Unavoidable Hospital Acquired Pressure Ulcers in Critical Care

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Dates of Support: 04/01/15-03/31/16          Total Award Amount: $47,751.00

Funding Agency: The American Association of Critical Care Nurses

Abstract:

Significance: Healthcare organizations across the country strive to minimize harm and provide a safe environment for the patients they serve. Regulatory, quality, and preeminent organizations consider hospital-acquired pressure ulcers (HAPU) to be a measure of the quality of care provided. However, despite numerous technological advancements and pressure ulcer prevention methods, HAPU continue to occur and rates are highest in critical care units. This raises questions about situations in which HAPU may be considered unavoidable.

Specific Aims: Specific aims of this study are: 1) to identify the proportion of HAPU among patients in critical care units that are unavoidable and 2) to identify the risk factors among patients in critical care units that differentiate avoidable from unavoidable HAPU.

Methodology: A descriptive retrospective non-experimental design will be used. Participants will include adult patients who developed a HAPU (Stage II, III, IV; unstageable; suspected deep tissue injury; mucous membrane; and device-related) during their hospitalization in a critical care unit. Data will be collected from the medical record including: 1) demographic and clinical information; 2) Braden subscale and total scores; (3) additional risk factors identified as significant in epidemiological studies, but not included in the Braden Scale (e.g., poor perfusion); and 4) pressure ulcer preventive interventions implemented. A previously validated tool, the Pressure Ulcer Prevention Inventory (PUPI), will be used to categorize HAPUs as avoidable or unavoidable. Risk factors for each group will be examined using descriptive statistics. Differences between groups will be examined using the Student’s t test for continuous variables and Chi-square analysis for categorical variables. If appropriate, regression analyses will be conducted to determine the best model for unavoidable pressure ulcers.

Conclusions: This study will generate essential new knowledge regarding avoidable and unavoidable HAPU and their associated risk factors in critical care and also serve as a foundation for future research.