

# CWOCN Rounding on High Risk Patient Care Units

## The Problem

The number of BIDMC hospital acquired pressure ulcers reported to the Department of Public Health (DPH) increased in 2012. This was related to the DPH requirements and changes in reporting criteria. CVICU, SICU, MICU 6, 7 Feldberg, 11 Reisman were the units selected after review of the Patient Safety Reports and the number of patients on each unit who were reported to the Department of Public Health

## Aim/Goal

- To implement a strategic plan to assess high risk patients in a timely manner and institute preventative pressure ulcer measures in real time.
- To educate nursing staff on designated high risk units in assessment and prevention of pressure ulcers and to reduce serious reportable pressure ulcer events in 3 months.
- To improve communication and collaboration between CWOCN's and nursing staff.

## The Team

- Murray Corliss, BSN, RN, CWOCN
- Janice Cunnane, BSN, RN, CWOCN, Clin. Advisor
- Paula Hayes, RN, CWON
- Maureen Lira, BSN, RN, CWCN
- Therese Pare, BSN, RN, CWOCN
- Nursing Staff 's CVICU, SICU, MICU 6, 7 Feldberg, 11 Reisman

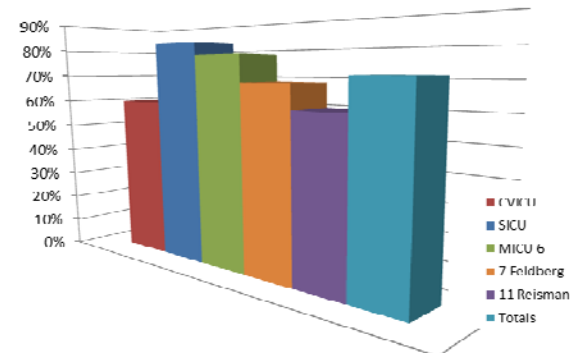
## The Interventions

- Identify units with patients who are high risk for pressure ulcer development and/or have reportable pressure ulcers.
- Same CWOCN paired to specific unit weekly to establish consistency and rapport.
- UBE, Resource RN, CNS, or NM prioritize a list of patients on their unit (5-6) at risk or with actual skin breakdown for the CWOCN to evaluate each week.
- Each CWOCN maintains an Excel spread sheet to collect data for CWOCN time spent on the unit for rounding, patient name and MR#, location/stage of pressure ulcer, staff stage/CWOCN stage of the pressure ulcer, changes in intervention.
- Utilize Rounding time to educate staff with specific needs. Identify Patient Safety Reports that correspond to specific rounding units that required clarification of staging by the covering CWOCN.

## The Results/Progress to Date

- 211 patients evaluated, 150 (71%) received recommendations for changes in interventions in real time.
- 82% had a change in topical therapy.
- 100% of the patients evaluated during rounding received evidence based wound care in real time.
- Opportunities for specific unit education needs were identified and rounding time was spent on in services on Staging, Braden Scale, FMS, and preventing pressure from devices.
- The number of SRE's (serious reportable events) for pressure ulcers decreased by 41%.
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Percentage of Patients Evaluated Requiring 1 or More Changes in Interventions by CWOCN



## Lessons Learned

- Three months was not adequate time to achieve positive results-extended to one year.
- Outcomes on each unit were dependent upon the consistency and availability from the designated support person on that unit.
- Two of the high risk units did not have increased numbers of reportable pressure ulcers but had other skin concerns.

## Next Steps/What Should Happen Next

- Continue CWOCN Rounding evaluating need to incorporate other units.
- Change CWOCN Rounding to specific units to include those with increased incidence of reportable pressure ulcers.
- Continue to collect data to identify improvement opportunities
- Work to engage "buy in" with administrative staff on units to CWOCN Rounding

**For more information, contact:**

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