Pressure Ulcers

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PRESSURE ULCERS

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BACKGROUND

- Estimated that 1 to 3 million people develop pressure ulcers each year (Dorner, 2009)
- United States spends as high as $11 billion annually- $37,000-70,000 per ulcer (Smith, 2013)
- Reduces quality of life because of pain, treatments, and increased length of stay (Dorner, 2009)
- In 2006, 45,500 admissions had a primary diagnosis of pressure ulcers and of those, 1 in 25 ended in death (Dorner, 2009)

PICO QUESTION

- Would the implementation of an evidence-based checklist better prevent the progression of pressure ulcers in adult Med-Surg patients?
- P – Adult Med-Surg patients
- I – Pressure ulcer treatment checklist
- C – Traditional Management
- O – Decrease in the amount of pressure ulcer development/progression

TRIGGER?

- Problem Based
  - Identification of Clinical Problem
    - Evidence of pressure ulcers on admission to patient on TSU, 5T, and 7T
  - Risk Management Data
    - Increases LOS, pain, decreased quality of life, etc.
  - Process Improvement Data
    - Lack of coordination of care for patient admitted with pressure ulcers regarding their wound

EVIDENCE

- Search Engines
  - National Guidelines Clearinghouse
  - EBSCO CINAHL
  - Cochrane Databases of Systematic Reviews
  - PubMed
- Key Words
  - Med Surg
  - Treatment
  - Inpatient
  - Pressure ulcers
  - Checklist
  - Prevention
  - Admission

EVIDENCE

- Surfaces:
  - Many studies support the use of specialty beds, especially air-fluidized and alternating pressure beds, and specialty cushions for patients with or at risk for pressure ulcers (National Pressure Ulcer Advisory Panel, 2009)
- Diet and Hydration:
  - Early assessment is essential
  - Sufficient protein, hydration, vitamins, and minerals promote healing (Virani, 2007)
- Assessment and Documentation
  - Assessing skin on admission and daily to look for pressure ulcers
  - When an ulcer is present, assess and document location, stage, size, wound bed, periwound, and odor (Harold, 2004)

EVIDENCE

- Reposition/Mobility Schedule:
  - It is recommended by the Journal of Wound, Ostomy, and Continence Nursing that a patient should be repositioned. Turning schedules can be utilized (Piepper, 1997)
- Dressings and Treatments:
  - Hydrocolloid dressings and radiant heat dressings promote wound healing (hydrocolloid dressings increase the odds of healing by 3 folds)
- Pain:
  - Assessing, preventing, managing, and reducing debridement pain are all crucial. Education is necessary the patient and also the caregiver/family member. The patient may benefit from a pain management consult.

    (Virani, 2007; National Pressure Ulcer Advisory Panel, 2009)

EVIDENCE

- Prevention Care Bundles are an evidence based care design that facilitates consistence practice by ensuring implementation of relatively small number of interventions
  - This provides a structured method of improving patient care (Downie, 2013)

- The Healthy Skin Project was a evidence based project on a PCU unit which the staff created a algorithm to see if patients are at skin precautions and wound consult
  - 0.0% in 17 out of 20 quarters (Armour-Burton, 2013)

CURRENT PRACTICE AT LVHN

- Primary nurse relies on preexisting knowledge and experience of assessment
- Braden scale
- Consult Wound Team (Telewound team)
- Mindset of staff is Reactive and Curative not Proactive and Preventive

IMPLEMENTATION

- Baseline data gathered by retrospective Patient Safety Reports and chart reviews on 6 patients admitted during July 2014 to the three units
- "Pressure Ulcer Admission Assessment Checklist" created from evidence
- Staff on units educated via emails, huddles, and one-on-one instruction
- Checklists implemented during a 2 week period in July 2015
  - Given to RN to complete within 24 hours of admission

BARRIERS TO BASELINE DATA

- Difficulty reviewing patient charts retrospectively
  - Due to switch to EPIC
  - Lack of follow up data on progression of pressure ulcer
  - Implementation of Tele-wound in 2015
  - Wound team consults completed on paper copy of chart

PROPOSED PRACTICE CHANGE

- Nutrition and wound consults for every pressure ulcer
- Empower nurse to complete a thorough skin assessment of wound every shift and PRN
- Greater emphasis on treatment of stage I pressure ulcers

RESULTS

- Retrospective chart review
  - Evidence of interventions such as xenaderm, calmoseptine, duoderm paste, mepilex, specialty cushions, turning Q2 hours, nutrition consults and specialty beds were found for 4 of the 6 patients.
  - All 4 patients showed wound healing.
  - No data was found for 1 patient.
  - 1 patient did not have evidence of many interventions. No data was found on wound healing or wound progression.
- After implementing checklist
  - Measurable results for 3 patients
  - All three patients had stage II pressure ulcers on sacrum
  - Similar treatments used
  - 2 patients had wound healing, 1 wound stayed the same

IMPLICATIONS FOR LVHN

- A checklist for streamlining care of existing pressure ulcers on admission did not show a significant difference in outcomes
- A larger study involving more units for a longer period of time would be needed to collect statistically significant data
- The interdisciplinary care team is adequately treating stage II pressure ulcers

LESSONS LEARNED

- Better involve staff members in planning change
- Implement Checklist for longer period of time
- More research is needed to determine best practice
- There is room for improvement in preventing pressure ulcer development

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STRATEGIC DISSEMINATION OF RESULTS

- More data needed before dissemination is credible

MAKE IT HAPPEN

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