DESTINATION... ZERO
Winning the Battle on Hospital Acquired Pressure Ulcers

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PURPOSE

In 2006 Kaiser initiated the Destination Zero Project – a best practice program aimed at reducing Hospital Acquired Pressure Ulcers.

KP SCaI Nursing Goals 2007 – 2008:
• Cal NOC Prevalence 3.3% by year end 2007
• Cal NOC Prevalence 0% by year end 2008

METHODS

With this challenge set before us, we focused on methods that would consistently decrease the prevalence and incidence of hospital-acquired pressure ulcers. We promoted skin integrity awareness for all physicians, nursing staff and ancillary departments involved in the direct care of our patients to ultimately improve our patient outcomes. The key areas of change and improvement included: implementing better products, stronger documentation and education.

We wish to thank EHOB for providing the funding for the printing.
Nurses are the health care workers that have the most frequent contact with the largest organ of the body, the skin, and should therefore be proficient in how to care for it. All KFH Registered Nurses are trained to be Skin Champions!

The nursing units are divided between the hospitals three Wound, Ostomy, Continence nurses (WOC nurses), promoting trust between the staff and the designated WOCN. And, it allows the WOC nurse to develop teaching programs that compliment their specific department. The classes provide in depth information on pressure ulcer identification, staging and documentation. Skin classes are offered monthly, and taught by the inpatient WOC Nurses; CEU’s are awarded for attendance. Nurses are also trained to identify the subtle differences that can often occur in darker skin tones.

In an effort to provide optimized pressure redistribution therapy for the patient from the point of entry, our Emergency Department nurse places all at risk patients on a static air overlay*. These overlays:

- Provide optimal pressure redistribution
- Address the micro-climate.
- Offer added comfort for patients.
- Protects nursing staff from injury.
- Aid in turning and repositioning.
- Travel with the patients to all units.
- Go home with the patient.
- Are cost effective.

We have had no pressure ulcer incidence in our Emergency Department or Hemodialysis Unit on those patients placed on an overlay.

IMPLEMENTING ‘SKIN CHAMPIONS’

A ‘READ AND SIGN’ educational tool was developed and completed by all nurses on deep tissue injury in patients with dark skin tones.
IMPLEMENTING STRONG DOCUMENTATION

An audit process was developed and implemented on all Critical Care and Med/Surg units to improve the documentation process for all community acquired pressure ulcers (CAPU) and hospital acquired pressure ulcers (HAPU). This promotes compliance with our hospital policies. The audits are performed by the nursing staff each shift; the Assistant Clinical Directors review and do on the spot corrections with staff. Simultaneously the WOC nurses respond to those patients admitted with CAPU’s, or those that develop HAPU’s, consulting on each one to validate the documented ulcers, confirming that there is consistency between physician and nursing documentation. This practice substantiates that the documented stage and location are correct ensuring proper reporting to Risk Management and proper coding by HHIM.

IMPLEMENTING RESOURCES

The Wound, Ostomy, Continence Nurses (WOCN's) at KFH, Co-Chair the Inland Empire chapter of the Pacific Coast Region WOC Nurses Association every other month at Kaiser Fontana. They have promoted education and networking opportunities for the WOC nurses of PCR and their Kaiser Regional WOCN Peers, by inviting distinguished speakers such as Joyce Black president of the National Pressure Ulcer Advisory Panel and Michael Gray the current Chief Editor of the Journal of Wound, Ostomy and Continence Nursing. This provides an opportunity for the WOC nurses to learn best practice skills, network with neighboring colleagues and to pass on information to their facilities.
RESULTS

Over the past 5 years we have developed programs, moving closer to our goal. Although it took longer than our initial 2008 goal, we reached our desired outcome in the 3rd Quarter of 2011 with a prevalence study of ZERO hospital acquired pressure ulcers.

CONCLUSION

By creating and implementing a series of related programs, we successfully achieved our goal of zero hospital acquired pressure ulcers. No one program alone allowed us to reach our goal, but rather a combination of programs over a five year span. Currently, our efforts and education are growing and expanding to maintain our “Designation ZERO”!