Introduction
- Pressure skin injury in the acute care setting affects 2.5 million people a year
- Reducing hospital acquired pressure injuries was a priority for the medical center
- In a prior medical record review, 60% of wound care patients leaving the Midwest medical center for needing home care services did not have written wound care orders

Purpose
Determine if the use of standardized wound care discharge instructions and a wound care order set for pressure injuries can:
- decrease the time to initiation of first wound care treatment at home
- improve wound healing scores
- decrease readmissions rates

Methods
Study Design: Quasi-experimental design, using an intervention group and a non-equivalent control group
Sample and Setting: Patients admitted to acute care and transitioning care to home care.
- Retrospective medical record review: control group (N=12)
- Prospective medical record review and one follow-up telephone call: intervention group (N=9)
Procedures:
An electronic provider wound order set and a new order entry format was created in alignment with Project RED recommendations to ensure consistency of the wound treatment plan. (Figure 1 & 2)

Results
- Time to initiation of treatment improved from 2.4 days to 1.6 days for the intervention group
- 73% of all wound measurements were missing from the home health documentation, making it difficult to evaluate wound healing in the pre-treatment group
- Use of the wound care order set resulted in 100% compliance with written wound care discharge orders and 92% of discharge instructions

Conclusions
- Implementation of the standardized wound care order set and discharge instructions decreased time to initial wound care treatment in the home and improved compliance with wound care orders
- Home care nurses have opportunity to elevate their practice and improve patient outcomes through consistent wound assessment and documentation

Implications
- Use of the adapted standardized Project Red Toolkit improves the discharge process
- Standardizing wound care communicate leads to improvement in the timing of the initial wound care treatment post-discharge
- Further research utilizing the PUSH Tool 3.0 and its assessment of wound healing is necessary

References

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