

Long-Term Care Survey Alert

CASE STUDY: Team Up With the Hospital to Prevent Pressure Ulcers

Cooperation protects vulnerable elderly patients.

The pressure's on for both hospitals and nursing homes to prevent pressure ulcers. And in some cases, these two providers are teaming up to ensure elderly residents don't develop decubiti in either setting.

Case in point: Northwest Hospital and Future Care at Old Court in Randallstown, Md., are working together to identify and manage residents' risks for skin breakdown, reports **Scott Hanel**, administrator at Future Care. The effort is part of a state quality improvement organization initiative.

Although the project is in its preliminary stages, "the main change has been that we are now communicating more effectively with the hospital" about residents' status and risk for skin breakdown, Hanel tells **Eli**.

The nursing home kicked off the cooperative initiative by meeting with the hospital's top clinicians and department heads to develop a plan. The providers decided to tackle the emergency department first because most of the nursing home patients are discharged to that setting. "We focused on how we identify our residents for the ED," says Hanel, including highrisk ones who need to get on a specialty mattress quickly. Or, if a patient has a tube feeding, the nursing home wants to make sure he doesn't go eight hours without receiving protein and fluid while waiting in the ED -- a scenario that can increase a person's risk of skin breakdown..

To help keep skin intact, the ED purchased new stretchers that help relieve pressure, according to **Deborah Greener-Orr, PhD, RN, CWCN**, a wound, ostomy and continence nurse at Northwest Hospital in Randallstown, Md. "The ED also has the ability to order a specialty bed for a patient who has a stage 3 or 4 pressure ulcer," she adds. The ED nursing staff has also received education about turning and repositioning patients.

Next, the nursing home and hospital plan to focus on the transitional care units and intensive care units, Hanel reports.

"The goal is to identify and address the points in the hospital stay where the resident is at highest risk for developing pressure ulcers." You want to "work the nursing home patient through the hospital" in a way that helps prevent pressure ulcers or worsening of existing ones, he adds.

Prevention Pays Off in Gerorespiratory Unit

Northwest has already had stellar success with a pilot program in its gerorespiratory unit. The effort reduced the rate of hospital-acquired pressure ulcers from about 25 percent at the get-go to zero within six months. "And we're talking about almost completely bed-bound patients who are very ill," says Greener-Orr. The pilot kicked off with an educational program that provided three CEUs for nurses. "We provided information about positioning, nutritional interventions, and moisture interventions, as well as how to do skin assessments accurately," Geener-Orr reports.

Next, the nurses on the unit initiated skin-care measures, such as using moisturizers and a protectant paste for macerated skin due to incontinence. "We also use an under pad that has very high absorbency," Greener-Orr explains. "We took patients out of diapers totally." Patients are also put on beds that reduce pressure. Staff members still turn and reposition the patients every two hours, however.

The nurses in the gerorespiratory unit and hospital-wide do Braden assessments on patients every shift. The nurses also consider other risk factors that aren't on the Braden, such as low blood pressure or a patient on vasopressors, says Greener-Orr.

