Multi-Disciplinary Approach to Reduce Prevalence of Pressure Ulcers in Intensive Care Unit
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Problem: Critically ill patients in the Medical-Surgical Intensive Care Unit (MSICU) are at increased risk of hospital acquired pressure ulcers [HAPU] related to severity of illness, poor tissue perfusion due to hemodynamic instability, use of vasoactive agents, immobility, incontinence, and poor nutritional status. Pressure ulcers affect patients' quality of life, morbidity, and mortality and increase healthcare costs. Pressure ulcer stage III and IV potentially lead to bone infection/osteomyelitis that will cause ischemia and death.

Evidence: HAPU can be prevented by adhering to evidence-based best practices and protocols.

Strategy: A multidisciplinary team approach to HAPU prevention was implemented in the MSICU setting.

Practice Change/Procedure: The MSICU created a team to conduct weekly multidisciplinary skin assessment rounds and developed a strategic plan for HAPU prevention. Team members included a Unit Skin Champion Nurse, Wound Ostomy Care Nurse, Clinical Dietitian, and Physician. Team members investigated contributory factors and reviewed current tools and standard practices related to HAPU prevention.

Evaluation: Prevalence surveys for pressure ulcer were conducted and data were submitted to and evaluated by the National Data for Nursing Quality Indicators (NDNQI)

Results: Baseline quarterly prevalence surveys (2010) revealed an average rate of 15.6% for unit acquired pressure ulcer compared to the 7.16% NDNQI benchmark. After launching the multidisciplinary wound care team, early in 2011, pressure ulcer prevalence rates decreased to 3.33% (below the NDNQI benchmark).

Recommendations: Standards of practice advocated by the multi-disciplinary wound care team were successful in reducing the prevalence of pressure ulcers among vulnerable intensive care patients.

Lesson Learned: Providing staff education with follow-up reinforcement motivated staff team members’ involvement with implementation of best practice recommendations and utilization of resources for pressure ulcer prevention. Hospital expenses can include increased use of dressing supplies, equipment, specialty beds, staffing, nutritional support, and laboratory testing. Extended length of stay incidences are decreased with HAPU prevention.
Bibliography:
