

# sentara nurse

Successful Reduction in Pressure Injuries in the Long Term Care Setting
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### INTRODUCTION

National and state data indicates that pressure injuries are found in 6% a - 7% of all long term care residents. The cost to treat pressure injuries, in the United States, is estimated at 11 billion dollars annually (Rosenfeld, 2009). The loss of function, pain and suffering for those residents is difficult to quantify and can lead to great concerns. The elderly are generally at higher risk for the development of pressure injures due to reduced mobility and other comorbid conditions. The purpose of this Quality Improvement study was to reduce the development of pressure injures in the elderly, using an interprofessional and educational approach.

### INTERPROFESSIONAL COLLABORATION

- Established an interprofessional weekly meeting to identify patients at risk. Team members included: Nursing, Dietitian/Dining Services, Minimal Data Set Coordinator, Restorative CNA, Social Worker and Physical Therapy.
- Education has been provided with monthly computer based training, competency verification, annual skills fairs, and attendance at workshops
- Collaborated with the Wound, Ostomy and Continence Nurse to establish wound rounds on a weekly basis. Rounding was attended by RNs, LPNs Certified Nursing Assistants (CNAs) and the Nursing Leadership Team.
- Developed a shower team, composed of CNAs. This team was provided additional education to improve recognition of early signs of skin compromise or breakdown.
- Reinforced the Standard of Care of every two hour turning for residents unable to turn themselves based on existing acute care pressure ulcer prevention protocol.
- All nursing staff members were held accountable with progressive disciplinary actions for identification, treatment and documentations of pressure injures.

# PROCESS IMPROVEMENT

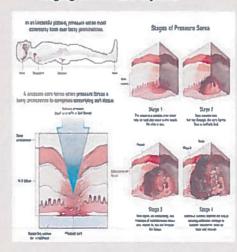
#### Goals:

- To reduce the prevalence of pressure injunes in both short and long term residents.
- To prevent the development and/or worsening of pressure injuries.

# Implementation of:

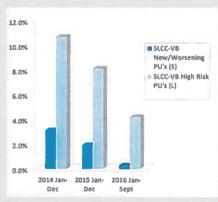
- Monthly Quality Assurance Performance Improvement meeting to examine prevalence and incidence of pressure injuries.
- On admission a comprehensive skin assessment and Braden Scale was completed.
- From the skin assessment a plan of care was developed.
- . Skin assessment made a standard part of daily huddle.
- Standardized protocols and standing orders for all types of wounds and stages of pressure injuries.
- Developed criteria of Stage 2 or higher for specialty mattress utilization.
- Utilized an interprofessional approach to determine resident specific interventions.

# Staging of Pressure Injuries



## RESULTS

Sentara Life Care Virginia Beach Nursing Center Incidence and Prevalence Rates of Pressure Injunes



### DISCUSSION

- Over a two year period the implementation of interprofessional collaboration and educational programming reduced the prevalence of pressure injures from over 10° to 4° a. This decrease is below National and State norms.
- Incidents of pressure injunes decreased from 3° to 0.25° o falling below the National and State norms, over a two year period.
- Nursing Implications:
  - There has been several research studies conducted on the prevention of pressure injuries using randomized control trials. The next steps for Virginia Beach Nursing Center nursing staff will be the implementation of evidence-based nursing interventions. Moore, Cowman and Conroy (2011) discussed turning residents in bed every three hours with a 30 degree tilt to prevent pressure injuries. The nursing staff should implement this intervention to assist in reducing their pressure injuries.

#### References

Minure, Z., Cowman, S., & Conroy, R. (2011, January 19). A randomized controlled clinical trial of repositioning, using the 30 degree tilt, for the prevention of pressure ukers. Journal of Citatal Nursing, 20, 2633-2644.

Rosenfeld, J. (2009). March 11). Pressure Ulcers Threaten Nursing Home Residents and Facility's Bottom Line, Long Time Lines, 1-5