

Poor nutrition can more than double the risk of developing pressure ulcers. Emphasis on early nutritional screening and a team approach helped St. John Providence Health System reduce their incidence of hospital-acquired pressure ulcers by 10% in one year.



Emphasis on Early Screening

Early nutritional intervention can produce a decline in pressure ulcer development, and promote wound healing for malnourished hospitalized patients.¹

St. John Providence Health System committed their efforts to unifying nutrition screening policies and practices throughout their seven facilities.

The staff at St. John's implemented steps to address their patients' nutritional statuses and complication risk factors:

- 1 Leaders in wound care, clinical nutrition, and nursing established an aggressive timeline for nutrition screening.
- 2 The entire health system adopted a policy of offering oral nutritional supplements, guided by a decision tree.
- 3 Job aids were used to track nutritional information and request supplements and dietitian consults.

The Team Approach

By using a team approach, St. John's staff improved the rate of nutritional screenings and reduced pressure ulcer rates at their care facilities.

Other hospitals can observe and benefit from this model to achieve similar improvements in patient pressure ulcer outcomes.

Results

Using their decision tree, nursing staff at St. John supplemented diet with selective oral nutritional supplements and/or additives per protocol for at-risk patients.

- From March 2011 to February 2012, the percentage of nutrition screening completed within 24 hours of admission increased from **53.6% to 78%**.
- From July 2011 to February 2012, with increased emphasis on improving nutrition and providing nutritional supplementation, the pressure ulcer rate declined from **0.74 to 0.59**.

Conclusion

Nutrition Services and Nursing improved the rate of nutritional screening within 24 hours of admission by **45.5%** within a 12-month period and the pressure ulcer rate reduced by **20.3% /1000 patient days** within a 8-month period.

Consider how your team can collaborate to develop more aggressive nutritional screening procedures.

1. Stratton RJ et al., *Age Research Rev*, 2005;4:422-450.