

Empowered to Improve: Unit Based Pressure Ulcer Prevention Program

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Abstract

“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 (PU). 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 wove caritas 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”.

PUP Team

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

Objectives

- Measure the nurses knowledge of pressure ulcer assessment and prevention
- Develop an education plan to improve pressure ulcer assessment, care and documentation
- Implement a sustainable process for education, peer mentoring, monitoring, and reporting

Evidence - Based Practice

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



Process

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.

Objectives 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.

STANDARDIZATION OF CARE:

Head to toe skin inspection is performed within 24 hours of admission. Identification of a pressure ulcer and determination of staging is performed with a peer. Upon discovery an incident report is completed.

Admission assessment documentation indicates a PU is present on admission, comprehensive wound assessment is documented in the medical record and a photograph using a standardized process is taken.

Presence of a pressure ulcer is additionally reported to the unit nurse manager and review of documentation and validation of staging is provided in a supportive manner within 24 hours of admission.

The patient is referred to be seen in weekly pressure ulcer wound rounds for the unit.

An environment for ongoing quality monitoring, hands-on educational opportunities and nurse to nurse mentoring & growth was created.

PEER MENTORING TEAM WOUND ROUNDS:

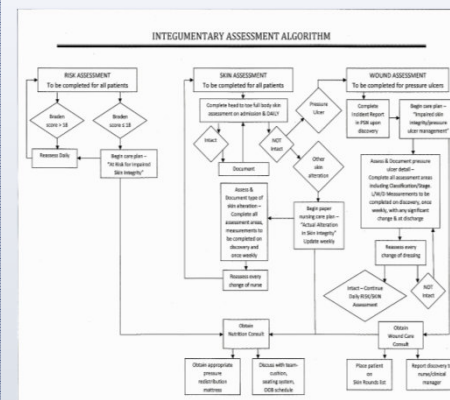
- Trans-disciplinary wound rounds occur weekly on each unit at a designated day and time.
- Team members include; wound experts, primary nursing staff, PT, OT, physician & dietician.
- Patients are identified for rounds by any team member. Wound rounds list is circulated via email to the team.
- A complex skin/wound assessment is performed at the bedside.
- Assessment includes measurements, description, staging, recommendations and photography.
- Nutritional assessment, functional impact on skin integrity, and equipment procurement are discussed by the entire team. A plan of care is determined and education is provided to the patient.
- All assessments and suggestions are documented and implemented. Data collection outcome measures are documented for each unit and utilized for concurrent monitoring across the entire hospital.

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.

Outcomes

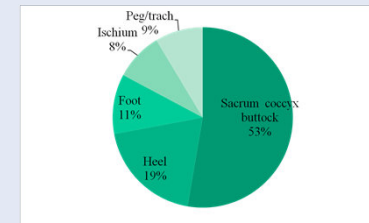


An algorithm guideline allowed standardization of care across all IRF campuses

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 continued areas of growth and provided guidance for ongoing provision of modified and relevant education. Benchmark for the future is a score of 90%



One year post data collection has allowed us to identify disability specific pressure ulcer problem areas

References:

- How to guide: Prevent Pressure Ulcers. Cambridge, MA: Institute for Healthcare Improvement: 2011
- Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care. AHRQ Publication No. 11-0053-EF, April 2011. AHRQ, Rockville, MD
- Pieper, B. & Mott, M. (1995). Nurses' Knowledge of Pressure Ulcer Prevention, Staging, and Description. Adv Wound Care, 8, 34-48

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