LOVE THE SKIN YOU’RE IN!
PRESSURE INJURY MANAGEMENT

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Children’s National Hospital, Washington, D.C.
DISCLOSURE

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SYMPOSIUM OBJECTIVES

CREATING SUSTAINABILITY
• Describe effective interventions that led to a sustainable skin and wound program.
• Describe the active learning strategy for ongoing professional development of ST members.

OPTIMIZING SKIN INTEGRITY
• Discuss the patient impact associated with prevention of medical device related pressure injuries (MDRPIs).
• Describe the key components of a unit based ‘One Simple Change’ project.

BETTER TOGETHER
• Summarize the professional development outcomes for Skin Team (ST) members participating in pressure injury prevalence/prevention educational activities.
• Identify unique programmatic evaluations that result in improved patient outcomes.
DEFINITIONS

- **Hospital Acquired Condition** (HAC): a medical condition or complication that a patient develops during a hospital stay, which was not present at admission.

- **Pressure Injury** (PI): localized damage to the skin/underlying soft tissue over a bony prominence or under a medical device.
  - **Hospital-acquired pressure injury** (HAPI): a PI that occurred after admission.
  - **Medical device-related pressure injury** (MDRPI): describes an etiology.
  - **Serious Harm Events** (SHE): stage 3, stage 4, and unstageable (UTS) PIs.

- **Prevalence**: number of patients with a hospital-acquired PI (HAPI) at a set point in time.

INTRODUCTION

Children’s National Hospital & the Skin Team

Kara Johnson  BSN, RN, WOC-RN, WCC
Laura Welch  BSN, RN-BC, CPN, WOC-RN, WCC
CHILDREN’S NATIONAL HOSPITAL  (Washington, DC)
CHILDREN'S NATIONAL SKIN TEAM (ST)

- 70+ Registered Nurses & Patient Care Technicians
  - All 10 inpatient units
  - 6 non-inpatient departments
  - 2 ambulatory clinics
CREATING SUSTAINABILITY

A Nurse-Led Skin Program

Kara Johnson  BSN, RN, WOC-RN, WCC
Laura Welch  BSN, RN-BC, CPN, WOC-RN, WCC
"The more you know about the past, the better prepared you are for the future."
–Theodore Roosevelt
13 Years & Counting

- 1st Multidisciplinary Team
- 1st House-wide Skin Team
- CHCA PI Collaborative
- Prevalence 2x Quarter
- Leadership Change
- Restructuring
- Monthly Prevalence
- 2019
Restructuring for Sustainability

“We are here to create history, not repeat it.”
—Chantelle Renee
PROGRAMMATIC CHANGES

DECREASE Pressure INJURIES
“Tell me and I’ll forgot. Show me and I may remember. Involve me and I learn.”
-Benjamin Franklin
EDUCATION

- Simulation
- Inter-Rater Reliability
- Peer to Peer
- Journal Club
- CNE’s
- Introduction Course
- Wound Cart
- Skin Team Boards

Children’s National.
STANDARDIZATION

- Product 101’s
- Wound Cart Simulators
- Measurements & Documentation
  - E-Learning Module
  - Skills validation
PEER TO PEER

Case Studies

One Simple Change

3:00 Presentations
SKIN TEAM BOARDS

REQUIRED ELEMENTS

• Unit-based Skin Team members
• Diaper Dermatitis algorithm
• PI Bundle Elements

OPTIONAL ELEMENTS

• Product updates
• Cushion to Protect
• Unit HAPI prevalence rate
• Announcements/updates
PREVENTION

“Treatment without prevention is simply unsustainable.”

-Bill Gates
P REVENTION

Cushion & Protect

Bundle Compliance

Team Expansion
CUSHION & PROTECT

CUSHION those Devices to PROTECT Skin Integrity

NGT/OGT; Nasal Cannula
NIRS
Pulse Ox Probe
Trach
BIPap/CPap Sipap
Peripheral IVs; CVLs

Apply piece of Duoderm or cheek underneath tube with No-Sting Skin Prep, Secure with Hypafix, Change PRN
For “at risk” pts only: Cover site with Mepitel One, Place probe on Mepitel One dressing, Change daily
For “at risk” pts only: Cover site with Mepitel One, Place probe on Mepitel One dressing, Change daily
For skin barrier superior and inferior to stoma site options: Duoderm or Mepilex Border Lite. For smaller stoma options: Mepilex Transfer with 2x2 gauze or Dermafort
Anchor vent tubing Change dress PRN
Cover points of mask-skin contact with Mepilex Transfer or Mepilex Nanowrap. Duoderm below stoma & apply Mepilex or Dermafort to septum cut in “T” fashion. Change PRN
Place prepackaged foam between skin and IV hub & under wings, Change w/ dress change

J. Amling, L.Welch, K. Johnson. Updated 2018
CUSHION & PROTECT
HANDS-ON
**BUNDLE COMPLIANCE**

**PRESSURE INJURY PREVENTION BUNDLE ELEMENT – PATIENT POSITIONING**

**CARE DESCRIPTION OF ELEMENTS**
- Turn **ALL SEDATED, IMMObILE, AND/OR INSENSATE PATIENTS** at least **EVERY 2 HOURS**.
  - In PICU, re-positioning is timed with
    - **Baths**.
  - Maintain HOB < 30 degrees (unless medically contraindicated).

**DOCUMENTATION EXPECTATIONS**

**SPECIAL CIRCUMSTANCES**
- Patients ≤3 months of age who are **NOT** sedated, immobile, and/or insensitive.
- Patients **WHO CAN REPOSITION** themselves.
- Document **Patient moves self** (Q3hr) in ADLs.
- Patients who are clinically **UNSTABLE/MEDICALLY CONTRAINDICATED**
  - Requires IP order Q3hr = document medically unstable in ADLs.
  - Patient/family **REFUSAL**.
  - Document refusal(s) in ADLs with each Q3 interval.

**Skin Team Member:**

**Unit:**

**Due Date:** April 2019 (04/10/2019)

**Date Range:** 03/14/19 - 04/09/19

<table>
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<th>Patient Information</th>
<th>Pt Repositioning</th>
<th>Follow-Up</th>
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<td>Date/Time</td>
<td>MRN</td>
<td>At-Risk Criteria</td>
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**Comments:**
INTERPROFESSIONAL COLLABORATION

“We can’t solve problems by using the same kind of thinking we used when we created them.”

-Albert Einstein
INTERPROFESSIONAL COLLABORATION

- MDRPI Taskforces
- Product Reps
- Guest Lectures
- Policy & Procedure Updates
## Year at a Glance

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Topic</th>
<th>Month</th>
<th>Guest Speaker/Product Representative</th>
<th>Hands-On</th>
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<tr>
<td>Q1</td>
<td>Pressure Injuries</td>
<td>January</td>
<td>Introduction Course &amp; Journal Club</td>
<td>Padding &amp; Stabilizing of Lines, Tubes, Drains</td>
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<td>February</td>
<td>Interventional Radiology Line/Tubes/Drains Procedures</td>
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<td>March</td>
<td>Neurology EEG Procedure</td>
<td>EEG Turban Application &amp; Skin Protection</td>
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<td>Q2</td>
<td>Skin Injuries &amp; Wound Care</td>
<td>April</td>
<td>Introduction Course &amp; Journal Club</td>
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<td>May</td>
<td>Dermatology Dermatological Skin Conditions</td>
<td>Wet Pajamas &amp; Wound Cultures</td>
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<td>June</td>
<td>General Surgery Physician Abscesses, Incisions, &amp; Fistulas</td>
<td>Wound Packing</td>
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<td>Q3</td>
<td>Ostomies &amp; Fistulas</td>
<td>July</td>
<td>Introduction Course &amp; Journal Club</td>
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<td>August</td>
<td>Hollister Rep Stoma &amp; Bag Selection</td>
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<td>September</td>
<td>Gastroenterology Surgical Procedure for Stoma Formation</td>
<td>“Pouch Me Home”</td>
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<td>Q4</td>
<td>Negative Pressure Wound Therapy</td>
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<td>Introduction Course &amp; Journal Club</td>
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<td>November</td>
<td>Orthopedics Debridement &amp; Surgical Site Wounds</td>
<td>Surgical Site Wounds</td>
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<td>December</td>
<td>Acelity Rep Negative Pressure Wound Therapy</td>
<td>V.A.C Application</td>
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# PRODUCT REPS

## Skin & Wound Products

- Negative pressure wound therapy
- Ostomy pouches
- Support surfaces (specialty beds)
- Repositioning aids
- Foam dressings
- Barrier products

## Hands-On Learning
DIDACTIC LECTURES

Content Expert

- Burn Team
- Trauma
- Orthopedics
- Gastroenterology
- General Surgery
- Neurology
- Dermatology
- Interventional Radiology
- Physical Therapy
- Respiratory Services
- Vascular (IV) Team

Hands-On Learning
MDPRI Taskforces

2016
- Neurology (EEG)
- Respiratory (non-invasive ventilation)

2017
- Peripheral Vascular Team (peripheral IVs)
- Trauma (cervical collar)

2018
- Anesthesiology/Cardiovascular Surgery (endotracheal tube)

2019
- Respiratory (non-invasive ventilation)
- ECMO
OPTIMIZING SKIN INTEGRITY

One Simple Change for Hospitalized Children

Kara Johnson  BSN, RN, WOC-RN, WCC; Laura Welch  BSN RN-BC, CPN, WOC-RN, WCC; Nora Kramer  BSN, RN, CPN; Sarah Hamilton  BSN, RN, CPN; Bridgett Bissell  BSN, RN; Pam Allen  RNC-NICU, WCC & Leia Foster  BSN, RNC-NIC
2016 Medical Device-Related PIs

- EEG: 32%
- Respiratory Devices: 24%
- Vascular Access: 16%
- L/T/D: 5%
- Rotatable Devices: 7%
- Other: 16%
GOING TURBANLESS

Nora Kramer BSN, RN, CPN; Sarah Hamilton BSN, RN, CPN; & Bridgett Bissell BSN, RN
Reducing EEG-Related PIs

Clinical Significance

• January – July 2016
  – 45 EEG-related PIs
  – 78% occurred in the 3 ICUs
• Our top MDRPI
• Interprofessional quality improvement (QI) initiative
  – Focus areas: CICU/PICU
  – The Team
    • Skin Team RNs in CICU & PICU
    • Neurologists
    • EEG Technicians
GOING TURBANLESS

**Phase 1**
- Turban-less EEG studies in CICU/PICU
- New ‘flatter’ EEG leads
- Weekly EEG rounds

**Phase 2**
- Education
  - Skin protectors
  - Turban pressure
  - EEG surveillance
TURBANLESS OUTCOMES

EEG-Related PI's

Injuries on TurbanLESS

2016-Pre  | 2016-Post  | 2017  | 2018  | 2019  
--- | --- | --- | --- | ---
45 | 9 | 15 | 7 | 

EEG-Related PIs

*Data through September 2019