



# Pressure Ulcer Prevention: The Goal is Zero

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# Reducing Pressure Ulcers

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## For All Patients:

- Conduct a pressure ulcer admission assessment for all patients
- Reassess risk for all patients daily

## For High Risk Patients:

- Inspect skin daily
- Manage moisture – keep the patient dry and moisturize skin
- Optimize nutrition and hydration
- Minimize pressure



# Conduct a Pressure Ulcer Admission Risk Assessment; Reassess Daily

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- Use visual cues in admission documentation for completion of skin and risk assessment.
- Standardize risk assessment tool/checklist across the institution.
  - Incorporate action steps linked to risk.
- Use multiple methods to visually identify patients at risk.
  - Place stickers on chart, use visual cues on door and bed.
- Post compliance rates to motivate staff.
- Improve processes to ensure risk assessment is conducted within four hours of admission and reassess daily.
- Assess surgical patients.



# Design for Reliability: Risk Assessment and Skin Assessment

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- Independent Redundancies:
  - Admission queue on IT system if assessments not completed within 4 hours
  - Shift check for each admitted patient
  - IT system will not proceed without complete assessment



# Inspect Skin Daily

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- Daily skin inspection is required for high-risk patients.
- Skin integrity can deteriorate in a matter of hours.
  - Always look at sacrum, back, buttocks, heels, and elbows every time the patient is assessed.



# Design for Reliability: Inspect Skin Daily

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- Design Work, routine to include skin inspection
- Design documentation to include detailed skin inspection
- Make it hard NOT to complete skin inspection
- IT documentation, Cannot complete documentation without completed detailed
- Shift checks – walking report, multi-disciplinary rounds scripts,
- Engage Families –
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# Manage Moisture

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- Cleanse skin at time of soiling and at routine intervals.
  - Watch for excessive moisture due to perspiration and wounds.
  - Use gentle cleansing agent.
- Use moisturizers for dry, fragile skin.
- Provide under-pads that wick moisture away from skin.
- Keep kit of needed supplies at bedside for at-risk incontinent patients.



# Design for Reliability: Manage Moisture

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- Design kit to be at the bedside of each at risk patient
  - To include supplies to clean patients quickly
  - Develop process for assuring kit is complete
- Develop Process for Hourly rounds
  - Utilize IT to remind staff of rounds, documentation
  - Use Audio or visual queues to remind staff of rounds.
- Everyone who enters the room can check the patient and assist the patient
- Engage Families



# Optimize Nutrition/Hydration

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- Respect patient's dietary preferences.
- Involve dietician, use supplements as needed.
- Monitor hydration.
  - Offer water (when appropriate) whenever patient is turned.



# Design for Reliability: Optimize Nutrition and Hydration

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- Automatic Clinical Dietary Consult
- Strategy on care plan
- Develop Hourly Rounds
  - Offer water
- Measure I and O for each patient at risk
- Shift checks – walking report, multi-disciplinary rounds scripts,
- Consider visual clue for encouraging fluids
- Engage Families –



# Minimize Pressure

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- Turn/reposition patient at least every two hours.
  - Use alerts and cues to remind staff to turn patient.
  - Protect skin when turning patient (use lift devices or “drawsheets,” heel and elbow protectors, sleeves and stockings; do not “drag”).
- Use pillows and cushions strategically.
- Use static and/or dynamic pressure-relieving support surfaces.
  - Static surfaces include well-designed mattresses, mattress overlays filled with water, air, gel, foam, or a combination of these.
  - Dynamic surfaces include devices that vary pressure beneath the patient, reducing duration of pressure at any given skin site.



# Design for Reliability: Minimize Pressure

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- Design turn schedule
  - Design turn clock to be placed on door
  - Educate, expect all who enter to turn the patient according to the turn clock or schedule
- Develop hourly rounds:
  - Check patient
  - Offer water
  - Turn patient
  - Document
  - Utilize audio queue to remind staff of rounds (beepers, IT systems, etc)
- Engage Families



# Tips for Sustaining Change

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1. Set Aims and refer to them often
2. Rapid Cycle improvement cycles
3. Design Opportunities to get staff together (where the subject is the patient)
4. Expand your referral base
5. Structure framework for consistent information sharing



# Tips for Sustaining Change

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6. Design Independent Redundancies
7. Align Responsibilities
8. Seek Failure
9. Numbers Matter (compliance and outcome data)
10. Celebrate – Big and Often