Save Our Skin

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SAVE OUR SKIN
Save Our Skin: S.O.S.

Nursing care has a direct impact on the prevention of hospital-acquired pressure ulcers (HAPUs). The focus of this project was to empower bedside nurses with the knowledge and interventions necessary to save our patients’ skin.

Why is this important?

- Average cost of HAPUs: The Agency for Healthcare Research and Quality (AHRQ) estimates $43,180 per pressure ulcer. ¹
- In 2011, Wishard Adult Intensive Care Unit (ICU) had 42 HAPUs
  - 42 HAPUs = approximately $1,813,560
Purpose and Goals

In 2011, the Adult ICU had 42 HAPUs. Our goal was to decrease the occurrence of HAPUs by 50% (N = 21).

Interventions Implemented

- Developed Braden Algorithm
- Revised skin care protocol
- Instituted fluidized positioners
- Purchased camera for accurate wound documentation
- TRIaled wound care dressings
  - Presented product at Value Analysis Team (VAT)
  - Received approval for hospital-wide use
### S.O.S Braden Algorithm

<table>
<thead>
<tr>
<th>Braden Score:</th>
<th>Interventions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Risk (15-18)</td>
<td>Manage Moisture:&lt;br&gt;- Continue Standard of Care for an ICU patient&lt;br&gt;  *If other major risk factors are present (advanced age, fever, poor nutrition, hemodynamically unstable, and substance abuse) advance to next level of risk</td>
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<tr>
<td>Moderate Risk (13-14)</td>
<td>Manage Nutrition:&lt;br&gt;- Standard of Care&lt;br&gt;- Implement Zflo positioners&lt;br&gt;- Elevate heels&lt;br&gt;- Increase mobility (if possible)&lt;br&gt;- Consult with dietician to alleviate deficits&lt;br&gt;  *If other major risk factors present, advance to next level of care</td>
</tr>
<tr>
<td>High Risk (12 or less)</td>
<td>Manage Friction and Shear:&lt;br&gt;- Standard of Care + above interventions&lt;br&gt;- Zflo positioners&lt;br&gt;- KCI or Sizewise bed if patient has redness or Stage I or II pressure ulcer&lt;br&gt;- Elevate HOB no more than 30 degrees&lt;br&gt;- Protect heels and elbows from friction when repositioning</td>
</tr>
</tbody>
</table>

**Other Care Issues**<br>- No massaging bony prominences<br>- No donut devices<br>- Avoid drying of the skin<br>

Specialty beds need to be used on patients in the High Risk area if they have any redness or stageable pressure area.

If patient as breakdown, please notify Christina Dunn, Rachel Culpepper, Holly Otey or S.O.S Braden Champion.
## S.O.S: Save Our Skin

### Skin Protocol

<table>
<thead>
<tr>
<th>Skin Condition</th>
<th>Description</th>
<th>Intervention/Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Skin Care</td>
<td></td>
<td>Braden scoring q shift to assess risk.</td>
</tr>
<tr>
<td>Dry Skin</td>
<td></td>
<td>Sensicare moisturizer BID and PRN</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Skin Intact</td>
<td>Comfort shield wipes (grey packs)</td>
</tr>
<tr>
<td>Fungal</td>
<td>Rash like redness</td>
<td>Nystatin Powder or Antifungal cream</td>
</tr>
<tr>
<td>Stage I</td>
<td>Skin intact with non-blanchable redness</td>
<td>Barrier cream for incontinent patients, diligent turning and repositioning</td>
</tr>
<tr>
<td>Stage II</td>
<td>Open redness with superficial skin breakdown</td>
<td>Trypsin Ointment (Xenaderm), KCI/Sizewise Specialty bed</td>
</tr>
<tr>
<td>Stage III</td>
<td>Full thickness tissue loss with damage or necrosis of SQ tissue</td>
<td>Consult Wound Care Team</td>
</tr>
<tr>
<td>Stage IV</td>
<td>Full thickness tissue loss with extensive tissue destruction, tissue necrosis, or damage to muscle, bone or supporting structures</td>
<td>Consult Wound Care Team</td>
</tr>
<tr>
<td>Deep Tissue Injury</td>
<td>Purple or maroon localized intact area of or blood blister</td>
<td>Zflo positioners</td>
</tr>
<tr>
<td>Unstageable</td>
<td>Full thickness tissue loss, covered by slough or eschar in wound bed</td>
<td>Consult Wound Care Team</td>
</tr>
</tbody>
</table>

## American Association of Critical-Care Nurses

AACN CSI Academy
Clinical Scene Investigator™
Activities and Key Dates

**Launched January 1, 2013**

- Staff education on algorithm and protocol
- Staff incentives: badge holders and goody bags
- Weekly audits of use of algorithm and protocol
- Identified S.O.S. RN of the week
  - Proactive in use of protocol and related products
  - Received gift card & recognized on unit

**Hydrocellular foam dressings – April 1, 2013**

- Unit breakfast and staff education
- Inservices conducted by product representative
Activities and Key Dates

S.O.S. board introduced May 6, 2013
- Placed in break room
- Display of number of unit-acquired pressure ulcers

Staff reward October 2013
- On track to achieve goal
- Pizza provided for multiple shifts
- Coffee maker purchased for unit
Key Challenges

Staff Compliance: Lack of Consistency
- Use of Braden algorithm
- Use of hydrocellular foam dressings

Staff “Burnout”
- Hiring freeze of benefited employees (Quarters 1 and 2)
- High volume of per diem staff
- Increased responsibility for regular staff
Key Challenges

Increased Use of Per Diem Staff

- Decreased continuity of care
- Difficulty educating and auditing
  - Lower level of accountability
Unintended Positive Outcomes

- Hydrocellular foam dressings purchased for use hospital-wide
  - Potential for positive impact hospital-wide
- Physicians support use of dressings
- Staff nurses received experience with product trial
  - Potential for positive impact hospital-wide
Anticipated Savings

2013 Goal: Less than 50 percent of 2011 HAPUs
- $1,813,560 / 2 = $906,780 potential savings

To-date 2013: 15 HAPUs
- Total two-year savings = $1,165,860
- Estimated annual savings = $582,930
Support From Mentors

We would like to acknowledge those who helped us along the way:

- Katie Swafford, RN, MSN, CNS-BC, CCRN: Coach
- Vicki Harden, RN, CCRN: Critical Care Director
- Karen Tucker, RN, BSN: Critical Care Manager
- Vanessa Kersey, RN, BSN: Critical Care Manager
- Lenora Maze, RN, MSN, CNS, CCRN, CNRN
- Toby Pritchard: Smith & Nephew Representative
- Lee Ann Blue, RN, MSN: Chief Nursing Officer & Executive Vice President of Patient Care Services

A special thank you to AACN for this opportunity. Because of your generosity, we have been able to make a positive impact on our unit's nursing practice, our personal leadership skills, and our patients' outcomes. Thank You!
References