

## Building an effective pressure ulcer prevention program

By Jeri Lundgren, BSN, RN, PHN, CWS, CWCN

**A**s a wound care nurse, do you feel the weight of the world on your shoulders when trying to implement a pressure ulcer prevention program? Many staff members think it's up to the wound care nurse alone to implement the program. However, a successful program requires involvement from all staff and is a 24/7 endeavor. Here's how to do it.

### Gather the best and brightest

The first step is to surround yourself with key staff and other clinicians to help you lead and implement the program. Build an interdisciplinary team that includes, at a minimum, dietitians, therapists, nurses, nursing assistants, physicians, and nurse practitioners. Be sure all shifts are represented.

Nursing assistants are the ones who implement preventive interventions, so they form the foundation of your team. Give them a strong knowledge base on interventions that will help prevent pressure ulcers. Empower them to organize their shifts and roles to ensure interventions are implemented and communicated.

Other key team members you might not think to include are representatives from housekeeping and maintenance. When cleaning the room, housekeeping staff can confirm that the correct mattress is in the correct patient room and ensure the sup-



port surface is plugged in. In an emergency situation, maintenance staff should be able to troubleshoot product problems until the manufacturer can respond.

Finally, don't forget representatives from restorative nursing; the more mobile your patients are the less likely they will develop pressure ulcers.

### Establish a system

Set up regular meetings to discuss skin integrity; it's best to keep the meetings to a consistent time and day of the week to facilitate attendance. Move the meeting past simply reviewing patients with wounds to taking a proactive approach. Review patients who are at high risk for pressure ulcers and ensure they have appropriate preventive interventions in place.

Engage in ongoing monitoring to en-

sure interventions such as heel elevation are being implemented. If possible, the wound care nurse should perform monthly random audits of the following:

- medical records and care plans of a few high-risk patients on each unit to ensure risk assessments and care planning are appropriate and per policy.
- spot check of some new admissions to ensure interventions are in place within 24 hours of admission.
- review of treatment records to ensure accurate transcription and a signature that treatment orders have been completed.

It's also important to set up pressure ulcer prevention education for all staff during orientation and at least yearly. Ensure at least 70% of staff attend the education sessions. Have fun with education, make it interactive, and involve therapy, dietary, maintenance, and housekeeping staff.

### It takes a team

No pressure ulcer prevention program will be successful if the mindset of staff is that it's entirely up to the wound care nurse. A successful program involves multiple disciplines and representatives from all shifts to ensure patients don't develop skin integrity issues. ■

Jeri Lundgren is vice president of clinical consulting at Joerns in Charlotte, North Carolina. She has been specializing in wound prevention and management since 1990.



## An easy tool for tracking pressure ulcer data

By David L. Johnson, NHA, RAC-CT

As a senior quality improvement specialist with IPRO, the Quality Improvement Organization for New York State over the past 11 years, I've been tasked with helping skilled nursing facilities (SNFs) embrace the process of continuous quality improvement. A necessary component of this effort has been to collect, understand, and analyze timely and accurate data. This article discusses a free tool I developed to help SNFs track their data related to pressure ulcers and focus their quality improvement efforts for the greatest impact.

### The beginning

Since 2002, the quality initiatives administered by CMS have included the prevention and treatment of pressure ulcers as a focus topic for SNFs across the country. The challenge has been to guide identified facilities to collect their own data, in real time, and drill down into that data to identify trends and opportunities for improvement.



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