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PROBLEM:

Hospital acquired pressure ulcer rate has been increasing since no preventive measures are being implemented once a patient is deemed at risk of developing pressure ulcer. In 2013, a total of 5 patients developed hospital acquired pressure ulcers within critical care unit. In January 2014, there was 1 in Surgical Intensive Care Unit (SICU) and 0 in Medical Intensive Care Unit (MICU).

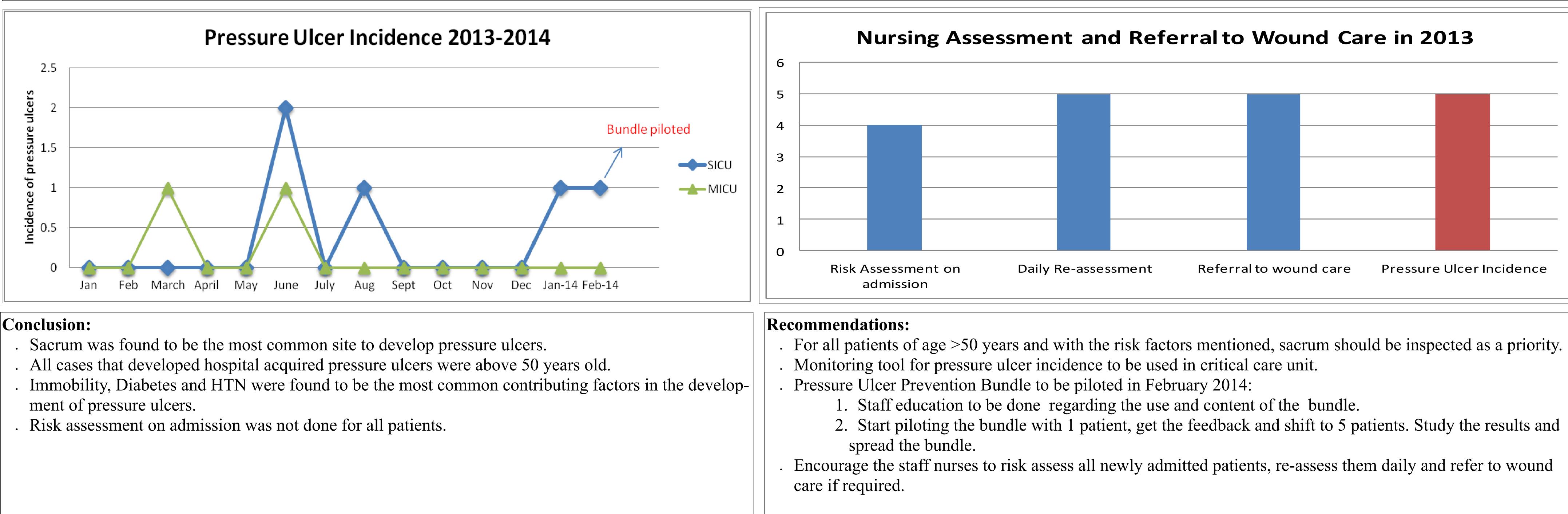
AIM:

- . To reduce the rate of hospital acquired pressure ulcer wit
- Introduce pressure ulcer prevention bundle for all patient
- To increase compliance with pressure ulcer prevention by

INTERVENTIONS:

- A monitoring tool was developed by wound care team to monitor pressure ulcer incidence.

- A pressure ulcer prevention bundle checklist was prepared and to be piloted in critical care for 2 weeks.
- Timely referral to wound care team ensured.



Intensive Care Units re Improvement / ALWakra Hospital Quality Management and Patient Safety e, Medical Intensive Care Unit (MICU) cator al Intensive Care Unit (SICU) irector, Al Wakra Hospital

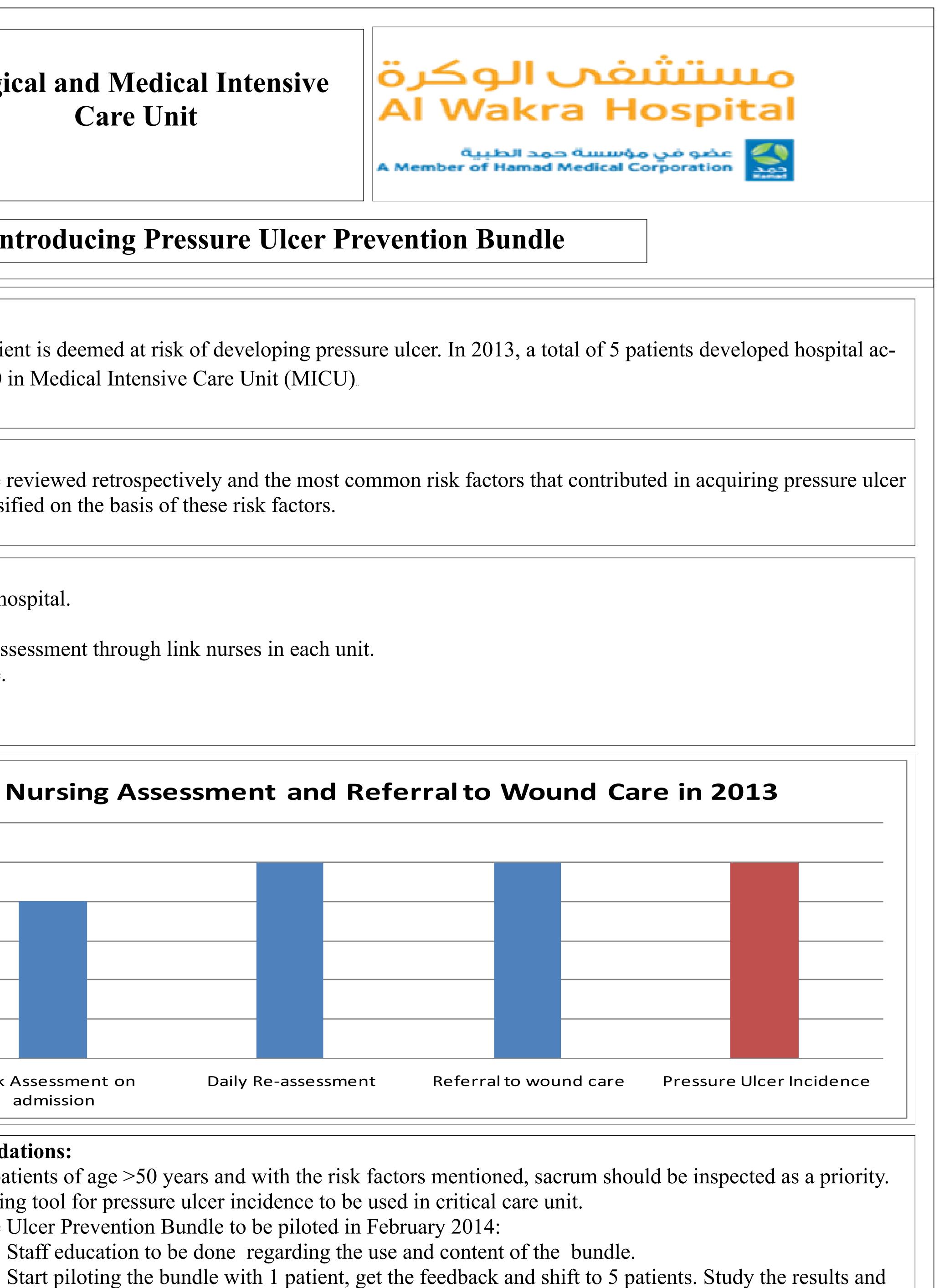
Reducing Hospital Acquired Pressure Ulcer Rate by Introducing Pressure Ulcer Prevention Bundle

ithin the critical care unit.METHODOLOGY:All 2013 pressure ulcer cases we		
nts at risk. were identified. Patients were clabundle.	nts at risk.	

Wound care team prepared a Pressure Ulcer Prevention Bundle draft to be approved and implemented throughout the hospital.

Staff education sessions were conducted regarding pressure ulcer risk assessment on admission and then the daily re-assessment through link nurses in each unit. Charge and Head nurses of each unit received individual educational sessions to monitor their staff for the compliance.

Surgical and Medical Intensive Care Unit



sified on the basis of these risk factors.

Encourage the staff nurses to risk assess all newly admitted patients, re-assess them daily and refer to wound