

INTRODUCTION

- Quality Improvement (QI) projects are systematic, interprofessional team efforts, developed to monitor, assess, and improve health-care quality (Lewis, Buchner, Mclean Heitkemper, & Harding, 2017).
- The National Database of Nursing Quality Indicators (NDNQI) provides data on nursing sensitive outcomes, meaning outcomes that occur as as a direct impact of nursing care (Lewis et al., 2017).
- The NDNQI has listed **pressure ulcer** incidence as one of these outcomes (Lewis et al., 2017).
- A pressure ulcer is a localized injury to the skin or underlying tissue, usually over a bony prominence such as the sacrum or heel, which occurs as a result of pressure or shear to the area (Lewis et al., 2017).



(Science Photo Library, 2020)

SIGNIFICANCE

- Pressure injuries are responsible for an estimated increase in mortality rate of 72 deaths per 1000 (Kahn & Jonusas, 2019).
- The national cost of treating hospitalacquired pressure injuries (HAPIs) is estimated at \$11 billion each year (Cooper, 2020).
- HAPIs are associated with average excess costs of \$18,000/case (Kahn & Jonusas, 2019).
- The treatment of one stage 4 HAPI can cost as much as \$70,000 (Cooper, 2020).
- Patients with HAPIs incur longer hospital stays compared to those without HAPIs (Kahn & Jonusas, 2019).
- An estimated 50% of the most serious pressure injuries are preventable (Birkill, 2020).

Quality Improvement: Saving Skin, Saving Lives Carrie Ann Kinney

POSITION STATEMENT

QI projects aimed at reducing the incidence of skin breakdown and the development of pressure ulcers have significantly improved health outcomes.

SUPPORT FOR POSITION

- A QI project by Birkill, which focused on identifying the root causes of the development of heel pressure ulcers while working with the tissue viability team, saw an 80% decrease in the incidence of HAPIs in a 275-bed inpatient setting over a 3-year period (2020).
- The Deal with Heels project identified offloading pressure from the heels via the use of pillows and other heelsuspension devices and frequent skin inspection as key factors in the prevention of HAPIs (Birkill, 2020).
- Another QI initiative by Kahn and Jonusas, which focused on delegating "turn teams" responsible for repositioning patients every 2 hours, was able to reduce the incidence of HAPIs in 51-bed inpatient unit by 54% over a 1-year time span (2019).
- The turn teams project utilized the Braden scale to determine which patients met turn team criteria as well as a magnet system, which served as a visual indicator outside the rooms of patients who required turning and repositioning (Kahn & Jonusas, 2019).
- A QI initiative by Courtney, Ruppman, and Cooper, which implemented a process which allowed for increased focus on developing and delivering quality products and services, saw a decrease in the incidence of pressure ulcers by nearly 70% in a 710-bed hospital over a 5-year period (2006).
- The Save Our Skin program focused on assessing protocols already in place, identifying potential solutions, and monitoring staff performance (Courtney et al., 2006).

IMPLICATIONS FOR PRACTICE

- Skin inspection upon admission and on a routine basis thereafter is key in the early identification of pressure injury and must be completed by nurses each shift, no matter how time consuming or tedious (Birkill, 2020).
- Nurses should remove compression stockings and other articles of clothing to expose difficult to see areas, which greatly increases the effectiveness of skin inspection (Birkill, 2020).
- It is crucial for nurses to recognize that pillows may not be effective in achieving "free-floating" heels and the importance of assessing individual risk factors which may warrant the use of adaptive devices for offloading pressure, including heavy lower extremities and presence of edema (Birkill, 2020).



(Repton Medical, 2020)

- The creation of designated turn teams requires effective communication, documentation, and teamwork from all members of the unit staff (Kahn & Jonusas, 2019).
- Facilities that intend to implement turn teams must stress the importance of detailed hand-off reports, which should include client risk for skin breakdown. Nurses must complete the Braden Scale Assessment each shift (Kahn & Jonusas, 2019).
- Once QIs have been made and policies have been changed, it is the responsibility of the nurse leader or clinical coordinator to continue monitoring performance and measuring outcomes in order to ensure quality (Courtney et al., 2006).



CONCLUSION

QI initiatives such as the Deal with Heels Program, the Save Our Skin Program, and the implementation of designated turn teams have significantly decreased the incidence of HAPIs. By decreasing the incidence of HAPIs, the risks for developing infection and other serious complications are subsequently decreased. With a decreased risk for complications, health outcomes for patients are significantly improved and patients may be able to return home sooner.

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