

Problem Statement

- Hospital acquired pressure injuries (HAPI) are unintentional, preventable skin injuries that can lead to infections, increased lengths of stay, mortality, and greater treatment costs
- A community hospital in Maryland hospital reported 122 HAPIs for FY23
- Contributing factors included increased emergency department (ED) boarding times and delayed skin assessments
- ED reported managing 1,410 total patients boarding in the ED, amounting to 44,234 boarding hours (FY23, Q3)
- Research shows a correlation between HAPI incidence and ED boarding time, indicating early skin assessment and prevention should begin in the ED, as a significant entry point for most hospitalized patients

Problem: Inconsistent identification and documentation of pressure injuries (PI) present on admission (POA) versus actual HAPIs

Purpose of Project and Goals

Purpose: Implementation of an electronic skin assessment bundle for all admitted patients boarding in the ED to increase identification and documentation of PI POA

Goals:

- 100% of EDRNs will receive education on the electronic skin assessment bundle intervention and skin policy
- 100% of EDRNs completing the skin assessment bundle for all patients admitted through the ED
- HAPI rates will decrease by 10% in the quarter following implementation completion

Methods

Target Setting: ED in a community hospital in Maryland

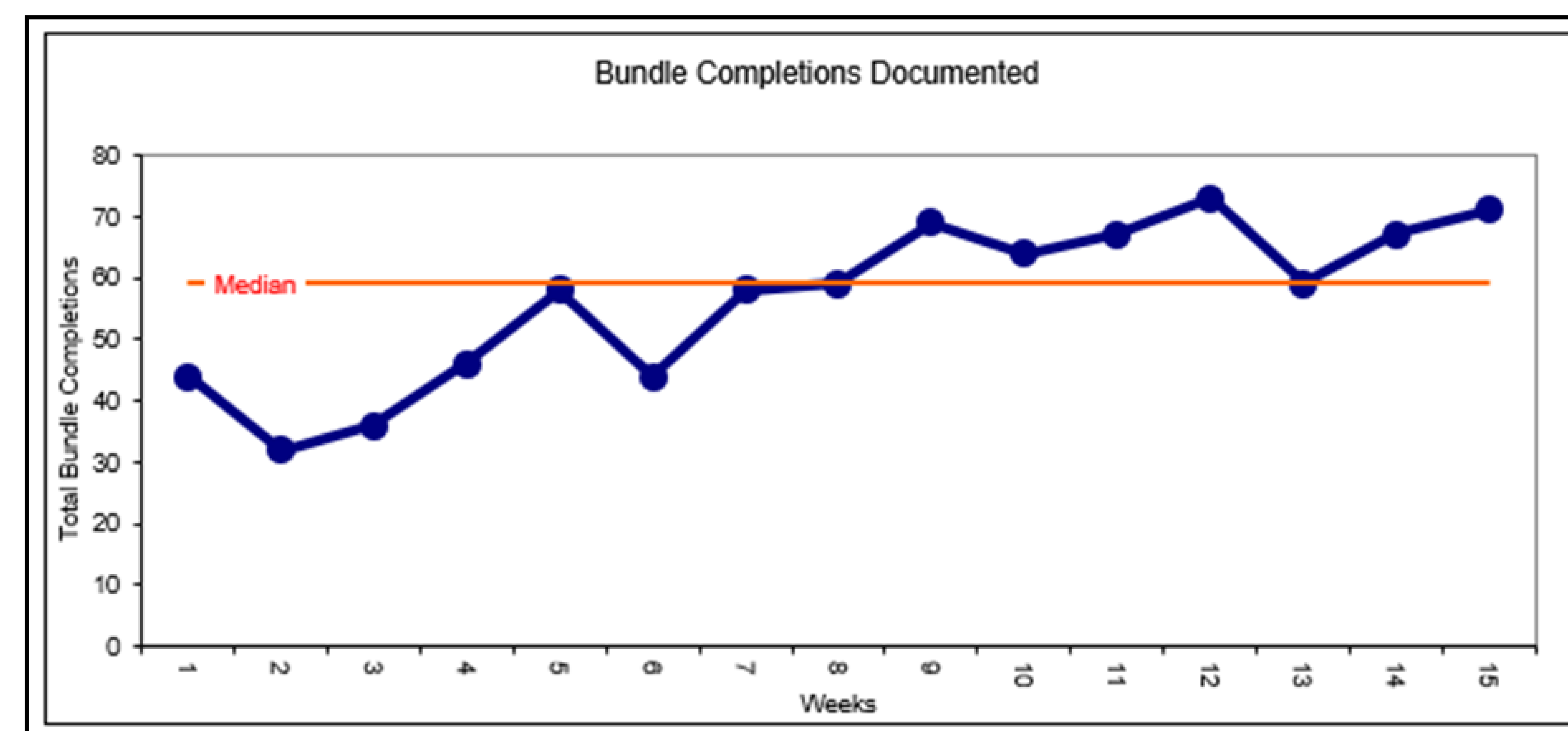
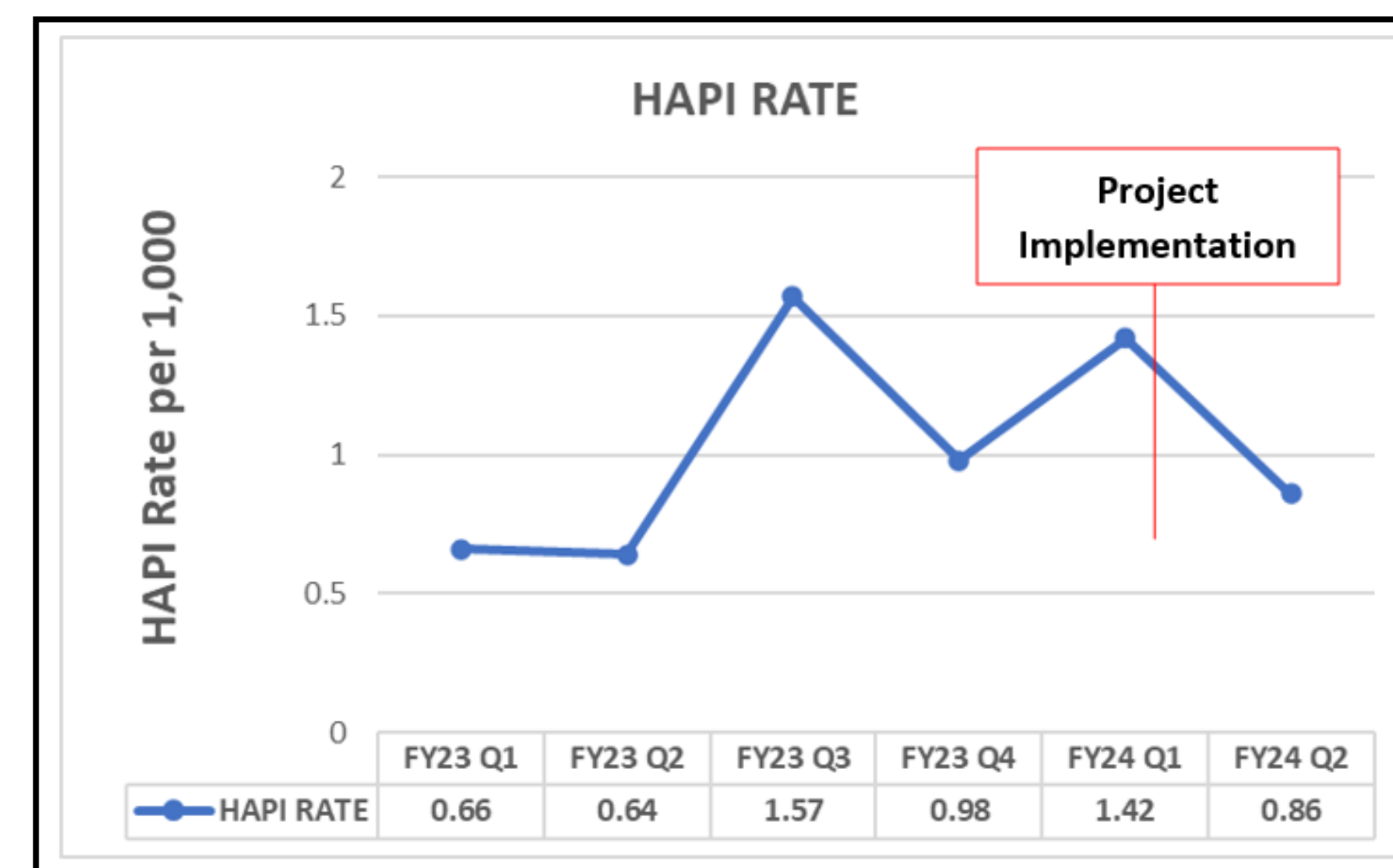
Target Population: EDRNs providing direct care to the ED boarding patients

Interventions:

- Met with ED leaders to review current PI documentation; determined an accessibility barrier with certain fields for EDRNs to capture PI POA
- Collaborated with an analyst to:
 - create a documentation bundle, consisting of a skin assessment, Braden scale, and skin abnormalities sections
 - set a rule to generate a task at admission, while patients remain in ED
- Created education on new bundle and disseminated to all EDRNs via a rounding education cart, staff meetings, huddles, and email
- Bundle was added to the electronic medical record (EMR), tasking EDRNs to complete for all patients admitted through the ED
- Measured compliance through an electronic report, indicating total bundle tasks fired and documented completions with Braden and skin abnormalities
- Data collection occurred over 15 weeks in the Fall of 2023
- Reeducation, continual rounding, and gift card incentives offered during implementation period to increase compliance

Results

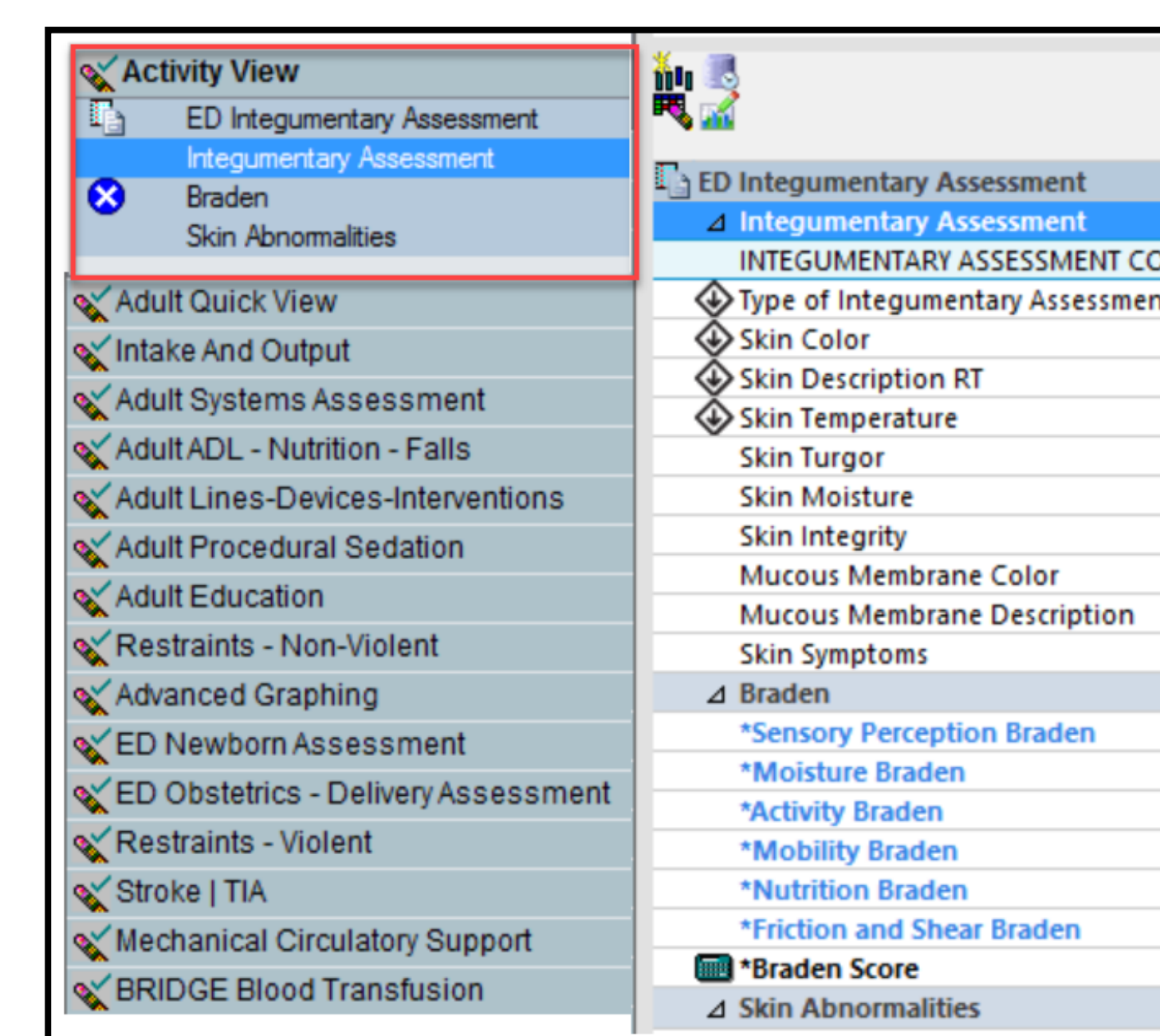
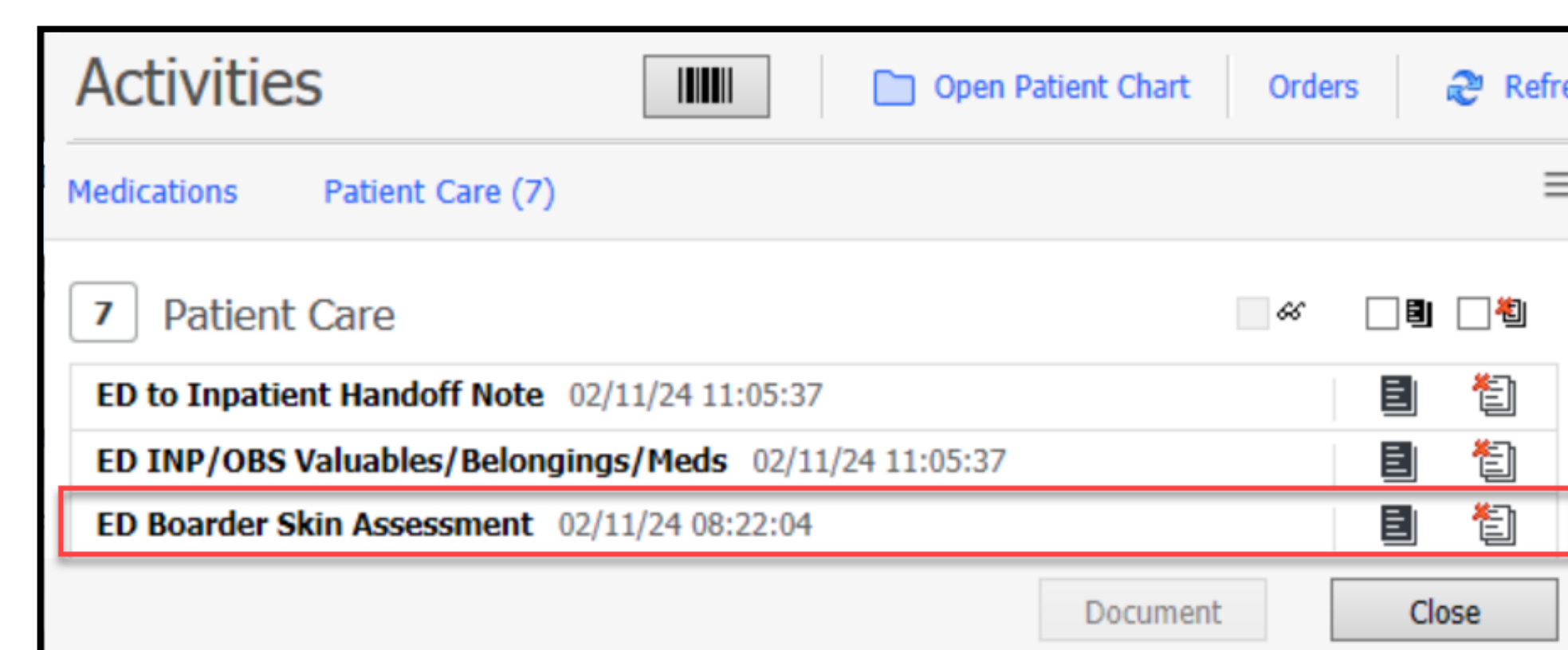
- Bundle fired 5,094 times with 847 completions, for an overall 17% completion rate
- 322 total Braden scores \leq 18
- 571 total skin abnormalities documented



Discussion with Limitations

- 100% of EDRNs received initial and re-education ($n=79$)
- The bundle task generated for 100% of patients admitted through the ED ($n=5,094$)
- While 100% compliance was not achieved, documentation improved from zero to 17% for overall bundle completion, with 38% of Braden scores \leq 18 and 67% of skin abnormalities documented on boarding patients
- HAPI rate decreased in FY24 Q2; awaiting FY24 Q3 & 4 data
- Prompt identification of skin abnormalities allows for early treatment and cost reduction to the organization
- Incorporating this EMR technology at a significant point of entry, such as the ED, advances clinical nursing practice and enhances patient safety by capturing the skin assessment and applying interventions earlier in the patient stay

Limitations: data measurement included completion of the full bundle; however, EDRNs verbalized completing portions of the bundle through ad hoc charting. Future considerations may look at the individual documentation components.



Conclusions

Improvement noted in documentation of both Braden and skin abnormalities; documented PIs POA has increased with a decrease in mislabeled HAPIs, indicating project success

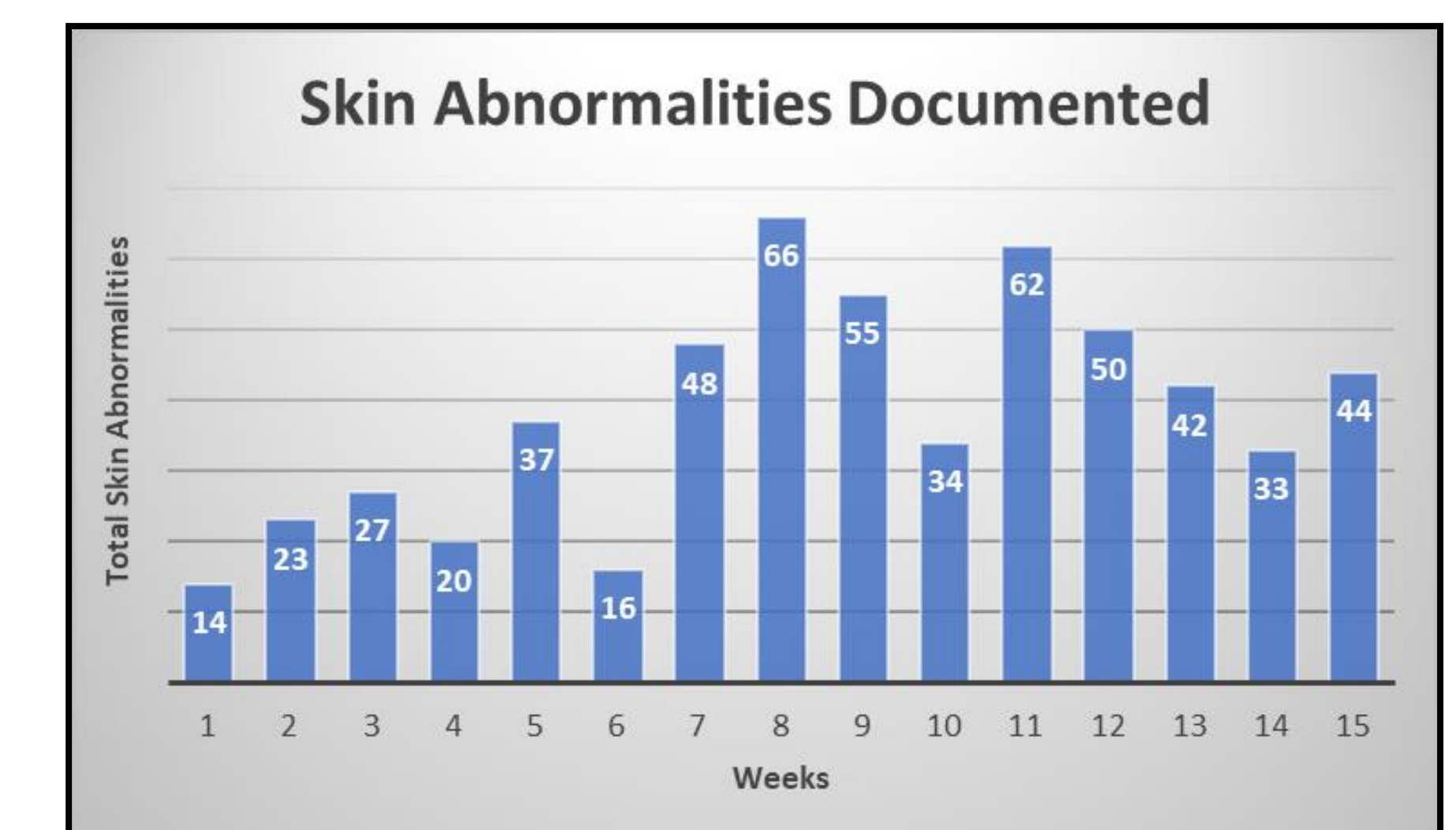
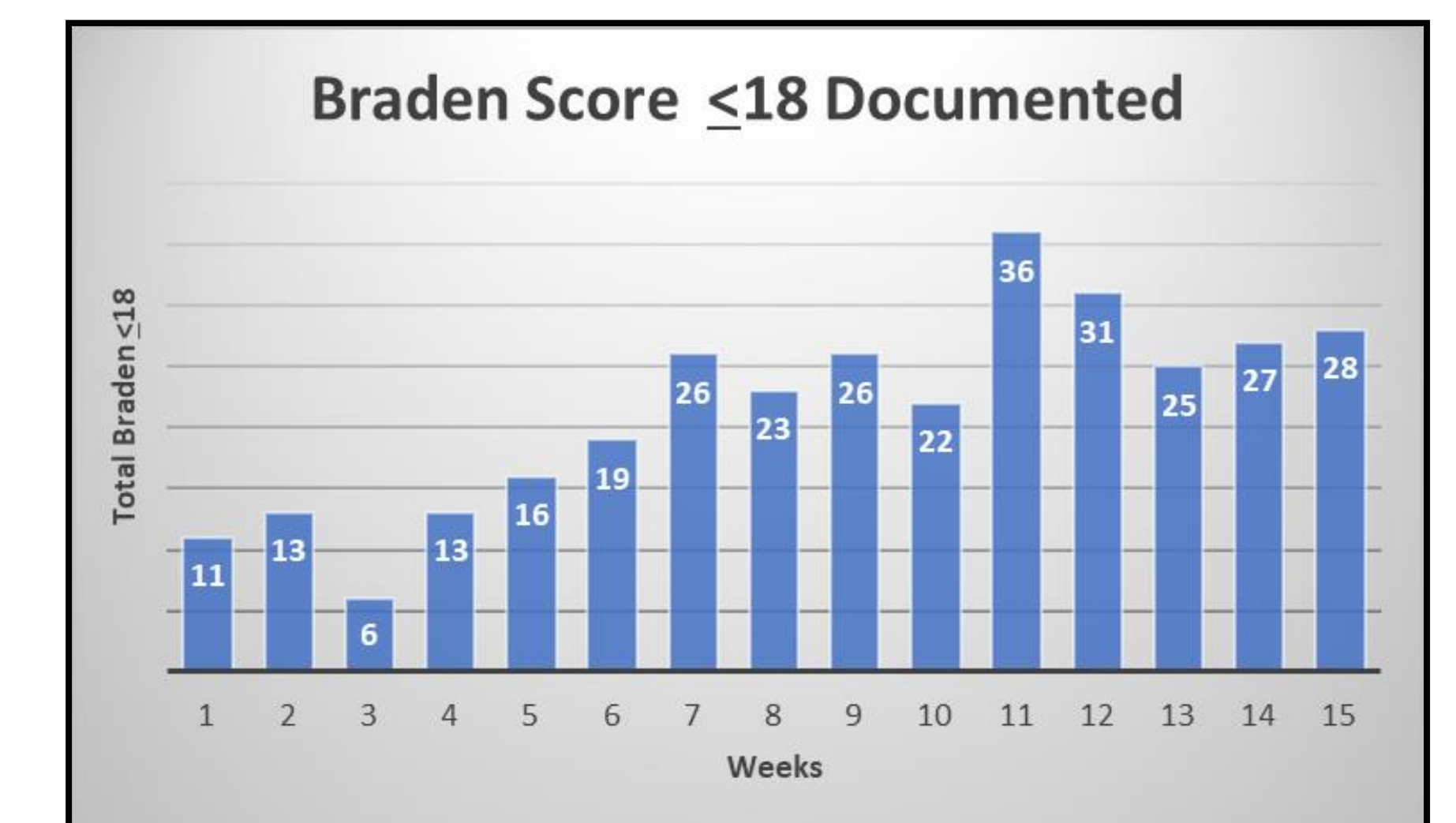
Implications for Nursing Practice:

- Provide skin bundle education for new hires and all ED nurses annually for practice sustainability
- Update the current organizational skin assessment policy to include skin bundle documentation

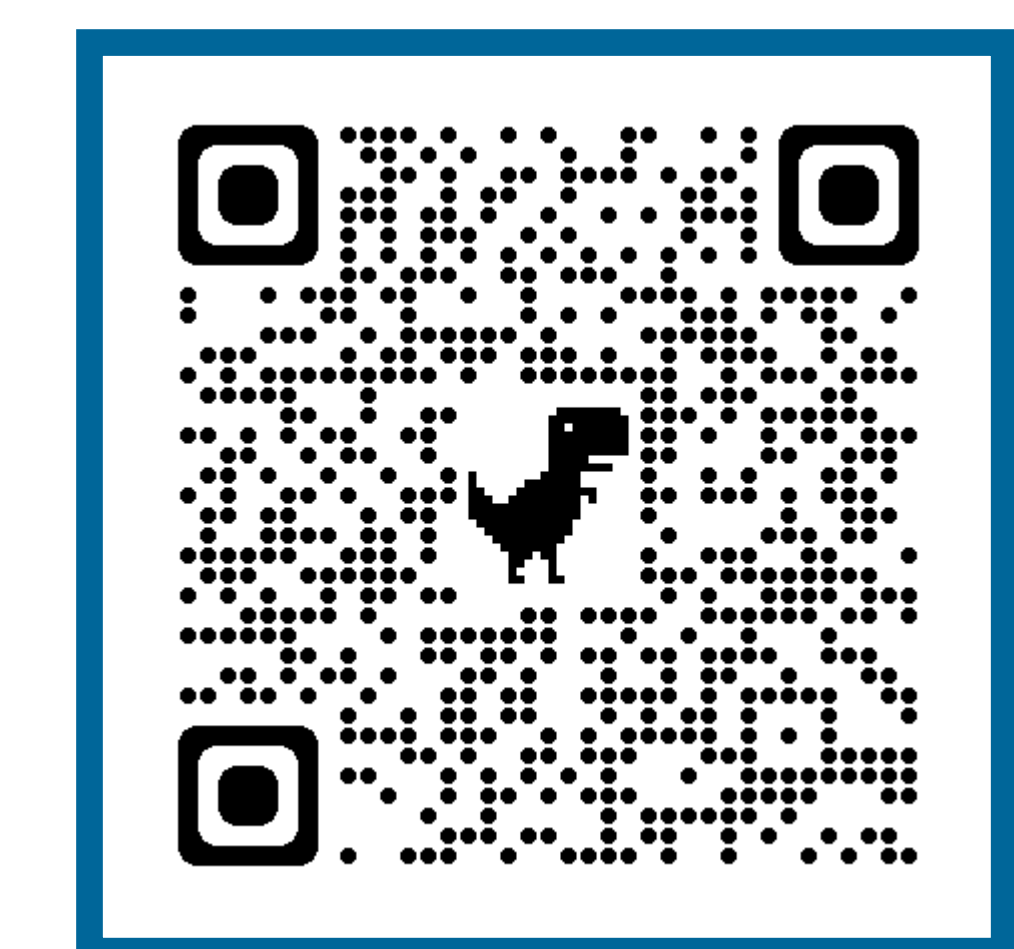
Sustainability:

- Identify a skin champion lead to reinforce the importance of early skin assessment and documentation within the ED; utilize the electronic report for compliance data
- Adding the skin assessment bundle to the chart review checklist for the ED Chart Review Committee.

Recommendations for Future/Next Steps: successful findings could warrant implementation in the other EDs within the healthcare system



References



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