Pressure Ulcer Prevention in Acute Rehabilitation
Adventist Rehabilitation Hospital of Maryland

Program/Project Description.
Our hospital had an average 17% hospital acquired pressure ulcer prevalence in 2009. We had existing baseline data on the types of pressure ulcers found during our prevalence studies. The cost of wound care supplies, at $3200/month, also exceeded targets, and we had anecdotal reports that the distance from the central supply closet to individual patient rooms was too far, resulting in staff bringing too many supplies being brought into the rooms and later throwing them out upon patient discharge. Our goal was to achieve 0% acquired pressure ulcer prevalence and to lower the cost of supplies.

Process.
We used PDCA as our overarching methodology for the project and the Iowa Model for Evidence-Based Practice in developing educational material.

Solution.
We developed a one-page illustration of evidence-based strategies to prevent the types of pressure ulcers found in our setting. We also bought metal tool chests for each wing of the hospital floor and moved wound prevention and wound care supplies from the central supply room to the chests and dubbed them "wound carts." We researched new products for wound care that were comparable to what we were currently using but that were more cost effective. We organized the wound carts according to levels of care needed, i.e.: the first drawer held preventive products, the second and third drawers held simple wound care products, and the fourth drawer held advanced wound care products for Stage III and Stage IV pressure ulcers, including a wound care product use guide. We put together an education program for every employee that had direct patient care, we included: RNs, CNAs, PTs and OTs. In this program, we taught that prevention of pressure ulcers was the best line of defense. We also educated the staff on the new line of products and encouraged staff to reduce wasted supplies by visiting the patient rooms first and then returning to the wound carts to retrieve the specific items that were needed.

Measurable Outcomes.
Acquired pressure ulcers dropped immediately to 6% in the first quarter of 2010 and were reduced to 3% by the third quarter of 2010. Our cost of supplies started at $3,200 per month, and after initial stocking costs, has decreased by over 50% to $1,500 per month. Staff also reported through a survey that the wound carts saved them an average of 10 minutes per 8 hour shift over retrieving supplies from a central supply closet.

Sustainability.
Quarterly prevalence studies continue, and we have initiated internal audits of the care given to patients by their RNs and CNAs to ensure the guidelines are being followed. The outcomes of these audits are shared with both the employee and the employee's manager. This method holds everyone accountable for care given. In addition, we have since rolled out new Braden interventions documentation that is consistent with our guidelines, and signs that identify patients with Braden scores of 18 or less are placed on patient's doors and wheelchairs as a reminder to the interdisciplinary team.

Role of Collaboration and Leadership.
Participants involved in this project included 3 Staff Nurses, 1 Physical Therapist, 1 Materials Manager, and 1 Magnet Program Coordinator, with support from the organization's CNO, Patient Safety Officer, and Senior Director of Operational Support Services.

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