

Teaching Patient to "SCIP"—Skin Care Intervention Program

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TEACHING PATIENT TO “SCIP” (SKIN CARE INTERVENTION PROGRAM)

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Purpose

- To implement a patient-driven skin care intervention program (SCIP) for post open heart surgery patients
 - To develop a patient education slide to add to OHU/TOHU pre open heart surgery teaching
- To update the current mobility protocol

Background/Significance

- As per the Agency for Healthcare Research and Quality (AHRQ), the cost to hospital per pressure ulcer ranges from \$20,900 to \$151,700 depending on stage of development.
- Center for Medicare and Medicaid Services (CMS) does not provide reimbursement for advanced stage pressure ulcers acquire during a hospital stay

Background/Significance

- As per data from October 2012 to October 2013, incidence of pressure ulcers on OHU was 21, and incidence of pressure ulcers on TOHU was 27.
- In order to improve patient outcomes as well as reduce costs, the problem of increasing incidence of pressure ulcers on OHU and TOHU needed to be addressed.

PICO QUESTION

- **(P)** In the continent adult surgical patient, does the **(I)** implementation of a patient driven skin care intervention program (SCIP) as compared to **(C)** the standard of care **(O)** reduce the incidence of Stage I and Stage II pressure ulcers on bony prominences?

TRIGGER?

- Problem-focused trigger
 - Risk Management Data
 - Incidence of PUs on OHU and TOHU
 - Identification of Clinical Problem
 - Development of PUs related to immobility
- Knowledge-focused trigger
 - New research
 - Successful implementation of patient-driven skin care intervention programs (US and Australia)

EVIDENCE

- Search Engines used
 - Medline
 - EBSCOHost
 - CINAHL
- Key Words: skin, skin breakdown, mobility, pressure ulcer, surgical patients, patient education, skin integrity
- Evidence included literature reviews, randomized controlled trials, and pilot studies

EVIDENCE

- In a pilot study involving patients having cardiac surgery, Pokorny, Koldjeski, and Swanson (2003) implemented a change in standard skin care protocol by putting into practice independent therapeutic nursing interventions to maintain skin integrity from admission to discharge and provided education to patients about how to perform selected activities on a self-help basis
 - Results:
 - Prevalence of pressure ulcers decreased from 11.7% before implementation of the program to 6.8% during the intervention period.

EVIDENCE

- Gillepsie, Chaboyer, Sykes, O'Brien, and Brandis (2014) piloted a patient-centered pressure ulcer prevention care bundle for adult hospitalized patients
 - Education provided to patients via video, brochure, and poster with three core messages: (1) keep moving, (2) care for your skin, (3) ensure a good diet.
 - Results:
 - Participants verbalized the care bundle created awareness and prompted them to take action in their own care. Additionally, it was simple and easy to understand and was straightforward

Current Practice at LVHN

- **Interdisciplinary Guideline for Mobility - CC**

Implementation

- Creation of SCIP education slide for pre open heart surgery class
- Updated Interdisciplinary Guideline for Mobility – CC
- Involvement of cardiac rehab to implement and reinforce teaching
- Involvement of OHU/TOHU staff in awareness and implementation of practice changes

Next Steps

- Once successfully implemented on OHU and TOHU, will disseminate results network-wide for application to other patient care areas

Implications for LVHN

- Improved HCAHPS scores
- Improved patient outcomes
- Reduction of cost per patient per stay

Lessons Learned

- Increased patient empowerment, education, and participation leads to improved clinical outcomes and improved patient satisfaction
- Involvement in research and evidence-based practice helps with transition from student nurse to professional nurse

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