"Challenge accepted" was the response to the Director of Nursing at our 197-bed acute inpatient rehabilitation facility after the nursing leadership and staff were asked to develop a comprehensive nurse-driven process for the prevention and treatment of pressure ulcers (PUs). This poster will review how a team of rehabilitation nurses came together to assess and address skin integrity and pressure ulcer prevention. The Pressure Ulcer Prevention (PUP) team challenge was to provide not just good care but excellent care that would be reflected through maintenance of skin integrity. The PU prevention practices are based on Jean Watson’s Theory of Human Caring. The PUP team used warts concepts of creative solution finding and tending to the basic human needs into a series of care elements for the prevention of PUs. The collaborative work resulted in an educational process improvement model for 200+ nurses to excel in their rehabilitation practice of maintenance of skin integrity. The PU paradigm based on evidence-based practices includes: the creation of a 4 hour PU prevention educational program, standardization of wound assessment/documentation, and implementation of weekly trans-disciplinary team skin rounds. The outcome has been successful holistic care delivery allowing our patients and nurses to reach their greatest potential. The PUP team has created a unique peer supportive educational environment. A caring spirit for the patients as well as each other is woven throughout this initiative resulting in not just... "challenge accepted" but... "quality achieved".

**Abstract**

**PUP Team**

**EDUCATION:**

- Education Needs Assessment: We administered a modified version of the Pieper Pressure Ulcer Knowledge test (1995) on line via Survey Monkey. The modified tool incorporated current PU assessment definitions. The items were reviewed by an expert panel and pilot tested.
- The assessment was administered to 200+ professional nurses. The web-based program used allowed ease of calculation responses in a variety of formats. Results were the foundation of the educational offering.
- An intensive four hour education program was developed. Mandatory attendance of all nurses over a three month period was scheduled.

**Process**

**Objective for the education program included:**

- Anatomy & physiology of the structure and functions of skin.
- Components of a risk, skin, and wound assessment.
- Differentiation between pressure ulcers and other types of skin abnormalities.
- Staging definitions & knowledge of physiology to differentiate between pressure ulcer stages.
- Review of etiology, preventive measures, and treatment options for each type & stage of pressure ulcer.
- Application of the education through assessment, staging and measuring various photographs of wounds.
- Demonstration of accurate wound documentation in the medical record.

**Outcomes**

- An algorithm guideline allowed standardization of care across all IRF campuses.
- Competent clinical assessments were enhanced as evidenced by the improved 35 question post-education test scores below:
  - Pre-Test: 10 questions received a score < 80%
  - Post-Test: 5 questions received a score < 80%
  - 1 Year Post-Test: 6 questions received a score < 80%

- One year post-education results have allowed us to identify areas of growth and provided guidance for ongoing provision of modified and relevant education. Benchmark for the future is a score of 90%.

**Team Membership:** Nurse manager from each unit – 6 campuses totaling 9 units
- 2 RNs from each unit – received 16 additional hrs of education
- Nurse Educators/Specialists
- Certified Wound Ostomy Nurse

- Three Work Groups:
  - Education * Team Rounds * Documentation/Bundling

**Evidence - Based Practice**

- *National Pressure Ulcer Advisory Panel*  
- *Agency for Healthcare Research & Quality – Pressure Ulcer Prevention Guidelines*

**Objectives**

- Develop an education plan to improve pressure ulcer assessment, care and documentation

**Process**

- Implement a sustainable process for education, peer mentoring, monitoring, and reporting

**Concurrent Data Collection - Centers for Medicare & Medicaid Services (CMS):**

- Identifying and reporting the presence of PUs is now required by CMS. PU development is considered an outcome measure of quality care.
- This new reporting standard makes it critical to have a sustainable comprehensive PU prevention and treatment plan.
- The PUP initiative has resulted in the development of a process to collect concurrent data for our 197 bed independent rehabilitation facility.
- This year long comprehensive initiative has resulted in competent, accurate and timely reporting to CMS since the mandated reporting date of October 1, 2012.

**References:**

- Preventing Pressure Ulcers In Hospitals: A Toolkit for Improving Quality of Care. AHRQ Publication No. 11-0035-EF, April 2011.

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