

## Conference Learnings

Marivel Rapee

Lehigh Valley Health Network, [Marivel.Rapee@lvh.org](mailto:Marivel.Rapee@lvh.org)

Follow this and additional works at: <http://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

---

### Published In/Presented At

Rapee, M. (2013, September). *Conference learnings*. Presented at: The Academy of Medical-Surgical Nursing 22nd Annual Convention. Nashville, TN.

This Presentation is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# CONFERENCE LEARNINGS

Academy of Medical-Surgical Nursing 22<sup>nd</sup> Annual  
Convention

Nashville, TN

September, 2013



**Marivel Rapee BSN, RN**

Staff Nurse

A PASSION FOR BETTER MEDICINE.™



# Conference Topics: Post Acute Care Transition (PACT)

- Goal to reduce readmission rates and improve health care quality and cost
- Pilot of PACT program initiated
  - Pharmacist: reviews medications and makes recommendations prior to discharge and 30 days post discharge
  - Registered Nurse: follow up with patients for 30 days following discharge via phone (Appts, meals, transportation)
- Noted reduction in readmission
  - Improved quality of health care
  - Better medication management
  - Smooth transition between hospital, home, or other settings

# Conference Topics: Prevalence of Pressure Ulcers: Zero & Sustaining

- Four member collaborative team
  - System Leader (Director of unit): Allocates resources
  - Clinical Champion (CNS): Drives improvement
  - Day to Day Leader (Clinical Manager): Oversees data
  - Front Line Leaders (Staff RNs): Help solve problem
- Tasks
  - Daily review of patients with Braden  $<$  or  $=18$
  - Review documentation for skin prevention interventions
  - All stage II or greater ulcers assessed by wound nurse
- Barriers
  - Consistency (who, when)
  - Time Requirement
  - Accuracy of documentation
  - Staff availability (ie:weekends)
- Results
  - Increased awareness and involvement of staff
  - Increased knowledge of pressure staging
  - Increased skin resource nurse involvement
- Outcome: Zero hospital-acquired pressure ulcers in 21 Quarters!!!

# Learnings to Consider for LVHN

- An interdisciplinary team including an RN, case manager, and pharmacist that follows a patient for 30 days post discharge can notably reduce hospital readmission.
- A wound care team performing consistent assessment and documentation of pressure ulcers can be useful in decreasing hospital acquired pressure ulcers.

# Sharing Learnings

- **Shared during October staff meeting Transitional Skilled Unit**
- **Discussed PACT with TSU CHF Readmission project members**
- **Shared Pressure Ulcer Quality Improvement Initiative with unit Director and PCS**

# Next Steps

*Where the rubber meets the road*

- **DON and PCS on unit will evaluate whether a Collaborative Pressure Ulcer Team is necessary on TSU**
  - **PI committee to monitor for increase in ulcers**
  - **Nursing management to monitor accuracy of pressure ulcer documentation**
- **TSU will continue to monitor readmissions**
  - **Length of stay on TSU**
  - **Reason for readmission**
  - **Is Transitions RN being utilized?**

