Healthcare Organization Commitment

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Commitment Details

Commitment Name
Reduce the Rate of Hospital-Acquired Pressure Ulcers

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How Many Hospitals Will This Commitment Represent?

Commitment Summary

Alameda Health System's (AHS) commitment seeks to address the harm caused to patients when they develop pressure ulcers in our hospital. Hospital Acquired Pressure Ulcers (HAPU) represent a significant challenge for the organization, which is due in part to the high volume of trauma patients with longer acute inpatient stays whose medical instability complicate HAPU prevention. Publicly reported data from AHS show a relatively high rate of stage 3&4 HAPUs compared to national averages. CMS "Hospital Compare" shows a rate of 2.555 HAPU 3&4 per 1,000 discharges for our Medicare population. The Leapfrog Hospital Survey shows a rate of 0.72 HAPU 3&4 per 1,000 discharges for all patients age 18 and older. In the past 6 months at AHS there has been a huge culture shift regarding HAPUs. This involved changing perceptions about when pressure ulcers are truly unavoidable, as well as improving awareness, accountability, and focused drive to prevent HAPUs. We will show this commitment to improving the quality of life and reducing mortality risk for our patients by seeking to reduce the rate of stage 1-4 HAPUs by 50%, from a baseline (Jan-Oct 2013) of 1.25 HAPUs to 0.63 HAPUs per 1,000 discharges by December 31st, 2014.

Commitment Description & Detail

Reduction will be dependent on continued attention and focus from all levels, as well as resources devoted to understanding our unique issues related to HAPU prevention and directed efforts to address them. We will continue to develop our Wound Champion program, adding more nurses and increasing their presence. These specially educated nurses provide a resource on the hospital floors to consult with regarding HAPU prevention and treatment. Furthermore, they extend education to the bedside for other nurses. To increase the visibility of HAPU risk for patients, visual cues will be used in nursing common areas as well as patient rooms to indicate patients that require prevention measures. A guideline detailing expectations regarding wound care for each unit will be developed and monitored for compliance. New products such as skin barriers and waffle mattresses are undergoing in-services on the hospital floors before hospital-wide implementation. All of these efforts will be coordinated and monitored by the HAPU Harm Reduction Team, which is a multidisciplinary group of nurses, physicians, and quality improvement staff.

Action Plan

With support from executive sponsors and direction from a multi-disciplinary Harm Reduction Team, the health system is implementing a comprehensive HAPU reduction plan. Before January 2014, waffle mattresses will be available for use on all nursing floors. We hope to have trained and staffed new Skin Champions before April 2014. By June 2014, prevention and treatment guidelines including standardized electronic documentation will be rolled out to the hospital units. Accompanying audits and standardized processes for ensuring accountability related to wound care will be carried out by nurse managers. By August 2014, reporting of key data elements related to ulcers and wound care will be automated in the EHR, and regularly monitored by nurse managers and the Quality

Improvement department. As the overall commitment completion date of December 2014 approaches, we plan on embedding all of these interventions into the culture and standard work at AHS.

Commitment Timeline

By December 31st 2014, our goal is to reduce the rate of stage 1-4 hospital acquired pressure ulcers to 0.63 per 1,000 discharges.

Impact Details

Estimate of Lives Potentially Saved

Last year the UCLA School of Nursing in California conducted a retrospective analysis of 51,842 randomly selected Medicare beneficiaries hospitalized in the United States in 2006 and 2007. This study found that 11 percent of patients with hospital-acquired pressure ulcers died in the hospital and 15.3 percent died within 30 days of discharge, compared with 3.3 percent of patients without pressure ulcers dying in the hospital and 4.4 percent within 30 days of discharge. However the patients with pressure ulcers had multiple co-morbidities, clearly showing there is a correlation between the presence of pressure ulcers and mortality but a direct association is unclear given the high prevalence of multiple comorbidities. By reducing HAPU's, we hope to both save lives and greatly improve the quality of care and patient experience at AHS.