Getting Started Kit:

Prevent Pressure Ulcers

Supplement for Rural Hospitals

A national initiative led by IHI, the 5 Million Lives Campaign aims to dramatically improve the quality of American health care by protecting patients from five million incidents of medical harm between December 2006 and December 2008. The How-to Guides associated with this Campaign are designed to share best practice knowledge on areas of focus for participating organizations. For more information and materials, go to www.ihi.org/IHI/Programs/Campaign.

This How-to Guide is dedicated to the memory of David R. Calkins, MD, MPP (May 27, 1948 – April 7, 2006) -- physician, teacher, colleague, and friend -- who was instrumental in developing the Campaign's science base. David was devoted to securing the clinical underpinnings of this work, and embodied the Campaign's spirit of optimism and shared learning. His tireless commitment and invaluable contributions will be a lifelong inspiration to us all.

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Supplement for Rural Hospitals: Prevent Pressure Ulcers

Tips and Tricks

- Choose a pilot unit, even if you only have two units in your facility. Starting with a pilot unit affords to the opportunity to test changes on a small scale and design processes with staff involvement. It also makes for a smoother spread process, because the "bugs" have already been worked out.
- Process measures are used to drive change, not Outcome Data measures (Prevalence and Incidence). Process measures can be measured weekly (for example, 10 charts/week) on units piloting and implementing strategies until reliability is achieved. Make the process measure easy—for example, "Did the admission skin assessment get completed correctly?"
- Set a schedule to bring on units systematically, and keep to the schedule.
- Match the education schedule with the roll-out schedule. Education can include tests from the pilot unit, the different actions tried, and even the ones that failed. This brings credibility to process; the fact that it was designed by their peers is "powerful."
- Develop a "pocket guide" or poster for staff, containing helpful tips for patients at risk for pressure ulcers. This may include specific strategies or reminders that have proven helpful.
- Include the patient and family in education regarding pressure ulcer prevention. Include an overview of the patient's risk factors and the importance of nutrition and fluid intake, appropriate repositioning, attention to high-risk areas for skin breakdown, and the need to keep the patient dry. (http://www.ihi.org/NR/rdonlyres/F2EF9AB3-BB0F-4D3D-A99A-83AC7E0FB0D3/5862/WhatyouneedtoknowPU_1022.pdf)
  Zeller JL. Patient pages: Pressure ulcers. *JAMA*. 2006;296(8):1020.

- Consider designating a team leader/champion for each unit or area. This person would be the unit resource for skin breakdown prevention and coordination of the process with the unit manager.
  Courtney BA, Ruppman JB, Cooper HM. Save our skin: Initiative cuts pressure ulcer incidence in half. *Nursing Management*. 2006;37(4):35-46.

- Weekly Operations Team Meetings may be helpful with the pilot unit. These meetings are very short (20-30 minutes) and very focused on small tests of change. One example agenda may be: 1) What testing was done last week, 2) What testing will be done next week, and 3) Compliance with process measures. These meetings are small, with maybe the Nurse Unit Leader, Unit Champion, and key staff from the pilot unit.
- Standardize products. It is vital that you know what products you are using, or what products your staff can order. Often hospitals are finding that there are several products, different brands, and different uses for products. This causes confusion of staff, both professional and non- professional. After standardization to hopefully one brand of product, education can be streamlined and staff will be less likely to make errors.
- Several hospitals have found it helpful to make “decision tree” documents to assist staff in choosing appropriate surfaces available in the hospital to use for high-risk patients.
- To identify patients who are deemed “at risk” for pressure ulcer development, facilities use a variety of visual cues. Some examples:
    - A picture of a PUP on the doors of patients
    - Turn clocks at the head of bed of patients at risk
    - Symbol of PUP or Turn Clock or life-preserver printed on a magnet and placed on the metal door frames of patients at risk
    - Different color armband or chart backs give all staff the clue that this patient is at risk – especially helpful when patients are off the floor for diagnostics, etc.

Challenges and Lessons Learned, Claxton Hepburn Medical Center

(from the Rural Pressure Ulcer Call on 2/21/08)

http://www.ihi.org/IHI/Programs/Campaign/Campaign.htm?TabId=2#RuralHospitalsAffinityGroup

- Define your culture: Bigger is not always better!
- Access and examine every resource available!
- Incorporate real-time chart review with other data collections.
- Take advantage of every teaching opportunity!
- Reflect, review, and revise when needed.
- Allow staff to “own” it.
- Cultivate support wherever you find it.
- Results are more powerful when shared.
- There is no substitute for clinical leadership that is passionate and enthusiastic.
- If you have a long-term care (LTC) facility or work closely with a facility nearby, make a collaborative effort with reps from LTC to ensure appropriate and adequate documentation of presence of pressure ulcers on transfer/discharge between the facilities. We noted that we had a problem in this area with our own LTC and, as a result, we amended our hospital’s “hand-off” communication tool to be used by the LTC so that information about pressure ulcers was consistent.