Innovations to Stop Pressure Ulcers among Patients at Critically High Risk for Pressure Ulcer Development – a Multidisciplinary Approach

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Disclosures

The speakers have nothing to disclose.

Amy Bratta, PT, DPT
Julie Rece, MSN, RN, CRRN, CWOCN
Marci Ruediger, PT, M.S.
Holly Stevens, RD, LDN, CNSC
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The Pressure Ulcer Prevention Leadership Team

• Amy Bratta, PT, DPT
• Christopher Formal, M.D.
• Robert Kautzman, BSN, Ph.D.
• Deborah Long, MSN, RN, CRRN
• Julie Rece, MSN, RN, CRRN, CWOCN
• Marci Ruediger, PT, MS

Other Key Players

• Patricia Barker, RHIT, CDIP
• Paul Buttner, RN, BSN, CWON
• Naoko Otsuji-Miwa, RN, BSN, CRRN, CWOCN
• Evelyn Phillips, MS, RD, LDN, CDE
• Pamela Thompson, IT Clinical Systems Manager
• Skin Champions
Objectives

Participants will be able to:

• describe a bundle of best practices to prevent pressure ulcers in rehab patients at highest risk.

• describe methods for safely mobilizing and feeding patients who are at highest risk for pressure ulcers
About Magee

96 Bed Inpatient Acute Rehab Hospital
How we got started
Baseline efforts

• Strong collaboration - wound care and nutrition
• High quality tube-feeding supplements
• Advanced seating capabilities
• Everyone turned and shifted
Nursing-Specific Actions

• Head to toe assessment by RN, WOCN, MD
• Head of bed
• Weekly full body assessment with photos
• Shift of WOCN hours
Barriers for Skin Protection

- Foam
- Ointments
- pH balanced skin cleanser
Supplies

- Liberal use of barriers - protect intact skin exposed to stool
- Elimination of plastic from bed pads and briefs
Nursing-Specific Communication

- Staff education
- Wound care formulary
- Supply guidelines
Equipment
Poop in a Group

Nursing supervisor
General Rehab

Nutrition

Nurse manager - SCI

Physician

WOCN

Therapy Seating Specialist

Nursing supervisor
General Rehab

Nutrition

Nurse manager - SCI

Physician

WOCN

Therapy Seating Specialist

Front-line nurse – BI/stroke

Pharmacy Director
Physician-Specific Actions

• Physician champion
• Assess skin at admission
• Engage nursing assistants
• Work with WOCN to identify and stage ulcers
What is malnutrition?

- Consensus statement by the Academy of Nutrition and Dietetics & American Society of Enteral and Parenteral Nutrition in 2012

Risk Factors
- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or general fluid accumulation
- Decreased functional status

Inflammation present?

- No
  - Starvation-Related Malnutrition (anorexia nervosa)

- Yes
  - Acute Disease or Injury-Related Malnutrition (trauma, burn, major infection, TBI)
  - Chronic Disease-Related Malnutrition (renal disease, cancer, Sarcopenic obesity)

Statistics on Malnutrition

• Approximately 30-50% of patients admitted to acute hospitals are malnourished

• If left untreated, ~2/3 of these malnourished patients will experience a further decline in their nutrition status

• Malnutrition is associated with a 200–500% higher risk for developing a pressure ulcer among other conditions

Rate of Malnutrition on Admission to Magee

Approximately 52% of all Magee patients present with malnutrition & 51% of those patients have at least 1 pressure ulcer reported on admission.
Clinical Nutrition Innovations

- Assess for malnutrition on admission and initiate support
- Use tube feeding formulas with liquid modular proteins
- Meet at least 80% of protein at admission
- Review medications
- Other risk factors
Nutrition Take-Aways

• Consult registered dietitian
• Initiate enteral feeding within first 24-48 hours
• Consider PEG tube if unsafe swallow or unable to meet nutrient needs as per dietitian’s assessment
Skin Peers
Therapy Innovations
Therapy Innovations
Interdisciplinary Innovations
Collaboration with other providers

- Bracelets for transported patients
- Brain-storming with providers from a cardio-thoracic ICU
- PA Hospital Engagement Network 3-year collaborative

Protect my skin. Turn every 2 hours.
Leadership
Culture Change

- Moisture dermatitis as “stage 0”
- Sense of urgency related to prevention of skin breakdown
- Principles of Just Culture applied
Results to Date

Serious Pressure Ulcers per 1000 Patient Days
Why did it take so long?
The Challenge of Wicked Problems

- New challenges with devices
- Staff turn-over
- New patient challenges
Replication of Process

- Interdisciplinary work
- Iterative process
- Innovation – creating solutions
- Not accepting failure
Lessons We Learn Again and Again

• Leadership and accountability matter.
• Without these -> much work and no improvement
• Things get “unfixed” without constant vigilance.
• “Over-communication” is a necessity.
Having Fun While Raising Awareness
References


References (continued)


- Pressure Ulcer Prevention and Treatment Following Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Professionals: SECOND EDITION: Administrative and financial support provided by Paralyzed Veterans of America

THANK YOU!

Julie Rece, MSN, RN, CRRN, CWOCN
jrece@mageerehab.org
215.587.3432

Marci Ruediger, PT, M.S.
mruediger@mageerehab.org
215.587.3454

Holly Stevens RD, LDN, CNSC
hstevens@mageerehab.org
215.587.3092