

## **New England Hospitals Partner To Prevent Pressure Ulcers**

### **Program improves patient care through targeted measures**

Hospitals in Maine, Massachusetts, New Hampshire and Vermont are working together to prevent and reduce the incidence of pressure ulcers.

A pressure ulcer (PU) is a lesion caused by unrelieved pressure that causes damage to underlying tissue and a break down in the skin. Pressure ulcers are preventable and very costly to treat, ranging from \$15,000 to \$90,000 per sore.

VHA Inc., the national health care alliance, has brought 18 hospitals together to share clinical practices for the purpose of accelerating the pace of clinical improvement. The timing of this program is important because Medicare and many private insurers are no longer reimbursing hospitals for the additional cost to treat pressure ulcers that develop in hospitalized patients.

"We have been working on pressure ulcer reduction in New England since 2007 and undertook more concentrated activities last summer," says Kathryn Hayes-Hallowell, CPHQ, senior director of performance improvement at VHA's New England office in Portland, Maine. "By sharing our data, participating in joint Webinars, and sharing ideas, we are seeing a decrease in the incidence of hospital-acquired pressure ulcers. By working closely with groups like the Maine Quality Forum, part of the Dirigo Health Agency, VHA is helping to improve patient care in New England."

One hospital that is participating in the pressure ulcer program is Southern New Hampshire Medical Center in Nashua, NH. The medical center has implemented several best practice measures to help reduce PU rates. These measures have included process changes, equipment acquisition, and two nurse driven protocols. For times when the wound clinician is unavailable, these protocols assist nurses to identify the right supplies needed to care for the different wounds based on stage and wound environment. The supplies recommended are packaged together with specific instructions.

"In a random survey of our intensive care unit patients, 86 percent of high-risk patients with stays greater than 48 hours were likely to develop a pressure ulcer," says Brenda Shurtleff, RN, MSN, CWOCN, director of clinical education/wound ostomy clinic at Southern New Hampshire Medical Center. "By implementing smart strategies, as well as some simple changes to care practices, we have seen a drastic reduction in Stage 1 and 2 hospital acquired-pressure ulcers in the last three quarters and a zero incidence of Stage 3 and 4 pressure ulcers."

Lahey Clinic in Burlington, MA, wanted to increase the involvement of bedside

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nurses in pressure ulcer prevention and care. The hospital developed skin care champions, who spend four hours per month specifically working on pressure ulcer prevention. The champions conduct skin prevalence exams, educate staff and collect best practice information and other resources.

They also created a comprehensive skin resource guide, with photographs, to help staff identify products to use for various types of wounds, and learn how and when to use these products. A PU learning station for all staff is being planned at the hospital's nursing skills fair this year.

"We are seeing a lower incidence of pressure ulcers," says Margie Sipe, MS, RN, nursing performance improvement innovator at Lahey Clinic. The hospital is conducting a clinical study to determine the exact impact and results from its efforts.

This initiative complements VHA's overall focus on helping hospitals improve clinical performance.

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