

# SKIN CHAMPIONS

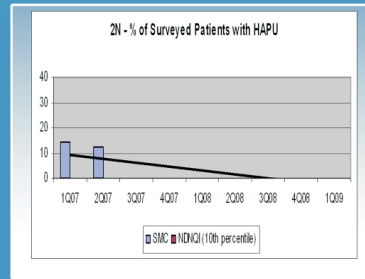
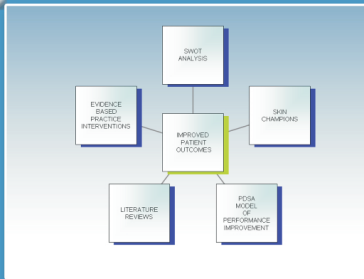
## KEYS TO SUCCESSFUL PRESSURE ULCER PREVENTION

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### ABSTRACT



**TITLE:** Skin Champions: Keys to Successful Pressure Ulcer Prevention.  
**PROBLEM:** Monthly prevalence and incidence studies revealed a steady increase in the number of hospital acquired pressure ulcers (HAPU).  
**EVIDENCE:** Current evidence includes a team approach to pressure ulcer prevention, decreases rates of HAPU. With support from leadership, creating a culture within a facility that empowers nurses and healthcare professionals will help promote staff accountability. HAPU, Costcare, Medicine and Risk Management were identified and by a multi team team and pressure ulcer prevention.  
**STRATEGY:** Using the PDSA model of Performance Improvement, bedside nurses took ownership of improving patient outcomes through an aggressive Pressure Ulcer Prevention initiative. They reviewed the products and interventions that were being used and asked the question: "What is best practice?" They conducted literature reviews and then implemented the changes. The team educated staff, patient and family members and the community. Monthly "Skin Champions" and "Unit Champions" were identified and rewarded.  
**PRACTICE:** There were several practice changes that were initiated by the Skin Champions Team. On admission, two nurses begin performing skin assessments to correctly identify potential breakdown. Nurse generated nutrition consults were implemented as well as the ability to order prophylaxis. An aggressive turning program was initiated and pressure redistribution surfaces were used.  
**EVALUATION:** Monthly prevalence and incidence studies were conducted on all inpatients from the inception of the Skin Champions Team.  
**RESULTS:** The data shows a dramatic decrease in the number of pressure ulcer incidence since the inception of the Skin Champions Team, as evidenced by the monthly Surveillance Rounds completed by the Champions. HAPU rates remained at 0 for 4 consecutive quarters.  
**RECOMMENDATIONS:**  
 1. Create a team that is multidisciplinary.  
 2. Establish a physician champion.  
 3. Disseminate information through multiple mediums in a timely manner.  
**LESSONS LEARNED:** A pressure ulcer prevention program driven by bedside nurses and focused on evidence based practices decreased the rate of hospital acquired pressure ulcers, thereby improving patient care and safety.



### CONCLUSIONS



**IMPLICATIONS**

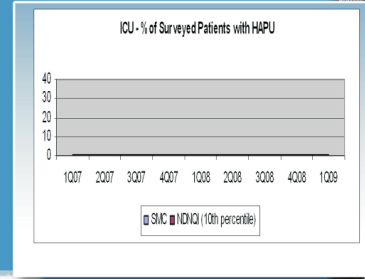
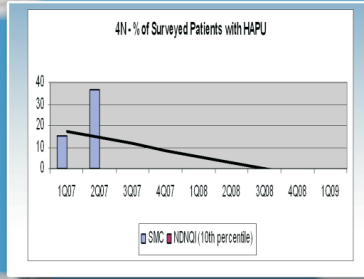
- Facilities should create a team that is multidisciplinary and enlist a physician champion.
- When implementing interventions, team members should not only educate staff, but lead by example. Education alone is not enough to initiate hard-wired change. Creative ways to engage the nurses should be explored.
- It is imperative to have a team dedicated to researching the literature, conducting studies and constantly improving patient care.
- Future studies could examine various interventions for increasing nurse buy in for a Skin Champions program.
- Other programs driven by bedside nurses could have similar outcomes.

### FINDINGS



**DESIGN**

- HYPOTHESIS:** Implementation of a "Skin Champions" team will decrease incidence of hospital acquired pressure ulcers.
- POPULATION:** In-patient adults on a medical unit, surgical unit and ICU.
- STUDY DESIGN:** Univariate Descriptive
- Comparison Data - 1<sup>st</sup> & 2<sup>nd</sup> quarter 2007 with 3<sup>rd</sup> quarter 2007 - 1<sup>st</sup> quarter 2009 (prevalence and incidence studies)



- Although interventions were already in place, prior to the Skin Champions Team, they were not necessarily based on Best Practices.
- Skin Champions initiated multiple interventions based on Evidence Based Practices.
- HAPU incidence decreased by the 3<sup>rd</sup> quarter of 2007 and remained at 0 through the 1<sup>st</sup> quarter of 2009.
- A pressure ulcer prevention program that is driven by bedside nurses and founded on Evidence Based Practice decreases the rate of hospital acquired pressure ulcers, thereby improving patient care and safety.
- A limitation of this study is that no one particular variable was studied to determine which, if any of the interventions directly impacted HAPU rates. Rather, it is surmised that all the interventions together provided the most effective prevention program, since pressure ulcer prevention requires a multifactorial approach.

