

# Keeping Pressure Ulcers at Bay

Dianne McCollum RN, CWOCN, ET Nurse – Rush Foundation Hospital

## *Four-Fold* Approach

1.

Establish a Pressure Ulcer Task Force.

2.

Review the facility's current procedures.

3.

Revise where needed and evaluate.

4.

Educate patient care providers.

## Purpose

To become more proactive in our practice of preventing pressure ulcers.

## Methods

In order to achieve the goals that were set, a Four-Fold Approach was implemented.

1. Establish a Pressure Ulcer Task Force to review the standards of care and evidence based practice relating to pressure ulcer interventions, treatment, and skin care.
2. Review what our facility had in place and compare it to the evidence based practice to see if we were on track.
3. Revise where needed and evaluate for effectiveness.
4. Educate patient care providers in becoming more aware of the implications of pressure ulcers and to keep that awareness out front.

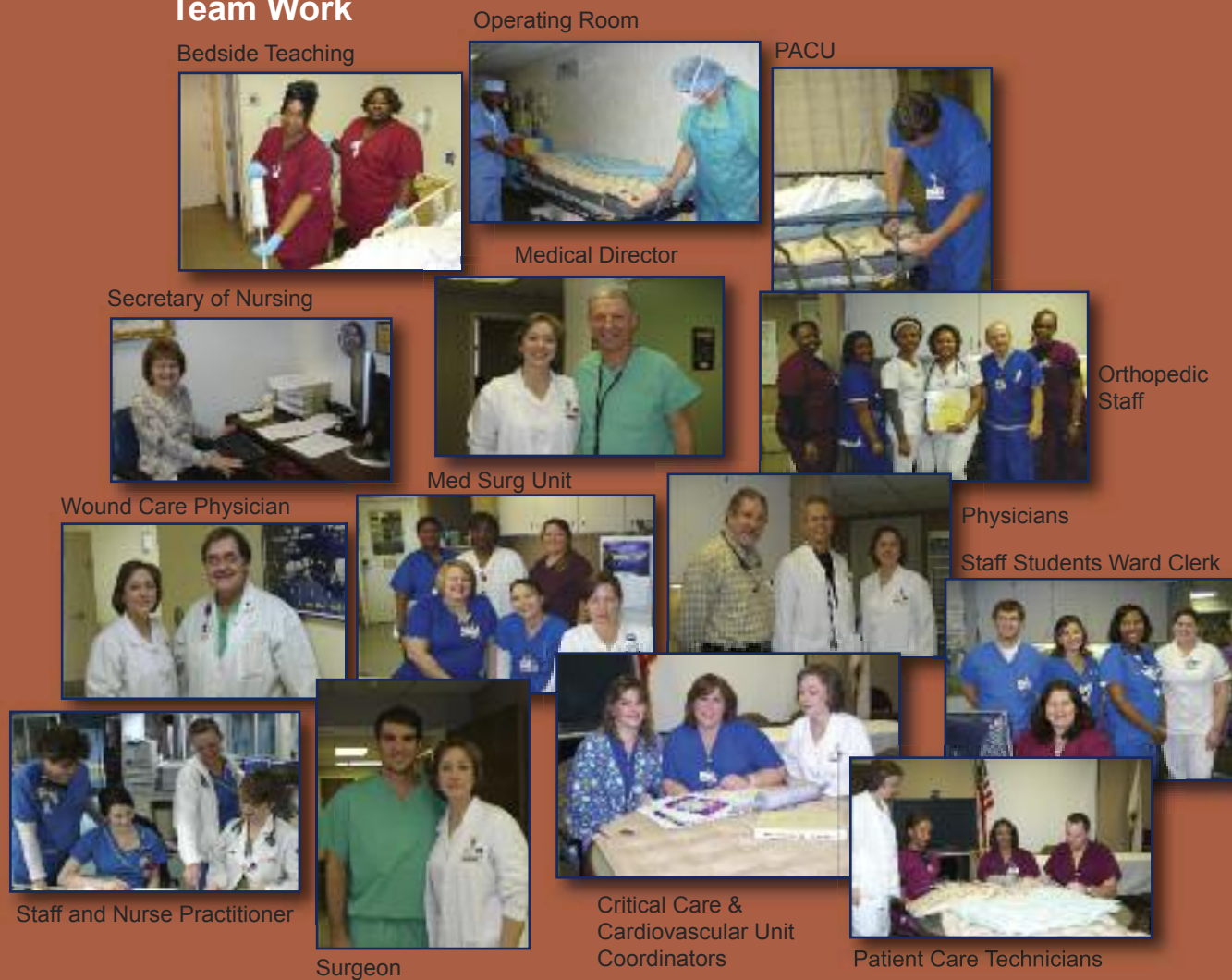
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## Outcomes

The task force reviewed, revised, and implemented changes to patient care policies, care plans, admission database and modified risk score tool. The Braden Scale was adopted and interventions according to risk were developed. The WOCN established protocols which were approved to allow nursing staff more autonomy. Static air products were trialed for ease of use, durability and manufacturer's instructions as an opportunity for further decreasing pressure ulcer incidence.

### Team Work



## Enhanced Patient Care



## Braden Scale Adopted

### Static Air Products Trialed

The primary selection of the products included the educational offerings to staff, physicians, and the line of products offered for total prevention therapy: The static air overlay, the bariatric seat cushion, regular seat cushion, and the boots.\*

## Results

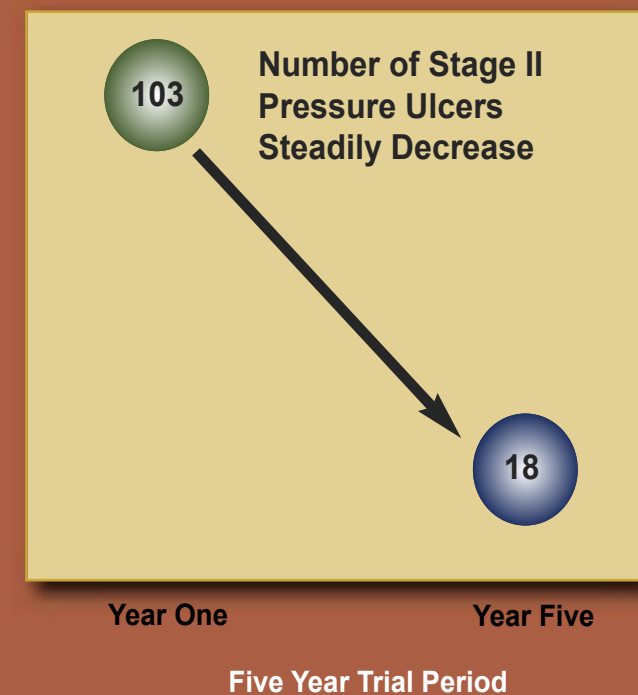
### Nurse Education

Educational offerings to nursing staff were scheduled as competency to address major components which included skin assessments, risk factors, interventions, documentation, and skin care products. Other disciplines with direct patient care contact were inserviced on static air product applications.

### Physician Education

Physician education was provided by offering webinars for CME credits, placing NPUAP guidelines for pressure ulcers at dictation areas, and awareness of the WOCN services to assist with pressure ulcer staging and plans of action.

### Decrease in Stage II Pressure Ulcer Rates



## Conclusion

Our Stage II pressure ulcer rates dropped from a high of 103 to a low of 18 in our five year trial period. We believe this drop in HAPU was solely based upon our proactive approach to pressure ulcer education and prevention. A proactive approach to preventing Stage II pressure ulcers will prevent Stage III and IV.