New York State Gold STAMP Program
Capital District Emergency Department Project

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A special “Thank you” is extended to St. Peter’s Hospital Emergency Department Staff and Sage Graduate Students Jessica Underwood and Vera Rubeo for their contributions to this project.
New York State Gold STAMP
Mission

The Gold STAMP Program to Reduce Pressure Ulcers in New York State is a coalition of organizations convened to provide evidence-based resources and education across the continuum of care in New York State in order to improve the assessment, management, and prevention of pressure ulcers (STAMP: Success Through Assessment, Management, and Prevention).

New York State Gold STAMP
Goals

• Provide information and education across the continuum of care about evidence-based practices for pressure ulcer assessment, management, and prevention.
• Promote collaboration and communication within and throughout the continuum of care related to pressure ulcer assessment, management, and prevention.
• Provide strategic direction and support for pressure ulcer performance measurement.

NYS Capital District
Aim Statements

1. All patients will have identified risk and interventions for the prevention and treatment of pressure ulcers communicated and documented as they transfer throughout the healthcare system in the capital district.

2. The Capital District Partners for the Prevention of Pressure Ulcers will develop a documentation tool for ED staff to use in pressure ulcer risk assessment in the hospital emergency rooms in this collaborative.

3. A questionnaire will be developed that will measure staff access to information currently being received regarding risk factors and existing treatments on admissions.
The Impact of Pressure Ulcers

- Pressure ulcers (PrUs) are a major health problem affecting approximately 3 million adults.
- The incidence rates are from 0.4% to 38% in hospitals.
- 15% of elderly patients will develop pressure ulcers (PrUs) in the first week of hospitalization.

(NPUAP: National Pressure Ulcer Advisory Panel, 2011)

NYS Capital District ED Documentation Pilot Project

Project Purpose:
Develop a documentation tool for ED staff to assess Pressure Ulcer Risk Assessment in the Emergency Department at St. Peter’s Hospital

Initial Tool and Pilot Tool

- Checklist tool
- Risk assessment tool
- Pressure ulcer prevention measures
- Documentation tool
- Staff training
- Evaluation tool

DO NOT USE WITHOUT PERMISSION
**Pilot Tool**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Pressure Ulcer or Reddened Tissue over Bone, and/or Backboard</td>
<td>4</td>
</tr>
<tr>
<td>and/or Neck Collar is AUTOMATIC HIGH RISK</td>
<td></td>
</tr>
<tr>
<td>Nonambulatory or requires assistance with transfer or ambulation</td>
<td>1</td>
</tr>
<tr>
<td>Does not move independently or requires assist with repositioning</td>
<td>1</td>
</tr>
<tr>
<td>Slides down stretcher</td>
<td>1</td>
</tr>
<tr>
<td>Moisture present (urine, stool, wound drainage, diaphoresis)</td>
<td>1</td>
</tr>
<tr>
<td>Decreased response to verbal commands</td>
<td>1</td>
</tr>
</tbody>
</table>

**Data Collection Procedure**

**February & March 2013**

**SITE: St. Peter’s Hospital Emergency Department**

- Chart/EHR review to collect demographic data
- ED Nurses & The Sage Colleges Graduate Nursing Students
- Additional Chart review of admitted patients to assess if Facility Acquired Pressure Ulcers occurred during hospitalization
Demographic Data Findings (N=123)

Sample Demographic Profile
- 75 Females (61%); 48 Males (39%)
- Ages ranged from 20 to 98 years
- Mean Age 61.7 years
- Median Age 64.0 years
- 7 Patients (5.7%) Nursing Home Residents
- 68 patients (55.3%); CAD; most common diagnosis
- 22 patients 17.8% DM; 2nd most common diagnosis

Data Analysis (N = 123)
ED Records Reviewed and Pilot Tool Assessment Conducted
- 74/123 patients (60.2%) Admitted to hospital
- 49/123 patients (39.8%) Discharged from ED
- 77/123 patients (62.6%) of the Total Sample risk scores were identified as NO RISK for PrUs
- 37/123 patients (30.1%) were identified as low risk (total scores ranging from 1 to 3) for risk for PrUs and had intact skin
- 9/123 patients (7.3%) were identified as high risk (total scores ranging from 4 to 9) for risk for PrUs and had intact skin
- 8/9 High Risk pts. were ADMITTED

Data Analysis (n=74 Admitted Pts)
ED Records of Adm. Pts. Reviewed & Pilot Tool Assessment Conducted
- 29/74 admitted patients (39.2%) were identified as low risk (total scores ranging from 1 to 3) for risk for PrUs and had intact skin
- 8/74 admitted patients (10.8%) were identified as high risk (total scores ranging from 4 to 9) for risk for PrUs and had intact skin
- Braden Scores for admitted pts. ranged from 11 to 23
- Mean Braden Scores of admitted pts. were 18.7
- Median Braden Scores admitted pts. were 19.0
- Braden Scores of 7 Pts with PrUs on admission ranged from 11 to 20
Additional Study Findings

- 8/123 pts (6.5%) presenting to the ED had existing PrUs
- 7/8 pts. (87.5%) presenting to the ED with existing PrUs were admitted, however none of these patients developed additional PrUs
- 4/8 pts. (50%) presenting to the ED with existing PrUs were from NHs
- All 8 patients presenting to the ED with existing PrUs had at least ONE or more of the six risk factors identified in the Pilot Tool
  Based on the 74/123 patients admitted to the facility
- 6/74 (8.1%) developed Facility Acquired Pressure Ulcers (FAPrUs)

Discussion Study Findings

- 39.1% ED pts. adm. & 8/9 of 74 [10.8%] High Risk pts. admitted
- All 8 ED pts. with existing PrUs had at least ONE or more of the SIX risk factors identified in the Pilot Tool.
- 7/8 ED pts. (87.5%) with existing PrUs were admitted, however none of these patients (0/7) developed additional FAPrUs.
- 4/8 ED pts. (50%) with existing PrUs were from NHs and rated High risk.
- Does this suggest that the presence of an existing PrU, plus one risk factor, and a hx of residing in a NH may be a predictor for Admission?
- Are there other tools more appropriate than Braden to assess PrU risk in the ED setting?

SUMMARY ED PILOT

Total Patients (N=123)
- 77 (62.6%) pts. NO RISK (0)
- 37 (30.1%) pts. LOW RISK (1-3)
- 9/123 (7.3%) pts. HIGH RISK (4-9)
- 8/9 (89%) HIGH RISK pts. ADM.

Admitted Inpatients (n=74)
- 6/74 (8.1%) adm. pts. developed Facility Acquired Pressure Ulcers (FAPrUs)
- 7/8 pts. (87.5%) presenting to ED with existing PrUs were admitted, and (0%) developed FAPrUs
- 4/8 ED pts. (50%) with existing PrUs were from NHs and rated High risk
Project Limitations

• Convenience Sample/Single Institution
• Single Institution ED Department
• Two month time period
• Staff "buy in" - ED staff initially perceived more work
• Cost to add documents to EDIMS
• Use of Paper Documentation vs Electronic Documentation

Conclusion/Implications

• Feasibility of using the tool in an ED setting
• Need to test reliability & validity and use larger sample
• Consider trial in several partner institutions
• Compare Pilot Tool with Braden Risk Scores
• Encourage continued Academic/Practice Partnerships & Collaboration

References

• Bjorklund et al. (2012). The pressure is on! An innovative approach to address pressure ulcers in the ED setting. Journal of Emergency Nursing, 38(2), 159-164.
References


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?? QUESTIONS ??

THANK YOU !!