Title: Interdisciplinary Mobility Team Approach to Reduction of Facility-Acquired Pressure Ulcers

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Purpose: To test the effectiveness of a nurse-led pressure ulcer prevention intervention using musical cues to remind all long-term care (LTC) staff to help every resident move or reposition every two hours.

Background:
- Pressure ulcers are costly, reduce health-related quality of life, and are an ongoing challenge in LTC facilities.
- Immobility is a primary risk factor for pressure ulcers, and repositioning individuals at high risk for pressure ulcer development is commonly recognized as an effective preventive measure. One reason for the prevalence of pressure ulcers is inconsistent adherence to repositioning protocols.
- Even residents categorized as “low risk” can develop a pressure ulcer if they cannot or do not move enough to redistribute mechanical load. Pressure ulcer prevention initiatives in LTC, which have traditionally targeted only high-risk residents, are not adequately addressing this issue.

Methods:
- This intervention involved ensuring that all LTC residents were consistently moved or repositioned.
- The research team conducted this 12-month paired-facility two-arm randomized intervention trial in ten Midwestern U.S. LTC facilities with 1,928 residents.
- The intervention involved playing music over the intercom/public address system every two hours for 12 hours during the daytime. The research team taught nurse-led multidisciplinary teams of staff to use the musical cues as prompts to reposition residents or remind them to move.

Key Findings:
- Researchers used the Center for Medicare and Medicaid (CMS) Minimum Data Set (MDS) 2.0 during the first five months and changed to MDS 3.0 during the final seven months. Odds of a new pressure ulcer were lower in intervention facilities during the first five months (MDS 2.0) and significantly lower during the last seven months (MDS 3.0).
- Using music to prompt multidisciplinary teams to encourage or assist residents with moving holds promise for reducing facility-acquired pressure ulcers in LTC settings.

References: