An Inpatient Rehabilitation Facility's Interdisciplinary Approach to Preventing Pressure Ulcers

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Purpose: Prevention of pressure ulcers is an ongoing challenge for all health care facilities. Facility-acquired pressure ulcers lead to poor clinical and economical outcomes. Due to the guideline changes impacting reimbursement for preventing skin breakdown from Centers for Medicare Services and the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) criteria, pressure ulcer prevention remains imperative. The purpose of developing a pressure ulcer prevention protocol on our inpatient rehabilitation unit was to ensure compliance with a repositioning schedule. As the ptorocl was initiated, it followed that it was discovered and addressed.

Background: The U.S. Agency for Health Care Policy and Research (AHRQ, 2015) and lack of knowledge act as barriers to following the guidelines for Medicare Services and the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) criteria, pressure ulcer prevention remains imperative. The purpose of developing a pressure ulcer prevention protocol on our inpatient rehabilitation unit was to ensure compliance with a repositioning schedule. As the ptorocl was initiated, it followed that it was discovered and addressed.

Actions: A newly-opened IRF established an interdisciplinary skin team (consisting of PT, OT, nursing) that outlined a turning and repositioning protocol. A magnetized and laminated “LVHN Logo Sign,” (Lehigh Valley Health Network), is used as a visual reminder to staff where they are shared with all members of the interdisciplinary team and the wound ostomy nurses. To ensure compliance and appropriate use of the “LVHN Logo Sign”, skin audits reviewed electronic documentation of patient repositioning. The team also established weekly monitoring of pressure ulcer healing or degradation via Telewound pictures that are uploaded to the electronic documentation system, documenting of patient repositioning.

Outcomes: An interdisciplinary approach is vital in providing optimal skin care for patients in rehabilitation facilities. This paper shows data collected from quarterly audits and quality outcomes and it addresses overcoming barriers to implementing a process change.

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Outcomes:

BRADEN SCALE FOR PREDICTING PRESSURE ULCER RISK

**SENSORY PERCEPTION**

- (1) Completely limited
- (2) Very Limited
- (3) Slightly limited
- (4) No Impairment

**MOISTURE**

- (1) Constantly moist
- (2) Very moist
- (3) Occasionally moist
- (4) Rarely moist

**ACTIVITY**

- (1) Bedfast
- (2) Chairfast
- (3) Walks Occasionally
- (4) Walks Frequently

**MOBILITY**

- (1) Completely immobile
- (2) Very Limited
- (3) Slightly Limited
- (4) No Limitation

**NUTRITION**

- (1) Very poor
- (2) Probably inadequate
- (3) Adequate
- (4) Excellent

**FRICITION & SHEAR**

- (1) Problem
- (2) Potential Problem
- (3) No Apparent Problem

The Research:

- Patients at risk for skin breakdown need to be turned and repositioned frequently.
- Friction and shearing forces play a role by increasing surface temperature and humidity.
- Immobility and advanced age also put a patient at increased risk.

Barriers:

- A gap between guidelines/protocols and practice exists.
- Time restraints and staffing issues are frequently sited as barriers to following EPB.
- Education needs remain.
- Lack of communication between skin committee and staff regarding documentation expectations.
- Lack of staff understanding/knowledge of the benefits of frequent repositioning.
- Resistance to change.
- Patient refusal (careful documentation of this and attempts to educate patient must be recorded in the EMR).

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REFERENCES: