

# IMPROVING HOSPITAL- ACQUIRED PRESSURE ULCER OUTCOMES THROUGH STAFF ENGAGEMENT

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# Purpose

To promote involvement of direct care nurses in the collection of Hospital Acquired Pressure Ulcer (HAPU) Prevalence Study performance improvement data



# Goals for Involving Direct Care Nurses in the Data Collection

- ❖ Commitment to achieve zero defect
- ❖ Efficient method for reviewing charts of  $\approx 200$  HAPU Prevalence study patients
- ❖ Increase the flow of information between data collectors and direct care nurses



# Background and Significance



Skin assessments  
by Wound Care  
specialists

Pressure Ulcer  
Quarterly  
Prevalence study

Chart review  
by Chart  
Review RNs

# Procedure

The PI Rep Chart Review sessions were introduced with the Dec 2007 Prevalence study as a means of engaging direct care nurses.



Skin assessments  
by Wound Care  
specialists

Pressure Ulcer  
Quarterly  
Prevalence study

Chart  
Review RN  
oversees PI  
rep data  
collection

PI rep Chart  
Review  
Sessions

# The PI Rep Chart Review Session

- ❖ A one-day session, occurring the day following the HAPU Prevalence study
- ❖ MS, CC, and SD managers designate RNs from their units to attend
- ❖ Each quarter, different RNs are chosen for the session
- ❖ PI reps may range from charge nurses to new RN orientees



# During the session, the PI Reps:

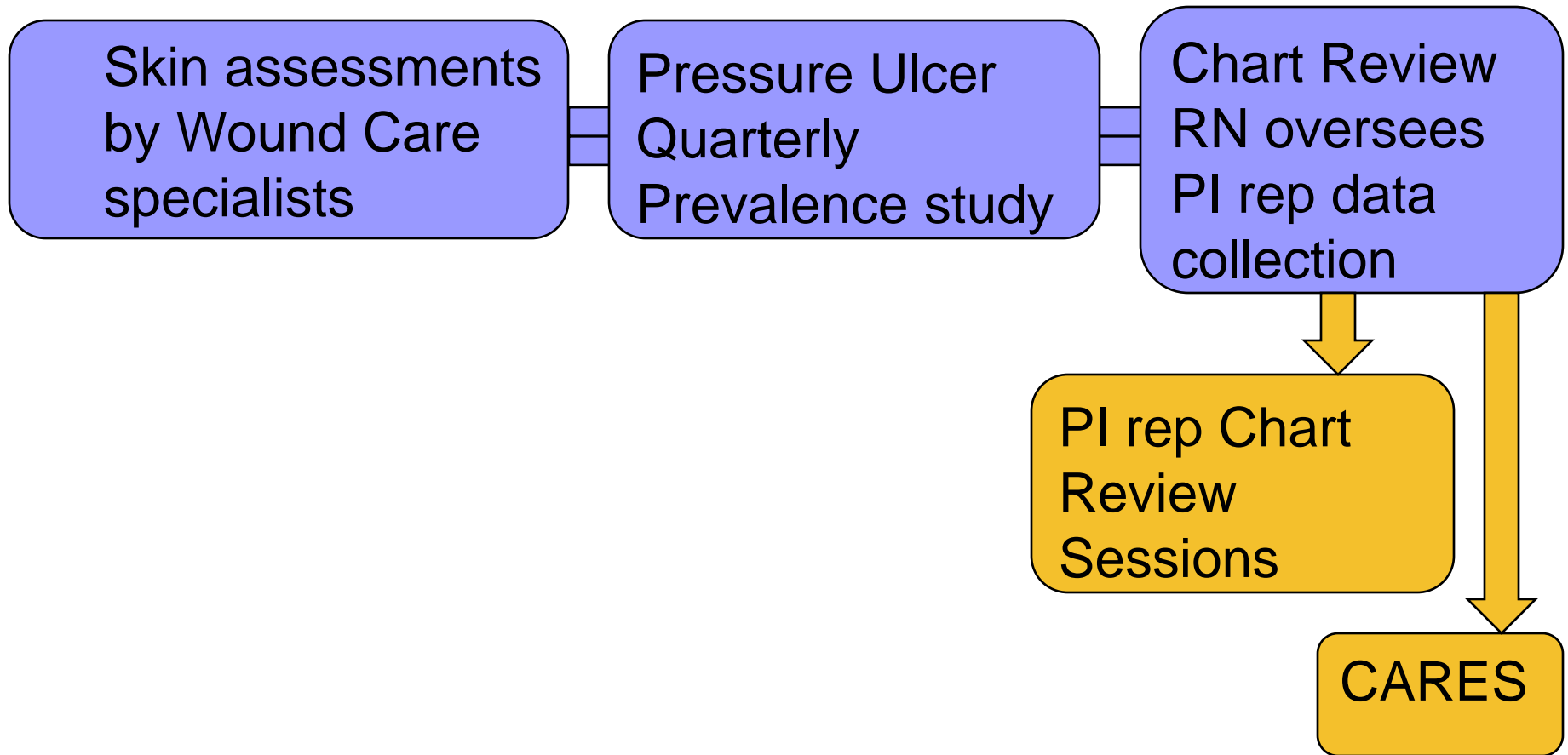
- ❖ First learn chart review techniques
- ❖ Review charts of those patients from their unit involved in the HAPU Prevalence study.
  - RN compliance with performing risk and skin assessments
  - Pressure ulcer prevention interventions as designated by hospital policy and database standards.
  - Prepare data for submittal to CaINOC and NDNQI



# The PI Rep Chart Review Sessions and Staff Engagement

- ❖ PI reps have reported
  - ↑ Understanding of appropriate skin care interventions
  - ↑ Awareness about importance of quality documentation
  - Charge nurse better equipped to help staff
  
- ❖ Sense of ownership of pressure ulcer prevention
  
- ❖ Posters/other learning aides made for units



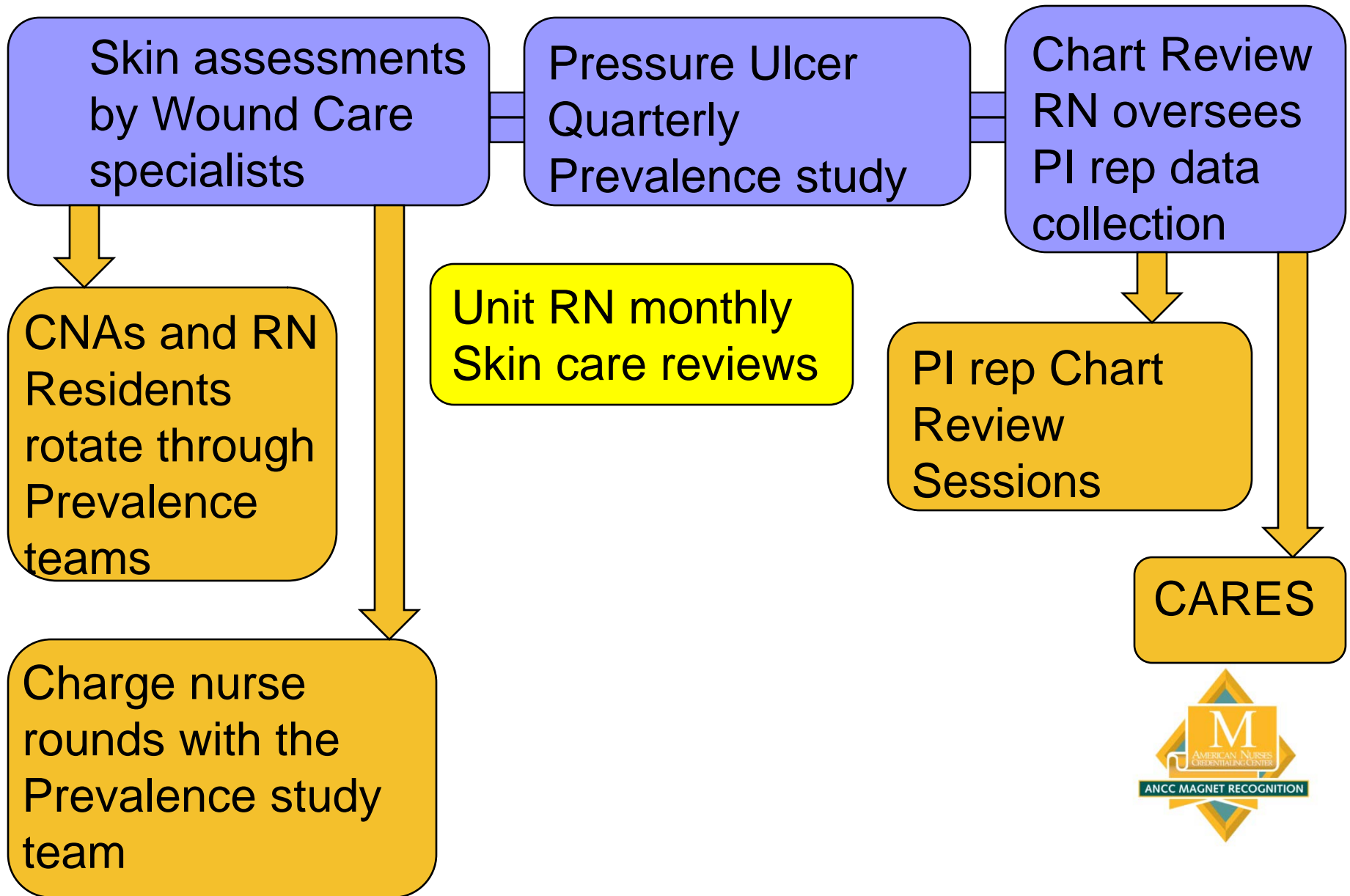


# CARES Meetings

*Collegiality, Accountability, Respect, Excellence and Safety*

- ❖ Case reviews done by direct care RNs for any Prevalence study HAPU on unit
- ❖ Case reviews presented/discussed, and system and unit issues addressed. Recommendations made.
- ❖ CARES meetings attended by direct care RNS, Directors/Managers/Skin Wound specialist RNs / Educators/Risk Manager.
- ❖ Range of nurse-sensitive pt outcomes discussed

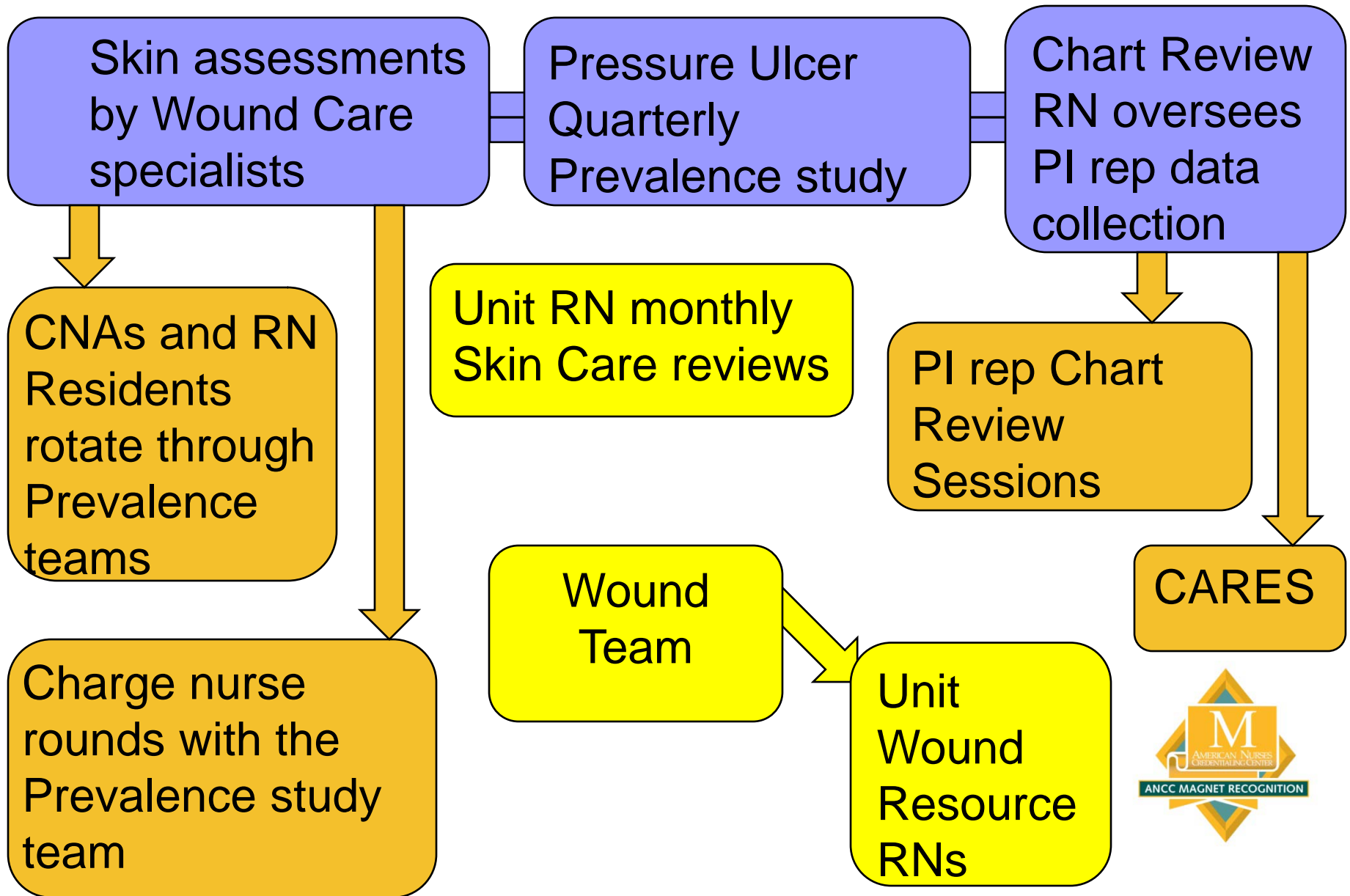




# The Unit RN Skin Care Reviews

- ❖ 1-2 RNs on each MS, CC, and step down unit
- ❖ Collect monthly unit data about skin and risk assessments, pressure ulcer prevention care plans and interventions
- ❖ Provide feedback/ education to peers
- ❖ Data posted on unit via unit scorecard





# Results-Conclusion





*#1 Commitment to achieve  
zero defect*

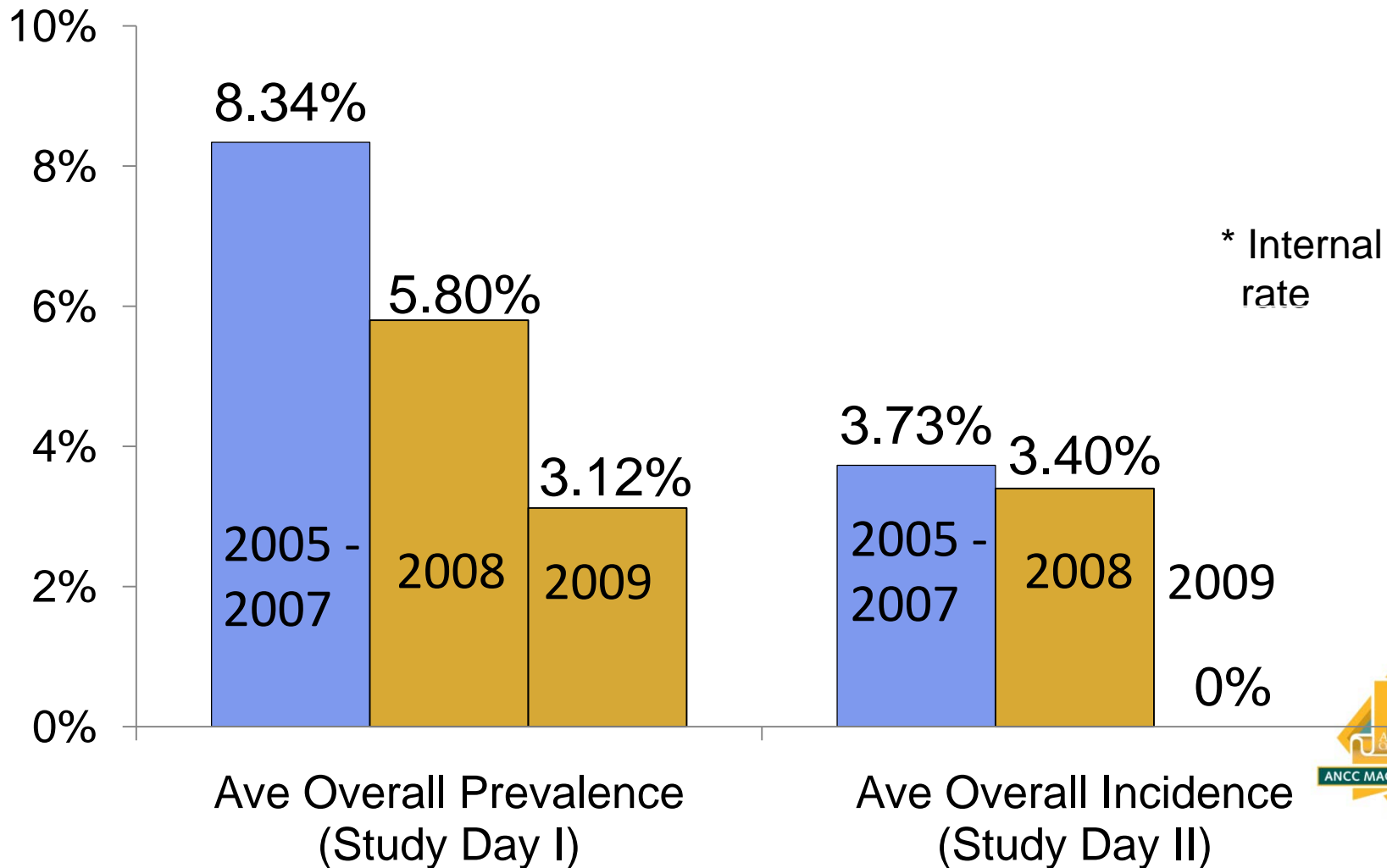


# Prevalence Study- 0 HAPUS Originating On the Unit

- ❖ Rehab unit -13 consecutive quarters
- ❖ Endocrine unit - 8 consecutive quarters
- ❖ Our medical unit- 7 consecutive quarters



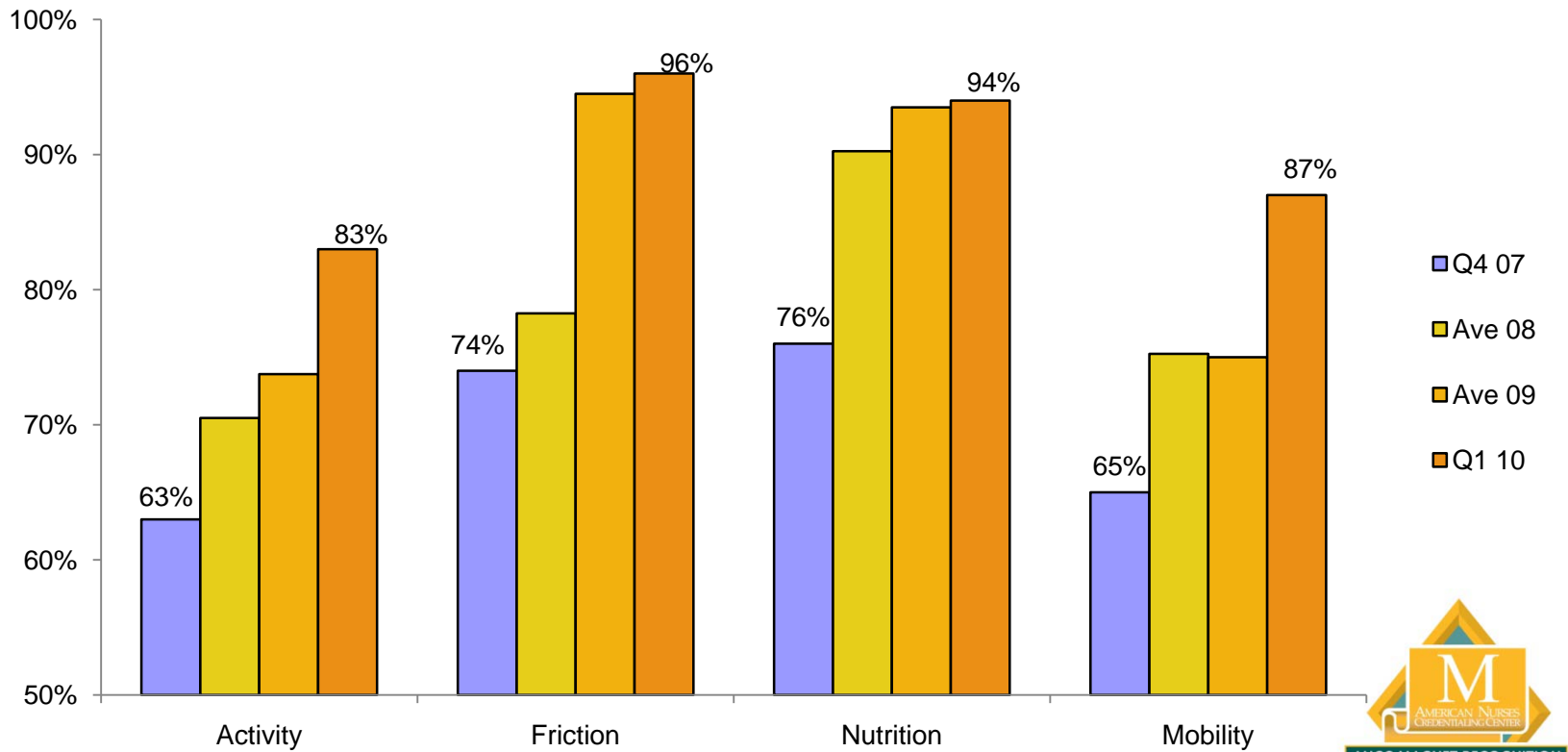
# # HAPUS / # Patients Assessed\*



*#2 Efficient method for  
reviewing charts of  
≈200 HAPU  
Prevalence study  
patients*



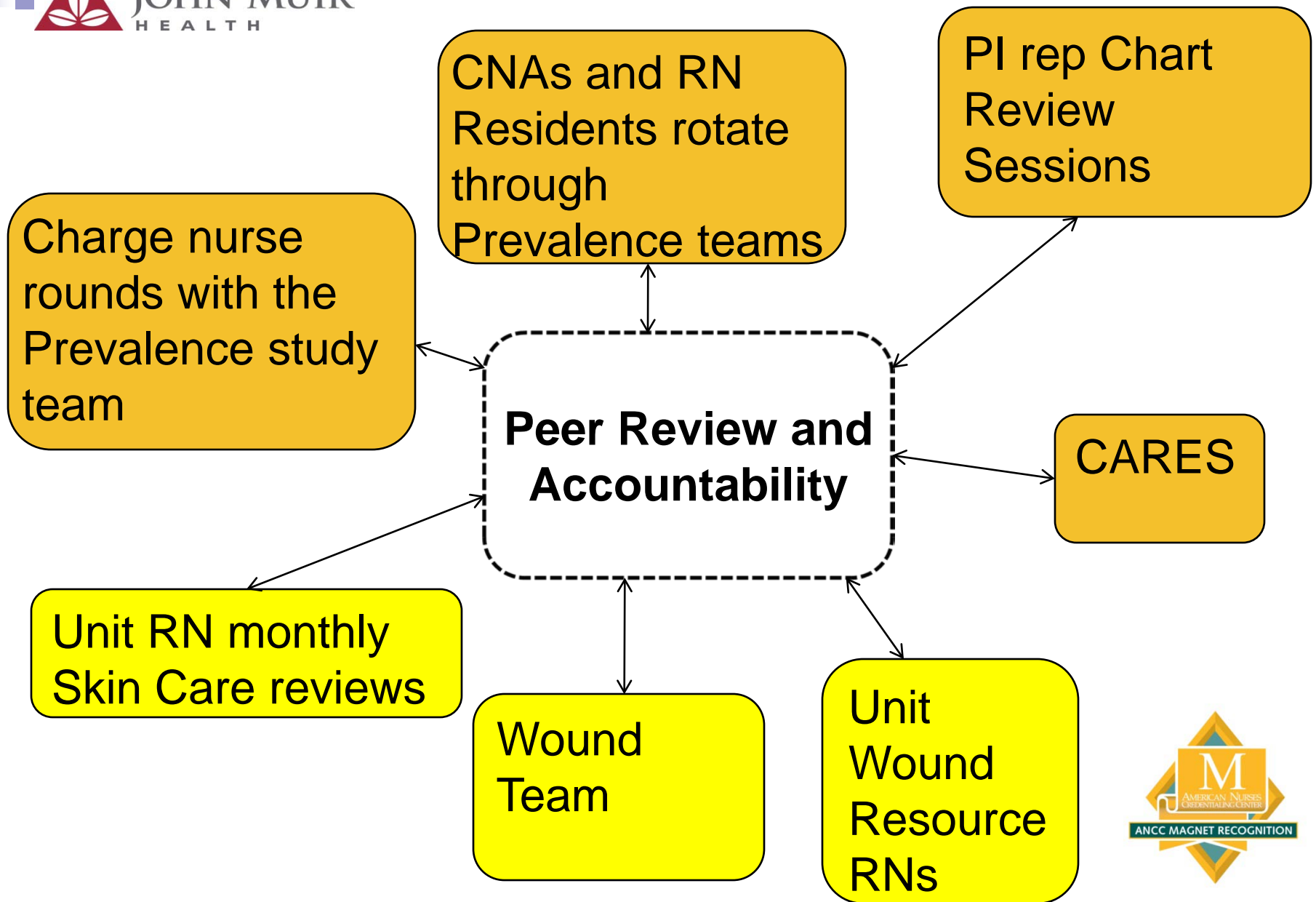
# Nursing Intervention for at-risk Braden subscales





*#3 Increase the flow of information between data collectors and direct care nurses*





***“If there is no worker involvement,  
there is no quality system.”***

Lloyd Dobens and Clare Crawford-Mason

