

CASE STUDY

Many patients in the hospital were developing heel ulcerations. More than 13 percent of patients aged 18 or older developed a heel ulcer within four days of admission. This rate was higher than the national average, so an improvement team was formed with representatives from nursing, physical therapy, and wound care services to reduce the incidence of heel ulcers by 50 percent within one year. The team evaluated current practices and implemented the following stepwise actions to improve the process:

1. Nurses were trained to use an assessment scoring system to identify patients at risk of heel ulcerations. A poster board showing assessment instructions was made available for five days in each nursing unit.
2. After reviewing the training material, nurses took a test to determine their proficiency in assessing a patient's heel ulcer risk. A score of 90 percent was required to pass the test.
3. Once all nurses had taken and passed the test, a new protocol was implemented that required use of the risk-assessment scoring system at the time of a patient's admission, 48 hours after admission, and whenever a significant change was seen in a patient's condition.
4. The hospital's computerized health record system was modified so nurses could add the patient's ulcer risk score into the patient's record at the required intervals.
5. Patients at moderate or high risk of a heel ulcer were started on a protocol of ulcer prevention that included application of a thin dressing or heel protectors on reddened areas and elevation of the patient's heels with pillows.

One year after the actions were completed, the incidence of hospital-acquired heel pressure ulcers had not significantly changed. An analysis of current practices found that staff nurses were not consistently completing the periodic risk assessments and that heel ulcer prevention interventions were not always employed. A lot of work had been done by the improvement team, the people who had created the training and post-training exam, and the people who had modified the computerized record system, yet no significant improvements occurred.