Stop The Pressure And Reduce Harm

Standardized skin care Through SSKIN Bundle to prevent pressure ulcer
Enaya Specialized Care Center-M3

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Background

Enaya Specialized Care Center (ESCC) is the facility under Rumaiah hospital to provide the highest level of long term care to the residents. Out of eight units,M3 is the unit of male residents who had various long term disease conditions such as hypertension, diabetes mellitus, dementia and multiple pressure ulcer. Most of our residents are dependent on nurses and on allied staffs in performing their activities of daily living. Moreover, majority of them are in bed ridden condition which predisposes them to develop high risk of pressure ulcer.

Taking care of these residents , was both a challenge and an opportunity, a challenge to deliver the best care despite the complexities and at the same time, it is also an opportunity to be a part of its improvement stories .

As far as we concerned, We have to be keep our residents free from developing new pressure ulcer and to prevent deterioration from existing pressure ulcer.So,We Escc-M3 standardized our approaches to skin care by adopting the tissue viability skin care SSKIN bundle as promoted by the International Healthcare Improvement (IHI).

Our improvement journey begins with BEST CARE ALWAYS CAMPAIGN which was designed by HMC in partnership with Institute of healthcare improvement , to build the capacity within HMC to deliver the safest and most effective care to the people of Qatar.

Goals

--To maintain 100%compliance with regular Braden skin assessment to all residents by December 2016

-To Maintain the 100% of compliance with SSKIN bundle care to all high risk residents by December 2016

-pressure ulcer with 500 free target target days By April 2017

Methodology

-Use of the model for improvement

-Frequent small test of change

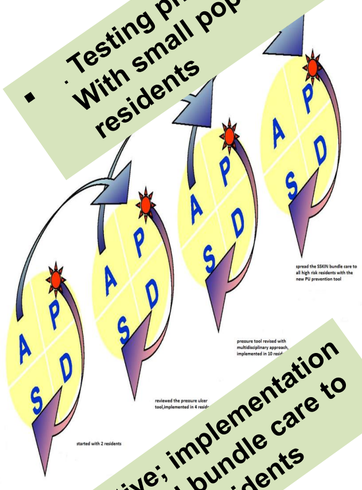
-Education

-Display of outcome on Best Care Always board for motivation

-Committed Multidisciplinary team approach

-Leadership active involvement

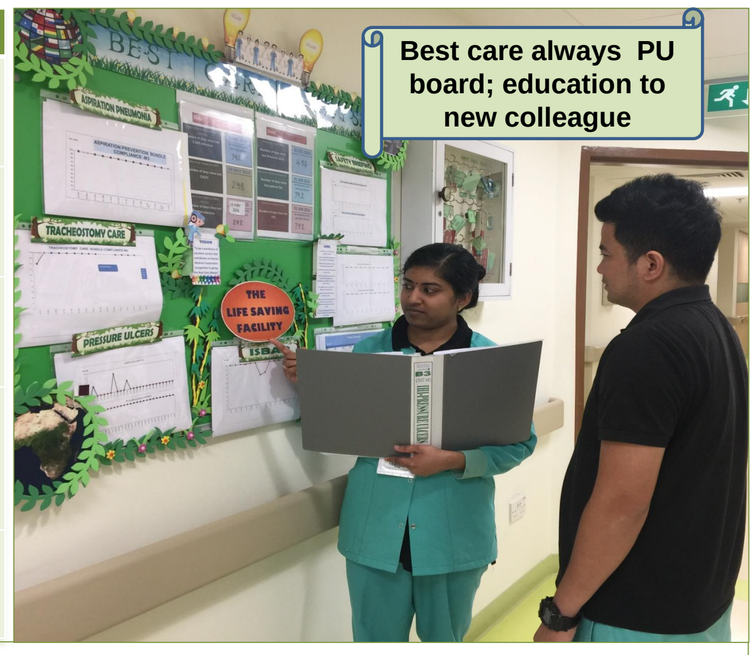
- Testing phase, started With small population of residents



objective; implementation of SSKIN bundle care to all residents

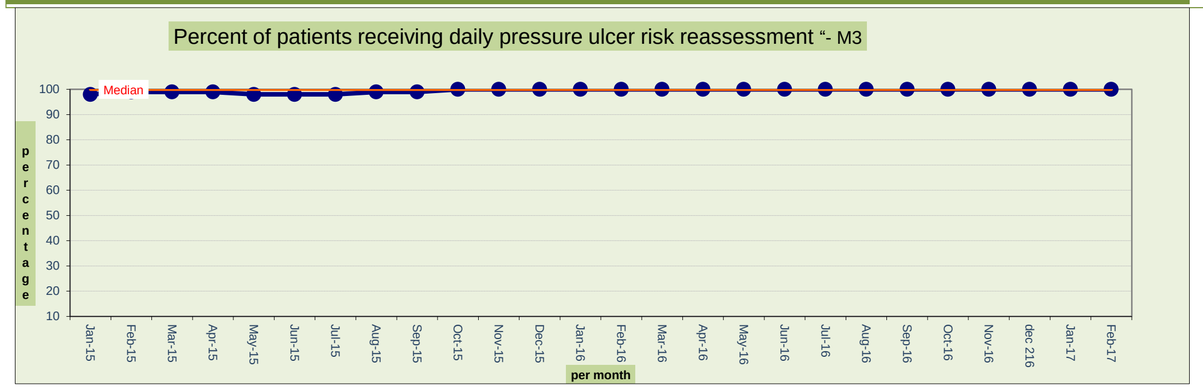
Intervention

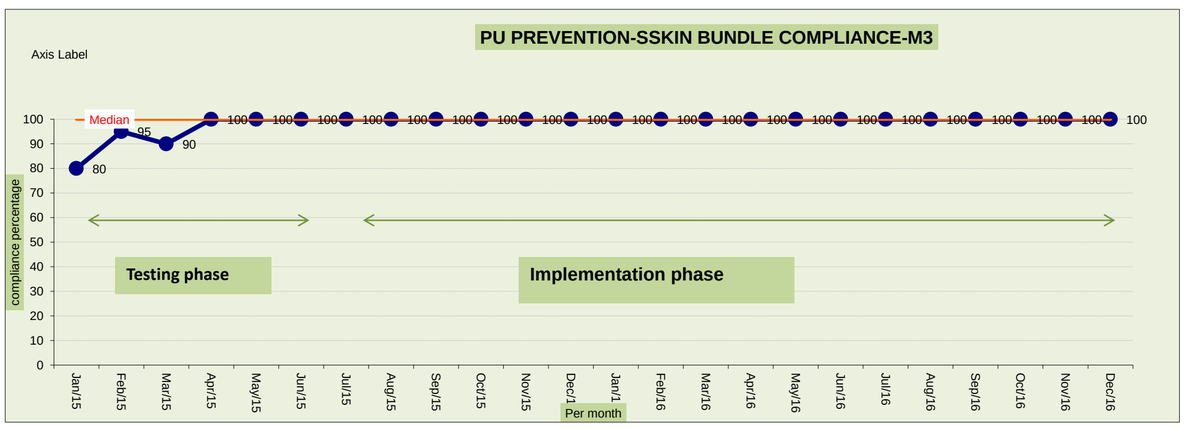
BUNDLES		ACTION TAKEN
S-skin inspection		-Assessment of the skin is being done properly as often as every 4-6 hours as well as admission -utilization of Braden scoring system
S-surface distribution		-As per the risk assessment ,we provided air ,matress,egg matress,foam mattress to all my residents in ESCC-M3
K-keep moving		-Implementation of individualized positioning clock -individualized comfort devices to manage contracture
I-Incontinence management		-appropriate emollients are kept available near to all residents Eg;cavilon products -Ensure proper incontinence care
N-Nutrition		the help of dietitian provided protein rich diet and fluids after the assessment for each resident

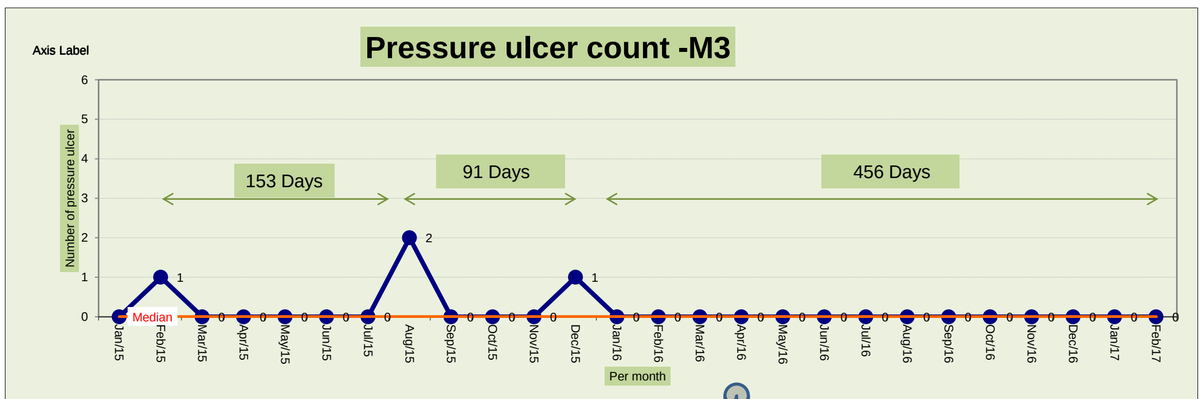


- The Pressure ulcer prevention check list tool created based on SSKIN bundle and continually modified and the hospital formulary enhanced to accommodate current pressure ulcer trends and identified areas of susceptibity
- Escc-M3Pressure ulcer prevention team created consisting of unit physicians, dietitian , wound care nurse, physiotherapist, occupational therapist, and PU Champions from staff nurses
- We used to monitor the SSKIN bundle care compliance to all residents per monthly by using checklist

Results







Lessons Learned

- use of simple tool can guide and practice impact outcomes
- Committed PU champion collobration,and opportune staff education results in enhanced clinical practice and increased patient safety
- Staff involvement in the initiation of pressure ulcer prevention measures was increased
- Skin assessment is the prioritized part in prevention
- Documentation and reporting of incidents should be encouraged at the early *stage*
- Always to ask WHY to determine the root cause if any problems occur
- Pressure ulcer incidence tracking continuous to demonstrate a marked improvement in the reduction of hospital acquired pressure ulcer .

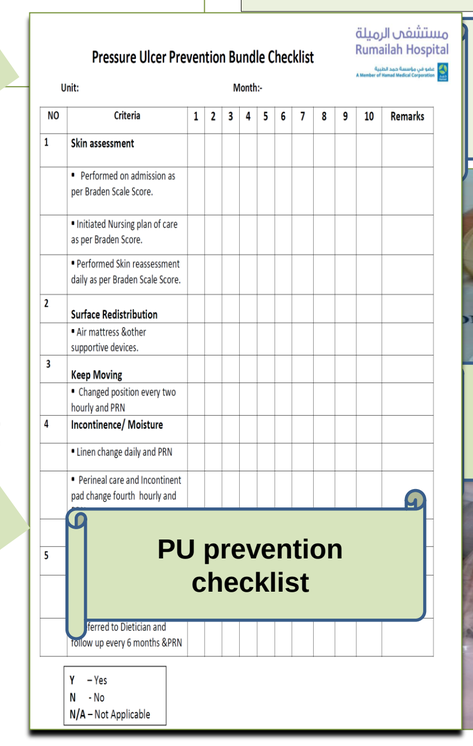
Conclusion

Totally eliminating pressure ulcer was indeed a great challenge for us but through effective multidisciplinary approach, ongoing reinforcement with great unswerving administrative support, the Journey to achieve free of 500 days in ESCC M3 is nearby because of the full compliance in SSKIN bundle achievement.

The pressure ulcer prevention tool began with education followed by tool implementation. the unit has already seen an improvement in prevention. As a result,M3 staff has taken a proactive verses reactive approach to skin care . We look forward to future when all pressure ulcers are prevented.

Team Members

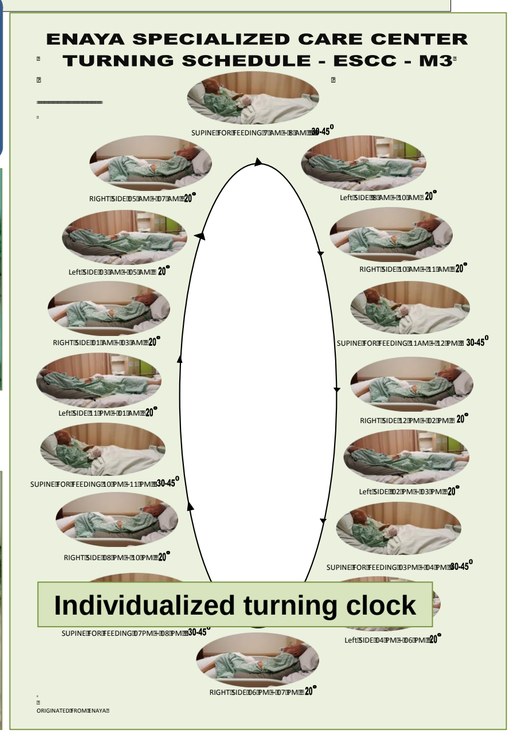
- Ms. Elizabeth Ann Thiebe, ACEO/RH
- Dr. Abdul Aziz Darwish, A/Medical Director/RH
- Mr.Steven paul Beaumont, EDONursing/RH
- Dr. Amal Shaaban Abousaad, Quality and Patient Safety/RH
- Dr. Hanadi Khamis Mubrak, A/Chairerson Geriatrics
- Dr. Faiza Shaukat, Senior Quality Improvement Reviewer
- Ms. Lynn Medonsa, DON
- Ms. Lisha Abraham, Nds
- Ms. Sheeba michael/HN
- Ms.sobha biju/CN
- Ms. Anee sheeba /SN
- Ms.Arulmozhi.SN
- Mr.Ismail/SN
- Mr.suneer./PT
- Ms.Najla qaid /clinical dietitian
- Ms.Emilie Barnuevo, A/Wound care nurse
- Best care always champions, Members and Staffs,-ESCC M3



PU prevention checklist

456 Free pressure ulcer Days

Use of individualized comfort devices



Individualized turning clock