Utilization of a Skin Care Bundle to Decrease Pressure Ulcers in the Critical Care Unit

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Background / Introduction
Pressure ulcer-related hospitalizations increased by 80% from 1993-2006 (Sendelbach 2011). Institute for Healthcare Improvement (IHI) found strong evidence on implementation of proven best practices to radically reduce pressure ulcers in hospitals (IHI, 2011).

Skin care bundles are created to prevent pressure ulcer development by integrating evidence-based practice into nursing practice. Its implementation requires collaboration among interprofessional groups to provide patient centered care.

Purpose
A Skin Care Bundle was created to decrease occurrence of unit acquired pressure ulcers with recognition of patients at risk for pressure ulcer development and implementation of strategies for prevention.

Methods
For this evidence-based practice project a pre/post implementation design was used. Pressure ulcer survey results were compared pre and post implementation of the Skin Care Bundle.

• The Critical Care Unit Based Shared Governance Council identified an opportunity to address the increase in unit acquired pressure ulcers.
• The role of Skin Care Champion was developed and a resource nurse for each shift was identified. These Skin Care Champions partnered with the Certified Wound Ostomy Continence (WOC) Nurse to review the literature for best practices in pressure ulcer prevention.
• Through additional collaboration with a Clinical Wound Specialist from Physical Therapy on pressure ulcers and staging, and a Registered Dietitian on nutrition and wound healing, the skin care champions developed a bundle and gave it the acronym SKINNI.
• The Skin Care Bundle consists of the following considerations: (S) support surface, (K) “keep repositioning” interventions, (I) incontinence management, (N) nutrition, (N) needs and risks for skin integrity assessed each shift, and (I) improvements in documentation.
• To address concerns with pressure ulcer staging, all Critical Care Nursing staff were provided access to a continuing education module.
• The Skin Care Bundle was integrated into the electronic medical record.

Result

Quarterly Unit Acquired Pressure Ulcer results have decreased with implementation of Skin Care Bundle.

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Pressure Ulcer Rate (%)</th>
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</thead>
<tbody>
<tr>
<td>2011 Q4</td>
<td>23.85%</td>
</tr>
<tr>
<td>2014 Q1</td>
<td>4.70%</td>
</tr>
<tr>
<td>2014 Q2</td>
<td>9.52%</td>
</tr>
<tr>
<td>2014 Q3</td>
<td>8.80%</td>
</tr>
<tr>
<td>2014 Q4</td>
<td>4.54%</td>
</tr>
<tr>
<td>2015 Q1</td>
<td>6.80%</td>
</tr>
<tr>
<td>2015 Q2</td>
<td>4.26%</td>
</tr>
<tr>
<td>2015 Q3</td>
<td>6.08%</td>
</tr>
</tbody>
</table>

Sustainability
Skin Care Bundle compliance is correlated with Quarterly Pressure Ulcer results. As skin care bundle compliance increases, there is a decrease in unit acquired pressure ulcers.

Integration into Practice
Integrating the Skin Care Bundle into practice is a dynamic process. Facility updates that may affect the Bundle, opportunities for education, and recruiting of additional Skin Care Champions require ongoing support for sustainability.

The team has developed many innovative ways to keep the focus on the new SKINNI Skin Care Bundle process. A few of the ways that Skin Care Champions and Shared Governance Leadership communicate about the Bundle include:
- “What’s the SKINNI?” lapel pins
- small signs posted at the computer
- stickers
- candy rewards
- frequent e-mails
- posting of data

Future Actions
Awareness of the impact of pressure ulcers warrants the implementation of best practice (Stephen-Haynes 2011).

Skin Care Bundle outcomes have demonstrated a best practice at Houston Methodist San Jacinto Hospital. As with any change, stabilization of this new practice is necessary to achieve continuous improvement.

References


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