

Pressure ulcer prevention

Sønderborg Municipality, Denmark

Why is prevention necessary

- Pressure ulcers can lead to patient mortality, avoidable pain, infection, distress and cost.
- Clinicians have known why they occur, which patients are most at risk and how they may be prevented for decades and yet in most health systems they remain common.



Baseline

Nursing Home – 6 residents out of 23 had blanchable erythema or pressure ulcers grade 1-4.

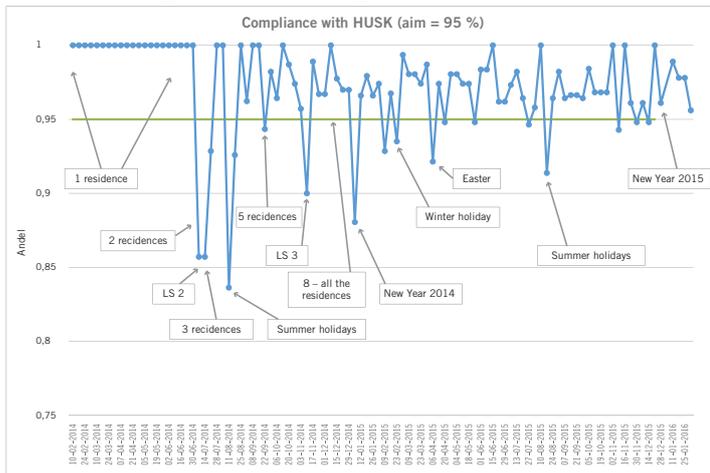
- Home Care services – 36 citizens out of 66 had blanchable erythema or pressure ulcers grade 1-4.

Intervention

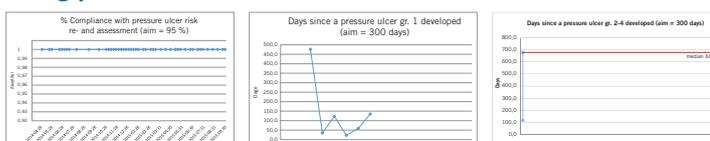
1. All patients must have a pressure ulcer risk assessment at the admission to the Nursing Home or Home Care Services. The Risk assessment we use is the validated Braden Scale.
2. This is repeated with a risk re-assessment if the patient's condition/needs change.
 - Acute illness
 - Discharge from hospital
 - Change in nutritional status
 - Changes in functioning
3. Any patients who score 19 or less on the risk assessment are deemed to be at risk and should be put on the bundle.
4. Bundle:
 - H – Skin: Inspect skin.
 - U – Surface: Ensure patient is on the right mattress, cushion, with no creases or wrinkles.
 - S – Mobilization, position switch, encourages self movement and repositioning.
 - K – Nutrition: Keep well hydrated, meet patient's nutritional needs.

Measurement of improvement continually and presenting data

Data collecting from the nursing home



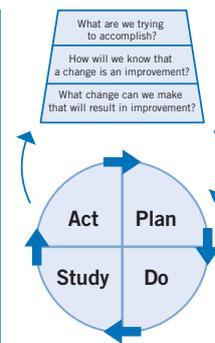
Using pocket cards



Pressure ulcer because of shoes

Sønderborg Municipality

- 76.000 Inhabitants
- Four districts of Home Care services (2400 Citizens)
 - 11 Nursing Homes (500 residents)
 - The staff who participated in the project was nurses, nurse assistants and helpers
 - We participated in the national Danish patient safety program in municipal sector
 - Work was developed and piloted on one unit before spreading to other units
 - After implementation of the bundle we do believe, that a zero tolerance for pressure ulcer is realistic



We used the IHI's model of improvement

- It is the quality improvement tool, which we used as a rapid cycle change with PDSA (Plan-Do-Study-Act).
- We start with one patient, one nurse, one assistant, and then expand to other.
- Board meetings for frontline staff and leaders was implemented (ex. plan and evaluate the PDSA)

We learnt

- It's important to keep it simple and meaningful
- Local context adjustment
- Using the model increased professional pride and cooperation which improve the quality of care.
- High implementation level
- Good and simple management tool

Strategy for change

We made different tools ex. pocket card, an observations form, training directory and checklists

- Leadership commitment
- Staff and patients involvement
- Telling the good story
- Celebrate the good results.



Patient involvement.



Safety calendar with days since last pressure ulcer.



Board meetings for frontline staff and leaders.



Celebrating the good results.



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