

The Skin Bundle

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THE SKIN BUNDLE

3B – Pocono

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BACKGROUND

- “A pressure injury is localized damage to the skin and/or underlying soft tissue, usually over a bony prominence or related to a medical or other device” (The Joint Commission, 2016, p. 1).
- According to the Agency for Healthcare Research and Quality (2014),
 - 2.5 million patients per year are affected by pressure injuries
 - Pressure injuries can cost \$9.1-\$11.6 billion per year in the US
 - More than 17,000 lawsuits are related to pressure injuries annually
 - The second most common claim
 - Pressure injuries are associated with severe pain
 - About 60,000 patients die as a direct result of a pressure injury each year
- Prevention is key!
- The skin bundle is a set of interventions that, when used together, significantly improves patient outcomes

PICO

- P – All RNs on 3B who care for patients with a Braden score of 18 or less
- I – Re-education of the skin bundle
- C – No education
- O – Nurse-driven order of the skin bundle

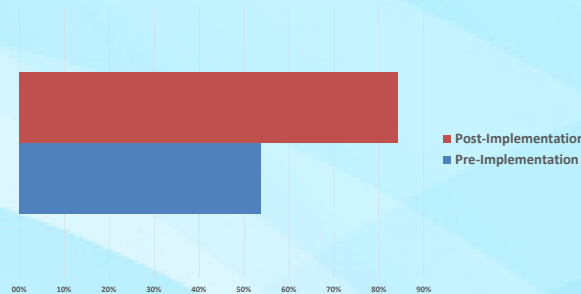
For patients with a Braden score of 18 or less, does re-education on the skin bundle compared to no education, impact the nurse-driven order of the skin bundle?

EVIDENCE

- According to Ellis (2016), the skin bundle ... “approach represents a move away from the traditional reliance on mattresses and cushions as the sole method of pressure ulcer prevention ...” (p. 30).
 - The skin bundle considers five key components: skin assessment, skin’s surface, importance of the patient keeping moving, incontinence, and nutrition
- “Pressure injury prevention requires activities and coordination among many individuals, including the multiple disciplines and many teams involved in developing and implementing the patient’s care plan” (The Joint Commission, 2018, p. 2).
- “... the success of the care bundle relied on patients’ willingness to participate and nurses’ willingness to incorporate it into their routine work” (Chaboyer & Gillespie, 2014, p. 3421)

OUTCOMES

Pre- and Post-Implementation of Re-education of the Skin Bundle



- Prior to implementation, 53.7% of patients admitted on 3B with a Braden Score of 18 or less were ordered the skin bundle
- After implementation, 84.3% of patients admitted on 3B with a Braden Score of 18 or less were ordered the skin bundle
- There was a 56.5% improvement post implementation

New Orders	
Chair Cushion	P Routine, Every 2 hours (scheduled), First occurrence today at 1800, Until Specified
Turn Patient - Until Able to Turn Self	Routine, Daily, First occurrence today at 1617, Until Specified Turn patient: until able to turn self
Heel Protectors	Routine, Until discontinued, First occurrence today at 1610 Laterality: Bilateral
Consult to Clinical Nutrition	P Routine, Once, First occurrence today at 1603 Reason for consult? Nutrition assessment
Nursing Communication	Routine, Until discontinued, First occurrence today at 1554
Nursing Communication	Routine, Until discontinued, First occurrence today at 1554

IMPLEMENTATION

- Assess admitted patients with a Braden score of 18 or less and identify if skin bundle is ordered
- Provide reeducation to RNs on the skin bundle in a 2 week period
 - Distribute the CWON Skin Bundle presentation
- Reassess admitted patients with a Braden score of 18 or less and see if the usage of the skin bundle was impacted

NEXT STEPS

- Pressure injuries can cause significant problems for both patients and hospitals
- Prevention is key in preventing pressure injuries
- The skin bundle is a nurse-driven set of intervention that improve patient outcomes
- With re-education of the skin bundle, more nurses ordered the skin bundle for patients with a Braden score of 18 or less
- No pressure injuries were recorded since our study began
- The skin bundle should be continued to be used and ordered for all patients with a Braden score of 18 or less

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