

Practice Innovation

Improving Wound Recognition and Pressure Ulcer Identification/Staging on Admission

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Purpose: To increase knowledge among Emory Healthcare (EHC) nurses in recognizing wound types including pressure ulcer and staging present on admission (POA).

Objectives: To help EHC nurses:

- (1) accurately document skin breakdown on admission
- (2) accurately document hospital acquired pressure ulcers and their stages

Methodology: A Pilot study was implemented on 6 nursing units at EHC.

The WOC nurses educated the Skin and Wound Champions (SWC's) using modules 1 and 2 of the NDNQI Pressure Ulcer Tutorial. The RN's completed pre and post tests. For inter-rater reliability, the nurses assessed wounds on hospitalized patients then congregated with the WOC nurses to discuss their findings.

The SWC's in turn instructed their colleagues about the process.

The staff nurses were responsible for:

1. *assessing the patient's skin on admission and documenting findings*
2. *placing a sticker on the front of the chart indicating skin breakdown if POA*
3. *notifying the medical team of skin breakdown POA and documenting the date and time in the progress notes*
4. *consulting the WOC nurse of patient admitted with skin breakdown.*

The WOC nurses:

1. assessed the patient
2. reviewed the chart and collect the data
3. removed the sticker from the front of the chart once the medical team had documented the skin breakdown.

Conclusion:

- The process Increased nursing knowledge and empowered the nurses
- Documentation of skin breakdown POA increased
- Nurses had higher percentage of correctly staged pressure ulcers compared to the medical team.
- WOC nurse assessment of wounds POA is still necessary
- Early adopter units will continue. Future plans will include education and a phased roll-out throughout the system