Pressure Ulcer Prevention Initiative  
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**Problem:** The need of our facility was to demonstrate the accuracy of our documentation, as well as being, on a national level, comparable with like facilities in Prevalence and Incidence (P&I) of Pressure Ulcers.

**Evidence:** Monthly quality indicator (QI) audits were previously being completed on charts, the data showed overall compliance of 53%. Our rate of P&I was unknown.

**Strategy:** Our initial P&I data was collated and compared to the national standards. A mandatory educational program on documentation and assessment of pressure ulcers, was initiated.

**Practice change:** The initial P&I study on all inpatients was completed system wide. The data was compiled and our facility was compared to like facilities and the national data base. After the initial P&I study, mandatory re-education of staff began, and was completed with in a 6 week period of time. The update of re-distribution mattresses, the addition of skin assessment and documentation was added to the nursing orientation. The Braden skin assessment parameters were lowered to identify those that were at a greater risk, due to an isolated low value in any of the sub categories.

**Evaluation:** Our P&I study showed a prevalence value of 28% down to 11%. The incidence rate went from 16% to 3%. National average for P&I is 14%, and 6% respectively. The hospital specific QI showed an increase in compliance to 93%.

**Results:** Up to this point, our interventions have shown favorable results. We plan to continue with every 6 month P&I study, as well as random spot checks for accuracy of documentation of pressure related ulcers.

**Recommendations:** Generate daily computerized reports of documented pressure ulcers. Nurse to nurse consult to verify stage of documented pressure ulcers.

**Lessons learned:** During the P&I study, initiate mandatory nurse to nurse consult on staging all pressure ulcers, this would improve inter-rater reliability. The passionate support of the administrative leadership is a must.

**Bibliography**  