**Compendium Overview:  
Kern Medical Center**

**Decreasing Hospital-Acquired Pressure Ulcers, Improving Patient Care**

According to the Institute for Healthcare Improvement, acute care hospitals treat about 2.5 million pressure ulcers annually, and as many as 15 percent of hospitalized patients may have pressure ulcers at any given time. Pressure ulcers are usually expensive, painful, and preventable. In 2011, Kern Medical Center, in Bakersfield, California, developed a multidisciplinary process improvement team that worked to reduce the hospital-acquired pressure ulcers (HAPU) prevalence rate to 1.1 by June 2015.

Kern’s team developed a five-year plan, including these evidence-based strategies:

* consistently assessing risk
* using gold-standard risk assessment tools and the Braden scale
* routinely inspecting skin and standardizing wound care
* repositioning patients per established policy
* employing strategies that decrease or remove pressure
* supporting efforts in progressive mobility
* keeping patients’ skin clean, dry, and moisturized, and using various support surfaces
* promoting adequate nutrition and fluid intake
* educating and training health care providers

Using rapid-cycle process improvement, Kern Medical Center saw a substantial decrease in its HAPU prevalence rate from 7.8 to 0.6 percent between July 2010 and June 2014.  
  
**Poster Content:  
Kern Medical Center**

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**Overview**

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**Problem Identified**

Ulcers slow down or stop the recovery process, lengthen hospital stays, cause extreme pain and discomfort, and become infected and debilitate patients. Nearly 60,000 hospital patients die each year in the United States from complications related to hospital-acquired pressure ulcers. The cost of treating a pressure ulcer ranges from $2,000 to $70,000 per wound, with the total costs for the average hospital being between $400,000 and $700,000 annually. At Kern Medical Center, an average of 7.81 percent of patients had hospital-acquired, stage II-IV pressure ulcers in 2010-2011.

**Methods**

Kern Medical Center used rapid-cycle quality improvement. To ensure optimal outcomes, the team collaborated with other hospitals to implement and support evidence-based care and products and interventions that leading health care organizations recommend. After conducting gap analyses and data and literature reviews, the team implemented a five-year plan, including the following strategies:

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**Engagement**

Kern’s board of supervisors and administrative team provided financial and staff resources for the project and were committed to success. The CEO provided resources for team members to attend collaborative opportunities with other hospitals, to increase prevalence rounding by the HAPU team from quarterly to monthly, and for routinely sharing the HAPU team’s progress in improving patient care with the County Board of Supervisors. The team’s analysis also identified that patient and family engagement would be crucial for success, so nursing and physical therapy staff joined forces to encourage patients to get up more frequently. The team also developed handouts on repositioning, keeping patients clean and dry, and the importance of hand hygiene.

**Results/Data**

In 2010 and 2011, the hospital’s average percent of patients with stage II-IV HAPU was 7.8 percent. Using rapid-cycle process improvement, the team saw a substantial decrease in its HAPU prevalence rate – down to 0.6 percent by June 2014. Kern Medical Center continues to work on this project, using a focus on staff performance, evidence-based practices, appropriate equipment, and skin products to sustain its success.   
  
**Charts/Graphs:  
Please submit one or two high resolution charts or graphs that you would like included on your poster to Kristin Sinko at** [**ksinko@essentialhospitals.org**](mailto:ksinko@essentialhospitals.org) **no later than Wednesday, April 16.**