

EP5EO

Using the required empirical outcomes (EO) format, provide one example of an improved patient outcome associated with one or more experts' recommended change in nursing practice.

Example: Implementation of a Nurse Driven Pressure Injury Prevention Program Problem

Sharee McCray, DNP, APRN, AGCNS-BC, CRRN, Clinical Nurse Specialist, WakeMed Rehabilitation, identified a persistent increase in the incidence of new/worsened hospital-acquired pressure injuries (HAPI) on 2D Rehab and determined the need to decrease the HAPI rate.

Pre-Intervention

McCray reviewed patient charts and determined that two-nurse skin assessments were not consistently completed on admission, skin integrity-related care plans were not individualized, and staff members were not adhering to the HAPI bundle.

In December 2020, the 2D Rehab HAPI rate was 0.66 per 1000 patient days. This is calculated by dividing the number of HAPIs by the number of patient days and multiplying by 1000.

Goal Statement

To reduce the HAPI rate on the 2D Rehab unit at WakeMed Health & Hospitals.

Participants

Rehab Nursing and Interdisciplinary Team			
Name/Credentials	Discipline	Title/Role	Department
Sharee McCray, DNP, APRN, AGCNS-BC, CRRN	Advanced Practice Registered Nurse	Clinical Nurse Specialist, Internal Expert	WakeMed Rehabilitation
Diane Gilewicz, MSN, RN, CRRN	Nursing	Nursing Director	WakeMed Rehabilitation
Alisa Dunn, MBA, PT	Physical Therapy	Physical Therapy Manager	WakeMed Rehabilitation
Lesia Lee, MBA, MHA, MSN, RN, CHPN, CBIS	Nursing	Nurse Educator	WakeMed Rehabilitation
Melanie Johnson, BSN, RN, CWON	Wound/Ostomy & Diabetes	Wound/Ostomy & Diabetes Program Manager	Wound Ostomy Nursing
Linda Bogumil, MSN, RN, CRRN	Nursing	Nurse Manager	WakeMed Rehabilitation-2D Rehab

Michelle Gerolemon, BSN, RN, CRRN	Nursing	Nurse Supervisor	WakeMed Rehabilitation-2D Rehab
Wendi Emerson, BSN, RN-CVBC	Nursing	Nurse Supervisor	WakeMed Rehabilitation-2D Rehab
Brittany Parnell, BSN, RN, CRRN	Nursing	Nurse Supervisor	WakeMed Rehabilitation-2D Rehab
Shanna Lehr, BSN, RN, CRRN	Nursing	Clinical Nurse IV	WakeMed Rehabilitation-2D Rehab
Margaret Myers, BSN, RN, CRRN	Nursing	Clinical Nurse IV	WakeMed Rehabilitation-2D Rehab
Rose Radcliffe, BSN, RN, CRRN	Nursing	Clinical Nurse II	WakeMed Rehabilitation-2D Rehab
Florinda Tolentino, BSN, RN, CRRN	Nursing	Clinical Nurse IV	WakeMed Rehabilitation-2D Rehab
Keiah Munsford, BSN, RN, CBIS	Nursing	Clinical Nurse IV	WakeMed Rehabilitation-2D Rehab
Joela Alvarez, BSN, RN, CRRN	Nursing	Clinical Nurse IV	WakeMed Rehabilitation-2D Rehab
Lisa August, PT	Information Services	System Analyst III	IT Applications

Description of the Intervention

January-March 2021

- McCray met with Diane Gilewicz, MSN, RN, CRRN, Director, Rehab Nursing Services, to discuss the performance improvement (PI) project, goals, and outcomes. McCray also met with the 2D Rehab Unit Council and participated in 2D Rehab unit huddles with Linda Bogumil, MSN, RN, CRRN, 2D Rehab Nurse Manager; Michelle Gerolemon, BSN, RN, CRRN, 2D Rehab Supervisor/Educator; and Wendi Emerson, BSN, RN-CVBC, 2D Rehab Supervisor/Educator, to review the plan for skin rounds, use of the Agency for Healthcare Research and Quality (AHRQ) clinical pathway, and each nurse's role in the project.
- McCray also met with Melanie Johnson, BSN, RN, CWON, Wound/Ostomy & Diabetes Program Manager, to discuss the project plan and partnership with wound care experts.
- Lisa August, PT, System Analyst, IT Applications, assisted with finding pressure ulcer reports in Epic. McCray modified a 2D Rehab pressure injury report in Epic to assist staff members in identifying patients who have pressure injuries or are at high risk for developing one. Gerolemon and Emerson reviewed the list of patients with pressure injuries with staff members during daily shift huddles to heighten awareness of high-risk patients.

April-May 2021

- McCray identified areas of opportunities in knowledge, skills, and nursing practice related to pressure injuries. It was estimated that skin assessments were

completed on admission for 60% of patients and that 17% of care plans were implemented. In addition, pretest survey results showed heel-lift devices, repositioning and offloading, and skin assessment as the areas requiring increased knowledge and skills and improvement in nursing practice.

- Based on the identified opportunities, McCray recommended implementing a nurse-driven pressure injury prevention program. McCray also recommended using the evidence-based AHRQ toolkit, “Preventing Pressure Ulcers in Hospital,” along with the HAPI bundle and the pressure injury prevention clinical practice guidelines from the European Pressure Ulcer Advisory Panel (EPUAP), to address the identified gaps in nursing practice.
- McCray used the AHRQ “Pressure Ulcer Prevention Clinical Pathway” to help educate 2D Rehab nurses on how to effectively tailor skin integrity-related interventions in the care plan based on the patient’s Braden risk assessment score and deficiencies.
- McCray, Emerson, Lesia Lee, MBA, MHA, MSN, RN, CHPN, CBIS, Nurse Educator, Rehab Services, and Shanna Lehr, BSN, RN, CRRN, Clinical Nurse IV, 2D Rehab HAPI Champion, provided staff education on the pressure ulcer clinical pathway and skin integrity care plan. McCray, Gerolemon, and Emerson performed chart audits on all patients with pressure injuries admitted to 2D Rehab to ensure the AHRQ clinical pathway was implemented alongside the HAPI bundle.
- After the education, 2D Rehab nursing staff members’ knowledge was reassessed using the same survey as the pre-test. The results showed improvements in the 2D nursing staff’s knowledge, with an average score of 90%. In addition, staff members improved in their skillset and nursing practice in the areas of skin assessment, heel-lift devices, and repositioning and offloading. The post-survey results were shared with the Rehab leadership team and 2D Rehab nursing staff. Post-education bingo games were held during shift huddles during the last week of May to reinforce the education and best practices for pressure injury prevention.

June-July 2021

- McCray distributed pocket cards of the AHRQ Pressure Ulcer Prevention Clinical Pathway and posted the clinical pathway to each nurse’s computer to help them individualize skin integrity-related care plans when charting. The AHRQ Pressure Ulcer Prevention Clinical Pathway tool consists of two aspects of pressure ulcer prevention – two-nurse skin assessments and a pressure injury risk assessment tool – in the form of a process map to guide nurses in individualizing skin care interventions. The implementation of this tool was an evidence-based change in nursing practice to reduce the rate of hospital-acquired pressure injuries for rehab patients.
- The following conducted weekly HAPI prevention audits on patients with Braden scores less than 18 to assist with early identification of skin breakdown: McCray; Rose Radcliffe, BSN, RN, CRRN, Clinical Nurse II, 2D Rehab; Florinda Tolentino, BSN, RN, CRRN, Clinical Nurse IV, 2D Rehab; Keiah Munsford, BSN,

RN, CBIS, Clinical Nurse IV, 2D Rehab; and Joela Alvarez, BSN, RN, CRRN, Clinical Nurse IV, 2D Rehab.

- McCray performed weekly skin rounds on all admitted patients with a Braden score of 15 or less within the first seven days to discuss skin concerns, reinforce evidence-based practices for pressure injury prevention, provide just-in-time patient education, and answer patient/family questions.

The internal expert CNS's recommendations for changes in nursing practice, and the support and engagement of the Rehab leadership team and 2D clinical staff, resulted in the implementation of an evidence-based change in nursing practice to improve patient outcomes by reducing the HAPI rate on 2D Rehab at WakeMed Health & Hospitals.

The interventions were fully implemented by the end of July 2021.

References:

European Pressure Ulcer Advisory Panel (EPUAP), National Pressure Injury Advisory Panel (NPIAP) and Pan Pacific Pressure Injury Alliance (PPPIA). (2019). Prevention and treatment of pressure ulcers/injuries: Clinical practice guideline. *The International Guideline*. (3rd ed.) 22-24.

National Pressure Injury Advisory Panel [NPIAP]. (2019). Pressure injury fact sheet.

<https://npiap.com/store/viewproduct.aspx?id=14427618&hhSearchTerms=%22FACT+and+SHEET%22>. Accessed February 5, 2021

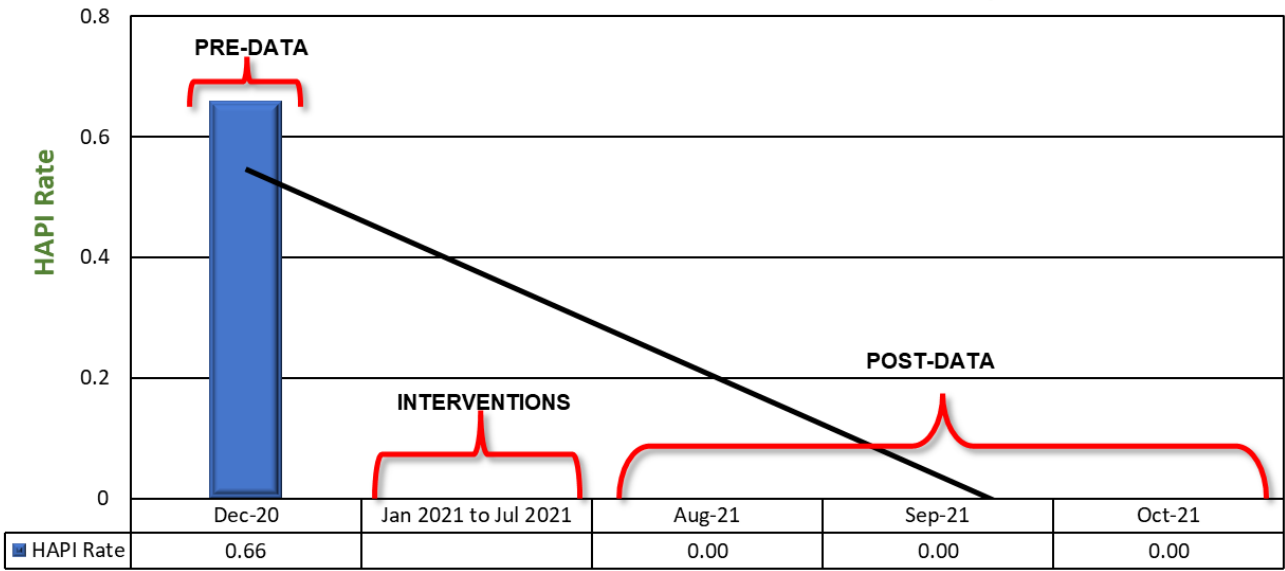
Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care. (Content last reviewed October 2014). *Agency for Healthcare Research and Quality*, Rockville, MD. <https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressureulcer/tool/index.html>. Accessed January 10, 2021

Sousa, R. & Faustino A. (2019). Nurses' understanding about the pressure injury prevention and care. *Rev Fun Care Online*, 11(4), 992-997. <http://dx.doi.org/10.9789/2175-5361.2019.v11i4.992-997>

Outcomes

EP5EO

Hospital Acquired Pressure Injury (HAPI) Rate
2D Rehab WakeMed Health & Hospitals



(Evidence EP5EO-1, Hospital Acquired Pressure Injury [HAPI] Rate, 2D Rehab, WakeMed Health and Hospitals)