PfP NJ 2.0 Pressure Ulcer Prevention
Learning Action Group
Webinar #4: Inside Look into Pressure Ulcer Prevention with NJ Best Practice Hospitals

August 30, 2016
Hosted by New Jersey Hospital Association
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Agenda

• Partnership for Patients-NJ 2.0 updates
• Presentation: Inside Look into Pressure Ulcer Prevention with NJ Best Practice Hospitals
• Q&A
• Next steps
Goals

• Reduce HACs 40% from 2010 baseline
• Reduce preventable readmissions 20% from 2010 baseline

*It is important to note a data anomaly for the fall and falls with injury rates for first quarter 2015. The data shows a dramatic increase in rates. There are a couple of possibilities. One, 2015 was a particularly harsh winter and this could have possibly led to increase in falls due the effect with the elderly population. Or two, the data is misrepresented. We are currently investigating the issue and will update with our findings.*
Project Updates

HAPU Rate
Hospital-Acquired Pressure Ulcers Stage 2+ per 100 Patient Days
(NDNQI measure)

y = -0.1007x + 3.0721
R² = 0.5695

HAPU Rate
Hospital-Acquired Pressure Ulcers Stage 2+ per 100 Patient Days
(NDNQI measure)

NJHEN 40% Target (2.01)
NJHEN Baseline (3.35)
National Benchmark (1.982)
Project Updates

PSI-03: Decubitis Ulcer Rate
Pressure Ulcers Stage III or IV per 1,000 Discharges > 4 days
(AHRQ measure)

\[ y = -0.1926x + 2.1711 \]
\[ R^2 = 0.9457 \]
Project Updates

Pressure Ulcer Risk Assessment
% of Patients Assessed for Pressure Ulcer Risk w/in 24 Hours of Admission
(NDNQI measure)
Project Updates

Pressure Ulcer Preventive Care for At-Risk Patients
% of At-Risk Patients Receiving ≥ 3 Preventive Strategies w/in 24 Hours
(NDNQI measure)
PfP NJ 2.0 Pressure Ulcer Learning Action Group Structure

• Subject-Based Presentations:
  – Quality Improvement Frameworks to Implement Evidence-based Practices for Pressure Ulcer Prevention
  – Pressure Ulcer Prevention in Vulnerable Elders
  – Reducing Pressure Ulcers from Medical Devices
  – Inside Look into Pressure Ulcer Prevention with NJ Best Practice Hospitals
  – Pressure Ulcers and Nutrition
Pressure Injury Prevention Program Strategies

University Medical Center of Princeton

K. Book, RN MSN CMSRN, A. Charmello BSN, RN-C
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The Process

Team Approach

- Identify
- Communicate
- Evaluate
- Educate

Patient
Initiate an Interdisciplinary Approach
Skin Integrity Team (SIT)

<table>
<thead>
<tr>
<th>Skin Integrity Team</th>
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<tbody>
<tr>
<td>Wound Program Manager</td>
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<tr>
<td>Administration Representative</td>
</tr>
<tr>
<td>Unit Champions</td>
</tr>
<tr>
<td>Medical Director</td>
</tr>
<tr>
<td>Program Managers</td>
</tr>
<tr>
<td>Quality / Education / Prevention</td>
</tr>
<tr>
<td>Unit Managers / CNLs</td>
</tr>
<tr>
<td>Environmental Services</td>
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<tr>
<td>Materials Management</td>
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<tr>
<td>Physical Therapy</td>
</tr>
</tbody>
</table>
Identify At Risk Patients

Review ‘Best Practice’ Guidelines

Identify ‘At Risk’ patients requiring proactive preventive intervention

- Age over 75
- Braden 18 and below
- Surgery over 2 hours
- History of a pressure ulcer

Identify At Risk Skin

Skin assessments are completed:

- Within 4 hours of admission
- Every shift and
- With a change in condition.

The EMR triggers for skin assessment each shift.
'Skin Alert' EMR Triggers
Identify Evidence Based Products

- Pressure redistribution mattresses for every patient
- Reposition/Offload – Electronic trigger by the EMR for Braden 18 and below
- Pressure redistribution cushion when OOB to chair
- 5 Layer Silicone foam dressing
Communicate Full Circle as Often As Needed

Facility-wide Communication
  Safety Call
  Inter-departmental briefings
Patient/unit specific communication
  EMR triggers
  Individualized care plans
  Hand-off and shift reports
Evaluation Methods

- Multidisciplinary SIT
- Chart Audits
- Performance Improvement Reports
- Individualized care plans
- Incidence report follow-up by Wound Nurse
Educate Staff

- At New Hire Training and annually with demonstrated competencies
- ‘As needed’ with issues
  One on one (WCC/champion with bedside nurse)
- Assign web-based courses – 18 CE courses on wound prevention and treatment
  - at www.connect2know.com
- Unit-based in-servicing
- Teams develop targeted education as needed for high risk issues
- Unit based resources - Wound care binder/Knowledge icon in QCPR

Patients / Families / Caregivers
Periodic awareness campaigns

Nursing Tip of the Week: *Wound Site Location*

Remember to Use the Correct Anatomical Location When Describing a Wound Location

Use of Anatomical Terminology Facilitates Clear Communication to all Health Care Professionals!

![Pressure Ulcer Sites Diagram](attachment:pressure_ulcer_sites.png)

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**KEEP CALM AND BE ANATOMICAL**
Zero HAPU rate X 37 months
Summary

- Initiate an Interdisciplinary Team Approach
- Identification
  - Patients ‘At Risk’
  - Skin ‘At Risk’
  - Evidence-based interventions and products
- Communication
  - Facility-wide
  - Patient / Unit specific
- Evaluation
  - Multiple avenues
- Education
  - Staff / Patients / Caregivers


Weekly Rounds & Longevity: Capital Health’s Evidenced Based Approach to Lowering Hospital Acquired Pressure Ulcers

Kim Coleman MSN, RN, APN,C, Susan Bell MSN, RN, CWOCN & Amanda Liebenberg BSN, RN
We Are Capital Health

Hopewell Campus

Regional Campus
NPUAP Clinical Practice Guidelines

• According to the Prevention and Treatment of Pressure Ulcers: Clinical Practice Guidelines; “Pressure ulcers increase hospital costs significantly. In the US, pressure ulcer care is estimated to approach $ 11 billion (USD) annually , with a cost of between $50 and $70,000 per individual pressure ulcer.”

• “Pressure ulcers are a frequently occurring health problem throughout the world. They are painful, costly, and an often preventable complication for which many individuals are at risk,” as stated in the NPUAP clinical practice guidelines.
## Life Expectancy in the US (In Years)

CDC data [http://cdc.gov/nchs](http://cdc.gov/nchs)

<table>
<thead>
<tr>
<th>Year</th>
<th>Both Sexes</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>2000</td>
<td>76.5 yrs</td>
<td>74.1 yrs</td>
<td>79.3 yrs</td>
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<tr>
<td>2009</td>
<td>78.5 yrs</td>
<td>76.0 yrs</td>
<td>80.9 yrs</td>
</tr>
<tr>
<td>2015</td>
<td>76.3 yrs</td>
<td>76.3 yrs</td>
<td>81.3 yrs</td>
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</table>
Throughout the Years

• 1998
  – Mercer Medical Center and Helene Fuld Medical Center merged
  – Skin/Wound Care Committees united
  – Skin Care Task Force (SCTF)

• SCTF
  – RNs from
    • Med/Surg
    • Critical Care
    • ER
    • OR
  – Ancillary Departments
    • Nutrition
    • Rehab
  – Participates in monthly meetings
Weekly Rounds

• Goal of Weekly Rounds
  – Concurrent audit vs retrospective audit
  – Identify those patients at risk
  – Implement pressure ulcer prevention modalities
  – Monitor and reassess the care plan
  – Monitor nosocomial rate
Data Collection Evolves

• Paper Form
  – Collected weekly by SCTF rep
    • Med/Surg, Critical Care areas
    • Data collector educated
      – Types of ulcers, staging
      – Importance of accurate data collection
      – Ethics of data collection
      – Interpreting data results
  – Tuesdays
  – Data collected for patients with pressure ulcers
  – Sent to Nursing System Analyst monthly
  – Received analysis 1-2 months AFTER collection
  – Data results presented to SCTF
  – SCTF would share results with unit
Data Collection Evolves

- **Computerized**
  - Shared Folders early 2000
  - Real Time Information
    - Available on any computer with CHSWorld (Intranet)
    - Access protected by individual passwords
    - SCTF rep input data on Excel Spreadsheet
    - Areas participating able to view data analysis immediately
    - Potential to impact patient care immediately
  - Difficulties
    - Using Excel
    - Secured personal desk top PCs necessary
    - Unable to utilize shared folders on wireless computers
Pressure Ulcer Prevalence and Nosocomial Rates 2005

![Bar chart showing prevalence and nosocomial rates in 1999, 2000, and 2005.]
Data Collection Evolves

Skin Care Web Application

Users can select the area in which they need to enter data.

User able to visualize Nosocomial and Pressure Ulcer Prevalence Rates.
Data Collection Evolves
Skin Care Web Application

User Friendly data entry screen

Many categories allow user to select from drop-down box. Answers consistent
Data Collection Evolves
Skin Care Web Application

Users are able to view data in a variety of different graph applications:
• Data ranges
• Unit specific
• Campus specific
• Overall CH
Capital Health’s Prevalence and Nosocomial Rates 1999 – 2016 Data results

Prevalence Data:
- 1999: 17.50%
- 2000: 11.00%
- 2005: 7.40%
- June 2006 - June 2016: 5.41%

Nosocomial Data:
- 1999: 15.70%
- 2000: 5.50%
- 2005: 2%
- June 2006 - June 2016: 0.59%
Where We Are Now

- SCTF Monthly Meeting
  - Data presented at monthly meetings and to individualized units
- Weekly Rounds
- NDNQI Quarterly Data collection
- Education of staff
  - Orientation
  - Mandatory yearly competencies
  - Documentation, staging, incontinence care, Risk factors, Bariatric focus
  - NDNQI Pressure Ulcer Training Module yearly
  - Resources such as Intranet Wound Care Manual
- Policy updates/revisions and product evaluations
- Pressure Redistribution Beds
  - Hopewell 2011
  - Regional 2016
- Reduction of adult diaper & improved incontinent pad usage
- Provide yearly Skin/Wound Care seminars
References


Questions?
Next Steps

• Please complete survey to receive your attendance certificate
• Continue to submit data
• Next webinar: September 13- Pressure Ulcers and Nutrition