Feature Story

“Be a Zero!”—Pressure Ulcers and Rehabilitation Nursing
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A pressure ulcer is defined as an injury to skin and underlying tissue as a result of pressure, friction, or shearing. Pressure ulcers are seen as preventable, and therefore low pressure ulcer rates are seen as an indicator of high-quality care. Pressure ulcer prevalence rates in acute care patients range from 14% to 17% and in intensive care patients can be as high as 33% (Whittington & Briones, 2004). A 2006 review of secondary diagnoses in acute care patients found pressure ulcers coded 322,946 times (Rosenthal, 2007). As a result of these high rates, the Centers for Medicare and Medicaid Services (CMS) stopped reimbursing hospitals for hospital-acquired pressure ulcers in October 2008.

No data on the prevalence rates of pressure ulcers in acute inpatient rehabilitation facilities (IRFs) have been published. Anecdotally, we know that prevention and care of pressure ulcers are a major component of rehabilitation nursing practice. Impaired mobility, decreased ability to respond to sensory stimuli, inadequate nutrition, impaired bowel and bladder function, impaired cognition, restlessness, spasticity, and use of assistive or adaptive equipment are common risk factors for pressure ulcers in rehabilitation patients.

On August 5, 2011, CMS published its 2012 final rule for IRFs (CMS, 2012b). This rule included a quality reporting program to prevent hospital-acquired conditions and improve patient safety. Catheter-associated urinary tract infections and pressure ulcers were chosen as the quality indicators. Beginning with discharges on or after October 1, 2012, IRFs will be required to report on the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) pressure ulcers that occur or “worsen” during the inpatient stay. According to the IRF-PAI training manual, a pressure ulcer has “worsened” when it has “progressed to a deeper level of tissue damage and is therefore staged at a higher number using a numerical scale of 1–4 (using the staging assessment determinations assigned to each stage; starting at stage 1 and increasing in severity to stage 4) on an assessment as compared to a previous assessment” (CMS, 2012a, p. 97).

Unlike acute care facilities, IRFs currently do not face a financial penalty for failure to report on these indicators; however, in 2014, IRFs that fail to report on them will be penalized with a 2% Medicare payment reduction (CMS, 2012b). But the cost to our patients is larger. Pressure ulcers can be painful; they can lead to infection, increase the burden of care, and increase the patient’s length of stay; and they can be the primary reason for discharge to a skilled nursing facility.

Rehabilitation nurses are experts in managing the risk factors for development or worsening of pressure ulcers. Attention to immobility, hygiene, poor nutrition, and patient and caregiver education are key areas of rehabilitation nursing practice. Rehabilitation’s interdisciplinary team approach—which involves physical, occupational, and speech therapy in attending to these areas—should make all IRFs zero-reporting facilities, but sadly this is not true.

It is essential that staffs of IRFs review their procedures on prevention, assessment, and treatment of pressure ulcers so that their institutions can become zero-reporting facilities. Nurses must be able to develop a prevention program based on their patients’ individual risk factors and must have the skills and tools to be able to accurately document the presence of pressure ulcers, assess and treat them, and “be a zero!”

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References

