Nurse-Driven Skin Bundle to Reduce Hospital-Acquired Pressure Injuries (HAPIs)

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Background
• Hospital-acquired pressure injuries (HAPIs) are a serious problem in “at-risk” inpatient populations
• Pre-intervention (January–November 2018) the average HAPI point prevalence survey rate at a 192-bed acute care community hospital in northeastern PA was 1.96 (exceeded the HAPI rate national benchmark of 1.73)

METHODS

Objective
• At the conclusion of the offering the learner will be able to:
  • Discuss three evidence-based tactics, implemented as part of a nurse-driven skin bundle (NDSB), designed to prevent and decrease the incidence of acquiring a HAPI.

Evidence
• Several evidence-based studies show that the use of skin bundle tools significantly reduces the HAPI rate (Nursing Quality, 2016).
  • 30% reduction in HAPIs noted when a skin bundle is implemented in care (Coyer, et al., 2015).
  • Increased awareness of pressure injury (PI) prevention, and PI recognition by nurses, is demonstrated through education and training as part of a skin bundle (Tayyib et al., 2015).

Contribution Factors
• Inconsistent pressure injury (PI) documentation and use of Braden scale
• Use of non-evidence-based methods to turn/reposition patients
• Limited knowledge of skin care products
• Lack of visual cue to identify and off-load at-risk patients

CONCEPTUAL FRAMEWORK

Preparing for Success
• December 2018 – Certified Wound Ostomy Nurse (CWON) and the skin team (RNs and nurses’ aides) collaborated to strategize and standardize nurse-driven HAPI mitigation methodologies:
  • Conducted literature review
  • Identified evidence-based PI prevention products – stocked par levels
  • Interviewed RNs to determine needs and potential barriers
  • Educated RNs on Braden scale and identifying and staging PIs

Creating the NDSB
• Implemented the NDSB – patients with Braden score ≤ 18
  • Developed an order set of PI prevention products and interventions in the electronic health record (EHR):
    • Heel boots
    • Wedge and chair cushions
    • Silicone foam dressing (if continent)
    • Barrier cream and absorbent pad (if incontinent)
    • Body moisturizer
    • Turn clock on patient’s door
    • Skin risk bracelet/skin risk patient education brochure
    • Nutritional assessment

Implementing the NDSB
• March 2019 – Trialed the NDSB on a 32-bed progressive care unit
• May 2019 – Implemented the NDSB house-wide

Outcomes
• Post-intervention (May-December 2019), the average HAPI point prevalence survey rate in the institution was 0.23 – an 88% reduction in the HAPI rate

Key Learnings
• The nurse-driven skin bundle:
  • Engaged nurses to independently streamline protocols
  • Initiated immediate responses
  • Empowered bedside clinicians in the use of QI methodologies

Next Steps
• Incorporate NDSB into EHR order panel
• Place NDSB into the facility’s electronic education platform as a mandatory education tool
• Implement the skin bundle throughout all eight network campuses

REFERENCES

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