PRESSURE ULCER PREVENTION IN
HIGH RISK CARDIOVASCULAR SURGERY PATIENTS
Team Leaders: Joel Kilpatrick, BSN, RN; Lynda Portice, BSN, RN
University of Michigan Health System Cardiovascular Center, Ann Arbor, MI
Team Members: Regi Freeman, MSN, RN, CNS; Jennifer Stieve-Swarup, BSN, RN; Amber Czernik, BSN, RN; Lori Silveus, BSN, RN; Deborah Totzkay MSN, RN; Jole’ Mowry, MS, RN; Chrissy Nault, BSN, RN; Kate McKenney, PT, CWS; Jaime Osborne, MS, RN

Background: The development of pressure ulcers in hospitalized patients is considered a “Never Event” by the Center for Medicare and Medicaid. Pressure ulcer prevalence in cardiovascular surgery patients was identified as an area in need of improvement. Sacral and heel pressure ulcers were the most common locations of pressure ulcer development in post-operative high risk cardiovascular surgery patients.

Objective: Implement a quality improvement project aimed at decreasing pressure ulcers in high risk cardiovascular surgery patients.

Process: Collaboration of the Cardiovascular Center OR/PACU and Cardiovascular-ICU (CVICU) teams led to a plan to implement preventative sacral and heel dressings pre-operatively. The PACU/Pre-operative portion of the implementation process included assessing for pressure ulcer risk utilizing a tool based on standardized criteria. Soft silicone foam border dressings were applied to the sacrum and heels of at risk patients. Data collection and chart reviews provided pre and post pressure ulcer rates for sacrum/coccyx and heels in the CVICU from January 2011 through June 2011 (trial months being May and June).

Successful Practice: Of the 124 patients with dressings applied no heel ulcers developed and 7 of patients developed sacral/coccyx pressure ulcers. Pre-intervention CVICU pressure ulcer rates averaged 7.1% per month on the sacrum and heel and post intervention averaged 2.7% per month.

Implications for Practice: The use of sacral and heel dressings applied pre-operatively can reduce the development of pressure ulcers in high risk cardiovascular patients. Collaborative work through the continuum of care fosters improved patient outcomes and team building. Pressure ulcer prevention education and monitoring will continue in CVC-OR/PACU and CVICU.