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Preserving Skin Integrity by Utilizing Unit-Specific Wound Care Champions for Pressure Ulcer-Prevention

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ABSTRACT

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It is estimated that the incidence of pressure ulcers range from 0.4 to 38% in a hospital setting. Overall prevalence in the U.S. was 12.3% in 2009. A CMS analysis reported that pressure ulcers were responsible for over \$2.41 billion dollars (Niederhauser et al., 2012). A large body of literature related to pressure ulcer incidence and prevalence reflects that education is not always the principal influencing factor for prevention; social and organizational barriers are just as critical when adapting clinical practice guidelines. To address these barriers, an evidence-based practice (EBP) project was implemented at a large, tertiary hospital in the east. Web of causation, an epidemiological theoretical framework, and Roger's diffusion of innovation model were utilized to develop the EBP project. Interventions included specific educational programs that created wound care champions who were a first line of defense. Multi-disciplinary training and varied hospital resources were used to compliment the champions. Thirteen wound care champions participated on the intervention unit. Of the 2,114 medical-surgical patients, $N=98$ with stage III, IV, and unstageable pressure ulcers satisfied the inclusionary criteria ($n=42$ champion unit, $n=56$ control unit). Mean age of patients from the champion unit was 74.2; the control unit was 71.6 years. Following implementation, the mean overall ulcer prevalence was significantly lower in 2012 than 2011 in the treatment group ($t(8) = -2.51$; $p = .03$). Scores from the Pieper pressure ulcer knowledge test were consistent with the reviewed literature. There were no significant differences in overall performances as a function of the of clinical staff's professional status; $F(3,9) = 2.25$; $p = 0.15$. The wound care champion model resulted in a decreased delay in care and reduction of hospital-acquired pressure ulcer prevalence. This model can lead to reduced patient suffering, increased staff morale, decreased use of resources, increased corresponding financial reimbursement, and cultural change.

Key words: wound champion, pressure ulcer prevention, prevalence, multidisciplinary