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Nursing Best Practice Reduces Hospital Acquired Pressure Ulcers in the Medical Intensive Care Unit.

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Source: Penn State Hershey Medical Center, Hershey, PA.

Abstract

Purpose:

Twenty-two patients had a pressure ulcer develop while in the medical intensive care unit (MICU) during a 6-month period (April 2010-September 2010). Using a shared governance model, the MICU practice council initiated a campaign to reduce our hospital-acquired pressure ulcers (HAPUs) to zero. Staff education, promotion of best practices, and increased awareness of the individual MICU patient who acquired a pressure ulcer each month influence the focused skin care our nurses delivered at the bedside. In effect, these actions had a direct impact on HAPU reduction in the MICU.

Description:

Initially, the MICU practice council began with 1:1 staff education focusing on increased HAPU awareness, skin assessment and documentation, equipment, mobilization, and teamwork. Follow-up education continued with monthly tracking of HAPUs in the MICU presented as individualized case studies. Included were contributing factors for development of pressure ulcers plus recommendations for prophylaxis such as pressure reduction specialty beds, chair cushions, and incontinence skin care products. "It Takes 2" was our motto for initial skin assessment performed by 2 nurses on all patient admitted to the MICU. Not only was skin breakdown less likely to be missed, but this change in practice was an educational opportunity for less experienced staff to identify skin conditions and stage pressure ulcers correctly. Appropriate skin assessment documentation was emphasized in order to accurately track pressure ulcers. "Never Turn Down a Turn" was our promotional slogan used to encourage the frequency and quality of turning patients. Charge nurses and clinical practice group leaders made turn rounds, using wedges for optimal positioning. Mobilizing ventilator and nonventilator patients to dangle their legs with progression to sitting in a chair and eventual ambulation was promoted as a team effort.

Evaluation/Outcomes:

The monthly occurrence of HAPUs in the MICU was reduced to 1 for 2 months from October 2010 to March 2011. Overall, only 9 HAPUs occurred in this same period, which is

nearly a 60% reduction with the prior period (April to September 2010). Since April 2011, our monthly HAPU rate has been 0 to 3. The results demonstrate that the MICU HAPY rate improved through a change in nursing practice that was focused on detailed skin assessment and documentation, increased frequency and quality of patient repositioning, attentive skin care, and optimal mobilization. In conclusion, even in this area of advanced technologies, it is possible to change patients' outcomes by using fundamental bedside nursing practices.