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Peer-to-peer learning/teaching: An effective strategy for changing practice and preventing pressure ulcers in the surgical patient

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Abstract Hospitals are increasingly focused on finding cost effective ways to ensure patient safety and enhance quality outcomes. Hospitalized patients are at increased risk for a variety of complications, one of the most common is the development of pressure ulcers. In 2008, the Center for Medicare and Medicaid services, the largest payer source for older adults in the US, began to withhold reimbursement to care facilities for pressure ulcers (Stage 3 or 4) that develop as a result of hospitalization. Staff nurses are ideally positioned to prevent the development of hospital acquired pressure ulcers (HAPUs); however, studies reveal several barriers including a knowledge deficit of causative factors, incorrect identification and staging of wounds, inaccurate use of risk assessment tools and an under utilization of evidence-supported prevention intervention strategies (Ilesanmi et al., 2012; Sievers et al., 2012). This paper examines a cost effective, innovate approach to address these barriers and reduce hospital acquired pressure ulcers using peer-to-peer learning/teaching with staff nurses.

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Editor comments

There are few individuals more at risk of developing pressure ulcers than patients with a hip fracture. Many health care providers and nurses around the world have developed education and practice development systems designed to enhance pressure ulcer prevention care. These are driven by a desire to prevent suffering and to reduce both human and financial costs. This paper describes just such a model that is specifically focussed on peer education and which is worthy of consideration by orthopaedic and trauma nurses. The authors clearly demonstrate the potential value of such an approach in preventing these devastating and costly complications of care.

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Introduction

Health care systems around the world are challenged to maintain quality outcomes in the wake of decreasing resources. This challenge comes at a time when the global population is aging and the rates of hip fractures are rising. World wide projections of hip fractures, while declining since predictions made in the early 90's, still represent a significant health imperative with more recent analysis of trends suggesting that by the year 2050 numbers could reach as high as 1.04 million hip fractures annually in the U.S. alone (Brown et al., 2012). A national survey revealed a pressure ulcer rate of 20.6% for those older adults undergoing orthopedic surgery (Chen et al., 2012). A Pan European study of older patients hospitalized with hip fracture reported pressure ulcer prevalence at 10% on admission and 22% at discharge (Lindholm et al., 2008). Every year in the US approximately 2.5 million patients are treated for pressure ulcers in acute care settings.

The development of these wounds is considered an indicator of the quality of nursing care delivered. Pressure ulcers are both painful and costly and negatively impact quality of life (Casey, 2013). Each year approximately 600,000 patients die as a result of pressure ulcer related complications; most commonly sepsis, osteomyelitis and infection (Fleck, 2012; Institute for Healthcare Improvement, 2011). Factors that contribute to increasing risk for pressure ulcer development in the older population include pre-existing co-morbidities such as diabetes, altered mental status, low hemoglobin, poor nutritional status and cardiovascular instability (Campbell et al., 2010; Lindholm et al., 2008; Moore and Cowman, 2008). Nurses are ideally positioned to prevent these wounds. Studies have shown, however, that there are barriers to preventing HAPUs. These include knowledge deficit of causative factors, incorrect

identification and staging of wounds, inaccurate use of risk assessment tools and an under appreciation of evidence-supported prevention interventions (Ilesanmi et al., 2012; Sievers et al., 2012).

Development of the resource nurse program

The Wound Center of a 500 bed, community, teaching hospital in Midwest USA, is responsible for conducting quarterly pressure ulcer prevalence studies (PUPS) and completing consultation for hospital-associated pressure ulcers and other chronic wounds as well as developing wound treatment plans for hospitalized patients. Certified wound and ostomy nurses and advanced practice nurses are responsible for developing and guiding standards of practice for prevention and treatment of pressure ulcers. Each quarter the wound center nurses conduct a pressure ulcer prevalence study (PUPs), a one-day survey of all patients to determine the number of pressure ulcers. The data from these surveys from 2006 to 2009 demonstrated an increasing trend in hospital acquired pressure ulcers (HAPUs) (see Fig. 1) with approximately 22% of these wounds occurring on units caring for surgical patients (see Fig. 2). In 2008 the Centers for Medicare and Medicaid Services (CMS), the largest U.S. payer of medical care for the elderly, issued a ruling denying hospitals reimbursement for care for Stage 3 and 4 pressure ulcers that developed during hospitalization. Our data coupled with the CMS ruling provided the impetus for the development of an action plan to reverse this trend. While wound and ostomy nurses possess advanced knowledge in the assessment, treatment and prevention of pressure ulcers and serve as an important resource for staff nurses, there is insufficient time for the limited number of these nurses to educate an adequate number of staff to effectively

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