Fielding the Issues

Preventing hospital-acquired pressure ulcers

Question: How are we doing preventing hospital-acquired pressure ulcers?

Jeanette: We’re doing very well. Data from quarterly pressure-ulcer prevalence surveys tell us that, after implementation of the Save Our SKIN campaign in 2010, our average quarterly prevalence rate is 2.0% with a range as low as 1.3% to slightly higher at 2.8%.

Question: What contributed to that reduction?

Jeanette: Patient Care Services staff have become true SKIN champions. SKIN refers to the bundle of interventions that prevent hospital-acquired pressure ulcers (Skin assessment/risk assessment and Support Surfaces; Keep moving in bed, at least every two hours, and in a chair, every 20 minutes; Incontinence care to protect skin from wetness; and Nutrition to prevent breakdown of tissues).

Question: How was the SKIN bundle implemented?

Jeanette: One approach involves hourly rounding by staff, one of the key interventions of the Innovation Unit initiative. During rounds, staff re-position patients to prevent tissue compression, reduced blood flow, and tissue injury. Staff check patients’ skin. If it’s wet, they apply protective creams or other barriers. They assist patients in accessing meal trays, if necessary. And they encourage patients to drink or eat nutritional supplements recommended by the dietitian.

Question: Any other interventions?

Jeanette: Several factors have played a part in our success:

- inspection of patients’ skin and documentation of pressure ulcers at admission has reduced the number of pressure ulcers that can be considered hospital-acquired
- identification and modification of techniques (such as suturing tubes to the skin) or devices (such as breathing tubes) that press on the skin causing break-down
- introduction of new support surfaces (such as mattresses) on general hospital beds, in operating rooms and diagnostic procedure rooms, and in intensive care units to prevent pressure ulcers, especially when patients can’t move for long periods of time

Question: How have new mattresses helped?

Jeanette: Last year, nurses reported that patients were ‘bottoming out’ on mattresses in general-care units. Many of those mattresses were approaching the end of their intended life span. In August and September, 924 general-care mattresses were replaced with new mattresses specially designed to be skin-friendly. In the December pressure-ulcer prevalence survey, many patients made unsolicited comments about their comfort on the new mattresses.

In June, 2014, the number of patients with hospital-acquired pressure ulcers in the Cardiac Surgical ICU increased sharply. These were some of the sickest patients who couldn’t turn in bed because of the life-saving treatments they were receiving. In August, 2014, we introduced special new mattresses for these patients. During the next 18 months, the average quarterly pressure-ulcer prevalence rate in the Cardiac Surgical ICU dropped 75%.

It takes a village and multiple modalities to prevent hospital-acquired pressure ulcers. Pressure-ulcer prevention is a work in progress.

For more information about pressure-ulcer prevention, contact Virginia Capasso, RN, at pager #2-5650, Marian Jeffries, RN, at pager #3-0927, or Susan Kilroy, RN, at pager #2-4250.