

Our Journey toward Achieving Zero Hospital-Acquired Pressure Ulcers

**Yuma Regional Medical Center
Yuma, Arizona
Mary Jo Beneke, RN, BS, CWOCN
Sarah Medrano, RN, BSN, WOCN
Marla Moore, RN, BSN, MA
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Yuma Regional Medical Center (YRMC)

- 333-bed acute care hospital
- ICU-SDU 42-bed multi-specialty unit
- 61,000 ED visits annually
- Asked to be IHI Mentor hospital for PUP early 2003

Brief History of PUP Program:

- Roots of program began 2001 when wound care protocols were developed with focus on pressure ulcer prevention
- Community feedback on patients discharged with pressure ulcers led to renewed focus
- Realized weak point was monitoring and sustaining program

- In 2003, took a step back, re-activated the Wound Care Steering Committee, and started YRMC's Journey over again

Current Skin & Wound Care Steering Committee:

- Formed in 2003 and is ongoing
- Multi-disciplinary team (CWOCN, Unit Directors, Staff Nurses, Dietary, Physical Therapy, Quality Improvement, Risk Management, Clinical Education, and Medical staff)
- Purpose: Improve patient safety through pressure ulcer prevention and reducing hospital-acquired pressure ulcers

Outcomes Achieved by:

- Administrative Support
- Teamwork
- Continuous and Ongoing Staff/Patient Education
- Increased Awareness and Commitment

PUP Program includes:

- Pressure Ulcer Prevention and Treatment Guidelines written to support best practice/EBP
 - Available to staff via our Intranet
 - Guidelines revised every 2 years and as needed
- Par level of 4 pillows for every patient for repositioning
- Pressure Redistribution beds purchased for high risk units (ICU, Medical/Renal/Oncology unit)
- Braden scale risk assessment tool used every shift to identify at risk patients
- Daily Skin Care Flow Sheet created
 - Implemented for all patients with Braden score of <19
 - Flow sheet incorporates repositioning schedule and interventional check list related to Braden sub-scales

- Reverse side of form provides space to document wound assessment and dressing changes
- Digital Cameras replaced Polaroid cameras
 - Cameras and printers purchased for all units
 - Used to document pressure ulcers or other wounds present on admission or acquired in the hospital
 - Photos include measuring device with patient's sticker, date, and photographer's initials
- Photographic Wound Documentation form developed
 - Recently revised to conform to new CMS Guidelines
 - Revised form includes space for photograph, nursing documentation, and physician's documentation
 - Form is placed in Physician Progress Notes section of patient record, physician is notified of presence of wound
- Patient Education brochure on Pressure Ulcer Prevention developed
 - Included in each admission package, and available on all units
 - Available in English and Spanish
- Skin, Wound, and Ostomy Care Resource Books were created and placed on each unit for nursing reference
 - Includes photographs of wound care products available in our facility, with stock numbers and examples of use
 - Includes definitions of wounds, wound care product/dressing classifications, tools for differentiating lower extremity ulcers, etc.
 - Ostomy products, definitions and characteristics, etc. are also included
- PUP Program education included in all new hire Orientation for nurses and CA/CNA staff
- Annual competency for nurses - completion of NDNQI Pressure Ulcer Training modules and test
- Continuing wound care education offered and available for all units
 - Brown bag 15-20 minute education sessions
 - PUP/Wound Care competencies in Skills Fairs
- Quarterly Pressure Ulcer Prevalence Studies and Annual Prevalence and Incidence Study
 - Initiated to measure and monitor performance by unit and hospital-wide
 - Baseline data June 2003: YRMC Hospital-Acquired Pressure Ulcers 13%
 - Most recent data May 2008: YRMC Hospital-Acquired Pressure Ulcers 2.7%
 - Goal: 0%
 - Performance improvement plan required if unit shows increase in Hospital-Acquired Pressure Ulcers
- Pressure Ulcer Prevalence Study Results submitted quarterly to NDNQI
 - Data compared to other participating hospitals of similar size nationally
 - Favorable results compared to other like hospitals
- Skin and Wound Care Team formed in 2006
 - Paid monthly educational lunch and learn sessions, education by Physicians, Product Clinical reps, Legal Nurse Consultants, and/or WOCNs
 - Members represent all units, must get approval from unit Directors to participate, responsible for taking information presented back to their units
 - Participate in other wound-related projects, such as P&I studies, creating educational material such as product boards, etc.
 - Members are recognized as Wound Resource nurses on their units

Other Wound Care Initiatives:

- Product trials and new product selection for pressure ulcer prevention and treatment

- Examples: Skin Care products, dressings, incontinence under pads, biotherapy)
- TCAB – Transforming Care at the Bedside
 - Sponsored by Robert Wood Johnson Foundation in conjunction with IHI and AONE to develop models of care at the bedside on medical surgical units that will result in:
 - Improved quality of patient safety and patient care
 - Improved quality of patient services
 - More effective care teams
 - Improved staff satisfaction and retention
 - Greater efficiency
 - TCAB has fostered wound care suggestions by staff:
 - Overhead music to remind staff to reposition patients
 - Laminated clocks with time when next repositioning due
 - Proactive and involved

Pressure Ulcer Prevention (PUP) Summary

- Strong Administrative Support
- Ongoing Steering Committee for oversight
- Staff involvement and management support
- Defined Pressure Ulcer Prevention Program (PUP)
- Consistent monitoring and reporting of prevalence outcomes with action plans for improvement
- Ongoing process!!!!