

Change Assignment: Pressure Ulcers

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Pressure Ulcers

Pressure ulcers is a problem that has plagued acute and chronic facilities for decades and it is a problem that in theory should be easily preventable. Through periodic repositioning and the use of pressure relieving devices the majority of pressure ulcers should be preventable. This was an issue I encountered more than twenty years ago in a nursing home as a CNA and unsurprisingly encountered this again in the acute care setting more than twenty years later as a nursing student.

I believe that Kotters change theory would be the approach to use to implement a change in the hospital to decrease incidents of pressure ulcers and improve patient outcomes. My initial idea would be to implement a rotating team that follows all of the patients on their floor for the day to make sure they are repositioned periodically, that pressure relieving devices and dressings are applied properly and in working order, and to assess areas know to be vulnerable to pressure ulcers and implement treatment rapidly. Each team should consist of a staff nurse familiar with that floor and a wound care specialist.

Kotters first step is to create a sense of urgency that will motivate the staff for the change. To do this I would start by presenting the number of pressure ulcers that had occurred on that floor over a specific time period, what the patient outcomes were for those cases, and the money lost to the department in treating those wounds. I would then try to highlight what could have been done with the lost income in the department (Anita Ward Finkelman, 2016).

The second step in the Kotter theory is building a coalition (Anita Ward Finkelman, 2016). I would build a committee with volunteer from the staff to guide the project and educate the rest of the staff on the ideas being presented for the change. I would want to have floor nursed from the department, a wound specialist and the department head on the committee to

review the proposed project plan and offer changes to the plan where they were needed. As the plan was implemented I would want to have bi-weekly meetings to assess outcomes and discuss any additional changes to the program that were needed and education necessary for the staff. I would also want to develop short-term goals/wins for the project during these meeting (Anita Ward Finkelman, 2016).

Realizing that change can be difficult for many people and result in resistance to that change I would try to address those during advisory meetings. One potential area of resistance would be with this change leaving some staff members with a sense that the change was inferring that their work standards were not to the task of preventing pressure ulcers in their patients. I would try to address these by highlighting the amazing work of the staff did with the workload they were presented with and get them to realize that the project if successful would free them up to concentrate on other tasks with their patients. I would approach it by asking them “what would you be able to accomplish if you didn’t have to reposition patients every two hours and monitor for pressure sores.” to try and make them understand that it would make their lives easier while providing the patient with better outcomes.

References

Anita Ward Finkelman. (2016). *Leadership and management for nurses: core competencies for quality care* (3rd Ed.). Pearson.