

Decreasing Hospital Acquired Pressure Ulcers in the Acutely Ill Med-Surg Patient

By: Margaret-Ann Azzaro RN, MSN – Mercy Hospital

PUP! **Program**

The Pressure Ulcer Prevention (PUP) Program was designed for the unit of our acute care hospital with the highest PU prevalence rate. The program included designated unit skin champions, designed identification badges for the PUP team and a signal device outside each *“at risk”* patient room with a similar signal device on wall above patients bed.

Wall Signal Device



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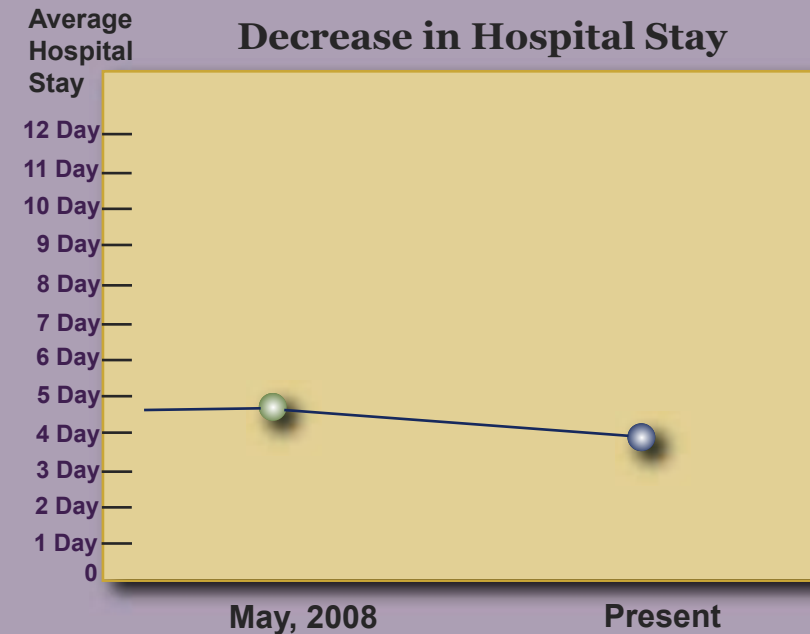
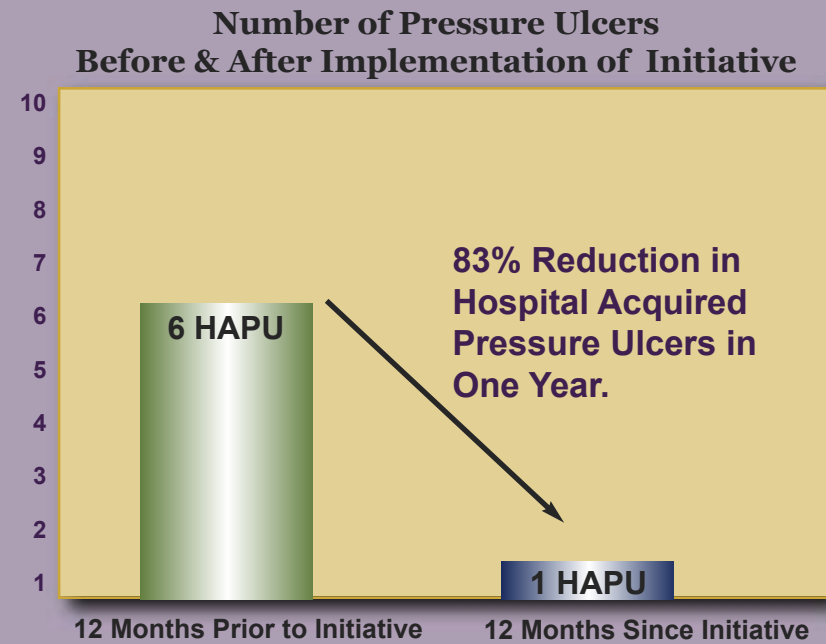
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Purpose

To decrease HAPU's in patients with multiple co-morbidities on a 26-bed Respiratory Unit.

Methods

Formation of a new Pressure Ulcer Prevention (PUP) program. Designed PUP program for our acute care hospital highest prevalence rate unit. Designated unit skin champions, designed identification badges for the PUP team and instituted a signal device outside each "at risk" patient room with similar signal device on wall above "at risk" patients bed. Signal device was a logo that only the unit members would recognize and on the back was a turning schedule for that particular patient. Each patient on the program was to be OOB (out of bed) at least one hour per day and sitting on a static air seat cushion. Each patient on the program was also placed in bilateral static air boots. Education was provided as a way to "get back to basics" for all staff members.



Results

The PUPP program was started in October of 2008 and continues today. During the 12 month period prior to implementing this initiative (Oct 2007-Sept 2008), there was a total of 6 HAPUs on this unit. In the 12 months since implementation (Oct 2008-Sept 2009) there has been only one HAPU (May 2009). This is an 83% reduction for this one year. Our average length of stay on this unit decreased by 0.5 days (from 4.6 to 4.1 days). In summary, this 26 bed pulmonary med-surg unit went from having the highest HAPU rate in our hospital to the lowest.

PUP Team Identification Badges

INTERVENTIONS

- Float heels
- Turn Q 2hrs (per turning schedule)
- HOB 30 degrees unless contraindicated
- Use disposable ultrathin pads for all incontinent patients
- Toilet Q 2hrs
- Enrich Nutrition Consult
- Encourage fluids unless contraindicated
- OOB to chair as tolerated for 1 hour (use pressure relieving surface and encourage patient to shift weight Q 15 minutes)
- Use moisture barrier cream for all incontinent patients

Turning Schedule

Left Side	Back	Right Side
12 p.m.	2 a.m.	4 a.m.
6 a.m.	8 a.m.	10 a.m.
12 p.m.	2 p.m.	4 p.m.
8 p.m.	10 p.m.	12 p.m.

Unit Skin Champions



Conclusion

By having a comprehensive approach that combined pressure reduction devices, back to basics education and interventions and a simple signal device we were able to not only decrease our nosocomial PU rate, but were also able to elevate our nursing staff awareness in prevention and promotion of best practice for their patients.