

WINTER IS COMING:

HOW CAN WE LAYER PROTECTION ON PATIENTS TO PREVENT HARM?

OVERVIEW

LAYERS OF PROTECTION

- OPIOID STEWARDSHIP
- ADVERSE DRUG EVENTS (ADEs)
- CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)
- READMISSIONS
- SEPSIS
- HOSPITAL ACQUIRED PRESSURE INJURIES (HAPI)
- CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)
- PATIENT FAMILY ENGAGEMENT PROTECTION

Cynosure **HQIC**
CONVERGENCE
HEALTH CONSULTING

HOW CAN WE LAYER PROTECTION ON PATIENTS TO PREVENT HARM?

Unprecedented surges of patient hospitalizations, staffing shortages, and limited family visitation during the recent past has had a significant effect on patient outcomes. In order to mitigate the effect of increases in hospitalization rates and staffing challenges that hospitals potentially face this winter, the Convergence HQIC has created this resource. Winter Is Coming is a compilation of countless hours of discussion with subject matter experts on the frontlines of care in hospitals across America, with practical, tactical advice from peers.

OPIOID STEWARDSHIP

CAUTI

HAPI

ADEs

SEPSIS

CLABSI

READMISSIONS

KEY TO MEANINGFUL ENGAGEMENT

LAYER WITH PATIENT FAMILY ENGAGEMENT (PFE) PROTECTION

KEYS TO CREATING A SAFE ENVIRONMENT FOR PFE

At the core of our mission are our patients and their caregivers. Care that is patient and family centered is a critical component of improved outcomes for patients, and improved environments in which care is provided. Below are some of the key components, developed directly by Patient Family Partners with lived experiences, to ensure the hospital environment is ready during the upcoming months.

- Have caregivers/patients observe and when feasible, assist with wound care, so they can watch for signs after transitioning home.
- Use simple drawings and illustrations to accompany discharge instructions to reinforce the message.
- Use plain language when explaining medical care and treatments to patients and family members.
- Ask the patient specifically "what is unique about you that I should know as your caregiver?"
- Use Teach Back and have your patient or family caregiver repeat back instructions.
- Stress the importance of adhering to (new or modified) medications.
- When risk assessments are completed for falls, readmissions, or other potential safety concerns, share the findings with patients to convey the importance of their physical safety.
- Encourage patients and/or family members to speak up - it may be the key to healing.

Learn more on the next page. Ensure all components are added to secure protection in the room.

KEYS TO CREATING AN ENVIRONMENT THAT ENCOURAGES PATIENTS & FAMILIES TO SPEAK UP

SIGNS TO WATCH FOR

Pull back the "curtains" - make sure patients and family are aware of the signs to watch for to avoid readmissions.

SPEAK UP

If patients "speak up" a concern, encourage them to speak up - reinforce with them that they are a partner in their care and their concerns matter.

ALERT STAFF

Help patients see the "big picture," so they can alert staff when something seems just not right with safety or care.

ENGAGEMENT

"Write a light" on a patient's willingness to engage. It can be daunting, so they need encouragement & empowerment.

PAY ATTENTION

Don't "touch" any issue. If patients feel underserved or misunderstood or dismissed, you won't be able to flesh out these issues.

PARTICIPATION

Make patients and family caregivers feel like a "top chair" in their loved ones' care.

POST-DISCHARGE

Don't allow patients to feel like the "rag" is pulled out from under them, once they are discharged.

STAY CONNECTED

Stay "connected" so patients and family caregivers gain your trust, and realize nothing is below.

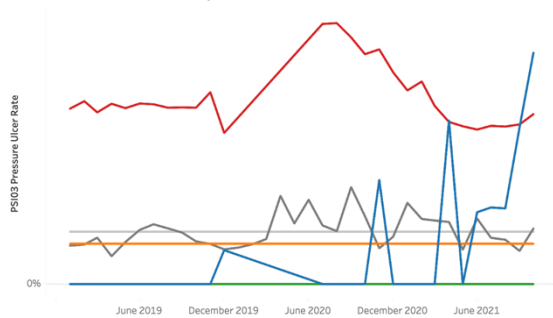
PATIENT INVOLVEMENT

"Fire Up" patient involvement, from the very beginning of care.

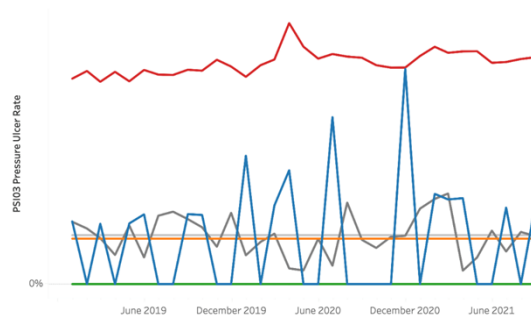
Montana Hospital Data: All size hospitals

PSI03 Stage 3 or greater hospital acquired pressure injury

PSI03 Pressure Ulcer All Payer Rate run Chart



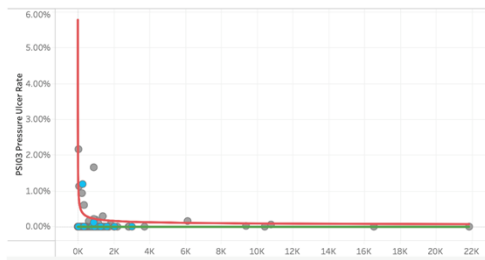
PSI03 Pressure Ulcer Medicare FFS Rate run Chart



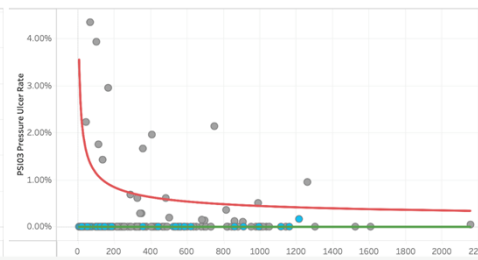
Montana Hospital Data

Critical Access Hospitals compared to peer group

PSI03 Pressure Ulcer Rate Funnel Plot



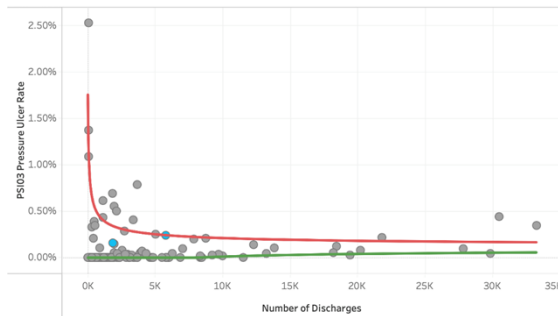
PSI03 Pressure Ulcer Medicare FFS Rate Funnel Plot



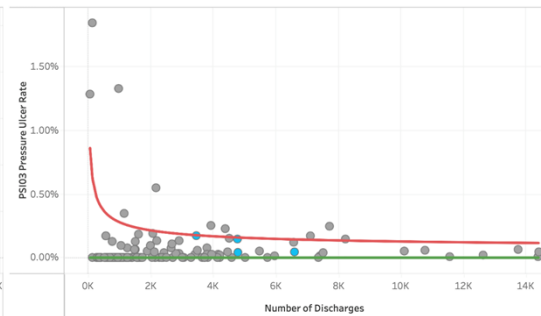
Montana Hospital Data

> 26 beds compared to peer group

PSI03 Pressure Ulcer Rate Funnel Plot



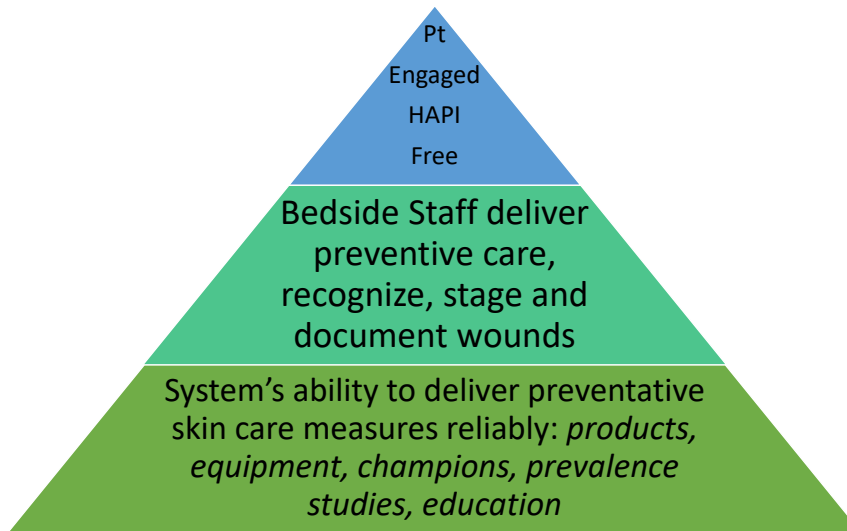
PSI03 Pressure Ulcer Medicare FFS Rate Funnel Plot



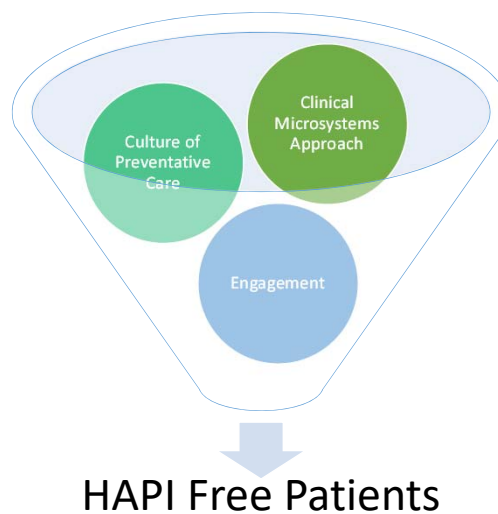
Thoughts to consider as we launch our conversation



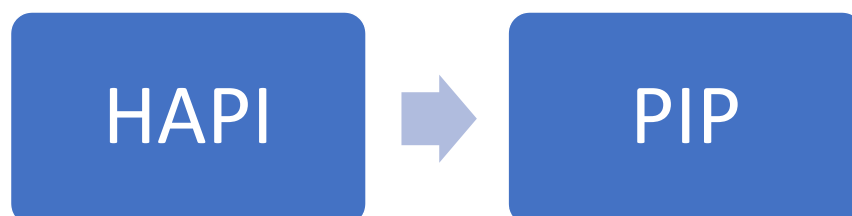
Donabedian Model: structure + process = outcome



Donabedian Model: structure + process = outcome

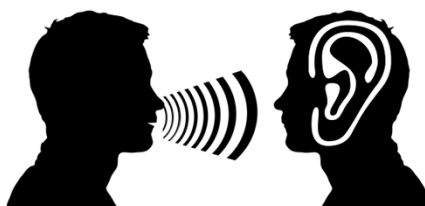


Shifting Focus



Question to the Group

In this current time, what has been getting in the way of a focus on Pressure Injury Prevention (PIP)?



Care Partners: Who else can help with PIP tasks

- Engage patients and their family members as partners in PIP
 - Listen to your body and keep moving
 - Keep your skin clean and healthy
 - Look after your insides: eat and drink enough
- Resource: [Patient PIP Informational](#)
- Identify **who** else in your organization can support PIP tasks
 - Rehab
 - Respiratory
 - Food Service
 - Materials
- Resource: [PIP Task Assistance Guidance](#)

Save Our Skin: An Invitation to Partner in Pressure Injury Prevention

The collage displays four key documents for pressure injury prevention:

- SAVE OUR SKIN: PATIENT INFORMATIONAL**: A patient-facing brochure explaining why pressure injuries occur, how they happen, and how to prevent them.
- PREVENTING PRESSURE INJURIES: AN INVITATION TO PARTNERS IN PREVENTION**: A diagram showing pressure points on the back and side of a person lying in a chair.
- PREVENTING PRESSURE INJURIES: AN INVITATION TO PARTNERS IN PREVENTION**: A checklist for patients and caregivers to follow, including sections for "TELL US!", "SKIN INSPECTION", "KEEP MOVING", and "KEEP YOUR SKIN HEALTHY".
- PREVENTING PRESSURE INJURIES: AN INVITATION TO PARTNERS IN PREVENTION**: A checklist for staff to follow, including sections for "TELL US!", "SKIN INSPECTION", "KEEP MOVING", and "KEEP YOUR SKIN HEALTHY".

A new HQIC tool to Engage Patients and Family Caregivers

Save Our Skin: An Invitation to Partner in Pressure Injury Prevention



Now is your opportunity to test this tool with one patient or a family caregiver.

Use page 1 and 2 to educate the patient and or family caregiver about the why and the what.

Use page 3 and 4 to activate the patient and or family caregiver into action.



Change Ideas

- **Patient is educated** about risk and is taught self care skill for PIP
 - Use a **family member involvement menu**
 - Use a **written PIP educational handout** and validate understanding through teach back
 - Narrate your PIP care or “teach while you treat”
 - Teach use a self inspection mirror for a high-risk patient with **sensory deficits**

[FAMILY INVOLVEMENT MENU]

Welcome to the WICU

We believe that you know the person that we are caring for far better than we do.

We would like to invite you to participate in your loved one's care.

Listed are options that you may choose.

If there is a particular care that you would like to assist with and it is not listed please speak with your nurse.

We will provide instruction as needed for each of the following according to your comfort level.

- Oral Care
- Incentive Spirometer
- Range of Motion
- Back Care
- Leg Care
- Assist with Ambulation
- Assist with Feeding
- Hand Care
- Shampoo
- Shave
- Pillow Repositioning
- Distraction- Music, TV, Reading
- Oscar Boot Repositioning

Example



Thank you for your help, we are in this together!

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Other Ideas

- **Listen** to a high-risk patient, or a patient who experienced a pressure injury
 - What things helped you to care for your skin properly?
 - What things made it difficult?
 - If you had a magic wand, what would you wish for to make preventing bedsores easier in this hospital?



Pressure Injury Prevention is a Team Sport! Which members of YOUR team can help?															
<div>   </div> Pressure Injury Prevention is a Team Sport! Which members of YOUR team can help? <small>Use this document for guidance on the delegation of pressure injury prevention tasks to non-RN staff. Modify according to your organization's workforce and their skills and capacity.</small>															
	RN	LPN	Nurse Aide	WOCN	Charge RN	patient	family	Family Member	Volunteer	Admin staff	Rehab	Resp	Food Service	Materials	transport
Pressure Injury Prevention Tasks															
Redness is recognized before skin breakdown occurs and is alleviated with pressure relief. (POC on whiteboard)	X	X	X	X	X	X	X				X				
Keep Moving - mobility plan of care on whiteboard															
Patient is mobilized to their highest ability. Ambulatory patients are ambulated 3 times a day.	X	X	X			X	X				X				X
If the patient is immobile, pressure redistribution through repositioning is completed and documented according to plan of care	X	X	X		X	X	X				X				X
Patient is mobilized in a way to prevent friction and shear, i.e. lifts and glide sheets are used for transfers	X	X	X		X	X	X				X			X	X
If the patient is immobile or unconscious, heels are floated using a boot or by elevating the heels over the bed	X	X	X	X	X	X	X				X				
Sacral foam dressing is applied to protect from shear and moisture	X	X		X	X										
If not contraindicated, HOB elevation is not greater than 30 degrees. (POC on whiteboard)	X	X	X	X	X	X	X	X		X	X	X			
Incontinence/Moisture															
If incontinence is present as a problem, it is managed optimally - external catheters, fecal collection devices used if diarrhea present. Diapers not used in bed.	X	X	X	X	X	X	X								
If drainage or intertriginous skin (skin folds) is present, it is managed with absorbent material to prevent breakdown.	X	X	X	X	X	X	X								
If moisture is a problem, patient is placed on a low air loss mattress, (electric or waffle) or other interventions taken.	X	X		X											
If incontinence or moisture is present, barrier cream used.	X	X	X	X	X	X	X								
Nutrition/Hydration - Plan of Care on Whiteboard															
A nutritional screening or consult completed and nutritional plan of care is in place (POC on whiteboard)	X			X	X								X		
Patient is assisted with meal set up and eating in a pleasant environment, free of interruptions			X		X	X	X	X	X	X			X		X
If food intake is monitored and documented. Supplements are provided if intake is poor	X	X	X		X	X	X	X	X	X			X		
Between meal hydration and snacks are distributed			X					X	X	X			X		
Fluid intake documented and addressed.	X	X	X		X	X	X			X			X		
MEDICAL DEVICES: trachs, O2, cervical collar, orthotics - hand or foot braces															
If a medical device is present, protective measures taken to prevent device-related injury: foam padding, protective dressings, repositioning of the device.	X	X		X	X						X	X			
If a medical device is present, skin inspected under this device	X	X		X	X						X	X			

Protective Dressings to Sacrum and Heels

Why?

- Sacrum and heels are most prevalent anatomical locations
- Protect from moisture, friction and shear



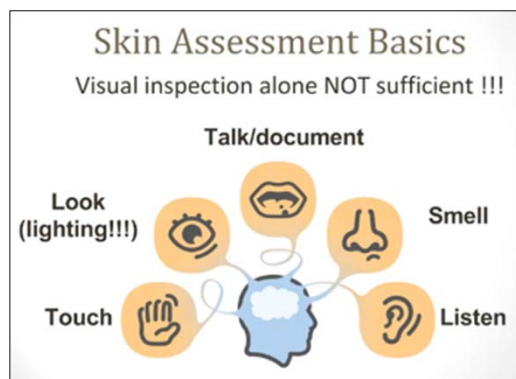
How?

- Target patients at risk and those being admitted to ICU
- Use soft, multilayer, bordered silicone dressing
- Initiate in the emergency department

Hone Your Skin Assessment Reliability

Change Ideas

- Four-eyes head to toe assessment at bedside handoffs
- Ask patient about discomfort around bony prominences with each head-to-toe assessment
- Ask or observe: Is lighting adequate?



Hone Your Skin Assessment Reliability

ENGAGE OTHERS IN IDENTIFYING REDNESS

- Invite patients and family members to help
- Nursing Assistants: “Uniquely Yours” program
- Rehab
- Respiratory

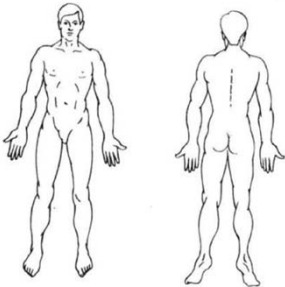
PRESSURE ULCER IDENTIFICATION POCKET PAD

Place the patient's/resident's name on the top of the pad, date it and place an "X" on the area on the body where you see the skin concern. Give this to the nurse and ask him or her to check the patient/resident. They will follow up as needed.

Date: _____ Time: _____

Patient's/Resident's Name: _____

Reporter: _____



Prevent Medical Device Related Injuries BEFORE they occur

Why?

- Medical Devices are attributed to 30% of all HAPI
- Medical Devices cause pressure and need pressure relief
- MDPRI are difficult to heal once they develop
- Increased O2 and PPE

How?

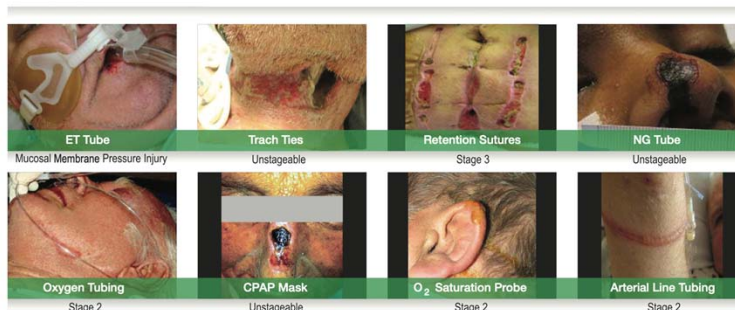
- Assure proper fit
- Assess skin under devices regularly
- Reposition, bridge
- Apply soft multilayered silicone dressing under the device

— — ➤ Resource

NPIAP NATIONAL PRESSURE INJURY ADVISORY PANEL

Best Practices for *Prevention* of Medical Device-Related Pressure Injuries

- ✓ **Choose** the correct size of medical device(s) to fit the individual.
- ✓ **Cushion** and protect the skin with dressings in high risk areas (e.g., nasal bridge).
- ✓ **Inspect** the skin under and around the device at least daily (if not medically contraindicated).
- ✓ **Rotate** sites of oximetry probes.
- ✓ **Rotate** between O2 mask(s) and prongs (if feasible).
- ✓ **Reposition** devices (if feasible).
- ✓ **Avoid** placement of device(s) over sites of prior or existing pressure injury OR directly under an individual.
- ✓ **Educate** staff on correct use of devices and prevention of skin breakdown.
- ✓ **Be aware** of edema under device(s) and potential for skin breakdown.



Time to Reflect

What is 1 idea that appeals to you?

What worries you?

How can WE help?

LAYER WITH HOSPITAL ACQUIRED PRESSURE INJURY (HAPI) PROTECTION

- 1 CARE PARTNERS**
Engage a family caregiver as a care partner to assist with early detection, nutrition intake, basic skin hygiene and repositioning. Invite your care, use a family involvement menu to help family members at the bedside learn to assist the patient so they are prepared to help provide care at home.
- 2 PROTECTIVE DRESSINGS**
Use soft multilayered protective dressings on sacrum and heels for non-prone patients.
- 3 SKIN ASSESSMENTS**
Use four eyes, ears and hands when assessing for early warning signs of skin breakdown. Conduct visual and tactile skin assessments at shift handoff and listen to your patient about where discomfort is on or around bony prominence. Do not position the patient on an area of skin discomfort, redness, or texture changes.
- 4 MEDICAL DEVICES**
Inspect skin under devices and reposition devices regularly. Use protective dressings under devices before skin breakdown occurs.

HAPI IMPROVEMENT COURSE ON CLIC

HAPI CHANGE PACKAGE HERE!

Resources

Patient Engagement PIP Resources

- McInnes, E., Chaboyer, W., Murray, E., Allen, T., & Jones, P. (2014). The role of patients in pressure injury prevention: a survey of acute care patients. BMC nursing, 13(1), 41.
- [Family Involvement Menu](#)
- [Patient PIP Informational](#)

PIP Improvement Resources

- [CIC Course](#)
- [Change Package](#)
- [HAPI Discovery Tool](#)
- [Discovery Tool Results Survey](#)
- [Supply and Equipment Scavenger Hunt](#)

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