



Columbus Regional Hospital Pressure Ulcer Prevention

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Pressure Ulcer Prevention

Columbus Regional Hospital, Columbus, IN



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Objectives & About Us

Describe current pressure ulcer prevention/treatment process

Describe lessons learned/barriers/facilitators

1st Indiana Magnet designated hospital

- Undergoing 3rd re-designation this year

NDNQI comparative--100-199 bed, non-teaching

Human Resources:

Clinical Nurse Specialist

- Utilized at a system level
- Adult Health CNS

1 full time CWOCN; 1 part time CWON (1 day/week)

- They work primarily as inpatient wound and ostomy providers
- They work secondarily with outpatient ostomy patients
- They do not perform sharp debridement or place wound VACs.

RN Staff Development Coordinators

- Include information related to pressure ulcers in orientation and in annual competencies

Tests & What we Learned

Consistent RN surveyors

- They are taught NDNQI tutorial by the CWOCN
- They teach the unit including the unlicensed staff
- They hold accountability on the units



Simple, standard process works best w/ best EBP products available

- Evidence based nursing order set prevention and treatment
- Nurse practice act--Cleansing, hygiene, dressings, support surfaces

Complete a Survey monthly

- Use the NDNQI demographics and indicators
- Choose a set day of the month
- Choose a set time of the month

Talk about Structure-Process-Outcomes 1-2-3-4

- (1) Skin care meeting, (2) Unit meetings, (3) Nurse managers' meetings
- (4) Physician meetings

Campaigns--Ask about my PUP; Roll Your patients; Raisin the Bar



Barriers & How we Resolved

Staffing—Tie it to the monthly survey; Engage unlicensed staff; Start with a unit with opportunity for improvement

Change is messy!

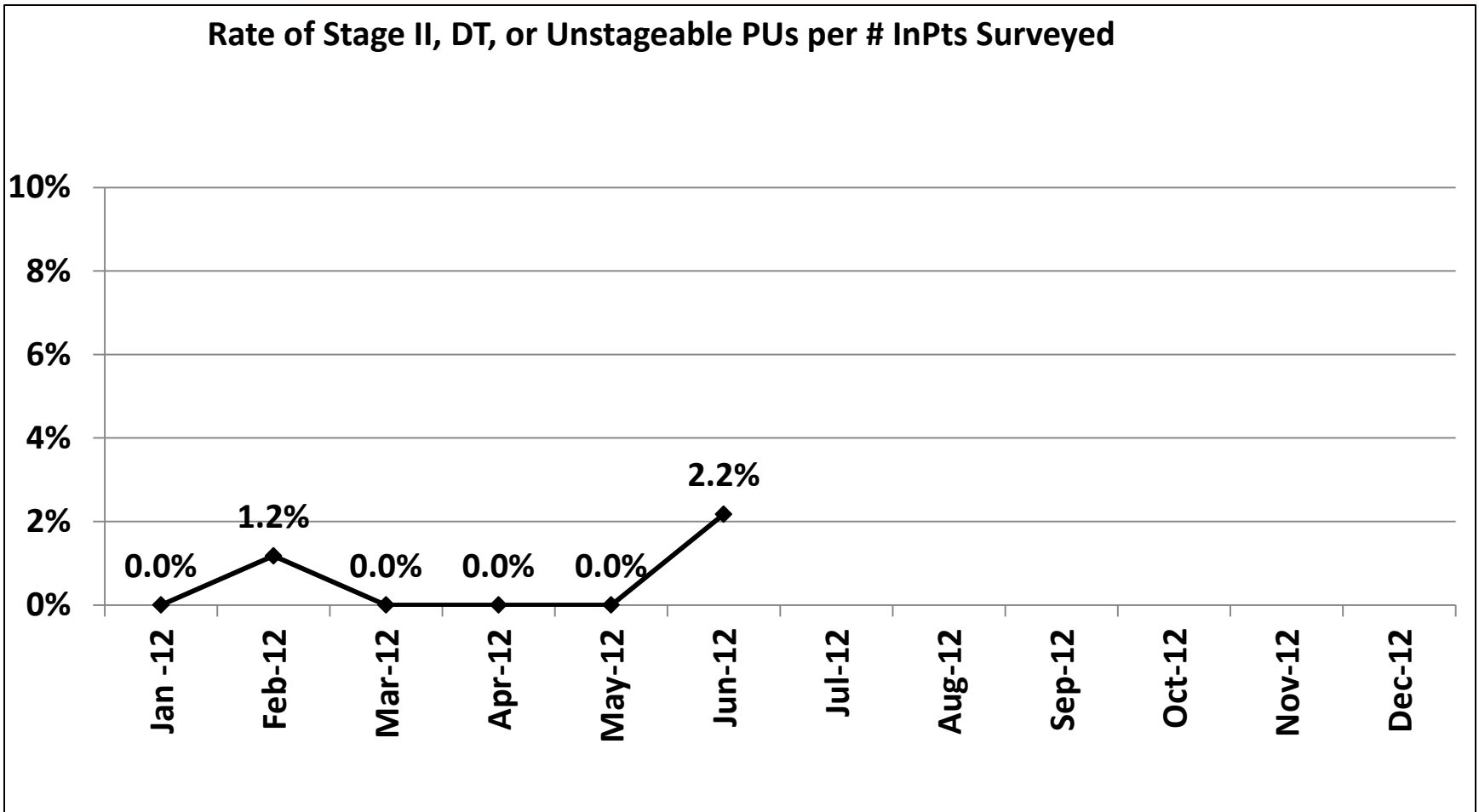
- How long is change the Problem? Static air mattress, CQVA, New mattresses
- Data & Change: Is There A Relationship?
- Ask targeted questions of other Providers r/t structure, process, outcome





Measures-What

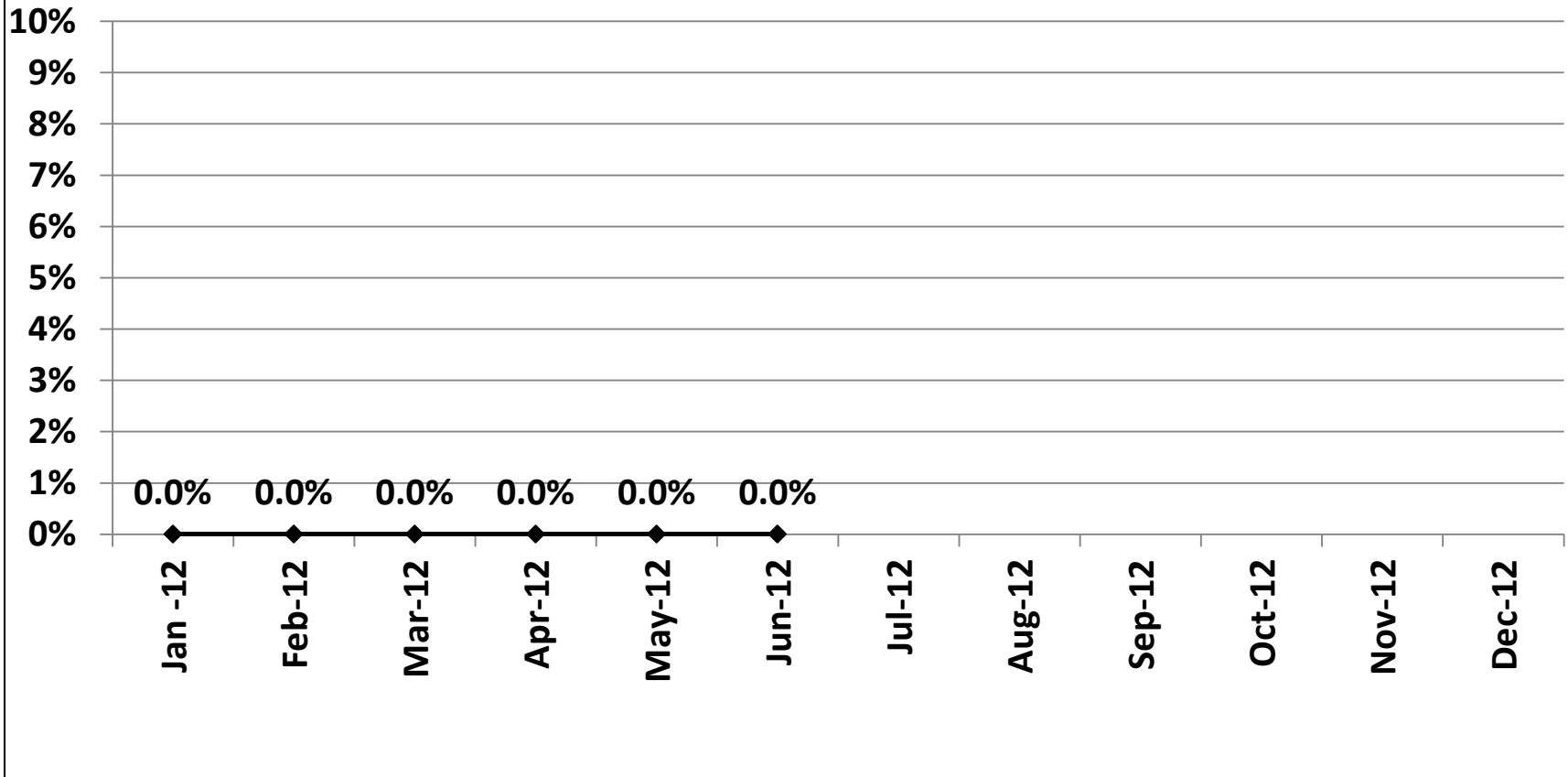
Rate of Stage II, DT, or Unstageable PUs per # InPts Surveyed





Measures-What

Rate of Stage III PU per # InPts Surveyed



Measures – How

Comparative National Benchmark—NDNQI

Set Internal benchmark

- Avoidable vs unavoidable
- Encourage incident reporting
- HAPU + unit acquired VS CAPU
- **Structure**
 - Trained RN surveyors out of staffing for survey, meeting, education of staff (physically looked at all pts + review documentation)
 - RN chooses electronic or paper NDNQI survey
 - Education r/t PUP in Orientation for licensed and unlicensed personnel
 - Static air mattress vs Specialty Bed vs New Mattresses
- **Process**
 - Monthly survey on 3rd Thursday done w/in 24 hrs
 - Report results to other surveyors at skin committee same day
 - Surveyors design feedback for their staff that day or at least outline of the feedback





Measures – How

– Outcomes

- Process measures =unit census; #pts surveyed;#pts at risk via score and/or nsg judgment; risk assessment score in place on admission and on current shift
- Process measure =Bundle rate on at risk patients—REPORTED AS ALL OR NONE MEASURE

ALL OF THE BUNDLE MUST BE PRESENT TO COUNT (Support surface in place and functioning, turn every 2 hrs, dietary consult, moisturizer +/-or moisture management)

- Outcome measures =HAPU, CAPU, DTI, Unable to Stage

Advice for others

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"But mom, all you said was 'get all your stuff up off the floor!'"



Wrap Up & Next Steps

Summary:

- Science behind pressure ulcers is still not exact
 - Regardless, interventions should match the etiology
- Not all patient risk variables are controllable
 - Control what risk factors you can
- No risk assessment captures every risk
 - Emphasize both physical assessment + risk assessment

Next Tests of Change (TOC)

- Ask targeted questions of many different levels of performers
- Ask about the process, not just products
- Continue to survey 2-3 high risk patients 2-3 times weekly
- Track the data to be able to correlate changes with any data variability
- Focus on 2 basics each month within the new EMR—Completing a risk assessment upon admission and every shift and initiating the PUP bundle on any at-risk patient.

Questions?:

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