**Reduction of Hospital Acquired Pressure Ulcers**

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**Type:** Acute Care Hospital  
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**IDENTIFICATION:**

Reduction of Hospital Acquired pressure ulcers was identified and adopted as an initiative of Northwest Hospital center in Randallstown, MD. Nosocomial pressure ulcer development in acute care is an ongoing and challenging issue we face.

Northwest Hospital Center’s “Wound Team” is a very important element of our wound care program. This team consist of 2 representatives from all units that meet monthly for ongoing education, review of current issues and process development. In addition, the team performs quarterly NDNQI pressure ulcer surveys and monthly random “Skin Indicator Audits” of documentation compliance. Also, all hospital acquired pressure ulcer events are entered into an “Event Reporting System” in which all cases are investigated and reviewed by the CWOCN along with leadership of the corresponding unit in which the event happened. A “Root Cause Analysis” format is utilized when conducting investigations into each event; as this data provides an excellent basis for identification of skin related problems.

It was identified after conducting quarterly surveys dating back to 2007 of a consistent rate above 5% of nosocomial pressure ulcer events.

With the development of a pressure ulcer prevention plan based on the Minnesota Hospital Association’s “Roadmap To a Comprehensive Skin Safety Program” Northwest Hospital’s “Safe Skin Bundle”, was developed (DGO/2009.)

**PROCESS:**

Several processes were considered to address this challenging initiative. Under the direction of the CWOCN, a “Pressure Ulcer Prevention Plan” was provided by Medline industries. The plan was incorporated with the safe skin bundle, performance auditing contractual learning and remediation, which was conceptualized as a model, which is known as our P.U.P.P.

The program was first implemented as a pilot on an inpatient unit in 2008. With successful completion of the pilot, a 0% nosocomial pressure ulcer rate was sustained over a three-month period consecutively. As a result, it was decided to implement house-wide. Evidence based literature of this program was evaluated which validated the efficacy of this program.
**SOLUTION:**

The “P.U.P.P.” was implemented house-wide on November 14, 2009 as a four-month initiative under the facilitation of the CWOCN and unit based “core teams”. The program was presented to each unit core team members and the manager as team leader.

A communication tool was developed to serve as an instructional guideline for each unit to follow.

As part of the house-wide implementation of the P.U.P.P., the facility underwent a formulary change of wound care products and plasticized containment (briefs and bedpads) to “breathable” containment briefs and bedpads. Along with this change and part of P.U.P.P. education; a decrease in diaper use and independence was emphasized to staff for our incontinent population and is currently being enforced.

“All policies and protocols related to pressure ulcer policies and management are current and accessible” (DGO/2009.) In addition, current wound treatment protocols and practice guidelines have been posted in each patient care area for easy accessibility for nursing use.

The program consists of three phases that begins with mandatory pressure prevention ulcer training for all direct care nursing clinicians with successful completion of a pre and post test. Phase II consist of bedside validation and performance auditing of all direct care nursing clinicians using a specialized tool. This tool is comprehensive in that it serves as required documentation of skin and wounds by nurses. The tool has four sections: Braden score & documentation, skin assessment & documentation, wound assessment & documentation and wound management & documentation.

**OUTCOMES:**

Measures to quantify and sustain results are concurrent and ongoing. Ongoing monthly wound team meetings will continue, quarterly NDNQI surveys, unit cross auditing and continued bedside performance validation of all nurses will be conducted routinely after program completion.