

# Zero Tolerance: Reduction of Nosocomial Heel Pressure Ulcers



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## Introduction

The Center for Medicaid and Medicare Services requires that “A person who enters a health facility does not develop a pressure ulcer unless demonstrated that the ulcer was unavoidable.” CMS State Operations manual F314 states “Because heels and elbows have relatively little surface area it is difficult to redistribute pressure on these two surfaces. Therefore it is important to reduce the pressure on these areas for the resident at risk in accord with residents overall goals and condition.” In 2006 Sea View embarked on a mission to utilize best practices and NPUAP guidelines to prevent Nosocomial pressure ulcers, thereby promoting Sea view’s mission of providing highest possible quality of care. The Facility Goal was “Zero” Nosocomial Ulcers.

## Plan

Pressure ulcer prevention and treatment is multi-factorial in nature. Bodies of knowledge are published and standardized protocols remain elusive. Hence, Sea View put together a Interdisciplinary team to develop Facility Protocols for Assessment, Prevention and Treatment of Pressure Ulcers that are evidence-based. Team members consist of Nursing, Medicine, Dietary, Rehabilitation, and Pharmacy. The team looked at five significant aspects with regard to PU prevention, including Prevention/Assessment, Nutrition, Diagnostic Work-up, Maintaining Optimal Skin Condition , Managing Tissue Load, Reduce Friction and Shear.

The team also looked at five aspects of treatment: wound assessment, Infection, Wound Care, Education, and Adjunctive Therapies.

## DO

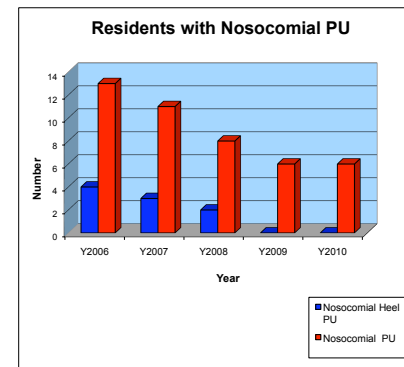
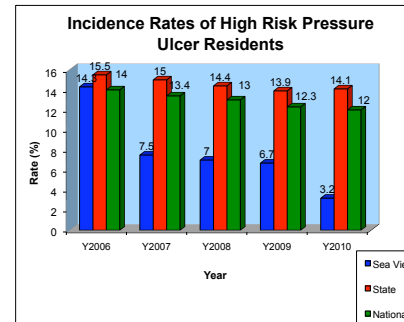
- Braden Scale utilized as the risk assessment completed on admission, weekly for 4 weeks, then quarterly.
- Daily Skin Inspection.
- Nutrition/ Hydration evaluation and Treatment.
- Individualized repositioning schedule.
- Pressure relieving/reducing mattresses (Air, Gel).
- Position devices including pillows, foam, aligners.
- Elbow and heel protectors for immobile residents.
- Heel devices that relieve pressure on the heel most commonly raising the heels off the bed or chair.
- Barrier cloths for perineal cleansing and moisturizing.
- Weekly rounds with RN, MD and Nutritionist.
- Wound Care products selected for formulary that have been scientifically tested to prevent breakdown and promote healing.
- Incorporate into mandatory in-service at least 20-minutes of Pressure Ulcer Prevention & Treatment Education to all Direct Care givers at least quarterly.
- Interdisciplinary Pressure Ulcer Tracking Record.
- Monthly interdisciplinary PU committee meeting.
- Nosocomial Pressure Injury Investigative Reporting.

## NOVEL APPROACHES



## Results

At the time of implementation (2006) Sea View had a pressure Ulcer incidence rate of 14.3% (the nosocomial average was 3%) whereas the New York State average was 15.5% and the US national rate 14%. Since implementing the PU program , as of 2010, this facility has a pressure ulcer incidence rate 3.2%, and a nosocomial rate of 0.5%, while the NY state average is 14.1% and the US national rate is 12%.\* Of this 0.5% nosocomial rate, there have been 0 heel PU's.



\*Results section has been updated since poster presentation at NPUAP Biennial Conference 2011

## Conclusions

Implementation of a comprehensive interdisciplinary team approach to Pressure Ulcers has dramatically improved the prevalence of Pressure Ulcers and Nosocomial pressure ulcers in our facility. News of such improvement has led other facilities to imitate this program. These low rates are indicative of the importance of staff ownership and commitment to education and compliance. The prevention and treatment of Pressure Ulcers is ever evolving. Until process and practices are optimal, we must continue to collect and review data and always strive for continuous improvement.

## INTERDISCIPLINARY TEAM



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