HOUSTON Adetholist® SAN JACINTO HOSPITAL

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

this evidence-based practice project a pre/post For 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.

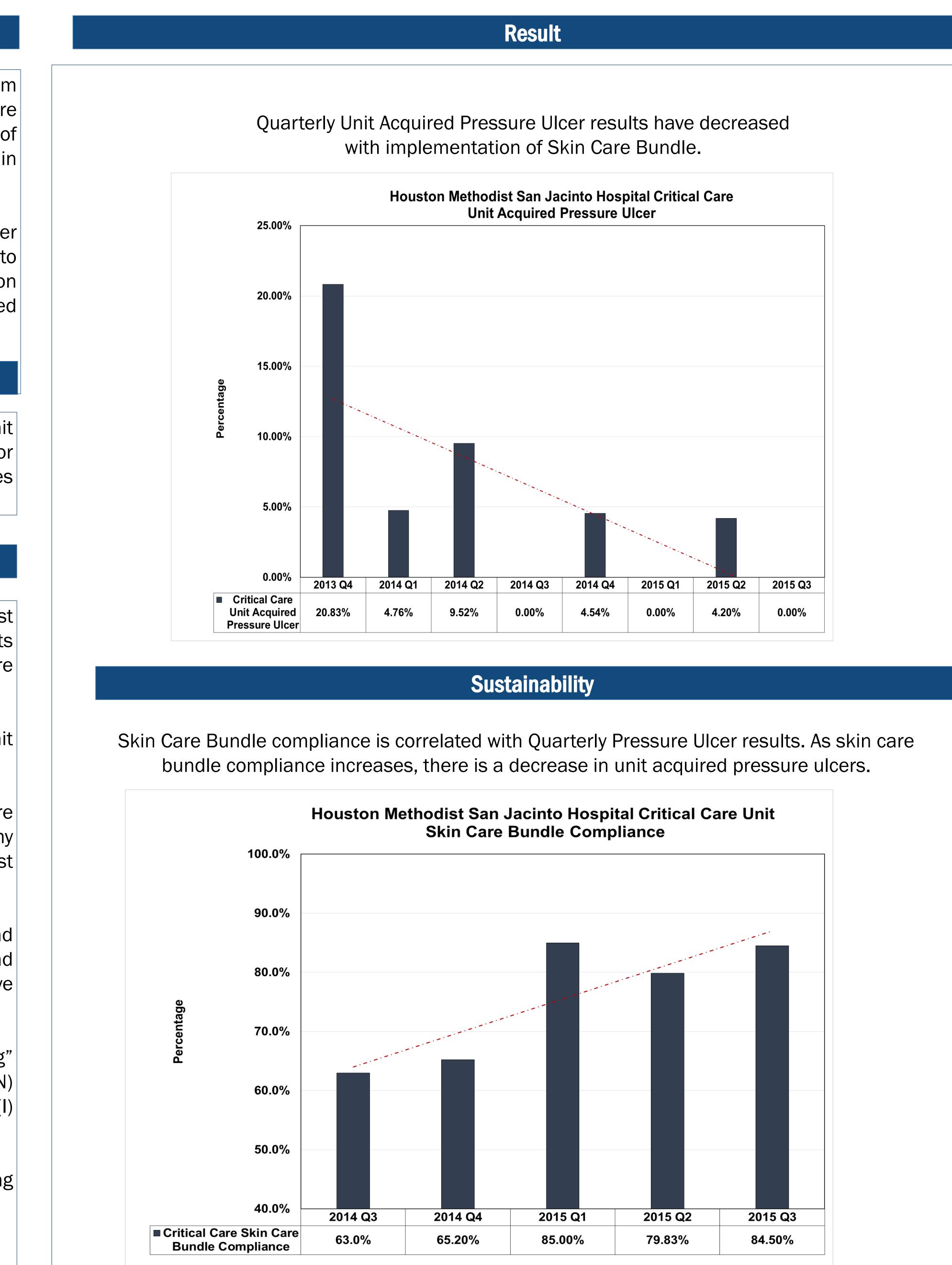
• The Skin Care Bundle consists of the following considerations: (S) support surface, (K) "keep repositioning" interventions, (I) incontinence management, (N) nutrition, (N) needs and risks for skin integrity assessed each shift, and (I) improvements in documentation.

• 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.

Utilization of a Skin Care Bundle to Decrease Pressure Ulcers in the Critical Care Unit Cindy Barefield BSN, RN-BC, CWOCN; Sheila Sample BSN, RN, CPAN; Mayra Valdez BSN, RN, CCRN;

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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

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.

IHI 2011. How To Guide: Prevent Pressure Ulcers. Cambridge, MA: Institute for Healthcare Improvement. (Available at www.ihi.org).

Stephen-Haynes, J. (2011). Pressure ulceration and the current government agenda in the UK; Wound Care. September 2011; S18-S26.

Sendelbach, S. (2011). Decreasing Pressure Ulcers Across a Healthcare System: Moving Beneath the Tip of the Iceberg; Journal of Nursing Administration, 41 (2), 84-89.

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Integration into Practice

Future Actions

References

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