

Quality improvement model cuts pressure ulcer rate in PICU

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A collaborative quality improvement model can effectively reduce the rate of pressure ulcers in the pediatric intensive care unit, according to a study published in the June 1 issue of *Pediatrics*.

(HealthDay)—A collaborative quality improvement (QI) model can effectively reduce the rate of pressure ulcers (PUs) in the pediatric intensive care unit (PICU), according to a study published in the June 1 issue of *Pediatrics*.

In an effort to reduce PUs by 50 percent, Marty Visscher, Ph.D., from the Cincinnati Children's Hospital Medical Center, and colleagues established a QI collaborative leadership team to develop and implement a QI intervention. PU rates were measured before and after the QI implementation. A total of 1,425 patients in the PICU and neonatal [intensive care unit](#) (NICU) were prospectively studied over 54,351

patient-days.

The researchers found that during QI development the PU rate in the PICU was 14.3/1,000 patient-days. After QI implementation the rate was significantly reduced, at 3.7/1,000, achieving the aim of 50 percent reduction. After the QI intervention, PICU rates of stages I, II, and III conventional and device-related PUs all decreased. There was no significant change over time in the PU rate in the NICU, which remained at a mean of 0.9/1,000 patient-days. Three points were outside the control limits in the post-implementation period, mainly due to an increase in PUs associated with pulse oximeters and cannulas.

"The collaborative QI model was effective at reducing PUs in the PICU," the authors write. "Heightened awareness, early detection, and identification of strategies to mitigate device-related injury are necessary to further reduce PU rates."

One author disclosed financial ties to CareFusion.

More information: [Abstract](#)
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