

ONE SIMPLE CHANGE



TRANSLATING EEG SUCCESS

One Simple Change (OSC)

- Unit-based
- **Simple & specific**
- Focus
 - Decreasing HAPIs/MDRPIs
 - Increase bundle compliance
 - Optimize skin integrity
 - Improve wound treatment knowledge
- Year long (2018)

The Plan

- Select focus
 - Literature review
 - Data tool construction
 - Pre data
- Education
- Implement OSC
- Mini PDSA Cycles
 - On-going data collection
 - Analyze progress
- Skin Team report outs



PROTECTING NASAL SEPTUM'S

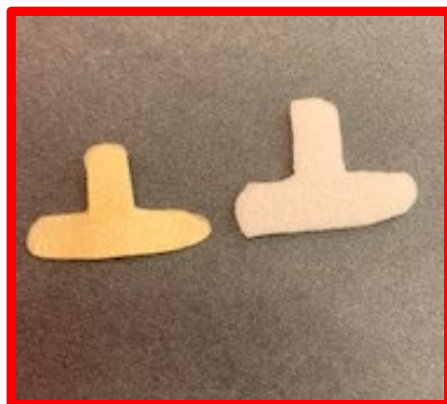
Pam Allen RNC-NICU, WCC & **Leia Foster** BSN, RNC-NIC



PROTECTING NEONATAL NASAL SEPTUM'S

Clinical Significance

- Increased nasal septum PI's
 - Neonates <2kilograms (kgs)
 - Lack of preventative padding
 - Inappropriate sizes
- Focus population
 - Pronged non-invasive ventilation
 - Neonates <2kgs
- Team members
 - NICU Skin Team members
 - Respiratory Therapy



NICU SEPTAL PROTECTION



Step 1: Hydrocolloid

**May
Report
Out**

- Staff education & reminders
- How-To pad on NICU skin board
- Nasal septum protection packages

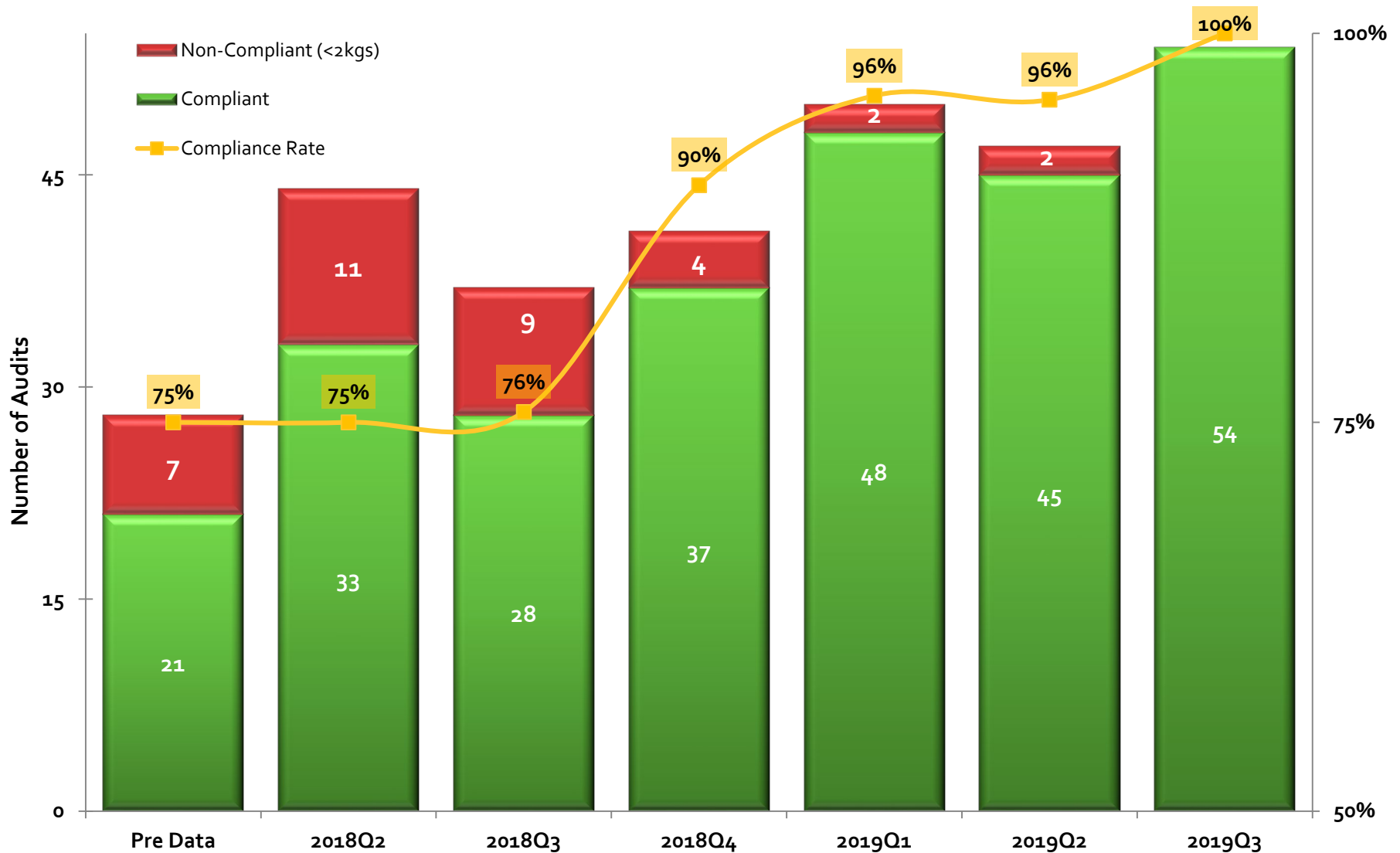
**August
Report
Out**

- 2x month e-mail reminders
- Peer to peer education on prevalence days
- Standardized to new hire orientation

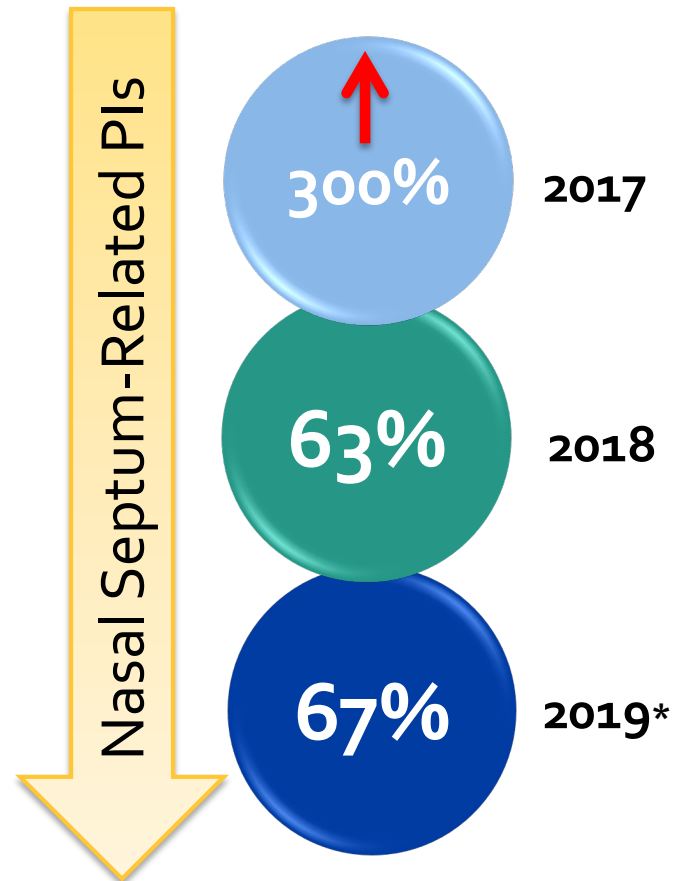


Step 2: Foam

NASAL SEPTUM PADDING OUTCOMES



PADDING TO PREVENT



*Data through September 2019



BETTER TOGETHER

Pressure Injury Prevalence & Nursing Professional Development

Mia Waldron MSN-Ed, MSN, RN-BC, CPN



FOCUSING ON PREVALENCE DAY

- Skin Team education & training
 - Maintains high level pressure injury (PI) competence among clinical nursing staff
 - Monitoring
 - Prevention
 - Assessment
 - Treatment



UNIT-BASED EXPERT EDUCATION & TRAINING

Monthly

- PI Prevalence
- Inter-Rater Reliability
- Documentation standards/evaluations
- Hands-on application of skills

On-Going

- PI surveillance and prevention
- Regulatory reporting
 - NDNQI
 - SPS
 - US News & World Report



SKIN TEAM EDUCATION

- Continuing nursing education hours (CNEs) provided at monthly prevalence studies
 - Average of 2.23 CNEs/month over 24 months
 - 2018 total of 27.25 CNEs
 - Range 1.25 – 3.75 CNEs
 - 400 CNE eligible participants
 - 2017 total of 26.25
 - Range 1.15- 3.75 CNEs
 - 257 CNE eligible participants



SUPPLEMENTAL EDUCATION



INTRODUCTION COURSE

- Quarterly
 - Mandatory for all new ST members
 - 3 hours
- CNEs
 - 2.5 CNEs/course
 - 2017 (7.5 CNEs/year)
 - 2018 (10 CNEs/year)
- Topics Covered
 - ST Overview
 - Skin 101 (skin pathology)
 - PI identification & staging
 - Wound Measurements
 - Product Selection
 - Cushion to Protect
 - Diaper Dermatitis



GRAND ROUNDS (2017 Q4)

- Infant & Child Pressure Injury Risk Assessment
- 1 CNEs provided
 - 56 attendees
 - 31 returned evaluations

Ground Rounds Mean Ratings

EXPECTATIONS

4.81

APPLICATION

4.77

FACULTY

4.8

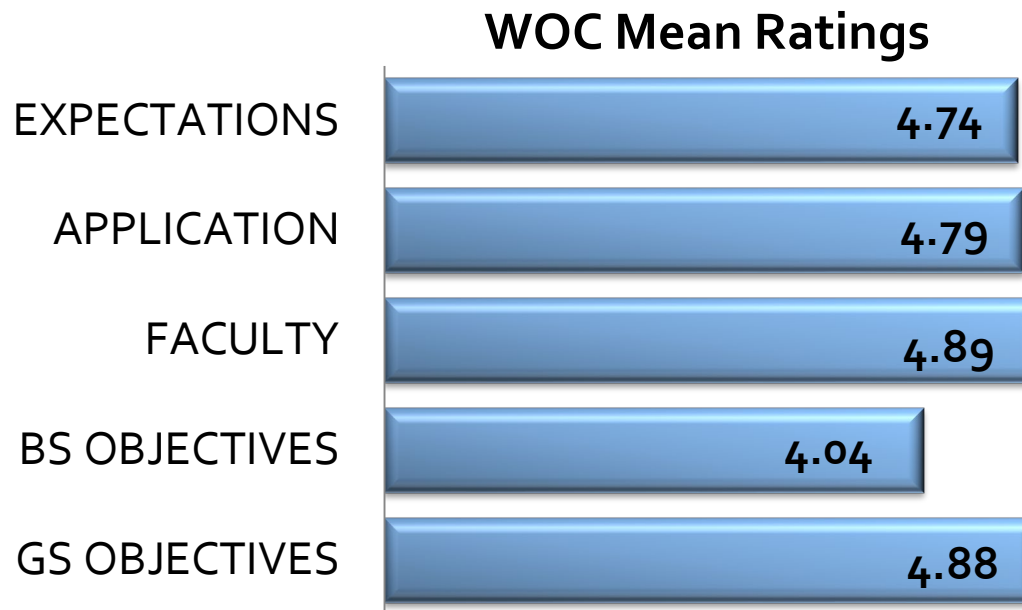
OBJECTIVES

4.63



REGIONAL CONFERENCE (2018 Q2)

- Wound Ostomy & Continence(WOC) Memorial Education Day
- 6.25 CNEs provided
 - 100+ eligible participants
 - 61 returned evaluations



SUPPLEMENTAL EDUCATION (On-going)

E-Learning Module

- **Who:** All registered nurses
 - 1,800+
- **What:** Wound assessment & documentation
- **When:** Winter 2018
 - Mandatory
 - 2019 hands-on skills validation

Journal Club

- **Who:** Skin Team members
- **What:** Topic specific journal article appraisal
- **When:** Quarterly

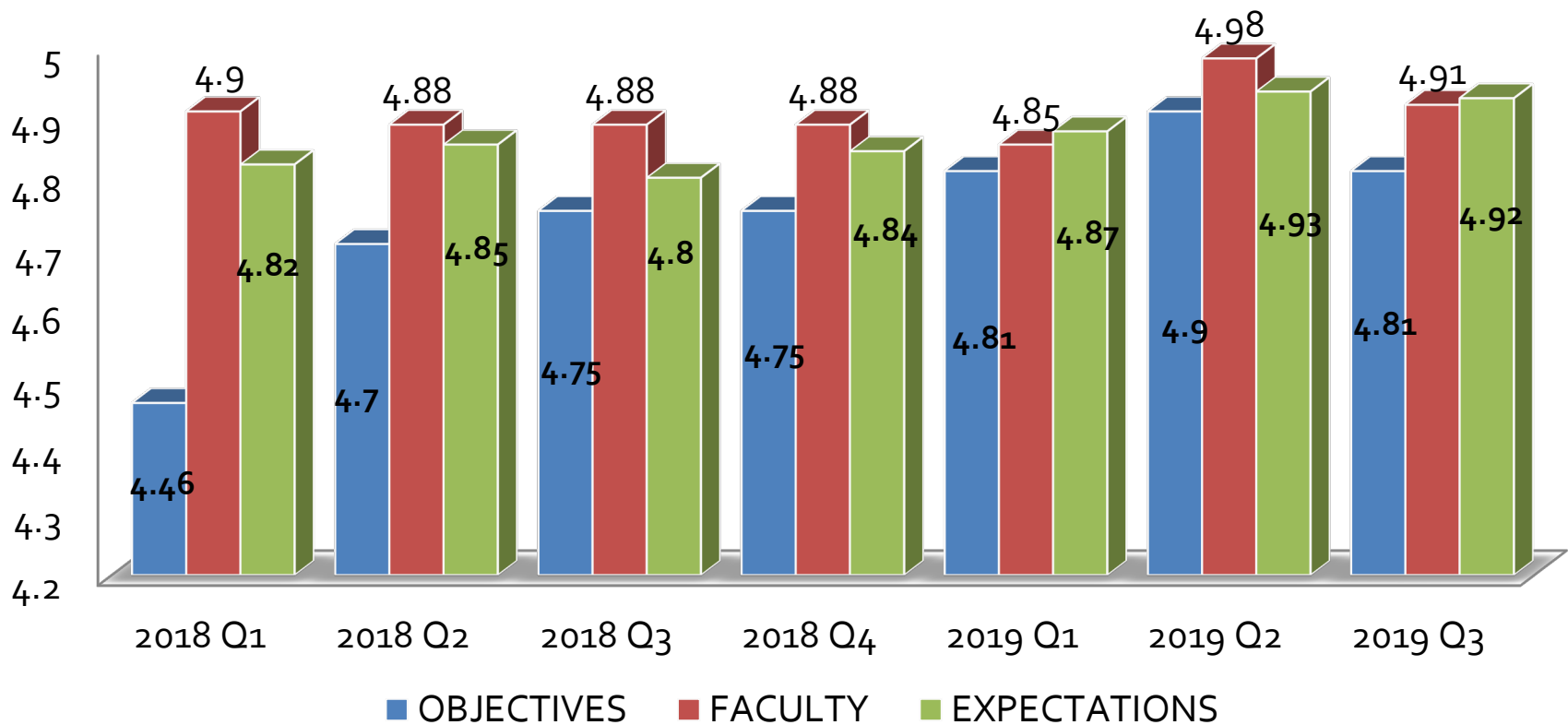


EDUCATIONAL OUTCOMES



PREVALENCE EVALUATION

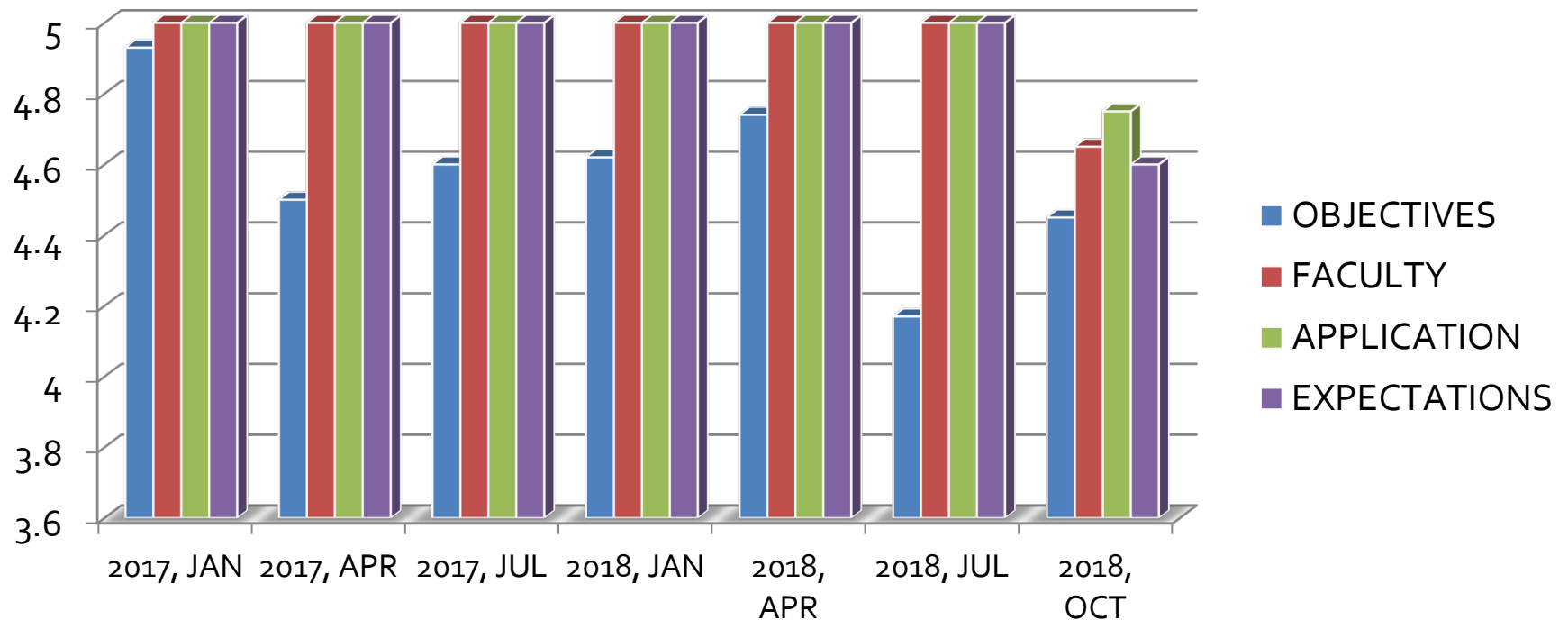
Evaluation of learning is achieved via evaluations of didactic sessions



INTRODUCTION EVALUATION

- Evaluations of Learning

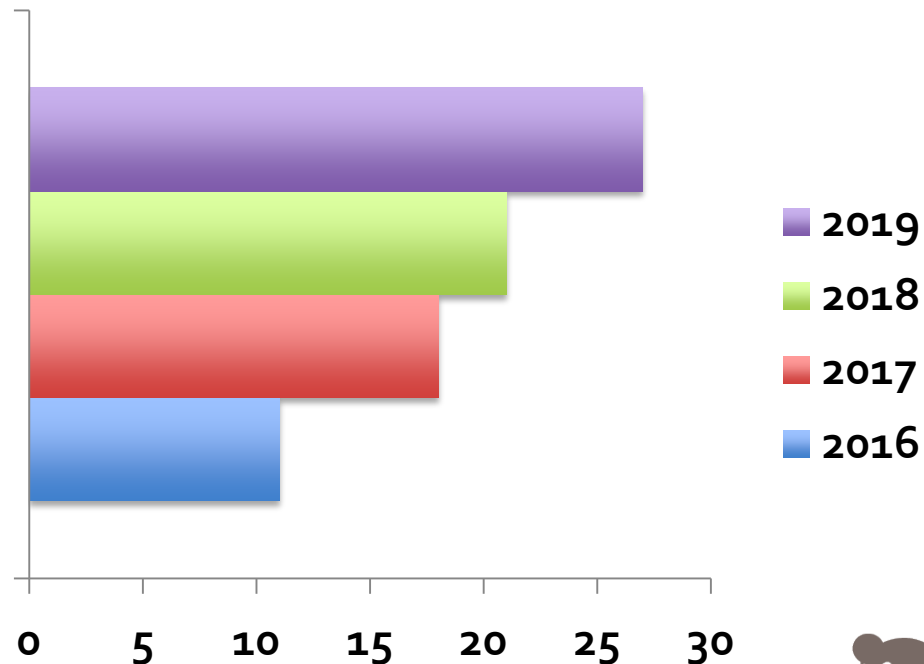
- The introduction course typically held quarterly, for more than 40 new skin team members over 24 months.



NURSE PROMOTION

Nursing professional development has been fostered with CNE hours as well as skin team members' use of the clinical advancement program (CAP)

Skin Team CAP Letters



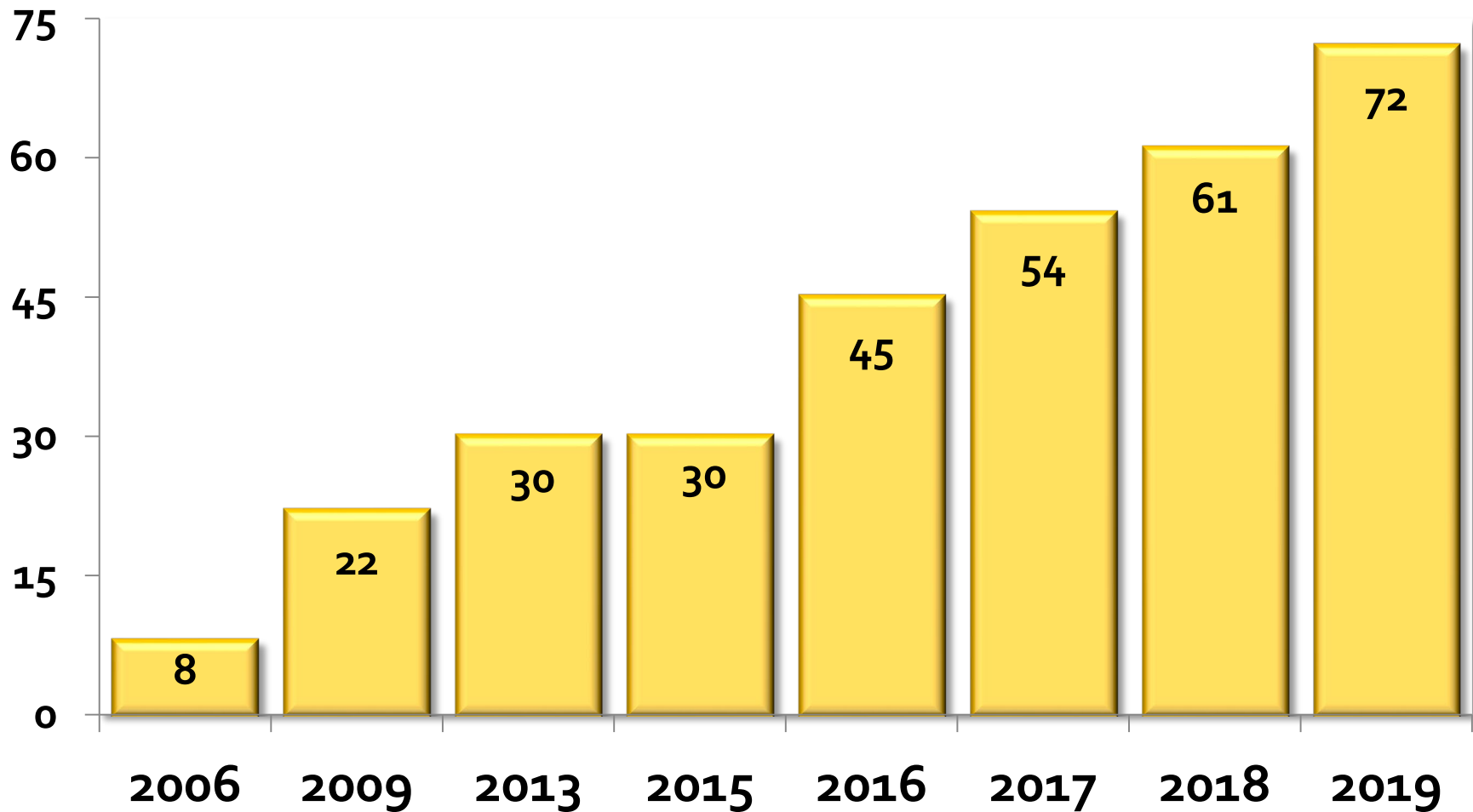
SUSTAINABLE OUTCOMES

Kara Johnson BSN, RN, WOC-RN, WCC

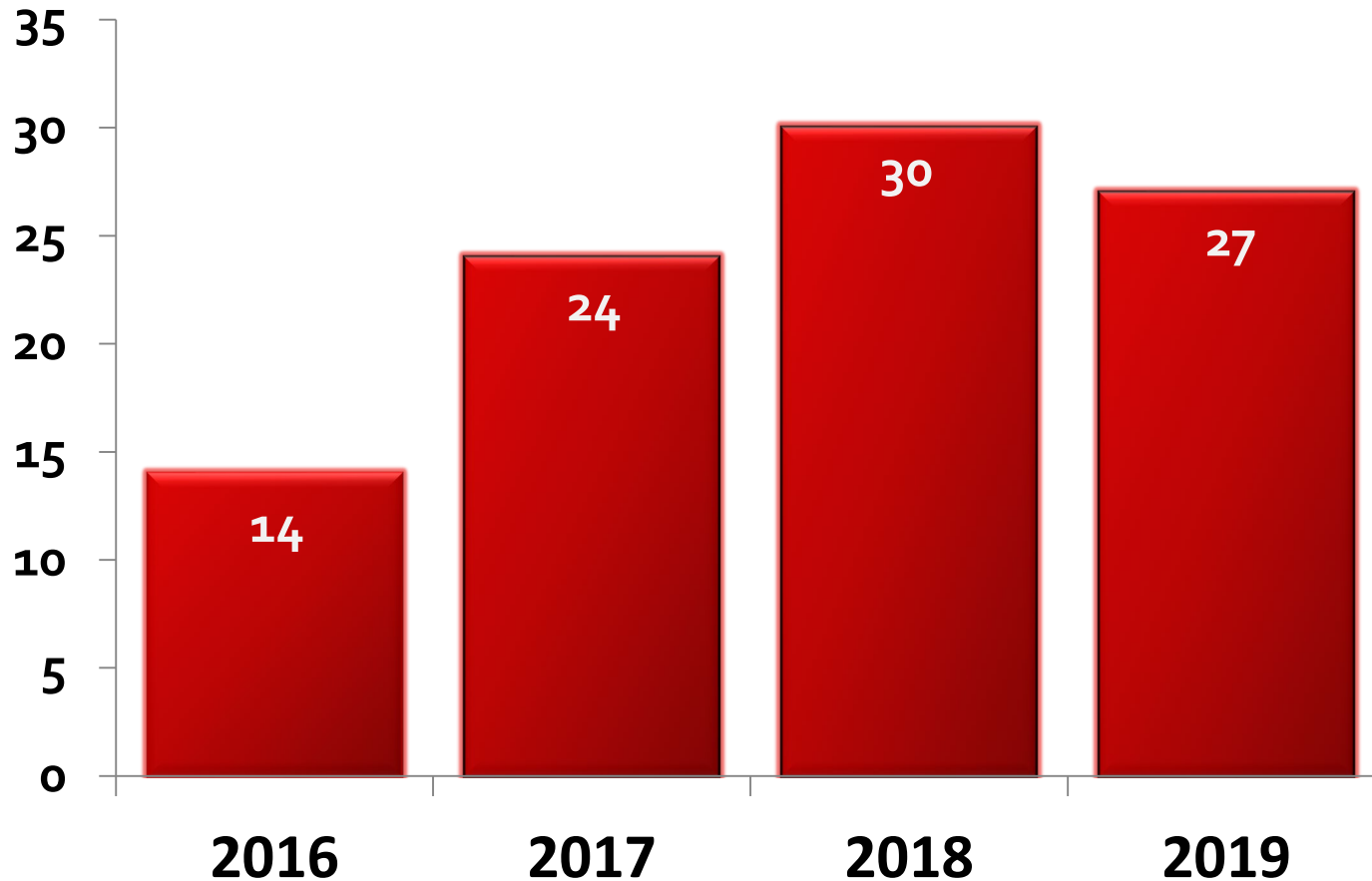
Laura Welch BSN RN-BC, CPN, WOC-RN, WCC



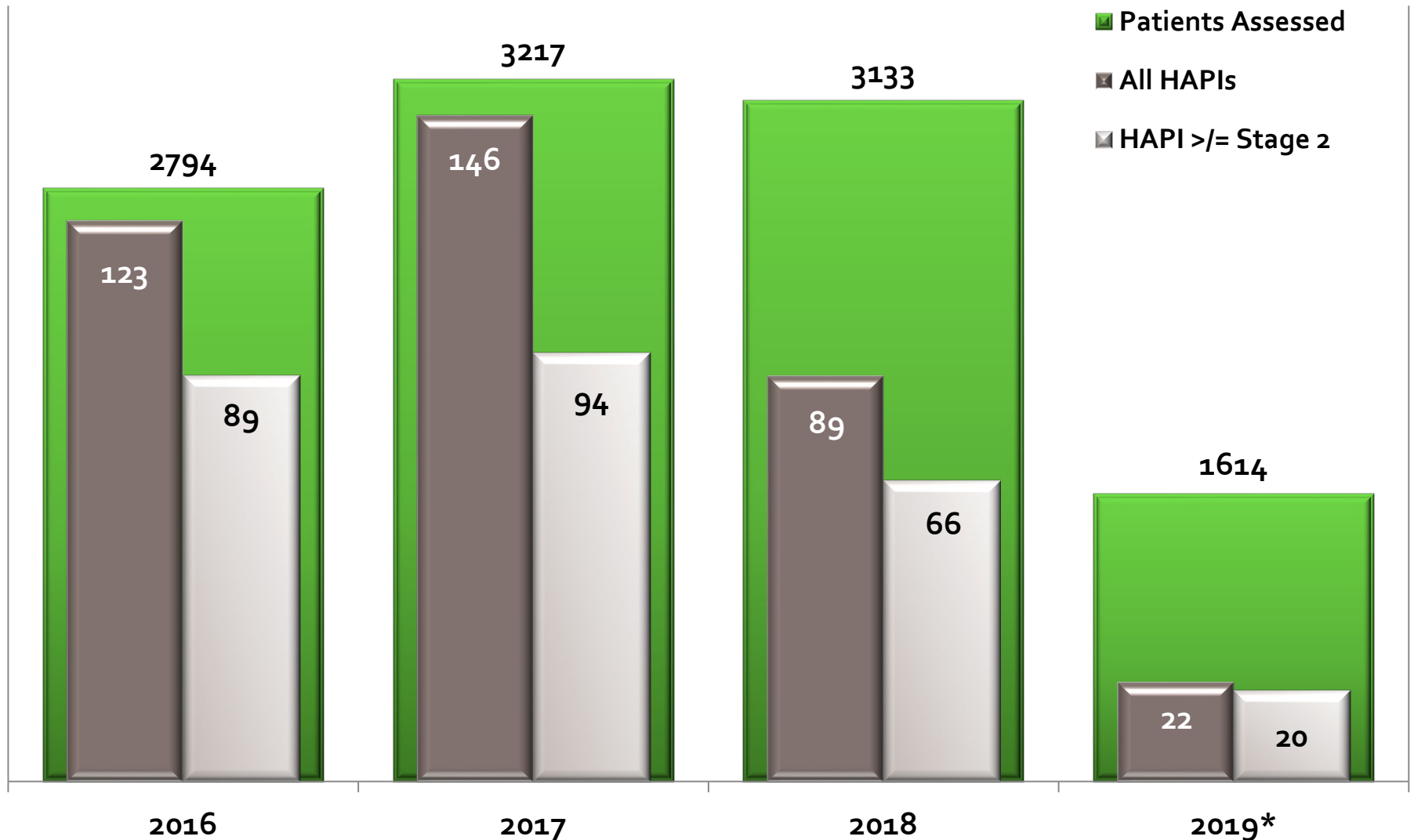
SKIN TEAM GROWTH



INTRODUCTION CLASS ENROLLMENT

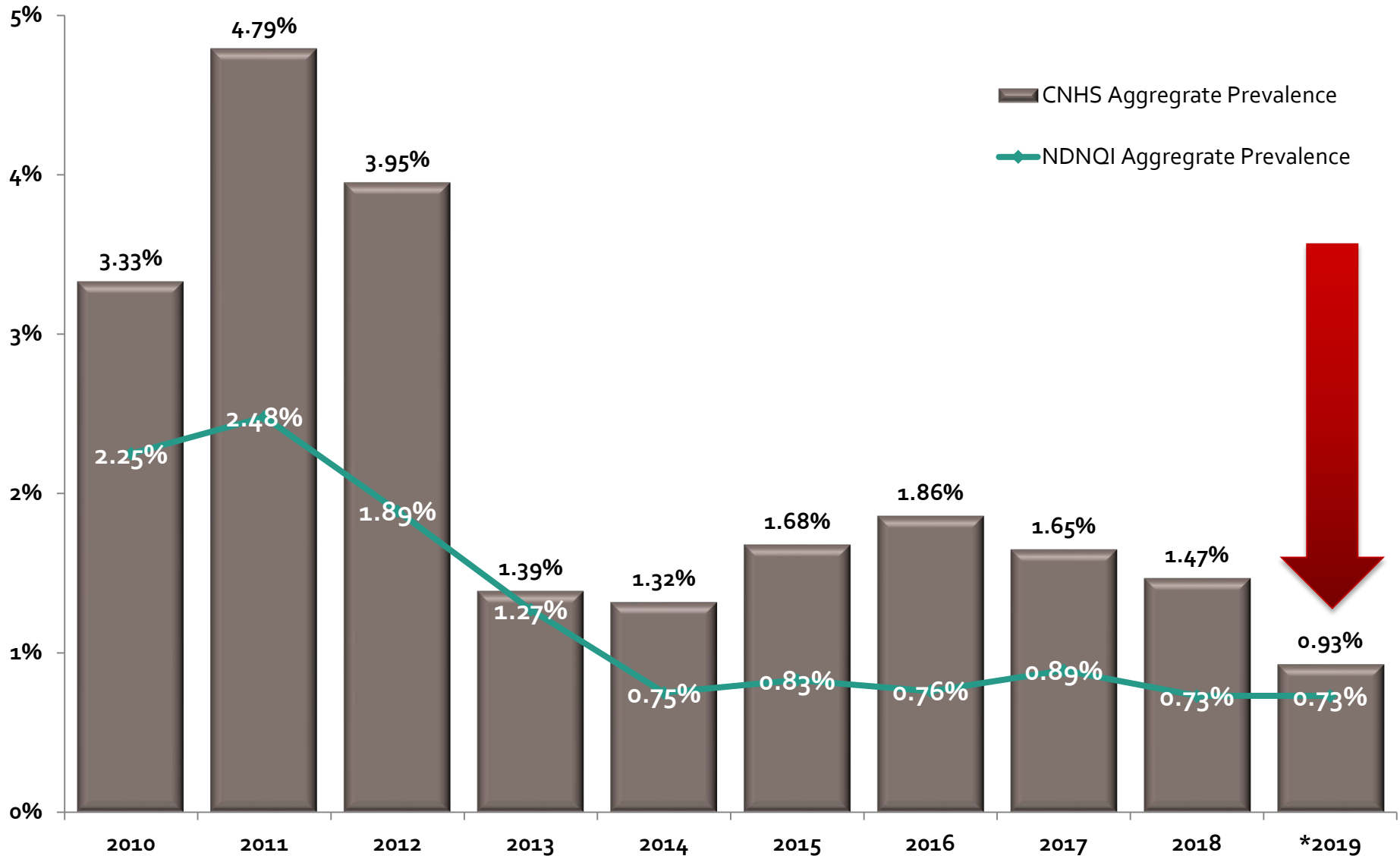


PREVALENCE OUTCOMES



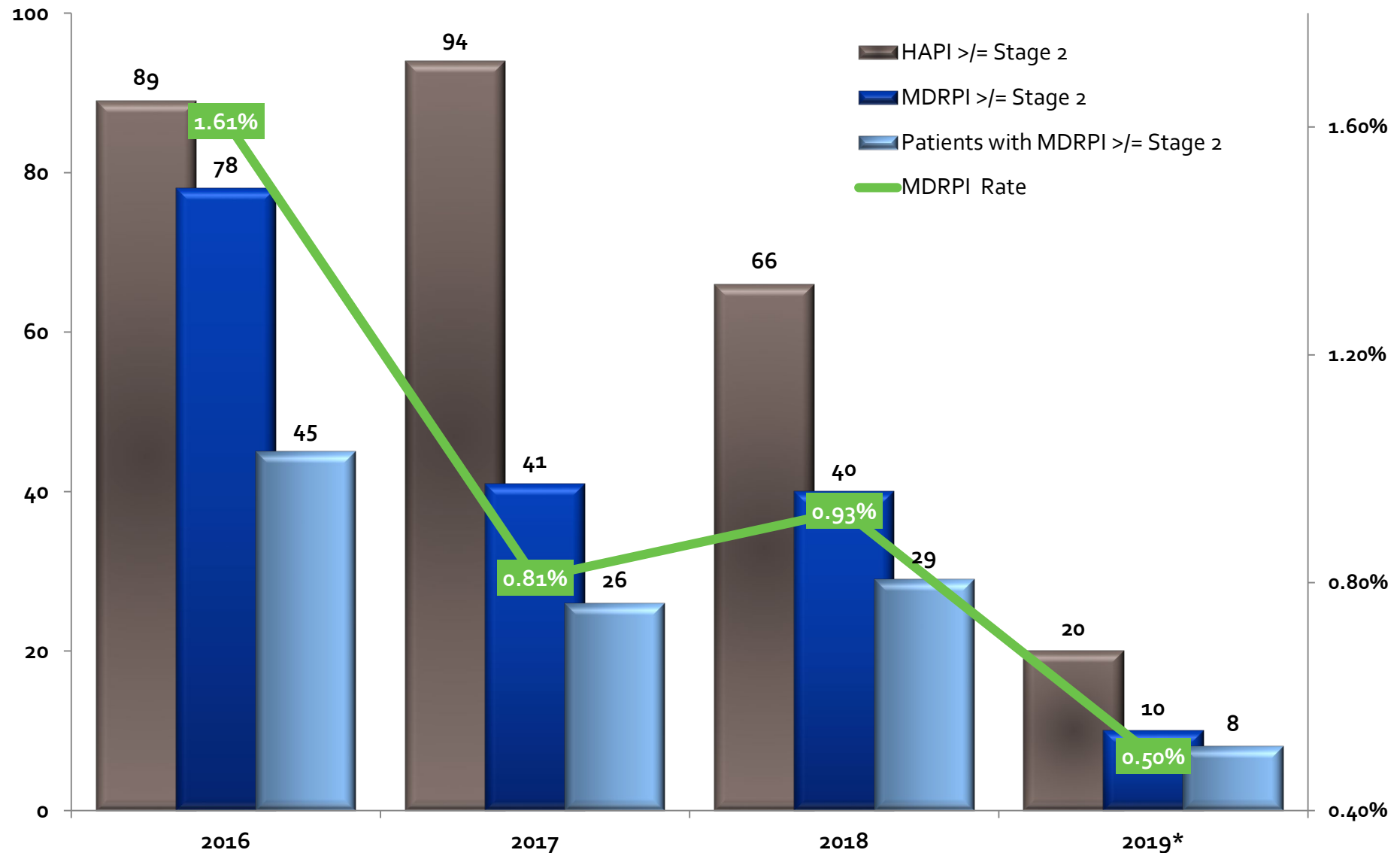
*2019 only includes Q1 & Q2, all other years include all 4 quarters

HAPI PREVALENCE DATA



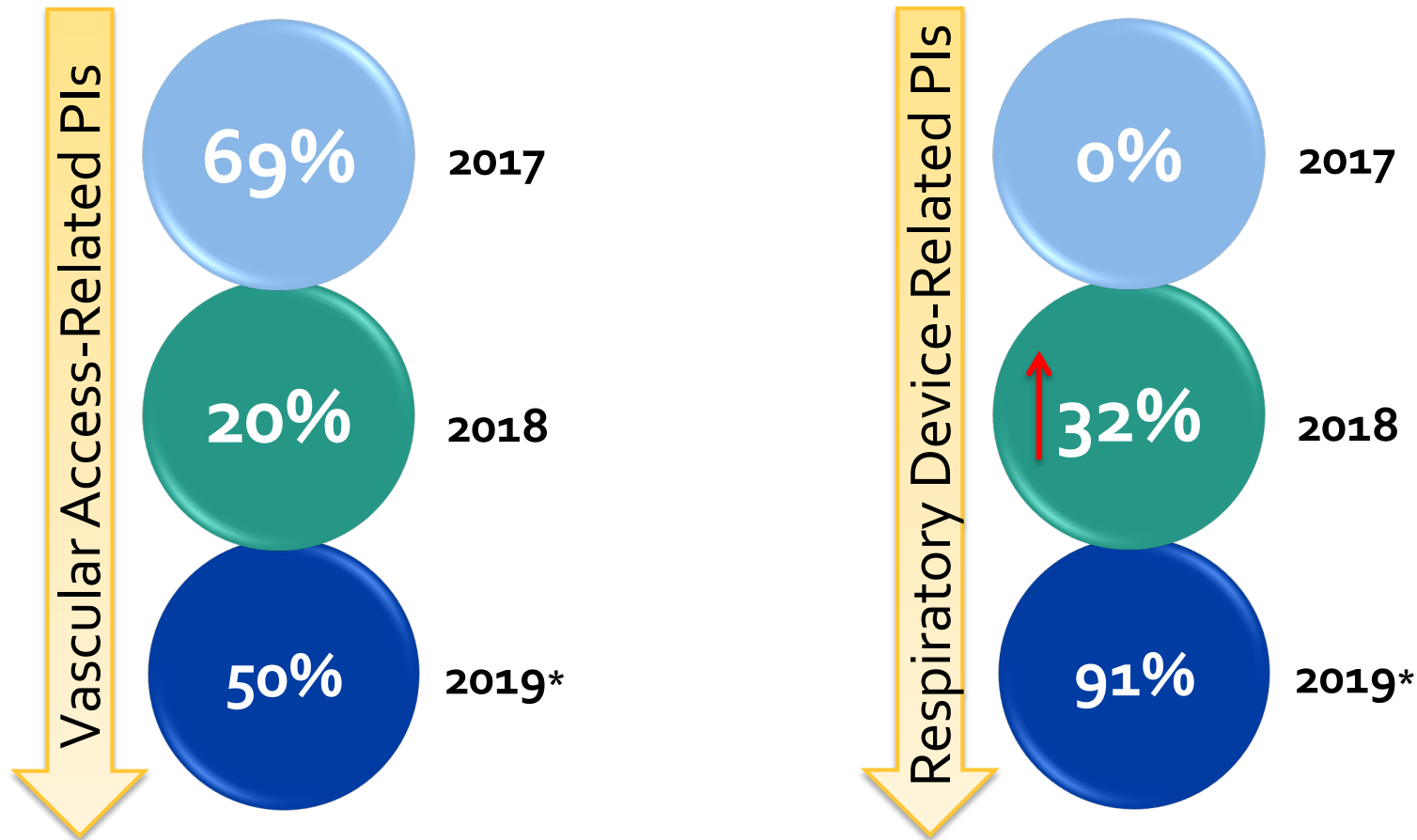
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MDRPI PREVALENCE DATA



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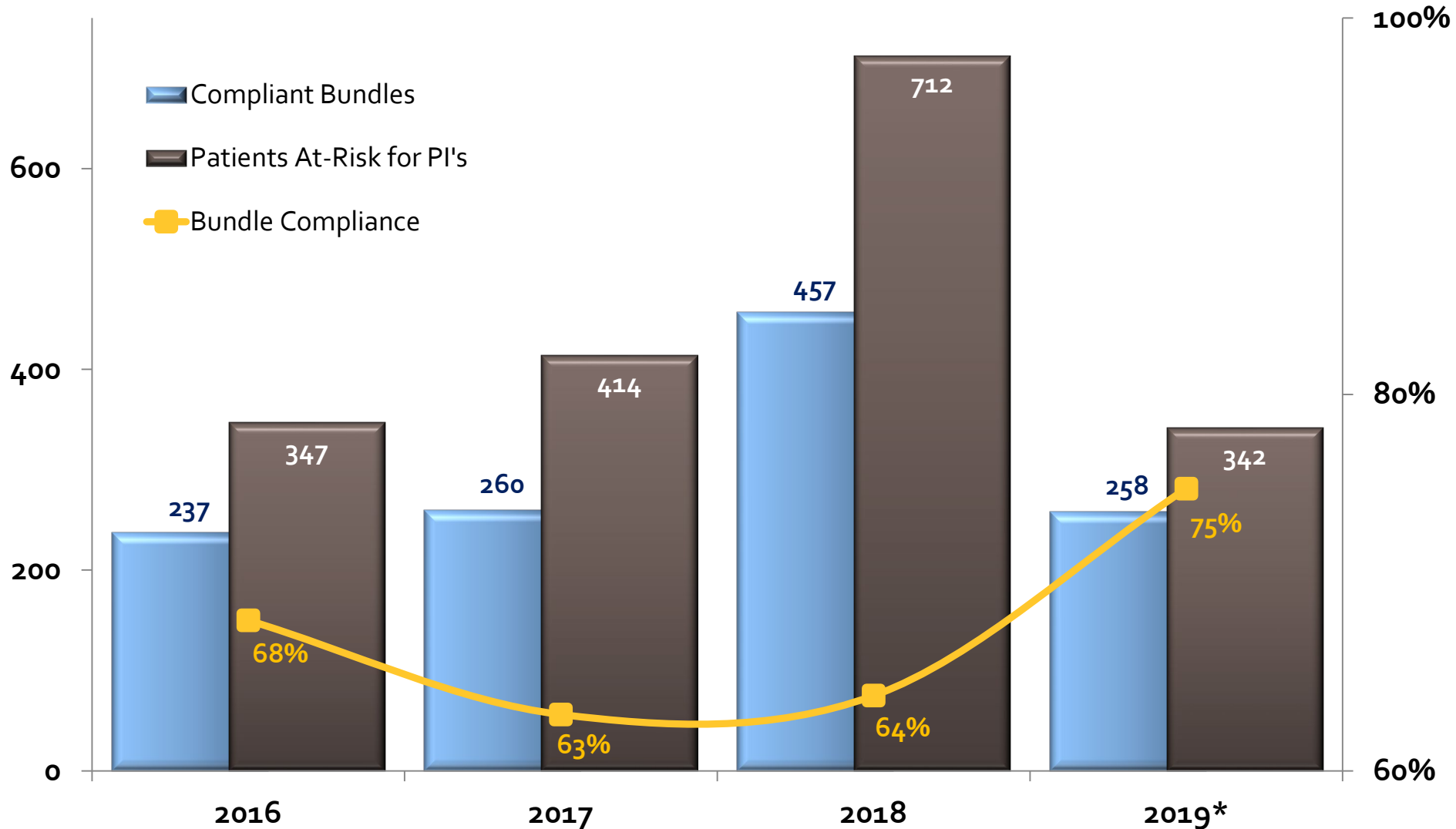
DECREASING OUR OTHER TOP MDRPIs



*Data through September 2019

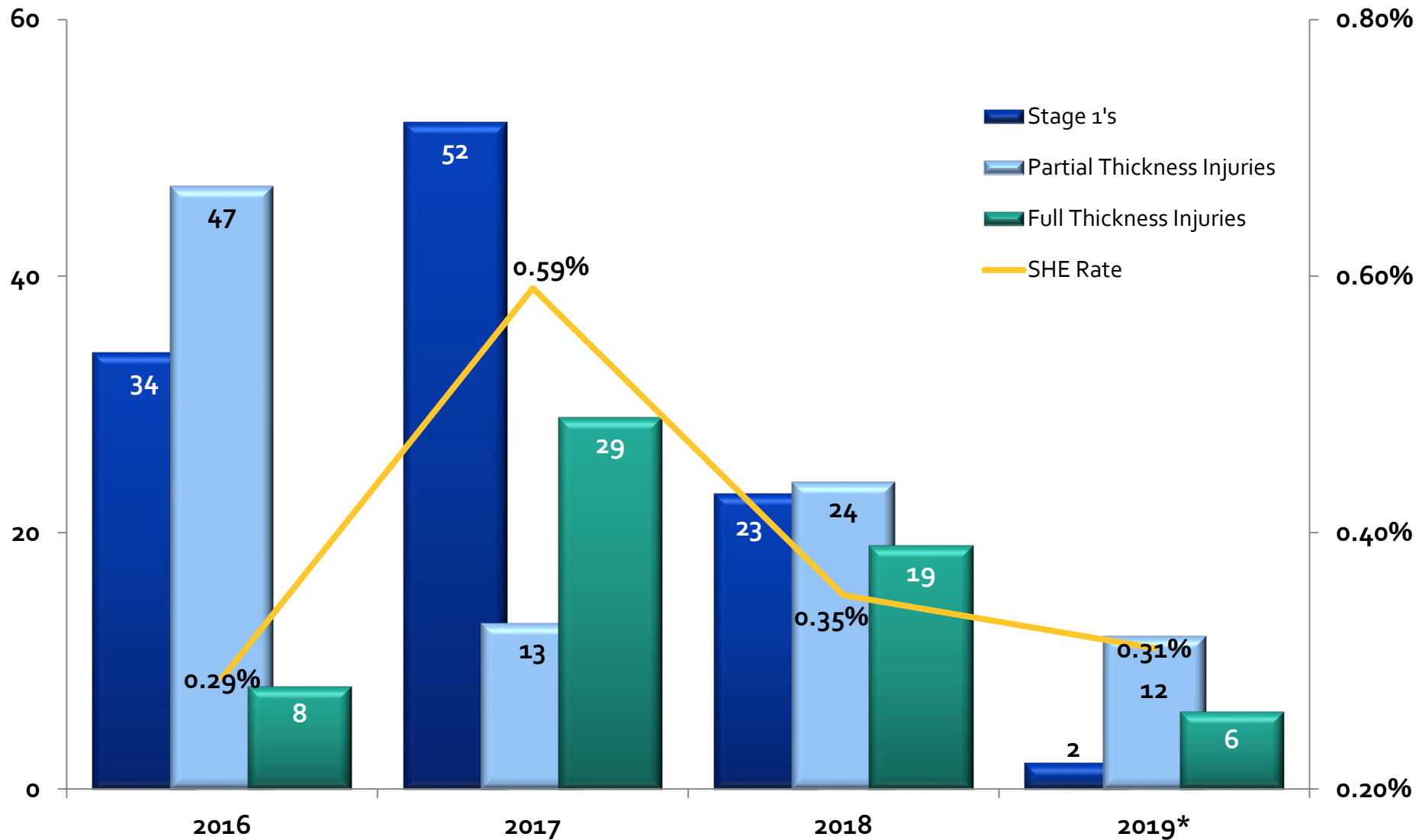


BUNDLE COMPLIANCE



*2019 only includes Q1 & Q2, all other years include all 4 quarters

PREVALENCE HAPI SEVERITY



*2019 only includes Q1 & Q2, all other years include all 4 quarters

IMPLICATIONS FOR YOUR HOSPITAL



USE WHAT WE HAVE LEARNED

- What can you can implement in your organization ?
- Tips for success
 - Major success with a 3 pronged approach
 - Which prong(s) will help you drive change?
 - Data & images helped drive change with interprofessional taskforces.
 - Leadership support
 - Incentives



QUESTIONS?



Skin Team at Children's National Hospital

SkinTeam@cnmc.org

Children's National Health System

111 Michigan Ave, NW, Washington, DC 20010





Children's National.

REFERENCES

- Doughty, D. B. & McNichol, L. L. (Eds.). (2016). *Core Curriculum Wound Management*. Philadelphia, PA: Wolters Kluwer.
- Edsberg LE, Black JM, Goldberg M, McNichol L, Moore L, & Sieggreen M. (2016). Revised national pressure ulcer advisory panel pressure injury staging system: revised pressure injury staging system. *Journal of Wound Ostomy Continence Nursing*. 43(6): 585-597. (Level VII)
- Garcia-Molina, P., Balaguer-Lopez, E., Garcia-Fernandez, F. P., de los Angeles Ferrera-Fernandez, M., Blasco, J.M. & Verdu, J. (2018). Pressure ulcers' incidence, preventive measures, and risk factors in neonatal intensive care and intermediate care units. *International Wound Journal*; published online before print. DOI: 10.1111/iwj.12900
- Imbulana, D., Manley, B., Dawson, J., Davis, P., & Owen, L. (2018). Nasal injury in preterm infants receiving non-invasive respiratory support: a systematic review. *British Medical Journal*, 103, F29-F35.
- Johnston, S., Coyer, F.M. & Nash, R. (2018). Kirkpatrick's Evaluation of Simulation and Debriefing in Health Care Education: A Systematic Review. *Journal of Nursing Education*; 57(7):393-398 <https://doi.org/10.3928/01484834-20180618-03>
- Netherton, B. L., Stecker, M. M., & Patterson, T. (2007). Mechanisms of electrode induced injury. Part 3: practical concepts and avoidance. *American Journal of Electroneurodiagnostic Technology*, 47(4), 257-263.
- Pittman, J., Beeson, T., Kitterman, J., Lancaster, S., & Shelly, A. (2015). Medical device-related hospital-acquired pressure ulcers. *Wound, Ostomy and Continence Nurses Society*, 42 (2); 151-154.
- Razmus I. (2018). Factors associated with pediatric pressure hospital acquired pressure injuries. *Journal of Wound Ostomy Continence*; 45(2):107-116.
- Razmus, I. & Bergquist-Beringer. (2017). Pressure ulcer risk and prevention practices in pediatric patients: a secondary analysis of data from the national database of nursing quality indicators. *Ostomy and Wound Management*; 63(2), 26-36.

