Maryland Healthcare Quality and Cost Council Evidence- Based Medicine Workgroup Submission- Johns Hopkins Bayview Medical Center

April 18, 2011

Pressure Ulcer Prevention Initiative

Annually, pressure ulcers affect over 1 million acute and long term care patients with a projected cost of 1.3- 6.8 billion dollars yearly. Hospital length of stays can increase fivefold, readmission rates are greater and overall hospital cost of care is increased $2,000 to $11,000 per admission. More than half of the hospitalized patients with a primary pressure ulcer diagnosis will require discharge to a long term care facility. Surgical, pharmaceutical, wound care supplies, litigation and liability financial costs are extensive. The effect pressure ulcers have on quality of life, pain, depression, self image, stress, loss of income and effect of disability on patients and their caregivers are immeasurable. Development of pressure ulcers has been associated with a 4.5-times greater risk of death than that for persons with the risk factors but without pressure ulcers.

The **ABC Skin Care project at Johns Hopkins Bayview Medical Center** promoted a skin caring culture which elevated skin care within the patient care hierarchy of needs. The message was shared hospital wide including all disciplines, support staff and leadership. Nursing emphasis focused on development and implementation of an evidence based skin and pressure ulcer prevention bundle. The ABC' Skin project design promoted a heightened connection between pressure ulcer risk assessment and action in a time sensitive manner. The Braden scale, our designated pressure ulcer risk assessment tool, has been extensively studied and found valid in prediction of pressure ulcer development. We grouped nursing interventions associated with the Braden subscales of activity, mobility, moisture, sensation, nutrition, friction and shear into a hardwired one stop electronic documentation format. Prevention bundles have noted a 50% decrease in pressure ulcer prevalence rate. Implementation of all evidence based prevention measures produce a greater impact than isolated interventions alone.

The time from ABC'Skin bundle idea to implementation was approximately 18 months. Five months of intense dedicated planning, two months educational roll out and 12 months of process evaluation were devoted to the project. **The impact of our skin care bundle was an 8.1% reduction in hospital associated pressure ulcer prevalence over four consecutive quarters.**

Required financial resources to implement the project were minimal with a celebrated skin cost savings. Human resources included time from multiple stakeholders including but not limited to nursing leadership, education, and informatics. Key oversight was provided by the wound care nursing specialist and dedicated multidiscipline wound resource team.

We, respectfully, submit our pressure ulcer prevention project as a focused Maryland Health Quality and Cost Council Healthcare improvement Initiative.