"WE CARE about SKIN CARE": A MODEL
Pressure Ulcer Prevention: An EBP Project
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Problem:
Hospital Acquired Pressure Ulcers (HAPU) result in human suffering and can increase hospital care costs by $15,000 per case. In November 2011, the monthly HAPU incidence rate in the Medical Surgical ICU [MSICU] was 0.23%, equal to a prevalence rate of 13.33%. The desired benchmark rate is 5.63%.

Evidence:
Evidence based practice [EBP] recommendations to decrease incidence of HAPU include: early identification of high risk patients, turning patients every 2 hours, and employing preventive care measures, such as keeping skin dry.

Strategy:
The 5-step EBP process was employed. A PICO question was developed, evidence was gathered and appraised, best practice recommendations were implemented, and outcomes were evaluated.

Practice Change:
A “WE CARE” Model was implemented in MSICU to increase early identification of patients at high risk for skin breakdown. A turning protocol and revisions to the electronic medical record to support documentation of every 2 hour turning were implemented. Weekly Multidisciplinary skin care rounds were implemented on day and night shifts and a process for early wound care and nutrition consultations was promoted. Nursing staff education included: identification and treatment of high risk patients, early identification of barriers to prevention of skin break down, and use of a heart shaped Mepilex dressing label to identify high risk patients. The label includes the word “prevention” and a space to record the date.

Evaluation:
Monthly percentage incidence rates for HAPU were evaluated. The turning protocol documentation was reviewed to evaluate effectiveness of using HAPU prevention techniques.

Results:
Interventions were successful as evidenced by downward trend of monthly HAPU incidence rates:
Nov. 2011: 0.23%; Dec. 2011: 0.05%, Jan. 2012: 0.07%; Feb. 2012: 0.05%, and March 2012: 0%.
**Recommendations:**
Nurses in other settings can implement the “WE CARE” Model to champion effective strategies for HAPU prevention.

**Lessons Learned:**
Pursuit of EBP has changed the healthcare team’s mindset to take a preventive approach instead of a reactive approach to patients’ skin care needs.

**Bibliography:**


