

Reduced risk of pressure injuries at hospitals with nurses certified in wound, ostomy, and continence care

March 23 2017

Hospitals that employ nurses who have specialty certification in wound, ostomy, and continence (WOC) care have lower rates of hospital-acquired pressure injuries (HAPIs), reports a study in the *Journal of Wound, Ostomy and Continence Nursing*.

The reduction in HAPIs at hospitals with WOC-certified nurses is accompanied by better [pressure](#) injury risk assessment and prevention practices, according to the analysis of national survey data, led by Diane K. Boyle, PhD, RN, FAAN, of University of Wyoming, Laramie. The findings also suggest that nearly two-thirds of US hospitals do not employ nurses with WOC specialty certification.

Fewer Patients Develop Pressure Injuries at Hospitals with Certified WOC Nurses

The researchers analyzed 2012-13 data from the National Database of Nursing Quality Indicators (NDNQI) RN Survey—a national survey collecting data on the relationships between nursing and patient outcomes. The analysis included data from 928 participating US hospitals.

About 37 percent of the hospitals employed nurses with at least one of five WOC specialty certifications provided by the Wound, Ostomy, and Continence Nursing Certification Board. The numbers and types of

WOC-certified nurses were analyzed for association with facility-acquired HAPI rates.

Hospitals employing nurses with three types of nurses with specialty certification in wound care (CWOCN, CWCN, or CWON) had lower rates of HAPIs. These hospitals had an overall HAPI rate of 2.81 percent, compared to 3.28 percent at hospitals without wound care-certified nurses. The risk of more severe (stage 3 and 4) pressure injuries was reduced by nearly half at hospitals with wound care-certified nurses: 0.27 versus 0.51 percent.

Hospitals with CWOCNs, CWCNs, or CWONs also had higher rates of recommended interventions to prevent pressure injuries. The differences were greatest for the use of pressure redistribution surfaces and nutritional support. Other preventive practices included skin assessment, patient repositioning, and steps to avoid moisture-related skin damage.

Reducing HAPIs is a major priority for improving quality and reducing the costs of care at US hospitals. Pressure injuries are a frequent complication with a high risk of adverse outcomes and increased costs. Annual costs of HAPI care at US hospitals are estimated at \$9.1 to \$11.6 billion. Medicare and Medicaid do not provide additional reimbursement for care of patients who have developed a pressure [injury](#) while under the hospital's care.

The study adds to previous evidence that staffing by wound care-certified nurses can reduce the risk of HAPIs among patients in US acute care hospitals. "WOC nurses with wound care specialty [certification](#) should be part of [hospital](#) strategies to reduce HAPI rates," Diane Boyle and coauthors write.

More information: Diane K. Boyle et al. Relationship of Wound, Ostomy, and Continence Certified Nurses and Healthcare-Acquired

Conditions in Acute Care Hospitals, *Journal of Wound, Ostomy and Continence Nursing* (2017). [DOI: 10.1097/WON.0000000000000327](https://doi.org/10.1097/WON.0000000000000327)

Provided by Wolters Kluwer Health

Citation: Reduced risk of pressure injuries at hospitals with nurses certified in wound, ostomy, and continence care (2017, March 23) retrieved 6 May 2024 from <https://medicalxpress.com/news/2017-03-pressure-injuries-hospitals-nurses-certified.html>

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