Title: Improving Communication Regarding Pressure Ulcers Across Healthcare Settings

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Background: Pressure ulcers are a universally accepted quality indicator, and are common in hospitals, rehabilitation settings, nursing homes, and home care. Accurate and comprehensive information concerning assessment, management, and prevention of pressure ulcers is frequently not communicated when patients pass between healthcare settings.

Objective: To improve inter-institutional communication regarding prevention and treatment of pressure ulcers we developed a standardized communication tool to improve the flow of information between nursing home, hospital, and visiting nurse service.

Method: With support from the New York State Department of Health Gold STAMP Program to Reduce Pressure Ulcers and CCLC a collaborative was created between Mount Sinai Medical Center-Queens, Coler-Goldwater Nursing Facility, and Visiting Nurse Services. We developed a standardized form containing Braden Scale Score, comorbidities, contact isolation status, location, stage, and treatment of ulcers, pain management, nutritional, preventive devices, patient/family education information, and contact information for each facility. Each member of the collaborative modified the tool for their specific needs. After the RN completes the form, he/she gives it to the patient/family/receiving institution. All patients are tracked by a Wound Care Nurse Practitioner in Mount Sinai Queens who is the designated Collaborative Champion.

Results: In the first five months of the program we tracked 255 patients: 79 from Coler to MSMC-Queens, 129 from MSMC-Queens to VNS, 29 from Coler to MSMC-Queens, and 19 from VNS to MSMC. Preliminary results show improved patient education and preventive measures for patients at home, and improved communication between institutions concerning wound documentation, preventive modalities, and treatment in progress.

Conclusion: Our project has demonstrated that cooperation between institutions on the sensitive issue of pressure ulcers is possible. Elements of a successful program include administrative backing, identification of a collaborative champion, and physician involvement. We believe that improved communication is the first step toward system-wide quality improvement for prevention and treatment of pressure ulcers.