

Background/Synthesis of Evidence

A Pressure injury (PI) is defined as “localized damage to the skin and/or underlying soft tissue, usually over a bony prominence or related to a medical or other device” (The Joint Commission, 2016). PIs result from intense or prolonged pressure. Trauma patients are at high risk for development of pressure injuries related to multiple injuries, fractures, burns, pain associated with injuries and decrease mobility. Hospital-acquired PIs (HAPIs) can cause pain, infection, interfere with recovery, and contribute to premature death. HAPIs have higher costs of treatment and are associated with loss of reimbursement dollars. HAPI treatment cost range from \$20,900 to \$151,700 per pressure injury (Agency for Healthcare Research and Quality [AHRQ], n.d.). Despite being preventable, HAPI prevention remains a challenge for many healthcare organizations. HAPI development was once thought to be solely a nursing responsibility and a reflection of care provided. However, due to the complexity of care, efforts to prevent HAPI development requires a systematic approach from multiple disciplines (AHRQ, n.d.).

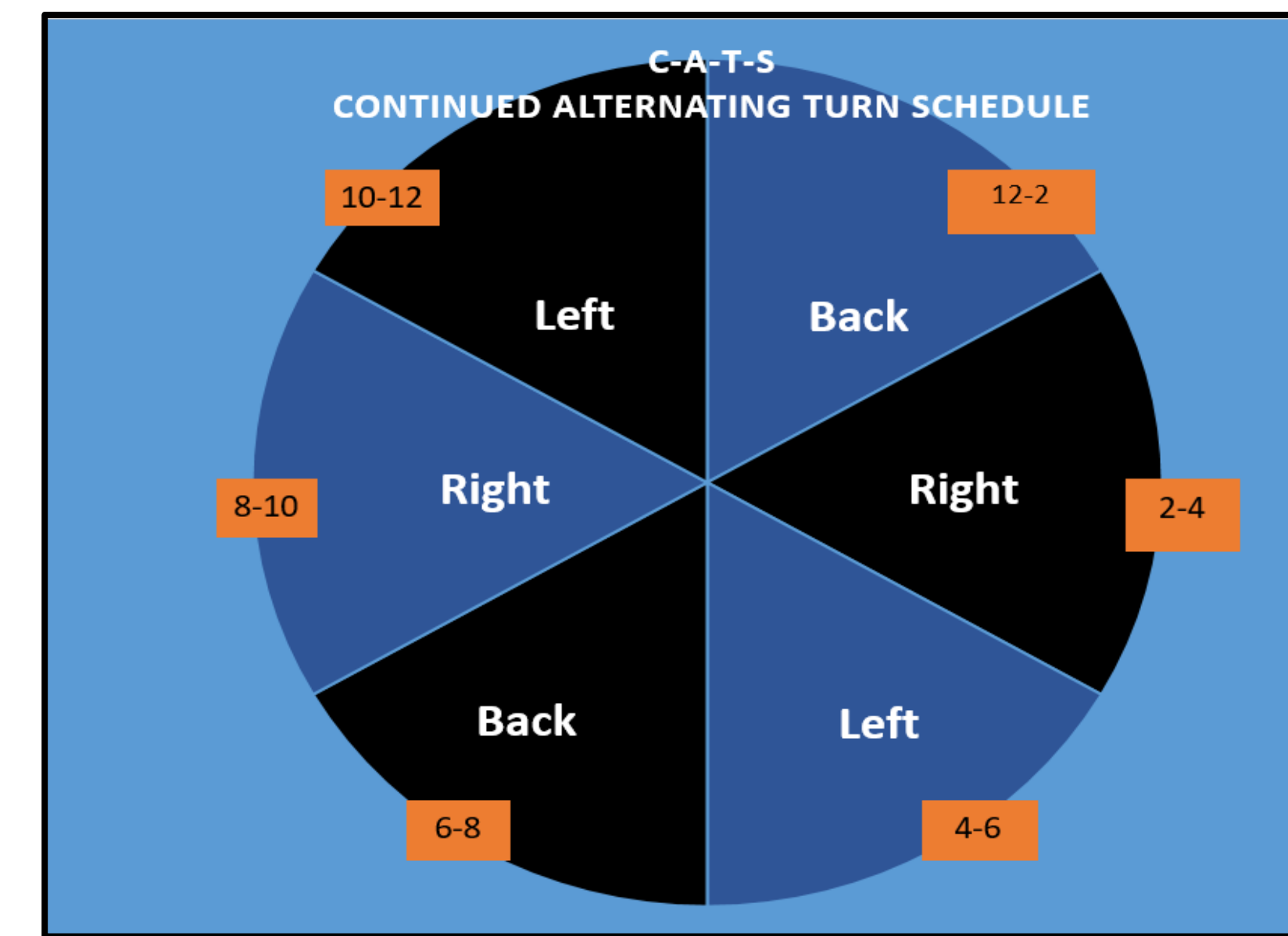
At one Level 1 trauma center, a multidisciplinary approach was utilized to tackle pressure injury prevention and reduce pressure injury rates. The multidisciplinary team composed of clinical nurses, clinical nurse specialists, patient care managers, the director of Trauma/Surgical services, wound care team, and physicians collaborated to implement the *Save Our Skin* program. The clinical nurses drove the success of the program by introducing and educating other clinical staff on evidence-based initiatives to reduce HAPIs.

Purpose

The purpose of the comprehensive *Save Our Skin* program was to reduce the incidence of harm related to HAPIs across all levels of care within the Trauma/Surgical service line.



Clinical nurses supporting for 4 eyes skin assessment for early identification of HAPIs



C-A-T-S Turn Clock.

Methods

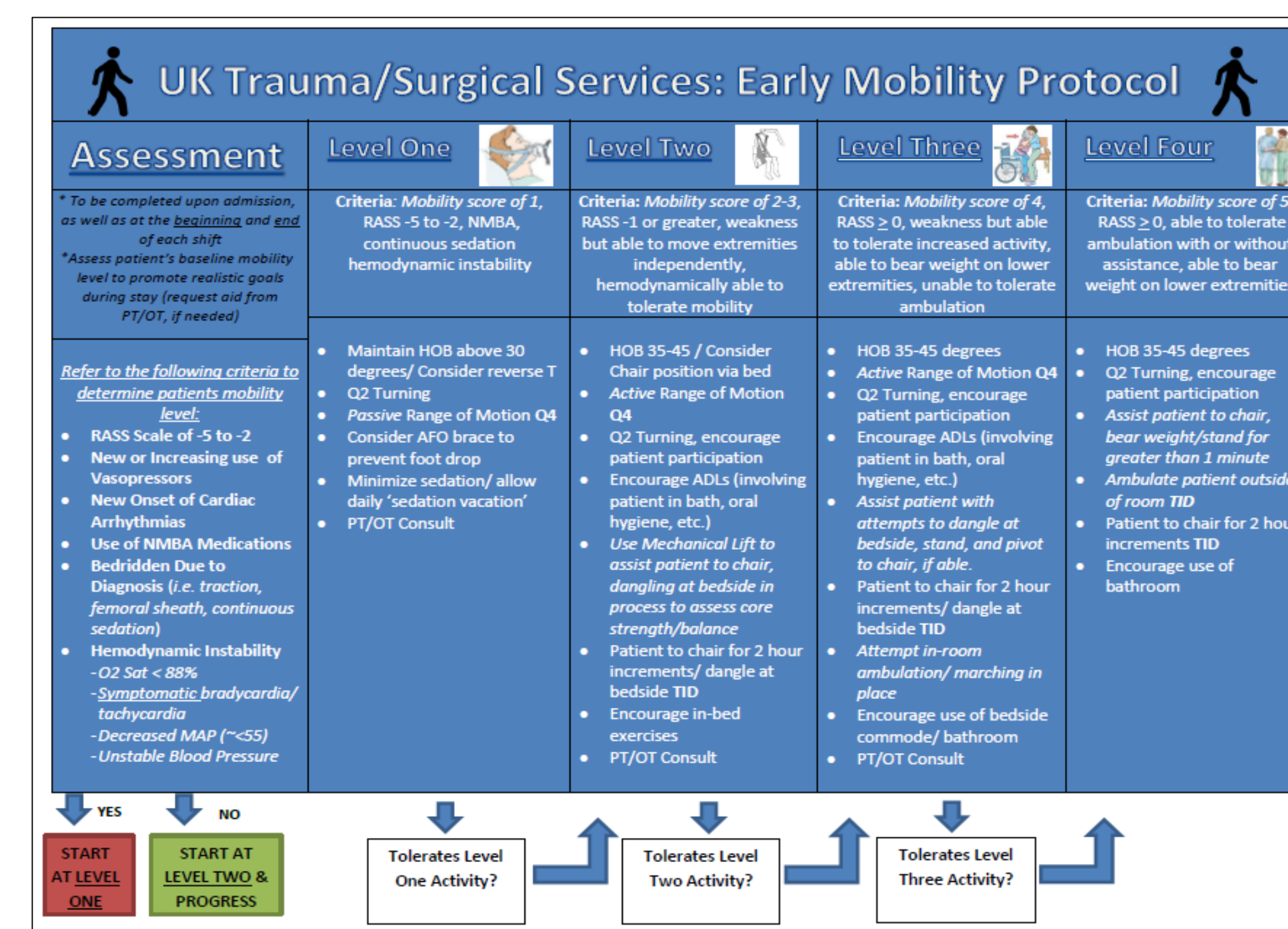
Participants of the program included clinical nurses and nursing care technicians from acute, progressive, and intensive care units within the Trauma/Surgical service line.

Multiple instructional strategies were incorporated into the program: PowerPoint lecture/discussion, problem based learning through case scenarios, gamification, and skills validation.

The evidenced-based interventions including use of a turn clock, turn teams, “4-eyes” skin assessment, and an early mobility protocol were delivered and discussed in the educational, interactive two hour program.

- The **turn clock** is utilized as a visual reminder of positioning associated with the hour.
- The **turn teams** consist of 2 staff members that sign up for a specific time to turn patients ensuring all patients are turned every 2 hours.
- The **4-eyes skin assessment** is performed by two clinical nurses on admission to the unit and during bedside shift report to ensure skin assessment is consistent between shifts and to identify skin impairment early for prompt intervention.
- The **early mobility protocol** is performed upon admission and at the beginning of each shift to assess the patient’s baseline mobility to promote realistic and progressive mobility goals during hospitalization.

The program also includes pressure injury prevention skills validation, patient testimonies and the physician’s perspective regarding the importance of early mobility and pressure injury prevention.

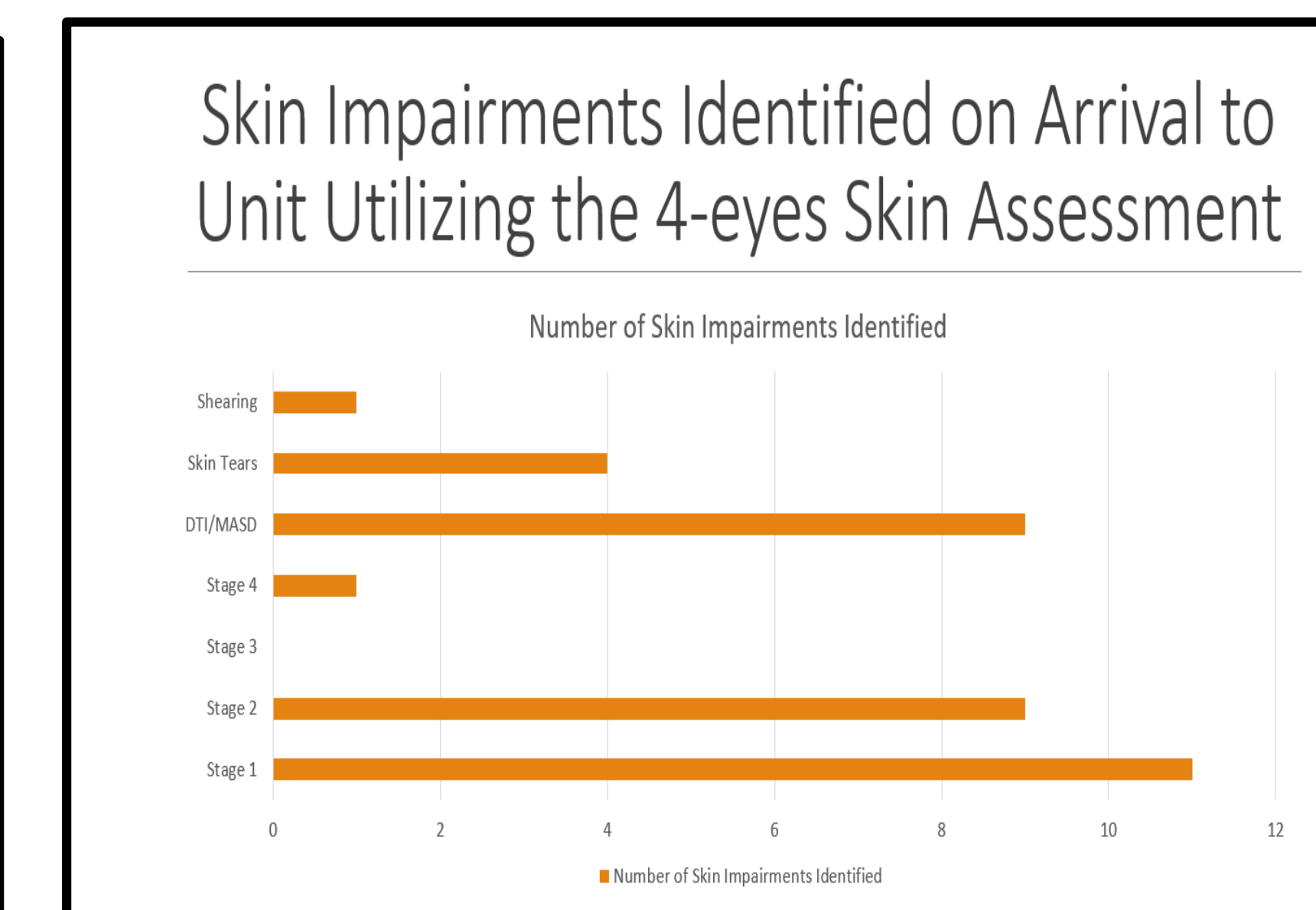
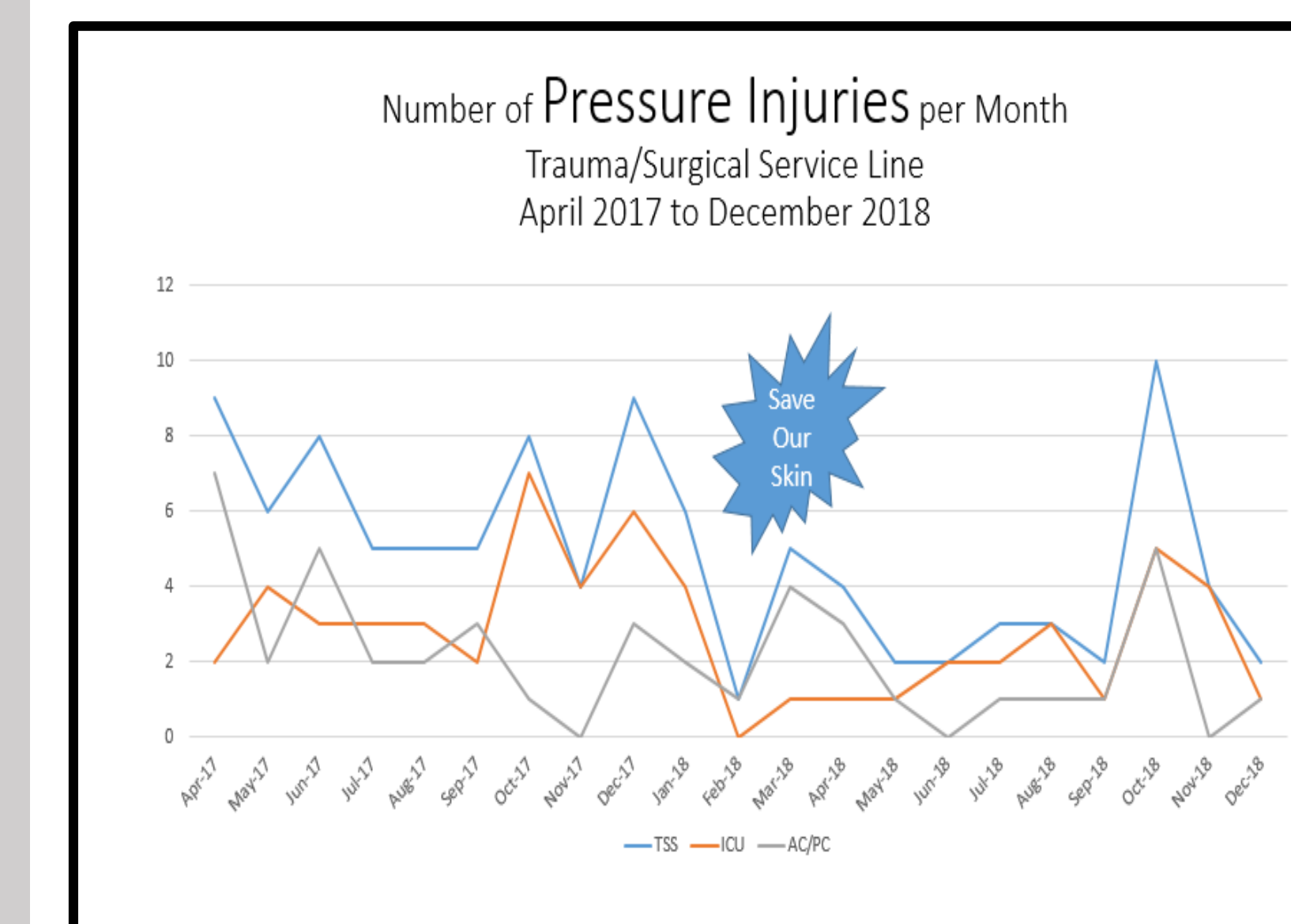


UK Trauma/Surgical Services: Early Mobility Protocol.

Acute/Progressive Turn Team Sign-up sheet.

Results

Prior to the implementation of the *Save Our Skin* program, the Trauma/Surgical service line had the highest number of HAPIs within the organization. After implementation, HAPI rates decreased 41.2%. On one unit alone, 35 skin impairments were identified on admission to allow for early intervention.



Relevance to Healthcare Delivery/Impact to the Profession of Nursing

The reduction of HAPIs has a significant impact on the trauma patient and organization:

- **Financially:** the prevention of HAPIs reduces the length of stay for the patient and positively impacts hospital reimbursement.
- **Patients:** prevention of undue harm and improvements in quality of care and increases patient satisfaction.
- **Staff:** increased staff satisfaction by increasing team morale, autonomy, accountability and the distribution of workload between staff.

References

The Joint Commission. (2016). Preventing pressure injuries. Retrieved from https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_25_July_20161.pdf
 Agency for Healthcare Research and Quality. (n.d.). Preventing pressure ulcers in hospitals. Retrieved from <https://www.ahrq.gov/professionals/systems/hospital/pressureulcer toolkit/putool1.html>