STEPPING IT UP: REDUCING PRESSURE ULCERS

FAIRFIELD MEDICAL CENTER

♦ **Lancaster, OH**
♦ **222 beds**
♦ **www.fmchealth.org**

Fairfield Medical Center is a general acute care facility serving southeastern and central Ohio. The hospital has more than 2,000 employees and more than 250 physicians.

STEEP

Safe

Floor nurses are provided additional training on wound evaluation improving the prevention and treatment of pressure ulcers.

Timely

Standing orders were initiated so floor nurses could begin pressure ulcer prevention and treatment immediately during the hours when tissue therapy nurses were unavailable.

Efficient

The Six Sigma project improved documentation. The Lean initiative cut the amount of time tissue therapy nurses spent on paperwork.

THE PROBLEM

Although Fairfield Medical Center had a fairly low rate of pressure ulcers, officials believed the incidence could be reduced further to improve patient care and prepare for Medicare's decision to stop reimbursing for hospital-acquired Stage III and IV pressure ulcers as of October 2008. Problems included inconsistent implementation of pressure ulcer prevention protocols and poor documentation of skin assessments.

THE SOLUTION

In October 2007, the hospital began a Six Sigma project, led by Andrew Murry, MD, that aimed to improve documentation, enhance use of the pressure ulcer prevention protocols, and reduce incidence rates. Then in August 2008, Fairfield started a Lean project, led by Mike Tobin, to address the increased paperwork burden the initial effort caused for tissue therapy nurses.

RESULTS

» The Stage II, III and IV pressure ulcer incidence rate fell from 6.5 per 1,000 inpatient admissions to 3.2 per 1,000 admissions.

» Compliance with the pressure ulcer protocols went from 42 percent to 84 percent.

» Physician documentation of present-on-arrival pressure ulcers went from 50 percent to 100 percent.

BACKGROUND

Fairfield Medical Center had long had a pressure ulcer prevention program, but in late 2007, hospital leaders "felt like they need to step it up a bit" to prepare for the Medicare no-pay policy that started in October 2008, says Amy Smith, tissue therapy nurse. Another goal was to improve use of the treatment and prevention protocols. So the medical center launched a Six Sigma project on pressure ulcer prevention.

One area of focus was documentation. Pressure ulcers weren't always noted in patient charts—an oversight that would have significant financial ramifications once Medicare stopped reimbursing for treatment of severe pressure ulcers acquired in the hospital. It became imperative that physicians improve documentation of ulcers that were present on admission. So the team created stickers that wound therapy nurses place on the charts of patients who have present-on-admission pressure ulcers. Physicians have to sign the stickers, and then the tissue therapy nurses e-mail hospital coders so the ulcer can be billed and coded properly. Coders verify that the physician signed the sticker in the chart and follow up with the physician if needed.

Another problem the Six Sigma team identified was that because the tissue therapy department isn't on 24 hours a day, seven days a week, care was delayed for patients who came in during off hours. The solution was to create standing orders for the regular nursing staff so they could initiate prevention and treatment protocols if necessary when tissue therapy nurses weren't working.

The hospital's policy is for the regular nursing staff to assess every inpatient using the Braden Scale within four hours of admission and daily after that. Nurses electronically document Braden scores of less than 16 and are to order a tissue therapy consult for that patient. However, it was discovered that nurses were sometimes letting the consult orders fall through the cracks. To solve this, the team created a computer program that pulls all the low Braden scores into a daily report for the tissue therapy nurses. "We're catching a lot of [patients who need consults] that the nurse never put in," says Martha Taylor, tissue therapy nurse.

The process changes, while improving patient care and documentation, increased tissue therapy nurses' workloads. A Lean project was launched in August 2008 to address that issue.

"The thing was, we were doing a better job of monitoring these patients, but our nurses didn't have enough time to get to all of them because they were spending all of this time on manual paperwork," says Mike Tobin, Six Sigma master black belt. The tissue therapy nurses kept a paper log of every patient they saw, what they saw that person for, what treatment was performed and if follow-up was needed.

Nursing manager Dora Metzger called Tobin. Together with the tissue therapists, they mapped out the process and found that the manual log was inefficient. They decided to make it electronic. The change cut the time tissue therapists spend daily on paperwork by about an hour. "The number of patients we're able to see has gone up by at least 25 percent a day," Smith says.

The switch to an electronic log wasn't all smooth sailing. A couple of tissue therapy nurses were uncomfortable with computers. But the system is easy enough that they picked it up after a little training, Smith says. Then, the first week the program went live, there was a computer system outage, and the tissue therapists couldn't get any of their reports. Now at the end of each day, a tissue therapist backs up the log on a local PC.

PRINCIPLES OF PERFORMANCE EXCELLENCE

Removing Waste

Because the electronic patient log is so much more efficient, the tissue therapists now have time toward day's end to see patients with low Braden scores who were admitted that day, rather than having to wait until the next day, Tobin says. The creation of standing orders also means off-hour patients get care sooner.

Creation of High-Reliability Culture

Tobin worked closely with the tissue therapy staff when developing the program for the electronic log. "Rather than getting all the requirements, going and building something and then giving them a finished product, you work with them through the process so that you can get at what they want and you can add the functionalities that they need," Tobin says. "Actually, you end up with a much better product." He has continued to collaborate with the tissue therapists when addressing glitches. For example, in November 2008, the team was working on a process to delete duplicate consult orders created when a patient is flagged as needing attention both because the system has captured the patient's low Braden score and a nurse specifically ordered a consult.

CONTINUAL IMPROVEMENT

The Lean team will continue to work on the electronic log to address any bugs that pop up. "We need to make it more efficient so that the nurses can get to the job that they were hired to do, and they weren't hired to do paperwork," Tobin says. The team plans to keep adding functionality to the program. It will follow up with a general review of the process in March 2009.