



Hospital Acquired Pressure Ulcer Prevention

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BJC HealthCare Objectives & Goals

BJC 2012 White Paper

- *The Call to Action*: By 2012, BJC HealthCare and its physician partners will eliminate all major causes of preventable harm and mortality and will establish clinical processes to ensure optimal outcomes for all patients and families we serve.
- *Our Commitment to Clinical Excellence*: BJC is committed to taking the best possible care of our patients with an absence of preventable harm.

“Absence of preventable harm” means avoidance of all errors in clinical care, whether by action or inaction, resulting in injury to our patients. This could also be considered “zero defect” or “defect free” care. Preventable harm includes:

- Healthcare-associated infections
- Adverse drug events
- Serious patient safety events
- Falls with injury
- **Pressure ulcers**
- Venous thromboembolism
- Mother and Infant Birth Injury
- Surgical & procedural complication
- Preventable mortality



Determining High Impact Processes/Gaps

Step 1:

- Ideal State of pressure ulcer prevention



Step 2:

- Current State of pressure ulcer prevention



Step 3:

- Future State of pressure ulcer prevention

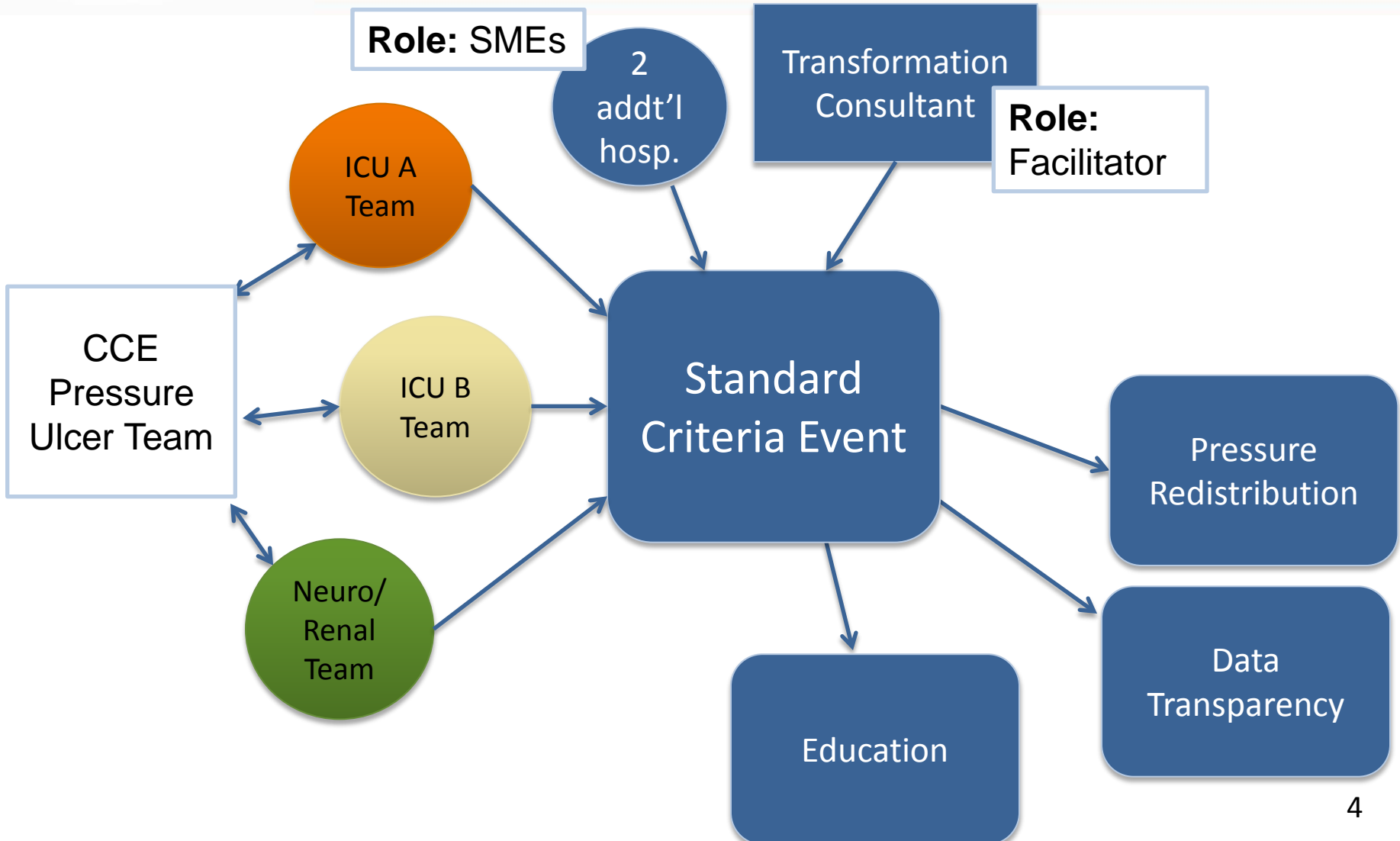


Step 4:

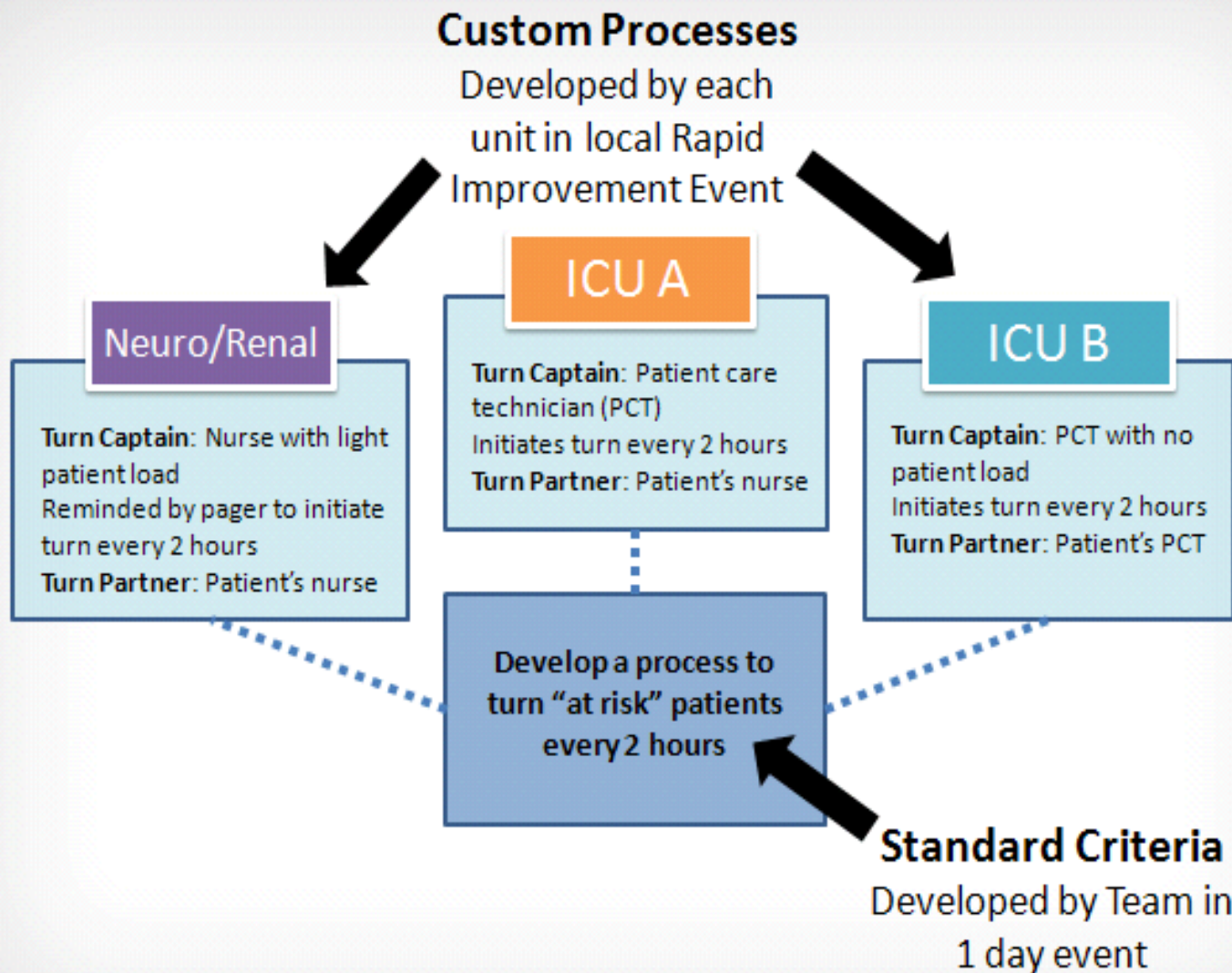
- Gap Analysis between current and future state



Solution Development

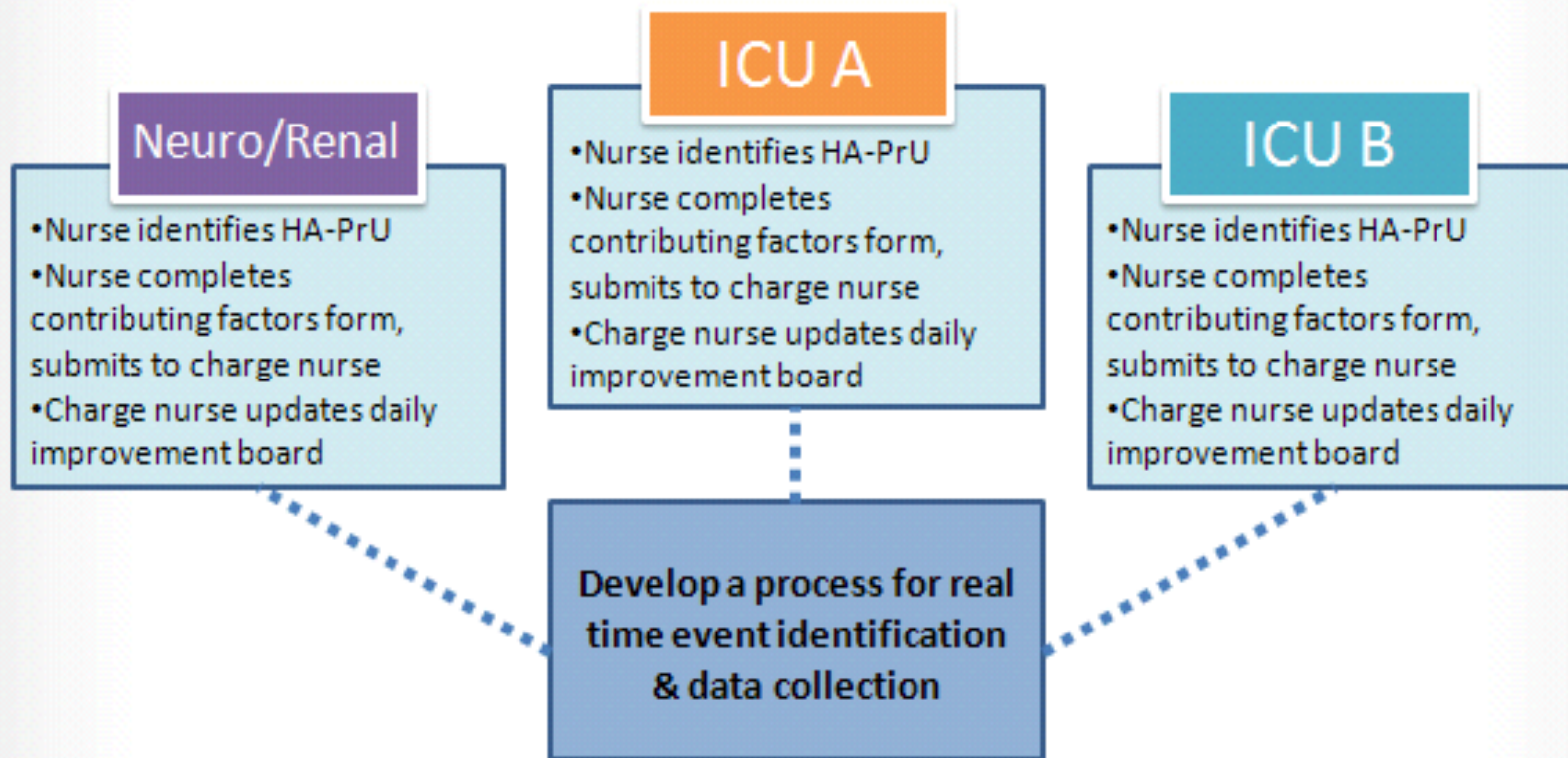


Implementation Strategy



Each unit was given the autonomy to develop custom processes that accounted for their unique staffing situation

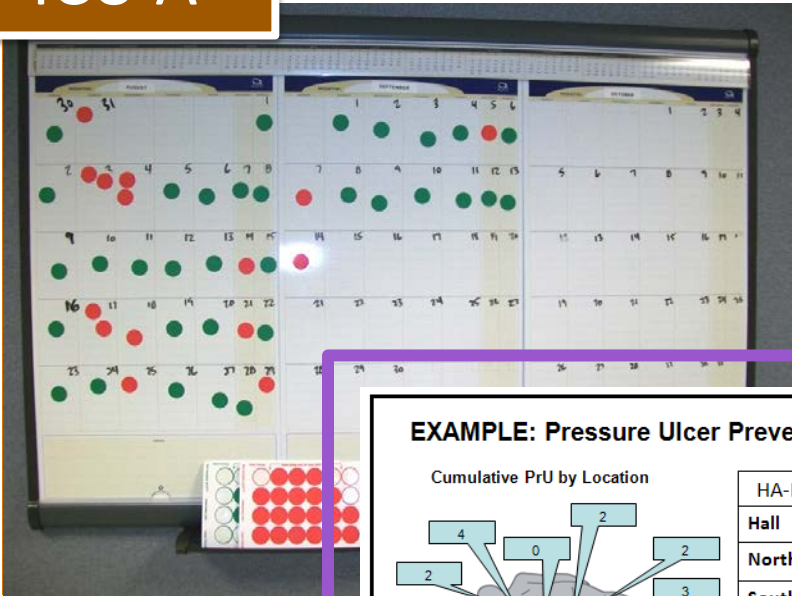
Implementation Strategy



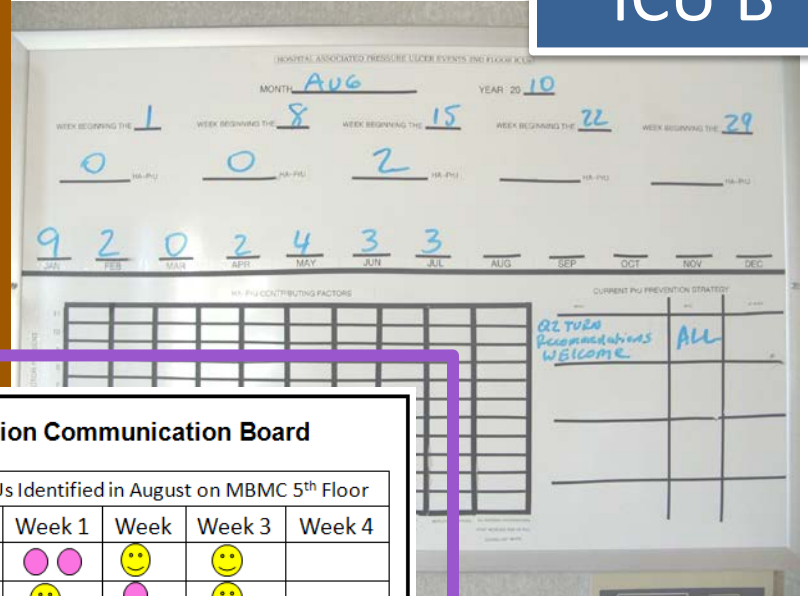
***For the data transparency standard criteria,
the right custom process for each unit was also a standard one***

Implementation Strategy

ICU A



ICU B



EXAMPLE: Pressure Ulcer Prevention Communication Board

Cumulative PrU by Location

Hall	Week 1	Week 2	Week 3	Week 4
North	2 (pink)	1 (yellow)	1 (yellow)	0
South	1 (yellow)	1 (pink)	1 (yellow)	0
East	1 (yellow)	1 (yellow)	1 (pink)	0
West	1 (pink)	1 (pink)	1 (yellow)	0
Total	3	2	3	0

Fulfillment of Braden Score by 10 AM

Neuro/Renal

Q2 T200 Recommendations Welcome

ALL

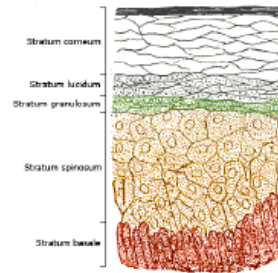
Implementation Strategy

Pressure Ulcers

Information Sheet for Patients and Family

Skin's Role

Your skin does many things. The outside of your skin is called the epidermis and is made up of five layers (see image, right). Your skin protects you from the environment. It helps control your body's temperature and fluid and electrolyte balance. Your skin also contains nerve endings that let you feel touch, pain and pressure. While skin is usually strong, if it is not properly cared for, it can become fragile and easily injured.



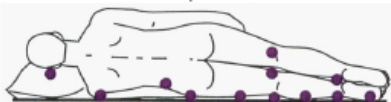
Aging and Your Skin

As you age your skin goes through many changes; it gets thinner, more fragile and the protective fat layer is lost. Aging skin repairs itself more slowly than younger skin. In fact, it can take *four times longer* for ulcers to heal. Also, patients with older skin may not be able to fully feel touch, pressure, vibration, heat or cold. These changes mixed with poor diet, other illnesses and rubbing or pulling can cause pressure ulcers.

Pressure Points

Pressure ulcers often form where bone causes the greatest pressure on the skin and tissue and squeezes them against an outside surface. **Pressure ulcers can form on any bony part of the body that presses against another body part, a mattress or a chair.** Most pressure ulcers form on the:

- ◆ Lower back, below the waist
- ◆ Hip bone
- ◆ Heel
- ◆ Back of the head
- ◆ Skin under casts or splints



Risk Factors for Breakdown

There are many things that can make a patient more likely to get a pressure ulcer. These include:

- ◆ **Limited Movement** - Patients who cannot leave their bed or chair or cannot change positions without help may have too much pressure on certain areas of their body.
- ◆ **Moisture** - Patients who do not have control of their bowels or bladder may have irritated skin.
- ◆ **Poor Diet** - Patients who do not eat a balanced diet have poorly nourished skin.
- ◆ **Lowered Awareness** - Patients with lowered mental awareness, including reduced awareness because of medications or anesthesia, may not be able to move to prevent pressure ulcers.
- ◆ **Poor Health** - Patients who are very sick and have certain diseases may be less able to move or may have problems with proper blood flow to their tissue.
- ◆ **Intensive Care** - Patients who are in an intensive care unit (ICU) are at higher risk for pressure ulcers.

Standard patient education for all three units

What We Do to Prevent Pressure Ulcers in the Hospital

To prevent pressure ulcers your doctors or other caregivers may:

- ◆ Inspect your skin every day, especially for redness that remains after you have changed positions.
- ◆ Clean and dry your skin as soon as it is soiled, using a soft cloth to avoid hurting your skin.
- ◆ Use creams to keep your skin healthy and moist.
- ◆ Help you change positions if you are unable to move yourself at least every two hours if you are mostly in your bed. If you are mostly in a chair, this should happen at least every hour.
- ◆ Make sure you are eating a balanced diet, including nutritional supplements if needed. Healthy, well nourished skin is less likely to be damaged.
- ◆ Explain the prevention strategies they are using and how you can help.

What You Can Do to Prevent Pressure Ulcers

To prevent pressure ulcers at home or in the hospital:

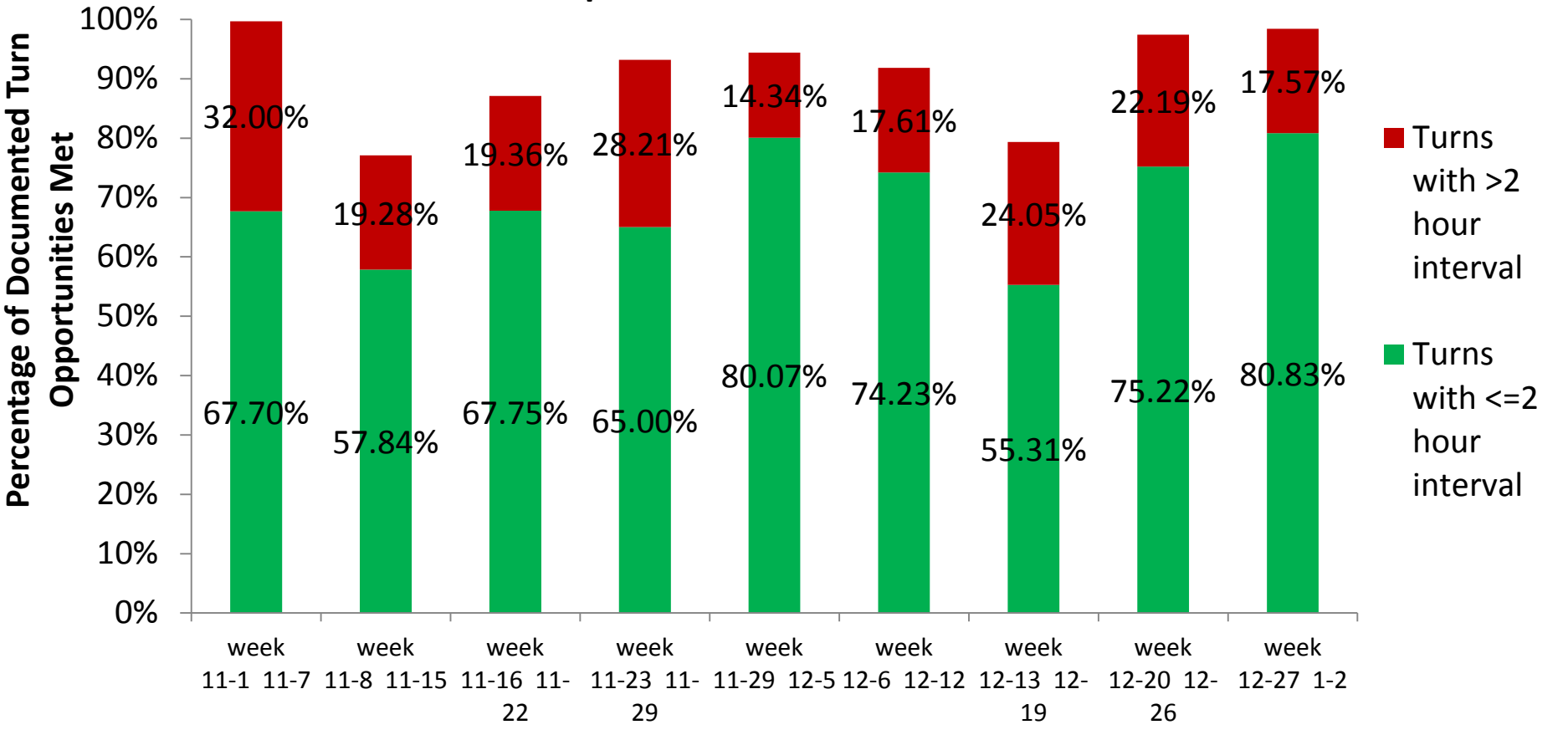
- ◆ **Be active in your care.** Remind your caregiver to inspect your skin every day, ask them questions and explain your needs and concerns with them. You should know what and why things are being done.
- ◆ Clean and dry your skin as soon as it is soiled. Be sure to use a soft cloth to avoid hurting your skin.
- ◆ Use pads or briefs to absorb excess moisture. Be sure to change these often.
- ◆ Use creams to keep your skin healthy and moist. While in the hospital, only use creams from the hospital.
- ◆ Change positions every one to two hours if you are able.
- ◆ Eat a balanced diet.
- ◆ Avoid lying directly on your back or hip bone.
- ◆ Use pillows or wedges to keep bony areas from pressing together or against firm surfaces. *Do not use donut-shaped pillows.*
- ◆ Tell your nurse or doctor if you see any redness or other problems with your skin.



Process Measure

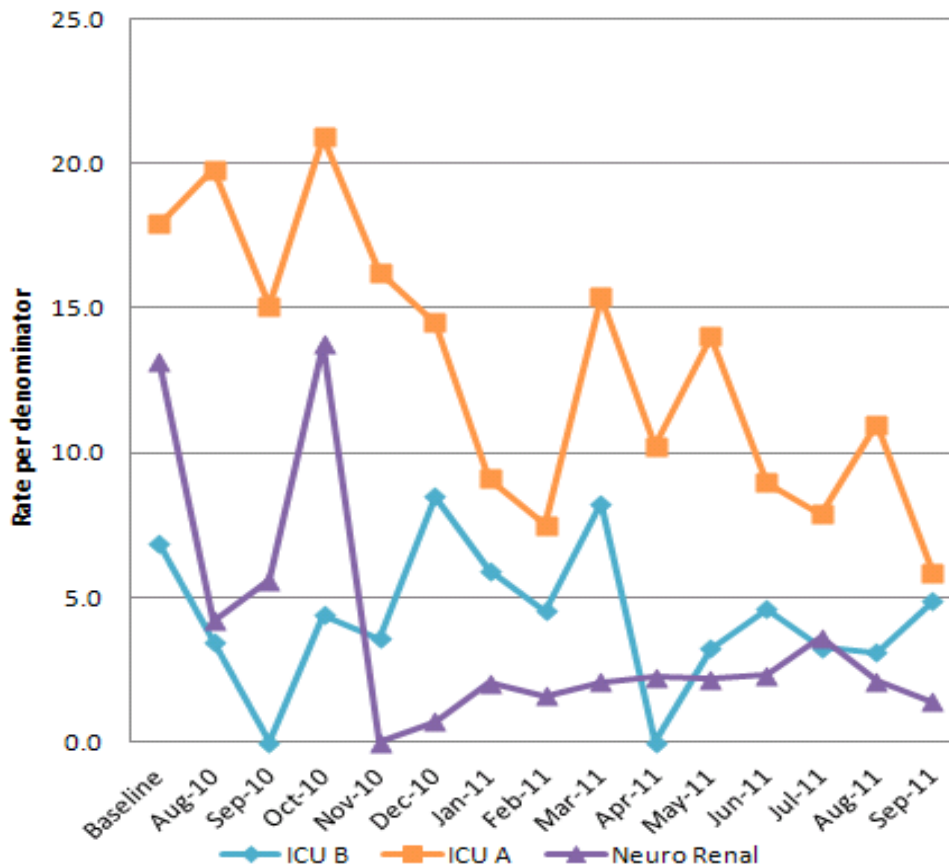
Process Metric Goal:
75% compliance with turning at risk patients every 2 hours

Post Implementation % Turns Performed



Outcome Measure

Monthly HA-PrU rates by Intervention Unit



P-Value Calculations:

- Combined for all three units:
 - 58% decrease, p-value = <0.02
- **ICU A**
 - 31% decrease, p-value = 0.04
- **Neuro/Renal**
 - 75% decrease, p-value = <0.009
- **ICU B**
 - 39% decrease, p-value = 0.19



Advice for others

- Involve the intended adopters in the development of the processes
- Solution development
 - Evidence Based
 - Adaptable to the unit
 - Minimal cost



Contact Information

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