

## Abstract

**Background:** Pressure ulcers/injuries (PU/Is) are localized areas of tissue damage over bony prominences or under medical devices. Severe hospital-acquired pressure ulcers/injuries (HAPU/Is), known as full-thickness stage 3 and 4 PU/Is, that develop or worsen in the hospital setting are considered "never events" by the Centers of Medicare and Medicaid Services (CMS). HAPU/Is are associated with increased pain, prolonged hospitalization, infection, and death. Patients over the age of 65 are particularly vulnerable to full-thickness sacral HAPU/I during a hospitalization. Care bundles are recognized as an approach to support best practices and may be used in this vulnerable population to improve patient outcomes.

**Methods:** This quality improvement (QI) project's methodology utilized a post-test-only design with comparison to norms. The medical-surgical nursing staff was educated on implementing a HAPU/I prevention bundle for patients who met specific criteria. This project sought to examine the number of the bundle components utilized at the time of initiation, hour 0, then 48, and 96 hours post-implementation. The initiative also evaluated the development of stage 3 and 4 HAPU/Is among patient-participants.

**Results:** A convenience sample of 20 patients, with a mean age of 74.5 years, who met inclusion criteria, participated in this pilot project. There was statistically significant bundle uptake over time. The data showed 100% fidelity to only two of the five bundle components, assessment of skin, and frequent repositioning at all evaluated intervals. No patient involved in this QI project developed stage 3 or 4 HAPU/Is. Additionally, the sample did not acquire stage 1 or 2 HAPU/Is.

**Conclusion:** This QI project found that a HAPU/I prevention bundle may prevent stages 3 and 4 in patients  $\geq 65$  years of age. Further study is needed to determine if HAPU/I prevention bundles have a sustained impact on all PU/Is development.