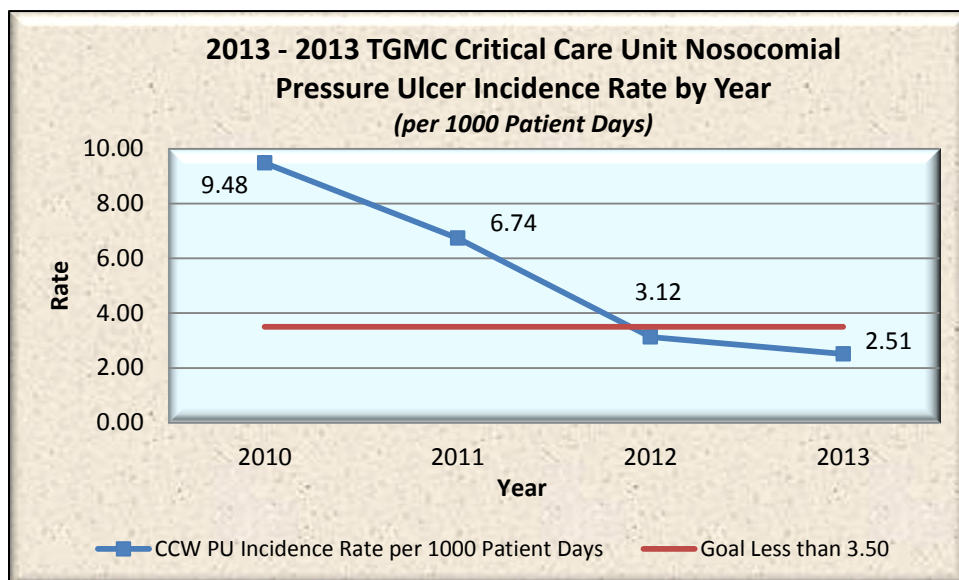
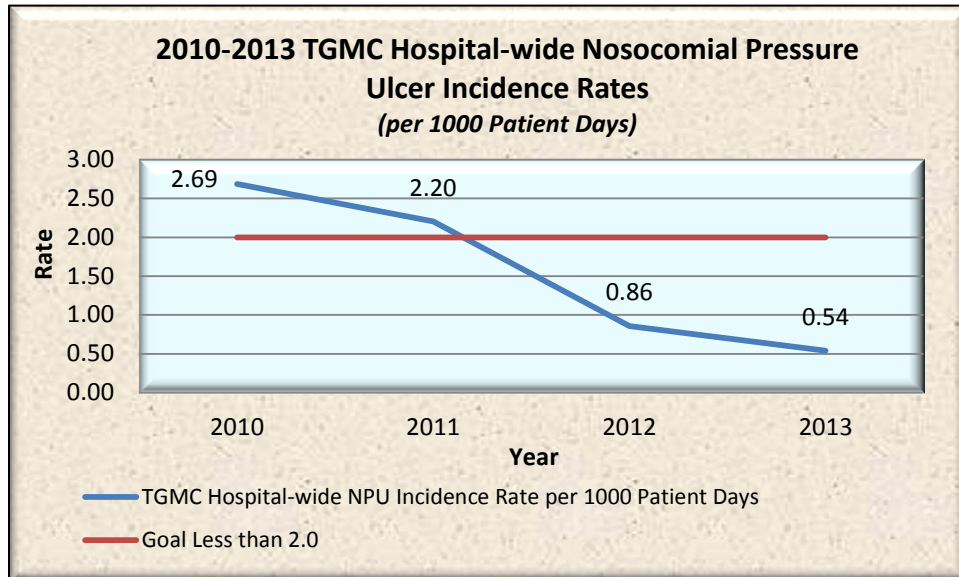
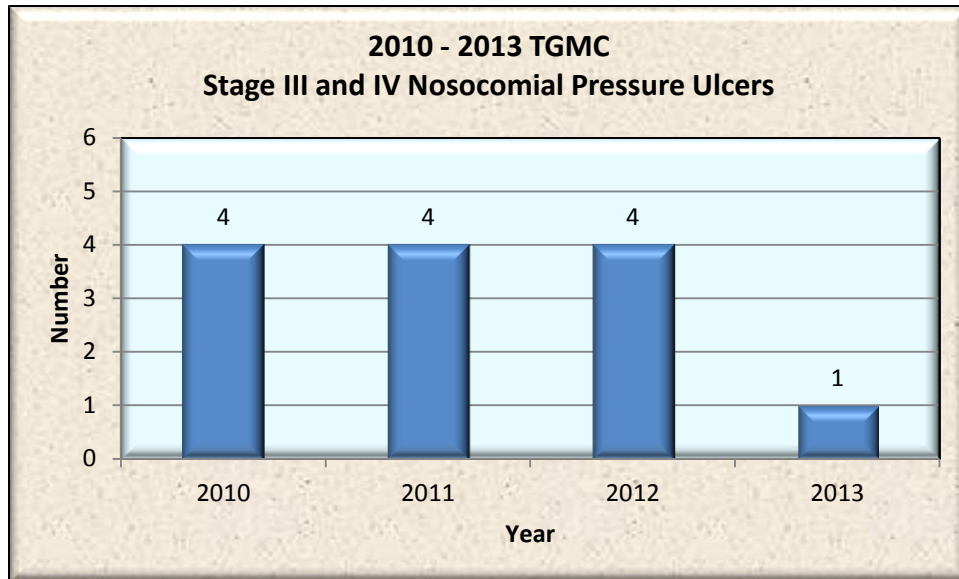


Pressure Ulcer Prevention

Terrebonne General Medical Center's (TGMC) approach to improving patient care and health outcomes is a collaborative multidisciplinary effort aimed at exceeding the needs and expectations of our patients and other customers, as well as increasing the likelihood of desired health outcomes. Organizational leaders of the governing board, medical staff, and leadership commissioned a performance improvement team in 2011 to reduce the nosocomial pressure ulcer (NPU) rate occurring within the organization, overall and within the Critical Care Unit.





Structure Changes to a Culture Change:

A structural redesign and reporting change began in 2011 by moving the inpatient Wound Care nurses under the leadership of the Infection Control Manager who reports directly to the Vice President of Nursing. With this change, we began reporting the pressure ulcer prevalence and incidence data monthly 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.

Nurse Approved Product Changes:

The 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 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.

Nurse Education:

The hospital 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 of the unit as needed.

The Wound Care nurses began attending monthly staff meetings and by 2012 the improved downward rates were reported to the staff nurses at these meetings. Feedback from the staff nurses was sought to improve our processes. A new learning concept “New Nurse Rounding with the Wound Care Nurse” began mid-year in 2012. A new nurse spent the day with the Wound Care nurse to better reinforce the importance that all pressure ulcer prevention measures are carried out. This had such a great impact that this was also expanded to include the newly hired certified nurse aides and was made a part of their orientation program.

The Wound Care nurses began to do an evaluation of each unit to assess the patient population and the barriers that can contribute to skin breakdown. Staff nurses identified failure to turn patients due to pain that the patient was having with a particular surgery. Each area was addressed and education and interventions that targeted particular patient populations were implemented.

Improvements:

The Hospital-wide pressure ulcer incidence rates per 1000 patient days improved as noted below:

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

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

Stage III and IV nosocomial pressure ulcers dropped from 4 in 2010 to 1 in 2013.

The improvements were shared with the Governing Board in January 2014 with much celebration. Improvement continues through 2014.