IDENTIFICATION:

During the month of July, two patients acquired pressure ulcers while in the Surgical Intensive Care Unit (SICU). This prompted our trial of the turning program in the SICU which started September 14, 2009. In the previous fiscal year, the SICU had a total of 19 acquired pressure ulcers with an average of 1.58 acquired pressure ulcers per month.

PROCESS:

The Plan-Do-Study-Act model was used to develop a solution to the acquired pressure ulcer problem.

SOLUTION:

“Turning Rounds” is a turning program that was first observed at Strong Memorial Hospital in Rochester, NY by a University of Maryland Medical Center SICU nurse. The program consists of identified staff partnering every two hours to turn patients and/or ensure their turning beds are on and functional. The goal of this program is to decrease the incidence of pressure ulcers, decrease incontinence associated dermatitis and increase patient-family satisfaction. In addition, the program could decrease cost, as the Center of Medicare and Medicaid Services no longer reimburse for hospital acquired pressure ulcers as of October 2008.

To make this program operational on the unit, the odd hours were identified as turning hours. At these times, four identified members of the staff pair up and begin to turn patients on opposite ends of the unit. The “turning buddies” ensure the turning beds are on, patient’s head of bed is at thirty degrees if appropriate, patients are clean, and most importantly, turned. When executed properly, the bedside nurse can organize care around the turning rounds. Turning buddies are also able to assist in the positioning patients for procedures, chest PT, and assist with baths and dressing changes. The program also heightens situational awareness and allows for numerous nurses to consult on patients and their care as they round.
Additional rapid cycles (PDSAs) resulted in the following modifications to the “Turning Rounds” program as it was implemented in our SICU:

- A verbal reminder from the charge nurse to each staff member at the beginning of the shift noting the time they are assigned to turn is beneficial in addition to the assignment sheet.
- Posting the assignment sheet on each side of unit for increased visibility and heightened awareness.
- Identifying champions on night shift since we have seen less compliance on this shift.
- Adjusting turning time to the even hours with vital signs on night shift to promote sleep and rest.

**OUTCOMES:**

August FY10 to November FY10, the SICU has had zero acquired nosocomial ulcer cases. This is impressive preliminary data since the initiation of this protocol. Unfortunately, in November FY10 3 patients were identified to have developed pressure ulcers while under our care. This has resulted in the need to develop another set of rapid cycle improvements, using PDSA. A Wound/Wound Care communication tool has been developed to help in early identification of pressure induced wounds; the care of those wounds; and information on specialty beds ordered for the patient. This tool will be used to communicate between unit RNs and the Wound/Ostomy specialist.