

Preventing Hospital Acquired Pressure Ulcer (HAPU) by Use of Early Interventions and Improving Hand-off Communication among Nurses.

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Purpose and PICO Question

The purpose of this project is to increase the awareness of nurses in their role of preventing hospital acquired pressure ulcers (HAPU). This is a problem that must be resolved. The PICO question: Does improved communication of a patient's Braden score increase nursing interventions for patients at risk of developing pressure ulcers during hospitalization?

Background and Evidence Review

Hospitalizations involving patients with pressure ulcers increased by 80% between 1993 and 2006. El Camino Hospital nurses identify at risk patients (Braden score less than 18) on admission with a 100% compliance of initiating a nursing care plan. A preliminary 6-week pre-study revealed that early interventions for this at risk population are not consistently implemented or documented. The patient is at risk for skin breakdown, but follow-up intervention action items are not being communicated to the next nurse during hand off communication. This study investigated whether a structure to improve this process with focused information would trigger increased implementation and documentation of early interventions, increased awareness to the problem, and prevention of HAPUs.

Methods

The study was done on a 26-bed medical unit with 80% of the patient population at risk for skin breakdown. A preliminary 6-week pre-study (80 patients) audit was done to investigate if "at risk" patients had skin interventions implemented by the RN staff.

An 8 week study (100 patients) was implemented with the following strategies:

- Structured hand-off communication between nurses with a focus on Braden scores < 18.
- "Skin checklist" form created to focus on action items and used for communication:
 - 1) Plan of care initiated on admission
 - 2) Specialty bed ordered
 - 3) "Turn/repos" order entered in the computer
- RN in-service class focused on skin documentation and importance of hand-off communication.

Results were compared (pre and post intervention).

Results

During the 8-week study, an increased use of early interventions prevented skin breakdown from occurring and/or worsening. Nursing staff awareness of a patient's skin condition improved focused communication at shift report and hand off communication. Specialty bed implementation and turn/reposition documentation increased to above 90%.

Conclusion

Finding an approach to sustain process improvement is a challenge not only on a medical unit, but throughout the hospital. Motivating nursing staff to use early interventions as part of nursing practice is the key to the prevention of pressure ulcer development. The study promoted good rapport among staff and positive results supported and encouraged RNs who were willing to be change agents. This is very promising as an intervention to be used for all patients who are at risk for HAPUs.

Selected References:

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Key words: Braden score, Hospital Acquired Pressure Ulcers (HAPU), Hand- off Communication