Preventing Facility-Acquired Pressure Ulcers in a Diverse Acute Care Population Using a Pressure-Redistribution Surface



Introduction:

The recent regulatory change in the Inpatient Prospective Payment System (IPPS) provides an incentive for acute care hospitals to take pressure ulcer prevention seriously. As a Magnet credentialed hospital, Mercy Medical Center has consistently tracked facility-acquired pressure ulcer data and has benchmarked with the National Databank of Nursing Quality Indicators (NDNQI). While our pressure ulcer data has always compared quite favorably, the recent payment ramifications of IPPS provided us with an opportunity for improvement.

Purpose:

Our current pressure redistribution support surfaces did not meet the mobility and safety needs of our diverse patient population. Our goal was to reduce the number of facility-acquired pressure ulcers in a diverse acute care population by employing more effective pressure redistribution surfaces.

Method:

A multidisciplinary committee was formed to make recommendations for future purchase of beds and support surfaces. This was a two-year endeavor. The factors that were considered included:

- ✓ Pressure redistribution as supported by clinical trials
- ✓ Infection control
- ✓ Ease of cleaning and maintenance
- ✓ Staff and patient safety
- ✓ Ease of patient bed mobility.

The Wound Ostomy and Continence Nurses played an integral role in the process and decision-making. Members of the committee visited prospective bed and mattress companies. A product fair was held to seek staff input and concerns. The committee also looked at buying contracts for best pricing, as financial constraints must be recognized in all capital purchases.

Shirley Zurcher BSN, RN, CWOCN **Wound Ostomy and Continence Nurse**

Lee Ann Krapfl, BSN, RN, CWOCN **Wound Ostomy and Continence Nurse**

> **Mercy Medical Center** Dubuque, IA

Conclusion:

We were able to achieve **near zero** incidence of facilityacquired pressure ulcers while meeting the mobility and safety needs of a diverse patient population in a cost effective manner.



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Sexton Trading Company Pty. Ltd.

ABN 68 009 829 485

72 Crockford Street, Northaate Qld 4013 PO Box 135 Hamilton Qld 4007 Australia

Telephone: (07) 3265 9999 Facsimile: (07) 3260 6079