

**Prevention Above All Discoveries Grant Program
Request for Application (RFA)**

- I. **Organization/Institution Information:** St. John's Medical Center
- II. **Key contact:** Warren Carpel, RN, MSN, FACHE
Title: VP Patient Services
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- III. **Hospital-acquired condition (HAC) the study will address:** Pressure ulcers
- IV. **Study type (check one):**
 Pilot Empirical
- V. **Proposed solution:** Pressure Ulcer Prevention Program
- VI. **Objective of the study:** To demonstrate the effects of targeted education on pressure ulcer prevention, in combination with a best-in-class "prevention" product bundle, on the incidence of hospital-acquired pressure ulcers.
- VII. **Proposed approach:** It's crucial that healthcare facilities take a thorough look at their current pressure ulcer prevention strategies and fill in any gaps. In FY 2007, there were 257,412 preventable pressure ulcers reported as secondary diagnoses in hospitals.^{1,2} The average cost of each of those pressure ulcers is estimated to be \$43,180 per hospital stay.^{1,2} Beginning October 1, 2008, the Centers for Medicare & Medicaid Services (CMS) will no longer assign a higher diagnosis-related group (DRG) to facility-acquired pressure ulcers.³

Knowing that pressure ulcers are top-of-mind for the entire healthcare community, this proposal is designed to look at the effects of both education and evidence-based products that will reduce the incidence of hospital-acquired pressure ulcers.

Education component

Group 1

The study would focus on targeted education. The education component addresses three different levels: education for the nurse tech (or non-professional staff), education for the bedside nurse (or professional non-specialist staff/generalist) and education for the physician. A targeted area of the hospital would be identified (i.e., ICU, CCU), including the associated staff members who work in that unit.

The nurse tech would be given a workbook on pressure ulcer prevention. There would be four key areas covered in the workbook – 1) Skin, 2) Keep Turning, 3) Incontinence and 4) Nutrition.

The nurse would receive a more in-depth educational workbook covering eight different pressure ulcer prevention strategies: 1) Pressure Ulcers in the News, 2) Risk Factors, 3) Assessment for Pressure Ulcer Prevention, 4) Skin Care, 5) Turning, 6) Incontinence Care, 7) Nutrition and 8) Documentation. Both the nurse tech and the staff nurse would be given a pre-test to identify their baseline knowledge of pressure ulcer prevention.

Once the participant has completed the pre-test, they could then begin the self-study workbook and exercises. At the end of a 90-day period and once all participants have completed the workbooks, they would be given a post-test. Pre- and post-test scores would be evaluated, posted and compared.

The physician education would be in the form of an interactive CD and would include background information on the Present on Admission Indicators, the financial impact of pressure ulcers under the new regulations, assessment and documentation requirements and skills testing to evaluate the physician's knowledge of the different stages of pressure ulcers as well as the ability to distinguish these types of wounds in conjunction with other types of wounds such as venous stasis, diabetic, etc.

Product component (bundle)

Products that would be included in the bundle are considered best in class and have shown positive results when used together to reduce the incidence of hospital-acquired pressure ulcers. The Remedy™ advanced skin care line includes Remedy 4-in-1 Body Cleanser, Remedy Nutrashield Skin Protectant and Remedy Skin Repair Cream. The Remedy product line cleanses, nourishes, moisturizes and protects the skin to aid in reducing skin breakdown. In addition, the Ultrasorbs AP underpad is included in the product bundle to provide a barrier to moisture for patients who are incontinent or have other conditions where the skin is exposed to excessive moisture. This pad was also chosen for its breathability and ability to reduce shear and friction, which have also been shown to reduce the incidence of hospital-acquired pressure ulcers.

Measurement component

Group 1

Incidence of hospital-acquired pressure ulcers would be tracked using the POA Indicators of the patients in that unit for the specified 90-day period.

Group 2

This group would follow the same format as Group 1, excluding the product bundle. Group 2 would focus only on the education component.

Group 3

This group would follow the same format as Group 2, excluding the educational component. Group 3 would focus only on the product bundle.

I. **Expected output of the study:**

Education in combination with best-in-class products will reduce the number of hospital-acquired pressure ulcers.

II. **Biography about individuals involved (including experience)**

Warren Carpel started his career in nursing in 1980 and has held positions including staff nurse, department director, nursing director and, most recently, VP Patient Services at St. John's Medical Center in Torrville, Conn. for the past five years. He received his MSN at the University of Connecticut in 1989. Warren is a board-certified Fellow of the American College of Healthcare Executives and a member of the American Organization of Nurse Executives. Through Warren's leadership and guidance with the patient care division, St. John's Medical Center was awarded Magnet status in 2007. He has engaged his entire team in improving patient care and outcomes over the past several years through applying evidence-based information to enhance clinical practice.

III. **Budget estimate, including the major expenditure categories:**

Educational materials	\$5,000.00
Product bundle	\$6,500.00
IRB fee	\$1,000.00
Data tracking	\$5,000.00
Statistical analysis	<u>\$1,000.00</u>
Total	\$18,500.00

References

1 Centers for Medicare & Medicaid Services. Proposed Fiscal Year 2009 Payment, Policy Changes for Inpatient Stays in General Acute Care Hospitals. Available at: <http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=3045&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>. Accessed October 28, 2008.

2 Centers for Medicare & Medicaid Services. Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates; Proposed Changes to Disclosure of Physician Ownership in Hospitals and Physician Self-Referral Rules; Proposed Collection of Information Regarding Financial Relationships Between Hospitals and Physicians; Proposed Rule. *Federal Register*. 2008;73(84):23550. Available at: <http://edocket.access.gpo.gov/2008/pdf/08-1135.pdf>. Accessed October 28, 2008.

3 Centers for Medicare & Medicaid Services. Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Final Rule. *Federal Register*. 2007;72(162):47130-48175.