

Abstract

The incidence of pressure ulcers, especially in elderly patients, contributes significantly to morbidity and mortality, causes hospital readmissions, affects quality measures, and poses significant financial burden to patients, families, and the healthcare system. Substantial facility fines are metered with on-site acquired or worsening pressure ulcers in long-term care settings. Long-term care admission rates have increased nationwide. As this occurs, the topic of pressure ulcers gains heightened attention from fiscal, regulatory, and clinical standpoints. Current evidence-based guidelines for prevention and management of pressure ulcers exist, however, the extent to which these are carried out in long-term care settings lacks accountability. The multi-dimensional nature of pressure ulcer development coupled with unique staffing, budgetary, and patient care needs in long-term care settings mandate systematic solutions without further taxing already stretched resources. A PICOT question was developed to investigate whether the implementation of a computerized clinical decision support tool would improve pressure ulcer prevention practices in long-term care settings. A literature search was conducted, and a computerized clinical decision support tool with automatic triggers was designed and implemented in a private long-term care facility. Pilot testing lasted three months. Nurse and state-tested nursing assistant pressure ulcer knowledge and attitude toward pressure ulcer prevention, and pressure ulcer rates, were measured using the Pieper Pressure Ulcer Knowledge Test and the Attitude Toward Pressure Ulcer Prevention Instrument. No statistically significant improvements were found in nurse or state-tested nursing assistant knowledge or attitude toward pressure ulcers. The pressure ulcer rate of 5.6% was unchanged in three months. The results of this project confirm the complex nature of pressure ulcer prevention and the need to continue

attempts to simplify and standardize pressure ulcer prevention practices in long term care settings.