The study is designed to address the following research questions:

1. What is the frequency of hospital acquired pressure injuries in the ICUs and what methods are used to assess and classify pressure injuries?
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2. How pressure injuries are recorded in the patient’s chart, and who is responsible for documentation of hospital-acquired pressure injuries in the ICU?
3. Which care bundles and guidelines are used for prevention of hospital-acquired pressure injuries, which treatment modalities and interventions are used, and what outcomes are documented?

**STUDY METHOD**

- A retrospective chart review will be used to examine the incidence and prevalence of hospital-acquired pressure injuries in the ICUs and address the proposed research questions.
- Big Data will be used to identify ICU patients diagnosed with pressure ulcers during the study period.
- Subsequently, healthcare data will be abstracted from the medical records of the previously identified patients (abstracted from the Big Data [criterion sampling]).

This purposeful sample will be further examined to address the study’s research questions.

**STUDY DESIGN**

The setting for this study, is a 1500-bed metropolitan county hospital serving the poor and underserved located in Miami-Dade County, Florida.

- The 40-bed SICU in this tertiary teaching hospital served an average of 800 patients each year who require post-operative intensive care and close monitoring.
- Patients (> 18 years old) are admitted to the Surgical Intensive Care Unit (SICU) after surgical procedures that include but not limited elective surgeries, oncology surgeries, and organ transplantation.

**SAMPLE**

The sample for this study consists of post-operative patients admitted to SICU between the years 2014 through 2016.

- Using criterion sampling (i.e., pressure injuries) hospital’s Big Data will be mined to identify and generate a list consisting of documented hospital-acquired pressure injury cases in the SICU (sample) for years 2014 through 2016.
- This list will be generated using the financial identification number (FIN) assigned to each case.
- After the list using FIN is generated, a retrospective chart review (i.e., electronic medical records) will be conducted for inclusion criteria.

Inclusion criteria:
1. Medical records that indicated that the patient was initially admitted to the SICU within the established period of time.
2. Patient was an adult (older than 18 years old) post-surgical patient,
3. Type of surgical procedure was included in the admission note.
4. Primary diagnosis leading to surgical procedure was documented in the chart.
5. Presence of one or more pressure injuries acquired during the SICU stay.
6. SICU length of stay of the patient.

Exclusion criteria:
1. SICU patients who are less than 18 years old to avoid inclusion of pediatric patients that may be medically considered adults based on weight parameters.
2. Missing operative note regarding the surgical intervention.
3. Missing primary diagnosis in the admission note.
4. Patients admitted to the SICU for other than post-surgical procedures.
5. Non-post-operative trauma patients admitted to the SICU as overflow.
6. Surgical patients admitted to SICU 24 hours after their initial surgery to avoid confounding factors attributed to care delivered outside the ICU setting.

**DISCUSSION**

- This pilot study is important to establish the incidence and prevalence of pressure injuries in critical care settings, particularly in intensive care units.
- The study will identify the adequacy of documentation of pressure injuries in intensive care units.
- The study will also inform on adherence and modalities of treatment of pressure injuries with special attention to pressure injury care bundles.

**REFERENCES**


