

Innovative Medical Products: Primer on Pressure Ulcers

Article III: Preventing Pressure Ulcers Requires a Team Approach

(by Greg Prentiss, Gel Product Manager, Innovative Medical Products)

The first two articles in this series outlined the new classifications of pressure ulcers and who are the at-risk populations susceptible to this serious medical condition. Although this is important information, *the* critical element in preventing and treating pressure ulcers rests with the patient first and foremost (if able) but also with all the people who impact the patient's care either directly or indirectly: family member, caregiver, physician, nurse, therapist, dietician. If these individuals, however, are to provide truly effective care, they must not carry out their duties in isolation, nor be unaware of the responsibilities of others, nor fail to communicate their own roles. In other words, it takes a team approach for real pressure ulcer prevention and treatment.

Creating a team approach for pressure ulcer prevention requires education, communication and documentation – all aimed at reducing the occurrence of pressure ulcers ideally to zero. According to the Agency for Health Care Policy and Research (AHCPR), educational programs in pressure ulcer prevention should be “structured, organized and directed at all levels of health care providers, patients and family or caregivers.” The AHCPR notes the topics or essential information that this educational effort should entail:

- Etiology (cause) and risk factors for pressure ulcers.
- Risk assessment tools and their application.
- Skin assessment.
- Selection and/or use of support surfaces.
- Development and implementation of an individualized program of skin care.
- Demonstration of positioning to decrease risk of tissue breakdown.
- Instruction on accurate documentation of pertinent data.

The AHCPR further recommends that the educational and teamwork training program should clearly identify those responsible for pressure ulcer prevention, describe each person's specific role, and be appropriate to the audience in terms of the level of information presented and expected participation. The program should also be updated on a regular basis to incorporate new techniques or technologies.

A team approach means that no one in the healthcare chain of command is considered less important than anyone else working along side them in the overall patient care effort; for example¹, the *nurse* identifies the at-risk patient on admission to the healthcare facility using an assessment tool like the Braden or Norton Scale (both mentioned in our last article). The *dietician* assesses the nutritional status of each patient and prescribes a diet that will maintain skin health. The *physical therapist* assists with mobility and

¹ Source: Delaware Valley Geriatric Educational Center

positioning devices, encouraging the patient to stay active. The *direct care staff* provides the first line of defense in protecting the patient from pressure ulcers: turning the immobile patient regularly, assuring adequate food and fluid in-take, and inspecting the skin frequently to identify early signs of skin injury. “As part of the direct care staff, nursing aides, for example, can play a huge role as they see the patient’s skin most frequently during washing, toileting, dressing and other activities of daily living [ADLs],” notes Michelle Kunsman, faculty member in the University of Hartford’s department of physical therapy. “If aides are educated in what to look for, and are made to feel an important part of the team, they can be a tremendous help along with every other team member. Overall, ‘the more eyes, the better’ when it comes to pressure ulcer prevention.”

A multi-disciplinary team, of course, does not just happen on its own. It takes planning and organization (e.g., standardized and written protocols, assignment and documentation of responsibilities), communication (regular give-and-take, sharing of problems and best practices) and continuous improvement (quality control and built-in mechanisms to evaluate program effectiveness) to succeed.

Sometimes healthcare facilities anoint “champions” who help drive the pressure ulcer prevention team effort, for example, “skin champions” or “unit champions.” These individuals, because of their expertise, experience and dedication, are charged with responsibility for ensuring zero-tolerance of pressure ulcers within their particular work group or caregiving area.

Besides champions, physician and nurse overseers, direct care staff and family members themselves, the team approach also includes people even at a distance from the patient but whose role is nevertheless critical and integral to team collaboration. Materials management and purchasing officials, as well as facility administrators, for example, all share in the pressure ulcer prevention mission and are charged to give staff their full support and the materials they need to do their jobs successfully.

Above all, for the ideal team approach, creating a general culture of empowerment and reward throughout the healthcare facility will help ensure staff accountability and superior performance. When everyone on the team feels a real “ownership” of their role in maintaining and improving patient protection, the better the chance that pressure ulcers can be prevented or stopped from recurring in pursuit of the zero tolerance goal.

Conclusion

We have seen in the first three articles of this series that the prevention, detection and treatment of pressure ulcers depends on a knowledge of pressure ulcer causes and categories, identification of at-risk populations, and the creation of a holistic or team approach in caring for the patient. Patient care, however, cannot be accomplished without the aid of useful pressure ulcer prevention equipment. In our next and final article, we will survey the kinds of product options that are available on the market today for preventing pressure ulcers. Each solution category will be evaluated for its medical effectiveness, practicality of use, and cost efficiencies.