

Abstract Title: The Efficacy of a Pressure Ulcer Intervention Program on the Prevalence of Hospital Acquired Pressure Ulcers: A Multidisciplinary Approach

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*Purpose and Rationale:* In March 2015, Saint Francis Hospital was chosen by the *Agency for Healthcare Research and Quality, (AHRQ)* to participate on a multi-level, and national study for improving quality of care in the prevention of pressure ulcers. This two year endeavor is a sign of our hospital's dedication and stewardship for promoting better outcomes for our patients. We recognize that merging together the abilities of different disciplines will fortify our health care system and lead to improved outcomes.

*Research Question:* Does the utilization of an AHRQ toolkit within a focused multidisciplinary approach reflect the latest evidenced based practice for pressure ulcer prevention and ensure the highest quality of care for patients who currently have or at risk for developing pressure ulcers throughout an organization?

*Synthesis of Review of Literature:* The review of the literature suggests that Pressure Ulcers (PUs) are associated with high mortality, morbidity, and health care expenditures. In addition, PUs causes pain, distress, infection, a lower quality of life, lengthy hospital stay and even death. Although there are many nursing interventions that have been advocated in recent literature, there is a lack of research on what constitutes the most effective nursing intervention.

*Methods and Procedure:* The initial startup of our quality improvement involved two pilot units. 10-9, Medicine is a 36 bed Medical Acute Care Unit that provides quality care to adult patients with a variety of medical and surgical problems. In addition we are a telemetry unit caring for patients with underlying cardiac problems. We are a NICHE (Nurses Improving Care for Health system Elders) unit in which the average age of our patient population is 65 and greater.

5-9, MSICU Medical/Surgical Intensive Care Unit is a 22 bed critical care unit that provides optimum care for the critically ill medical, surgical, and/or surgical specialty patient. In addition to the general Med/Surg ICU population this unit provides for the care needs of trauma patients, neurologically injured patients and a wide variety of other specialty populations that experience critical illness.

The process analyzed each team member's role in prevention, including at the senior leadership level. With the direction from the AHRQ toolkit and utilizing a multidisciplinary approach we assessed and evaluated where there was distinct breakdown in the process of our current state in pressure ulcer prevention strategy. Some of the underpinnings that we identified were the most significant obstacles to quality care occurred with processes, and not individual people. We looked at closing the gaps in these specific focus areas: Communication, Current Policies and Guidelines, Referrals, Equipment, Device, or Product, Corrective Action Plans, to help prevent further occurrence by identify potential gaps in care and opportunities for education, decreasing variation of care throughout the organization, Hardwiring any improvement plan that included a change in process, system, or behavior. In addition we had opportunity to enhance patient safety

and quality of care by improving the usability of our Electronic Health Record (EHR), extracting meaningful and accurate data to assist us with driving evidenced-based practice change. We went hospital wide the aforementioned strategies in January 2016.

*Results:* For fiscal year 2015, Saint Francis Hospital and Medical Center had 144 Hospital Acquired Pressure Ulcers (HAPU) hospital-wide, with a rate of 0.94 percent per 1000 patient days. This accounted for more than 400,000 dollars the hospital was financially not compensated for. As a direct result from partnering with AHRQ and building high functioning teams to address today's complex healthcare needs, we have significantly decreased our rate of HAPUs in a 12 month time span. There are 46 SFH Unit Acquired Pressure Ulcers for FY2016 YTD. If we annualized our current rate for the remainder of fiscal year 2016, we will see over 40% in reduction of HAPUs and in some clinical areas, we will see over 50% reductions of HAPUs. We recognize that our valued partnership with AHRQ and utilizing a multidisciplinary approach to pressure ulcer prevention helped establish a translation of safe patient care from evidence to bedside, with predictable results contributing to the knowledge related to minimizing and preventing harm to patients and effecting strategies for sustained improvement. In addition, we recognize that evidenced-based approaches sanctioned at the bedside using system-oriented strategies will assist in keeping the client safe and the monetary costs of HAPUs in the desired direction.

*Discussion:* Two year collaboration with AHRQ to implement a successful initiative to improve pressure ulcer prevention on a sustained basis has had a positive impact. We have successful teams with adept leaders who help delineate roles and responsibilities and keep the team accountable for achieving its objectives. With a multidisciplinary approach, we are ensuring that implementation of a reliable and appropriate process for pressure ulcer prevention is effective throughout the organization.