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Advancing the Healthcare Supply Chain
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CQO: The Future of Healthcare Supply Chain

COST, QUALITY, AND OUTCOMES LEADING PRACTICES & TOOLS: AN EXECUTIVE SUMMARY

Leading Practice on Reduction or Elimination of Nosocomial Pressure Ulcers (NPU)

PROBLEM SUMMARY

In 2010 Terrebonne General Medical Center's (TGMC) hospital wide Nosocomial Pressure Ulcers (NPU) incidence rate per 1,000 patient days was 2.69 our goal was less than 2.0. In 2011, TGMC's organizational leaders of the governing board, medical staff, and leadership commissioned a Performance Improvement Team to reduce the Nosocomial Pressure Ulcer (NPU) rate occurring within the organization, overall and within the Critical Care Unit to meet the 2.0 goal.

PROCESS

In 2011, TGMC re-organized the Wound Care nurses to report to the Infection Control Manager who reports directly to the Vice President of Nursing. Pressure ulcer prevalence and incidence data began being reported on a monthly basis to the multi-disciplinary Patient Safety Committee. Braden Scale and Pressure Ulcer prevention guidelines were placed on the hospital intranet for ease of staff use and referral.

TGMC's Nursing Products Committee reviewed the use of sacral dressings for the critical care patients. This product would prevent pressure ulcer development and assist in healing Stage II Pressure Ulcers that are present on admission. This product was trialed on the Critical Care Unit and approved for continued use. Skin cleansing wipes were also recommended and approved for use hospital-wide to treat denuded skin and prevent Stage II Pressure Ulcers due to incontinence. Pressure Ulcer prevention guidelines were changed so that as the patient was assessed for risk using the Braden Scale, the nurse had the capability to order pressure relief mattresses.

TGMC adopted the NDNQI© Pressure Ulcer Module Trainings to educate the nursing staff. These modules were added to the new nurse orientation and the annual competency education. This training was also extended to the certified nurse assistant education. The Wound Care nurse monitored documentation compliance for Braden Scale, skin integrity and staging as applicable and would provide one to one education to the staff nurse and Nurse Director as needed.

Excel spreadsheets are utilized to track nosocomial pressure ulcer rates on a monthly basis. Data is collected hospital-wide and by individual units. Internal benchmarks such as MEAN the 2nd standard deviation are used along with external benchmarks from the Hill-Rom International Pressure Ulcer Survey.

Mid 2012, nurses and certified nurse aides began rounding with the Wound Care Nurse reinforcing the importance of pressure ulcer prevention. Wound Care nurses completed an evaluation of each unit to assess the patient population and the barriers that can contribute to skin breakdown.

FINDINGS AND CONCLUSIONS

Nosocomial pressure ulcers can decrease the quality of life for our patients. Implementing a hospital-wide nosocomial pressure ulcer prevention program has increased the quality of care provided to our patients. By identifying the problem, having leadership support, developing a multi-disciplinary team to analyze the problem and implementing cost-effective interventions and products, our hospital-wide nosocomial pressure ulcer rates per 1,000 patient days decreased from 0.54 in 2013 to 0.41 in 2014. The Critical Care Unit rate per 1,000 patient days decreased from a rate of 2.51 in 2013 to a rate of 1.10 in 2014.

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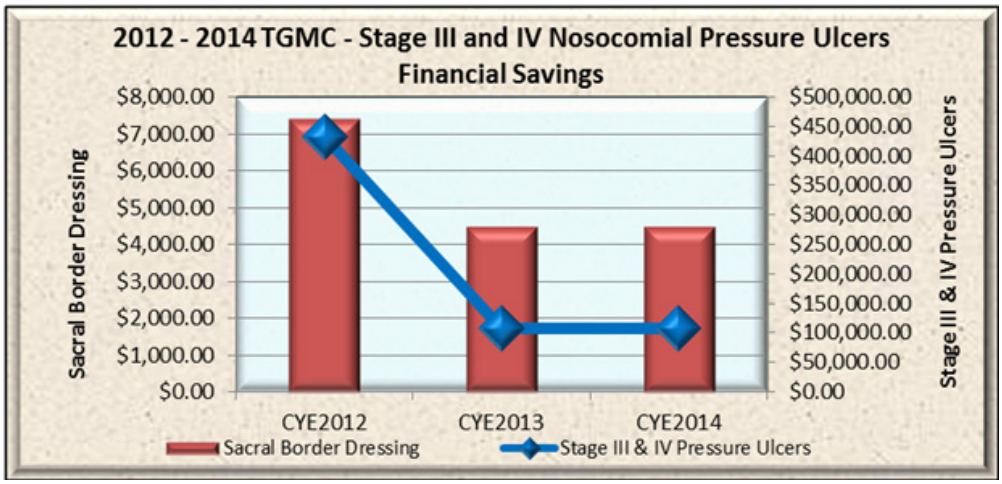
Hospital-Wide Rates

Year	Rate	Goal
2010	2.69	Less than 2.0
2011	2.20	Less than 2.0
2012	0.86	Less than 2.0
2013	0.54	Less than 2.0
2014	0.41	Less than 2.0

Critical Care Unit Rates

Year	Rate	Goal
2010	9.48	Less than 3.50
2011	6.74	Less than 3.50
2012	3.12	Less than 3.50
2013	2.51	Less than 3.50
2014	1.10	Less than 3.50

To access the financial impact to the organization, Terrebonne General used the Premier Quality Advisor data from 2013 that indicates the total cost per case for the CMS health acquired condition of Stage III or IV pressure ulcer is $107,852. The decline in pressure ulcers from four in CYE2012 to one in CYE2013 saved the organization $323,556 in costs associated with the treatment and outcomes of Stage III-IV pressure ulcers. Additionally, the change in the sacral border dressing decreased cost from $7,400 in 2012 to $4,500 in 2013. The cost saving have been maintained for 2014 as well.



HOW DOES YOUR EXAMPLE ADDRESS THE ISSUE FROM A CQO PERSPECTIVE?

Cost - in reviewing the product options, the product that proved to be the most beneficial was also the product that was the most cost efficient for our patients. Option 1 – Sacral border dressing was selected as part of the treatment protocol.

Quality - Nosocomial pressure ulcers can decrease the quality of life for our patients. Implementing a hospital-wide nosocomial pressure ulcer prevention program has increased the quality of care provided to our patients.

Outcomes - Hospital-wide nosocomial pressure ulcer rates per 1,000 patient days decreased from 0.54 in 2013 to 0.41 in 2014. The Critical Care Unit rate per 1,000 patient days decreased from a rate of 2.51 in 2013 to a rate of 1.10 in 2014.