IMPLEMENTING STRATEGIES TO REDUCE HOSPITAL ACQUIRED PRESSURE ULCERS
Martha Gina Mitchell, DNP, RN, CCRN  Stephanie Vaughn, PhD, RN, CRRN  Dana Rutledge, PhD, RN

2.5 million patients develop Pressure Ulcers (PU) each year
Medicare estimates each PU adds $42,180 in cost to a hospital stay
HAPUs in the United States are estimated to be 1.3 to 3 million and are projected to cost $2.2-$3.6 billion a year
Despite the use of established guidelines, nearly 40% of Intensive Care Unit (ICU) patients develop HAPUs
An increase of HAPUs was noted in a community hospital’s ICU unit and a quality improvement project was requested by the department manager

The purpose of this project was to decrease HAPUs in a 22 bed ICU unit of a 228 bed hospital in Southern California.

Developed and implemented a evidence-based program for pressure ulcer prevention (PUP)
Key stakeholders included management, nursing, nutrition, medicine, wound care specialists and project champions
Strategies for PUP included:
- Synchronized turning schedule
- Photographs to heels and sacrococcyx area
- Silicone dressing to heels and sacrococcyx area

Education for nursing staff included review of the PUP strategies and staging of HAPUs
Target for post-test was 100%; individuals received additional training if needed
Posters in unit reinforced PUP strategies

Ongoing reporting of monthly ICU HAPUs
Trend analysis for 2015 of ICU HAPU was compared to hospital wide performance
Trend analysis for 2015 of ICU HAPU incidence by site, interventional sites versus non-interventional sites
In 2014, 80% of HAPUs occurred at sites identified for intervention
19 (67%) HAPUs were located on the non-targeted sites
After initial success in HAPU reduction, an increase was noted in intervention site HAPUs during the last quarter of 2015
Audit of PUP strategies showed 70% compliance overall in July; there were no HAPUs
During November, overall compliance to PUP strategies decreased to 60%; there were 5 HAPUs
Most reduced were Silicone dressing and turning every 2 hours
Preliminary success of the PUP strategies achieved six months with zero HAPUs at intervention sites; yet HAPUs increased at other sites
Maintaining focus on one objective cannot blind us to other problem occurrences
Sustainability of change was diminished due to assignable variation: loss of key staff and institutional knowledge
Maintaining institutional knowledge and a broad focus that includes emerging issues is critical to sustaining excellence in clinical practice in an organization