

**Reducing Hospital Acquired Pressure Ulcers Through Nursing Autonomy**  
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**Problem:** With a vacancy for the certified wound ostomy nurse position and the inability to find a qualified replacement, the incidence of hospital acquired pressure (HAPU) ulcers began to increase and exceeded the national average despite the existence of nursing protocols.

**Evidence:** We began to closely monitor the rate of HAPUs through our participation in the National Database of Nursing Quality Indicators (NDNQI<sup>®</sup>) which 17.90% in 4Q05.

**Strategy:** A shared governance team was formed consisting of bedside nurses and is led by a staff nurse in the Risk Management department. The team members are titled Skin-Wound Champions (SWC).

**Practice Change:** The team was given the autonomy to develop and implement an action plan to reduce HAPUs and they receive protected paid time to carry out their roles. Each SWC performs peer education and counseling on their unit as needed; only in the event of continued non-compliance does the Manager/Director become involved.

**Evaluation:** In addition to the quarterly NDNQI reporting, the SWCs perform a prevalence survey and randomly audit charts for documentation monthly. Each unit is given timely feedback on their rates as well as the overall hospital's rate.

**Results:** There has been an 84.07% reduction in HAPUs with the implementation of self-governed Skin-Wound Champion Team in September 2006. We have fallen below the mean of a national benchmark as reported by NDNQI for the last two consecutive quarters.

**Recommendations:** Our success story is a result of nurse autonomy, teamwork, and the sharing of data in a timely manner. But most importantly by allowing bedside nurses to take control over their professional practice and giving appropriate resources is the key to reaching and sustaining success.