

Champions of Pressure Ulcer Prevention: Best Practice Team
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Problem: Pressure ulcers have a vast impact on quality and financial status of the organization. Hospitals must take a different approach and focus on the prevention of ulcers, rather than treatment. Quarterly pressure ulcer prevalence monitoring has identified prevalence between 6% to 10% of patients and this rate had not changed over time.

Evidence: An extensive review of the literature was conducted. The Best Practice Team was able to utilize three systematic reviews published by the Cochrane Database (1,2,3) as well as reported nursing research studies and reviews (4,5,6,7).

Strategy: Based on the literature (5), it was found that staff education was the key to a thorough assessment and interventions to prevent skin breakdown. Three validation studies (4,6,7) confirmed the validity of the Braden scale as the best for prediction of risk. The staff consistently documented risk using the Braden scale, but did not document interventions related to the score. Staff nurses were identified to be Skin Resource Nurses. These nurses were divided into teams to collect the quarterly pressure ulcer prevalence data. They were given extensive instruction on pressure ulcer staging. Inter-rater reliability was established with the wound ostomy nurses assessing simultaneously.

Practice Change: Education of staff nurses focused on the implementation of measures to prevent breakdown based on the Braden subscale assessment. When skin breakdown does occur, staff nurses have been instructed how to describe pressure ulcers identified using common terminology including location, depth, status of wound bed, and appearance of wound edges and surrounding skin.

Evaluation: The next prevalence study will be done in June 2008.

Results: The pressure ulcer prevalence monitoring remains between 6% to 10%, as the hospital recently implemented the core team of skin resource nurses, skin management algorithm and educational offerings to staff.

Recommendations: Assessment of risk without intervention does not equal prevention.

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