4 pressure ulcers, the PUP program created a "Triangle Approach" to share the management of high-risk patients, thus maximizing the WOC nurses’ time. The “Triangle Approach” focuses on the patient being supported by the triangle points of management, multidisciplinary, and bedside teams. FINANCIAL ASSISTANCE/DISCLOSURE: Development, production, and dissemination of all educational materials and implementation of the PUP program required an investment of time from clinical staff, the WOCs, and the education department, all directly supported by the Sentara Hospital System.

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THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER WOUND OSTOMY CONTINENCE NURSES: PROMOTING A POSITIVE IMAGE OF NURSING IN THE INSTITUTION AND THE COMMUNITY

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ABSTRACT This poster will showcase, through photographs and examples of promotional materials, the various way in which the wound ostomy continence nurses at The University of Texas M.D. Anderson Cancer Center promote nursing, and specifically wound ostomy continence nursing, at M.D. Anderson Cancer Center and in the Community*. Our promotional activities during the past year included an in-house publication to highlight wound ostomy continence nursing; a poster displayed throughout the hospital that illustrates the wound ostomy continence nursing specialty; the distribution of prevalence studies spearheaded by the wound ostomy continence nurses at M.D. Anderson; inservice training on skin, wound, and ostomy nursing for the student nurses and registered nurses employed at M.D. Anderson; lectures and precepting in our service line to students at the University of Texas M.D. Anderson Wound Ostomy Continence Nursing Education Program (1 of 3 full-scope programs in the nation); lectures on our field of expertise to student nurses at all local universities; presentations to junior high school students in the community promoting nursing as a career with an emphasis on wound ostomy continence nursing; and nomination of a wound ostomy continence nurse for the Annual Outstanding Oncology Award at M.D. Anderson Cancer Center (our nominee is the first WOCN to ever win the award). The reality of nurses and of the nursing profession is much more than the image portrayed in the media. Among the challenges facing today’s professional nurse are promoting the profession in a positive light and focusing on strategies that will move the profession forward in the new century. *COMMUNITY: Texas Medical Center, the City of Houston, the State of Texas, the United States, the World.

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EFFECTS OF A NONPOWERED DYNAMIC SURFACE ON REDUCING FACILITY-ACQUIRED PRESSURE ULCERS

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PURPOSE: The standard foam mattresses in our facility needed to be replaced on all medical-surgical units due to wear and tear. Along with rising costs in specialty bed rentals and concern over nosocomial pressure ulcers, our hospital opted to purchase pressure-releive mattresses to replace the old foam mattresses. After clinical evaluation of several dynamic pressure relief mattresses, both powered and nonpowered, we chose a mattress designed with a newer technology of atmospheric air. Excluding the ICU’s, our facility was 90% converted to non-powered and will be 100% converted in 2005. SETTING/SUBJECTS: A 350-bed hospital with an average of 253 patients assessed at time of pressure ulcer prevalence studies. METHODOLOGY: The new pressure-relief mattresses were placed on the medical-surgical beds in January 2004. A comparative percentage of patients with facility-acquired pressure ulcers (12.4%) were obtained from pressure ulcer prevalence study data last performed in March 2003. A repeat prevalence study was performed 3 months post-new mattress application in April 2004 with 255 patients' assessed. The data revealed a 9% rate of patient’s with facility-acquired pressure ulcers. This study was again repeated in August 2004 with 251 patients assessed revealing a rate of 4.78%. CONCLUSION: With the replacement of the standard foam mattress to the nonpowered dynamic surface, we were able to decrease our facility-acquired pressure ulcers by 61.5% over a 6-month time period. Quarterly pressure ulcer prevalence studies will continue to be performed to evaluate the effectiveness of the mattress. FINANCIAL ASSISTANCE/DISCLOSURE: No financial assistance was received for the study. Poster development/registration and travel to be provided by BG Industries.

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DEVELOPMENT OF A STANDARDIZED, OBJECTIVE SUPPORT SURFACE EVALUATION PROCESS

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INTRODUCTION: According to the NPUAP Support Surface Standards Committee, there is no uniform terminology, standardized test methods, and reporting standards for the support surface evaluation (NPUAP, 2001). This project was developed in an attempt to facilitate a support surface trial by developing an objective clinical-evidence perspective for evaluation of support surfaces. METHODOLOGY: Evaluation forms were developed. Three support surfaces and companies were included in the trial. Decision tables were developed based on categories included on the evaluation form (clinical evidence, service, clinical outcomes, nurse satisfaction, weight limits, and warranty). Each category was weighted according to the importance of the category by clinicians. Percentage scores were assigned to each category and tabulated. RESULTS: The decision matrices provided information and evaluation data in a consistent manner resulting in total nonbiased scores for products A, B, and C. Based on theses results, a support surface was recommended for purchase. CONCLUSION: The decision matrices process assisted the team in evaluating 3 support surfaces. Evidence was transferred into numeric values, and differences in support surfaces were demonstrated in graph format. This allowed for a less complicated and more objective procedure for comparison of differences in product performance. This method was helpful in standardizing the selection and procurement of support surfaces. REFERENCES: Brienza D. Support surface standards initiative. NPUAP, 2001;fall:3. McLeod A. Equipment selections: using decision matrices. 7th EPUAP Open Meeting; 2003.

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INTRODUCING AN ADVANCED NOVEL TOPICAL PREPARATION FOR THE PROTECTION OF THE PERINEAL REGION FROM THE DAMAGING EFFECTS OF TWO KEY ENDOGENOUS DIGESTIVE ENZYMES

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The literature suggests that digestive enzymes, along with the caustic and alkaline fluids they are contained in, play a major role in skin breakdown when they come in contact with the skin. These digestive enzymes are found in all secretions associated with the alimentary canal, which include stool and gastric fluids. The purpose of this study is to evaluate the in vitro functionality of a new formulation with respect to its enzyme inhibition properties. In order to evaluate the efficacy of this new formulation, it was necessary to develop and validate an analytical procedure adequate of providing reproducible data on the effects of this formulation on 2 key digestive enzymes, trypsin and lipase.

**TRYPSIN INHIBITION:** Initial absorbance values lower than the control value indicate less substrate breakdown, therefore, a greater protease inhibitor activity for the pre-back digestion samples. Higher measurements mean that there was more substrate available after the initial digest post-back digestion samples. This indicates that the inhibitors tested were able to decrease the activity of trypsin. In the oil-in-water base (lotion), values higher than the control also indicate that there was inhibition of trypsin activity. It seems that INHIBITOR A and INHIBITOR B lotions were both able to inhibit trypsin when formulated into a lotion; however, INHIBITOR A was somewhat better at inhibiting trypsin activity. The digestive enzyme inhibitors found in both the INHIBITOR A and INHIBITOR B lotions seem to inhibit lipase activity, as well. However, the INHIBITOR A lotion proved to be a more effective lipase inhibitor than the INHIBITOR B lotion.

**PREVENTION OF SKIN BREAKDOWN IN THE CHRONIC RENAL PATIENT ON HEMODIALYSIS**

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Hemodialysis treatment requires long hours of immobility. Without early intervention, the authors hypothesize that the chronicity of this immobility, combined with comorbidities, greatly increase the risk of skin breakdown in the chronic renal patient (CRP). With this in mind, our purpose is to develop and implement an early intervention skin care program for the prevention and treatment of skin breakdown in the hemodialysis patient. Instead of depending upon the judgment of the caregiver, standing orders were developed to provide specific standards that are implemented upon the admission of the CRP to acute care that extend across the continuum of care. Our objective was to implement a “door” to discharge preventative and treatment skin care program, which includes postdischarge. The patient and/or significant other are taught to expect and advocate for this level of care. It is the authors’ belief that early intervention by the certified WOC nurse will reduce pressure ulcer occurrence, improve existing shear/pressure related wounds, prevent perianal skin breakdown, and treat yeast in its early stages in this targeted population. Two renal specialists and a vascular surgeon were identified as physician champions. Specific staff was targeted for education. The education plan included poster presentations, unit meetings, inservices, and mini-inservices at change of shifts. One-on-one meetings were scheduled with key department heads. The WOCN meets with each patient and/or significant other for education. OUTCOME MEASUREMENT: A focus study is underway. This study includes data collected on the initial admission, at discharge, and any readmission. The PUSH Tool (pressure ulcer), Square Surface Score (moisture breakdown and yeast involvement), and Lickert Scale (health beliefs) are used to evaluate patient outcomes. These data will be compiled and analyzed. No financial support was received for this study.

**THE MENTAL OUTCOMES ASSOCIATED WITH IMPLEMENTING A PRESSURE ULCER PREVENTION PROGRAM WHILE CHANGING THE ROLE OF THE WOCN**

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Purpose: A pressure ulcer prevention program involving a team approach to patient management that changed the role of the WOCN from a “dressing changer” to a “team leader and educator” was applied to a facility with a high incidence of pressure ulcers, yielding significant patient and financial benefits. OBJECTIVE: Hospitals in the United States are increasingly concerned in reducing the number of hospital acquired pressure ulcers (APUs). Unfortunately, APUs have increased at a national level from 7.1% (1999) to 7.7% (2004) (Cuttino, 2004). In order to impact our facility’s overall rate of 9.5% in 2003, a process improvement and education program was begun. OUTCOMES: Quarterly pressure ulcer prevalence studies were initiated. The MICU, with a cumulative average of 29.6%, had the highest prevalence of acquired pressure ulcers. Significant structural and process changes were made, and ongoing, multilevel education was performed (including physicians). Resources were added, such as the purchase of the TotalCare Sport bed systems, which provided an excellent treatment surface upon admission. Following implementation, a decrease from 29.6% in the MICU to quarterly prevalence rates of 4%, 0%, 0%, and 0% for the 4 quarters ending June 2004 were seen. In the last 2 years, our annual average MICU admission was 860 patients. At 29.6%, 255 patients annually would have acquired pressure ulcers. If even a 1 less day of ICU LOS was achieved, a minimum of $255,000 annual cost reduction could be seen. CONCLUSION: The continuing process improvement program has significantly impacted our rate of APUs. Attitudes have changed from thinking that pressure ulcers are inevitable, to believing that they are preventable. WOCN’s are now seen as resources and clinical experts. Financial resource utilization and overall quality of care has also drastically improved.

**A COMPARISON OF LABOR COSTS AND OUTCOMES ASSOCIATED WITH MEDICAL TREATMENTS FOR PRESSURE ULCER IN A NURSING HOME SETTING**

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Purpose: The purpose of this retrospective observational study was to compare outcomes (progression, healing rate, time to heal) and nursing labor costs associated with use of topical treatments and dressings for pressure ulcer (PU) among residents in skilled nursing facilities (SNF). OBJECTIVE: PU data was collected on residents in 354 SNFs in 24 states from February-May 2004 who had ≥1 PU (Stage 1 or 2), along with treatment, MDx, and nursing labor cost information. Treatment categories of CBT*, CBT+Other (not always simultaneously), and Other were evaluated. The Other category included hydrocolloid dressings and other topical treatments. OUTCOMES: 661 subjects had PU and complete records: 18.6% had Stage 1 PU and 81.4% had Stage 2; 67.1% female; 57.0% at least 80 years old; incontinence 54.1% bladder, 60.9% bowel; 57.6% residence >1 year. Treatment rates were CBT 5.7%, CBT+Other 8.9%, Other 30.4%, the remainder untreated medically. The unadjusted