tegasorb Q3D
or
Tegagen + DSD QD
Yellow/
Black
DRY
Tegagel + DSD QD
or
Xeroform +DSD BID
DRAINING
*Santyl + DSD QD
or
Tegasorb Q3D
(*needs MD order)
Stage III (into tissues)
or
Stage IV (bone / muscle)
BASE
Red
DRY
Tegagel + NS WTD QD
or
Tegasorb Q3D (only for stage III)
DRAINING
Tegagen + DSD QD
or
Tegasorb Q3D/PRN
(only Stage III)
(⇑ Freq if excess drainage)
Yellow/
Black
DRY
*Santyl + DSD QD
or
Tegagel + DSD QD
(*needs MD order)
DRAINING
*Santyl + DSD QD
or
Tegagen +DSD QD
(⇑ Freq if excess drainage)
(*needs MD order)
Indications for specialized beds:
♦Quadriplegia/Paraplegia
♦Morbid Obesity
♦Stage IV Sacral Ulcer
♦Burns/Skin Flaps
Other Treatment Recommendations for Stage III and IV Ulcers:
♦Contact Wound Specialist Ann Stepka at 444-8274
♦Specialized Beds
♦Vac Wound Therapy
♦Plastic Surgery Consult for debridement/flap
♦Antibiotics for infected wounds
♦Investigate for osteomyelitis
♦Pulsatile lavage as alternative to whirlpool
♦Clinical Nutrition Consult (request MD Order)

Other Initiatives

- Engage CMs & ACMs commitment in order to address the ulcer issue – through dashboard and Sci Health
  - Staff education on documenting skin assessment upon admission
    - Education related to an algorithm for treatment
  - Each nursing unit needs to develop action plans based on monthly prevalence audit results
- Identify and clarify interdisciplinary roles
  - More effectively involve the CNA
  - Emphasize role of nutrition in prevention
- Defining & documenting the procedures for obtaining equipment
- Spring 2007 Conference

Statistics – Critical Care

- **66% decrease in pressure ulcers!!!**

Statistics

- **FY 2005-06 HAPU - 6.1%**
- **October 2006 HAPU - 3.1%**