IMPLEMENTING THE PRESSURE ULCER BUNDLE USING THE PRINCIPLES OF TRANSFORMING CARE AT THE BEDSIDE

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Background/Significance: Hospital Acquired Pressure Ulcers (HAPU) is a significant clinical, quality of life, regulatory and economic issue. Preventing HAPUs is critical for improving the quality of care and reducing overall health care costs Niederhauser’s (2012), metanalysis described multipronged, multidisciplinary interventions to prevent HAPUs in acute care settings. Outcomes reported in these studies suggest that such programs can be successful in reducing pressure ulcers prevalence or incidence rates.

Purpose: Consistent with existing clinical practice guidelines, a pressure ulcer bundle approach has been proven to decrease the incidence and severity of pressure ulcers. In a 2009 survey among self-selected sites in the United States found an overall pressure ulcer prevalence rate of 11.9% and a facility-acquired rate of 5.0% in acute care facilities. Along with pain and the risk for serious infections, pressure ulcer result in increased healthcare utilization and costs.

Sample: Patients in a Surgical Intensive Care Unit (ICU). Patient population included trauma, liver and lung transplant, neuro-critical care, surgical oncology and general surgery.

Setting: Surgical ICU, 21 beds, Midwest Academic Medical Center, level one trauma center.

Method/Approach: This was a QI project with the goal to decrease HAPU. A literature review on pressure ulcer prevention and best practices was performed. Using the TCAB methodology and Plan-Do-Study-Act (PDSA) model, staff nurses integrated the pressure ulcer bundle with emphasis on skin assessment during bedside shift report, use of barrier and moisture control products, use of friction shearing reduction products, use of low air loss mattresses and every two hour repositioning. Early consultation of wound and ostomy nurses was also promoted.

Outcomes: In the four quarters preceding bundle implementation, the average rate of HAPU stage two and above was 15.6%. This rate decreased to 1.85% in the three quarters post implementation.

Conclusion/Implications: Using the TCAB process for implementation of the pressure ulcer bundle decreased the ICU HAPU rate. The implications include reduction in pressure ulcer rate, a cost savings to the organization, and improved patient outcomes. Using the TCAB principles to implement the pressure ulcer bundle also improved the effectiveness of the entire care team and improved the quality and safety of patient care.