PUTZ in Action: an interdisciplinary approach to reducing pressure ulcers

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Background
A Pressure ulcer is a localised injury to the skin and/or underling tissue, usually over a bony prominence. Pressure ulcers can have devastating problems for individuals, as well as having a significant impact on the health care service. Pressure Ulcers to Zero (PUTZ) is a HSE (Health Service Executive) quality improvement collaborative which aims to eliminate pressure ulcers within all health care settings in Ireland. The Acute Stroke and Rehabilitation ward of Bantry General Hospital (BGH) was approached in March 2017 by the collaborative to run a pilot programme for BGH. An interdisciplinary team comprising of the Assistant Director of Nursing, Clinical Nurse Manager, Health Care Assistant, Dietician and Physiotherapist was established.

Methods
Data was collected daily via a Safety Cross. A Safety Cross is a calendar in the shape of a cross in which the type, occurrence and origin of pressure ulcers can be recorded. The data collection helped the team to develop a bespoke program for the Unit. The Bantry team researched various care bundles and trailed a selected SSKIN care bundle. The tool was adapted to the specific needs of the Unit and was rolled out for use with patients with a Braden score of 18 or less.

Education sessions were conducted for relevant staff. These sessions outlined the PUTZ program as a whole and locally.

The Interdisciplinary team attended PUTZ collaborative training days. This information was disseminated via the training sessions and the "Buddy system". The Buddy system was a process whereby members of the PUTZ interdisciplinary team updated a fellow colleague. This helped spread the message of PUTZ beyond the Unit and increased staff engagement for further roll out of the program.

Awareness of the PUTZ program was spread beyond staff members by creating a PUTZ notice board. It displayed the Safety cross, information about pressure ulcers and their prevention. Individual patients with pressure ulcers and family members (with patient consent) were informed regards the PUTZ collaborative.

Results
During the eight-month period, the rate of pressure ulcers was reduced. In addition, the period of time between each new pressure ulcer increased, and the team achieved a period of 138 days with no new pressure ulcer being identified on the unit.

Conclusions
Our positive findings show that pressure ulcers can be prevented. They also highlight commitment of the unit towards continued clinical improvements. Moving forward we hope to continue with staff engagement and roll out the program to other clinical areas.