Implementation of Pressure Ulcer Education as a Best Practice Strategy for Success in Pressure Ulcer Prevention

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Introduction
In 2012, The Partnership for Patient’s Initiative, in collaboration with the Center for Medicare and Medicaid, offered financial incentives to hospitals to achieve two core goals over a three-year period. The two goals were to reduce patient harm by 40%, and reduce preventable readmissions by 20% in ten target areas, one of which is hospital acquired pressure ulcers.

Carolinas HealthCare System (CHS) was awarded the contract to become a Hospital Engagement Network (HEN) to enhance patient outcomes through collaboration and best practice. Evidence based tools were utilized to develop a Carolinas Healthcare System skin care bundle with one of the key elements being patient education for prevention of pressure ulcers. This project was chosen by the CMC-Pineville Pressure Ulcer Prevention (PUP) Team within the scope of the CHS HEN partnering facilities, to implement consistent pressure ulcer education as a best practice strategy for success in pressure ulcer prevention.

The Initiative at Carolinas Medical Center-Pineville
Since 2008, there has been a renewed urgency and heightened focus on prevention of hospital acquired pressure ulcers when The Center for Medicare and Medicaid (CMS) introduced a plan to help contain costs and prevent harm to patients by redirecting payments of a higher diagnostic category when events occurred as a result of a secondary diagnosis after admission to the hospital setting. As a result, Medicare inpatient prospective payment system (PPS) no longer assigns a higher DRG with additional reimbursement to care for a patient who acquires a pressure ulcer, Stage III or IV, while under the hospital’s care.1 Pressure ulcers have been associated with extended hospital stay, and require greater financial resources.2

To effectively participate in decisions about their care, patients should have access to information they can read and understand, especially in the areas of prevention and management of wounds and pressure ulcers.3 Even after discharge PUP education can equip the patient and family with knowledge to keep their skin safe which has the potential to reduce the prevalence rate of pressure ulcers in the community.

In participation with the CHS HEN data collection to monitor best practice pressure ulcer prevention bundle interventions, the PUP Team discovered opportunities for improvement in the area of PUP education and documentation. Using the quality improvement model of PLAN, DO, STUDY, ACT these objectives were identified:

- Determine the baseline for documentation of pressure ulcer prevention education
- Identify and evaluate existing materials for readability
- Select a single patient education tool for prevention of pressure ulcers with health literacy considerations
- Develop a spread of a standardized tool to 100% of the units
- Educate staff on location for documentation in the electronic medical record. 
- Develop a Pressure Ulcer Prevention Toolkit (PUP Bucket) with the tools needed for education
- Demonstrate spread of a standardized tool to 100% of the units
- Establish a central consistent location on each nursing unit for easy access for staff to education materials
- Perform monthly audits to determine progress
- Information Technology enhancements were made in the EMR to highlight and bundle skin assessment, interventions, and education in one visible location, which prompts nurses to complete the measured task for patient education

Aim/Goal
The goal of this performance improvement project was to implement a standardized patient education tool to high risk patients on strategies to prevent pressure ulcers in 100% of inpatient adult acute care units by the 4th quarter of 2013. Success was measured by improving nursing documentation in the electronic medical record by 90% by the end of 2013.

Strategy
- Determine the hospital staff’s baseline for patient education tools and documentation
- Implement the use one, health literacy, standard tool for patient education
- Obtain permission from author to utilize education tool
- Provide education by the PUP Team members to nursing, and physical therapy
- Determine a central consistent location on each nursing unit for easy access to staff for education
- Perform monthly audits to determine progress
- Information Technology enhancements were made in the EMR to highlight and bundle skin assessment, interventions, and education in one visible location, which prompts nurses to complete the measured task for patient education

Study Measures
- Increase compliance of patient education in the EMR through monthly chart audits on patients at risk for pressure ulcers from 20% to 90% by the end of 2013
- 0% incidence of hospital acquired pressure ulcers per CMS definitions for coded Stage III and IV
- Demonstrate 10% decrease in the percentage of Stage II and higher pressure ulcers from Q1-2012 compared to subsequent three quarters in 2013 per NDNQI quarterly PI studies

Results
- Data confirmed 100% adoption of this tool in all adult inpatient acute care units by the end of 2013 as evidenced by improved documentation from a 20% to 90%, which was above the target goal of 90%
- A contributing factor to the success was the use of a simple standardized education tool for the staff to provide for patients and families along with enhancements made in the electronic medical record
- Also maintained zero hospital acquired Stage III and IV coded events in 2013. The project significantly impacted the greater than 10% reduction in Stage II and greater hospital acquired pressure ulcers per the NDNQI Prevalence and Incidence study database
- Pressure Ulcer Prevention Toolkit materials

Implications for Practice
According to Fashnicht, innovation and nursing practice go hand in hand as nurses respond to the variability in their environment.4 The innovation of this project was the PUP ‘Team nurses’ responses to the need for a single health literate patient education tool that supported the use of the “PUP” logo in keeping with the theme for pressure ulcer prevention.

Furthermore, Rodgers stated that innovative concepts have a greater advantage if less complex and will be adopted more rapidly.5 This was our team’s experience as evidenced by ease of spread throughout all inpatient nursing units at CMC-P. Transforming Care at the bedside, a respected innovative nursing process, promotes efficiencies implemented into nurse’s daily routine, like reducing the hunting and gathering of supplies. The development of a PUP Toolkit for easy access to the tools needed on each unit provided value to staff and patients to provide pressure ulcer prevention education.

References
5 http://www.rwjf.org/en/research-publications/find-rwjf-research/2008/06/the-