POSTER ABSTRACT

Reducing the incidence of pressure ulcers in fractured hip patients

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In Ireland, approximately 3,000 patients present to the Emergency Department (ED) with hip fractures annually. These patients are at high risk of decubitus ulceration, which contributes to significant morbidity, and extended length of hospital stay.

Aim/Service Description: Our aim was to implement improved clinical standards for early identification and prevention of decubitus ulceration in at risk patients. All nursing staff were involved with regard to the audit and implementation of new practices to improve clinical practice in this patient group.

Clinical Effectiveness Initiative: We conducted an audit of our nursing documentation to establish if risk assessment on skin integrity is performed on at risk ED patients aged over 65. Additionally, an audit was conducted on ED trolleys using the “bottoming out test” to establish pressure relieving status. In consultation with tissue viability, we are implementing revisions of our nursing documentation to include a 24-hour skin inspection and a patient repositioning schedule, coupled with a training programme for all staff. We are also piloting a tissue viability scanner to identify vulnerable skin areas, requiring additional interventions.

Results: Our audit highlighted deficits in compliance with routine skin assessment (< 30%), and the documentation tools of skin integrity. The ED trolley audit identified that over 95% of our mattresses failed the “bottoming out test”.

Challenges and Supports: We are in the process of contacting the suppliers of our current mattresses. It has been difficult to locate the person(s) to identify what pressure relieving properties are in or current mattresses. It is important to obtain this information to identify if they provide adequate pressure relieving properties or if we need to research and obtain mattresses from a different supplier.

With regard to implementing a new repositioning/pressure area care documentation chart we need to go through documentation committee locally and gain approval to implement within the department.

Benefits and Outcomes: We are reviewing our ED trolley mattresses, implementing revised nursing documentation, skin inspection and a repositioning schedule chart. We are also introducing pressure relieving devices e.g. heal suspension boots, sacral protectors and electronically flagging at risk patients at the time of admission.
Conclusion: we have identified significant areas for improvement both in clinical processes and education to reduce the prevalence of decubitus ulceration in our patients. We plan to examine pressure ulceration in hip fractures as a barometer of optimum care in this area.

**Keywords:** education; quality improvement; patient centered; early identification and prevention; improve clinical standards