ALLIANT HEALTH SOLUTIONS | HQIC Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

HQIC Patient Safety: Pressure Injury Session 2

Welcome!

- All lines are muted, so please ask your questions in the chat panel.
- For technical issues, chat to 'All Panelists.'
- Please actively participate in polling questions that will pop up on the right-hand side of your screen.

We will get started shortly!

HQIC Pressure Injury: Tools for Prevention

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December 15, 2021

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Making Health Care Better *Together*

COLLABORATORS:

Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza

Hospital Quality Improvement

Welcome from all of us!

ALABAMA HOSPITAL ASSOCIATION

ALLIANT HEALTH SOLUTIONS

Comagine Health

GHA Georgia Hospital Association

kfmc HEALTH IMPROVEMENT PARTNERS

KONZA

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Pressure Injury Prevention
Patient Safety Network Objectives

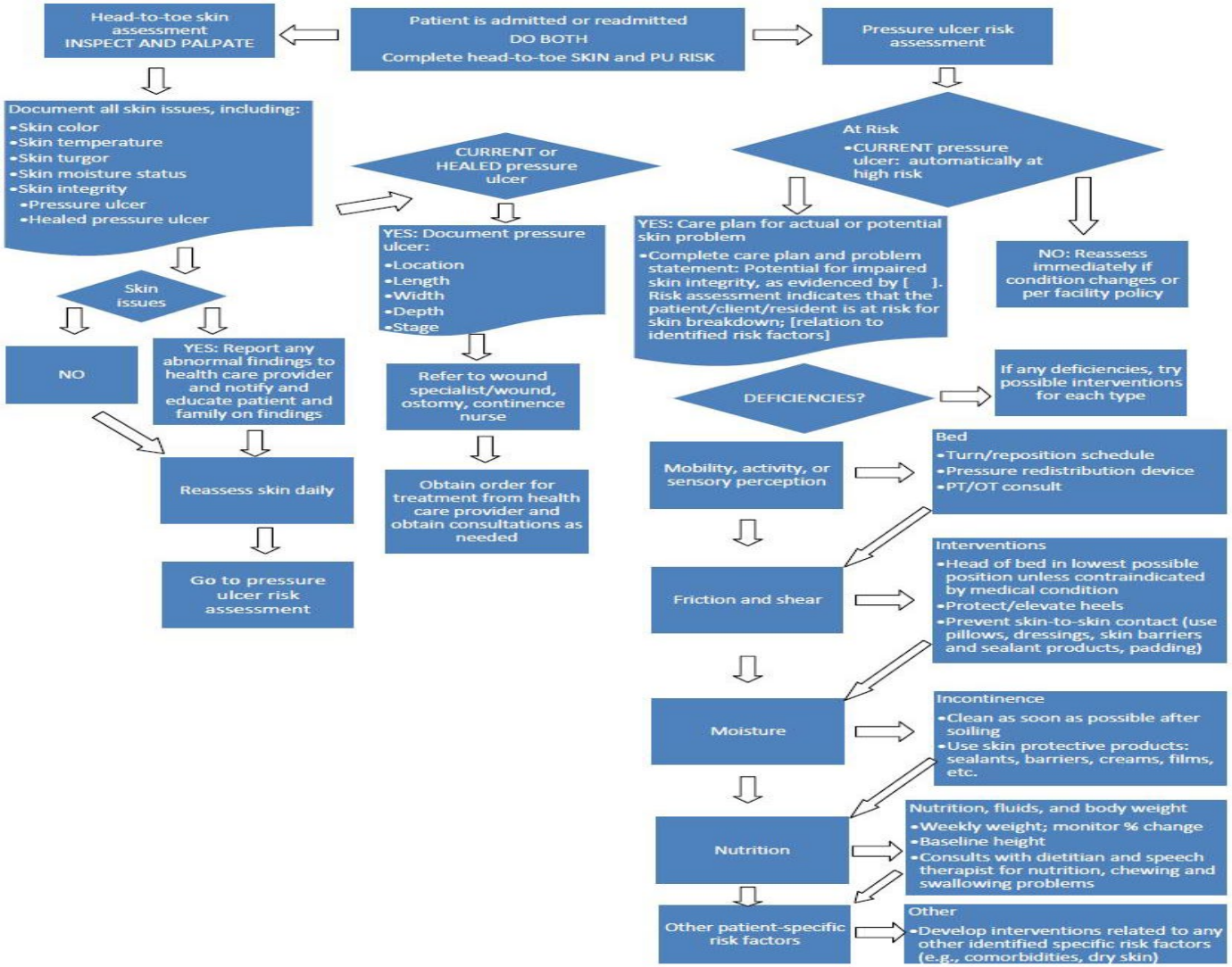
Participants will be able to:

- Perform a head-to-toe skin assessment.
- Understand the importance of skin assessments to prevent pressure and skin integrity injuries during an inpatient stay.
- Understand the importance of documentation.
- Engage colleagues to perform “Four Eyes” skin assessment.
- Identify problem zones for pressure injuries.

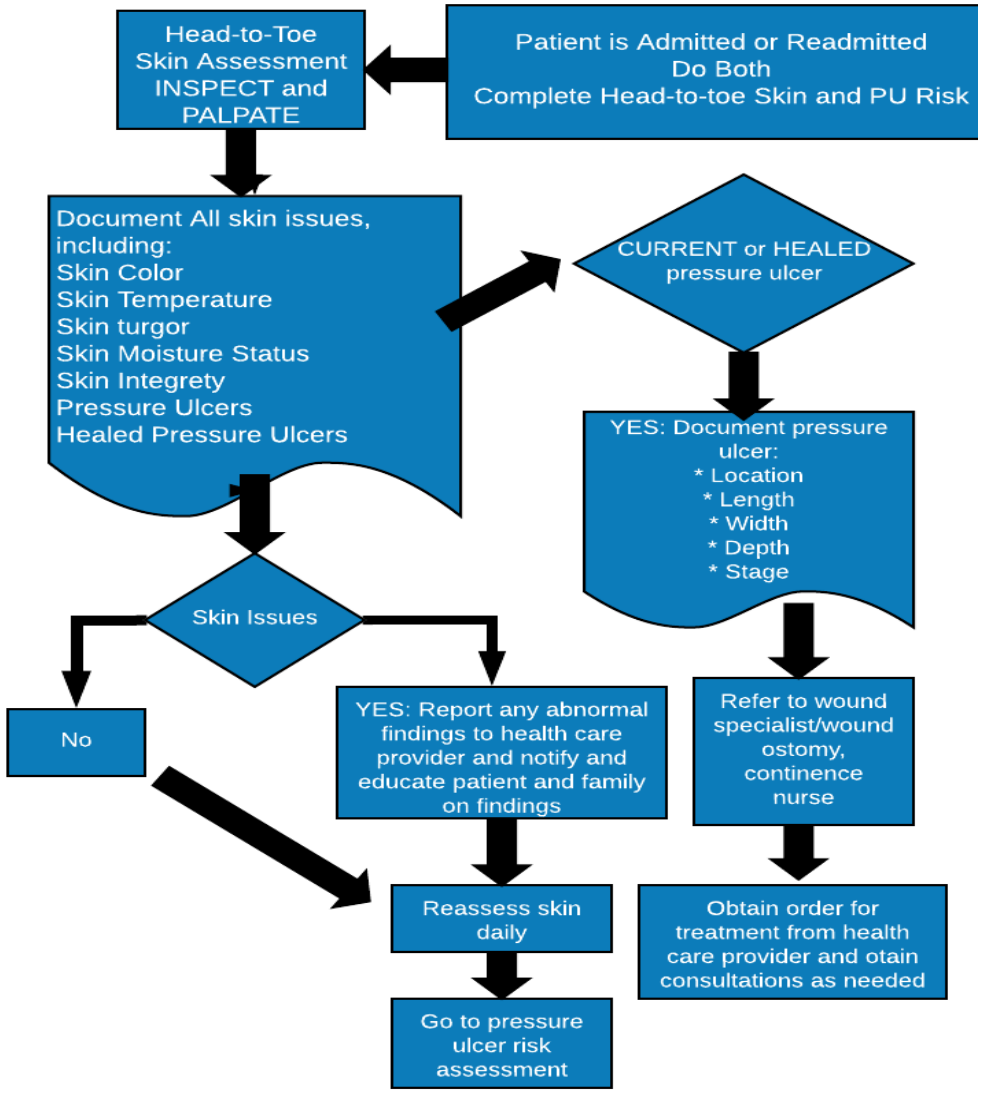
Today's Learning Objectives

- Learn Today:
  - Understand the importance initial and continuous skin assessments.
  - Identify the problem areas where pressure injuries are more likely to start.
- Use Tomorrow:
  - Engage all staff to monitor skin integrity at all levels of the organization.
  - Apply AHRQ Pressure Ulcer Toolkit for pressure ulcer reduction.

Pressure Ulcer Prevention Pathway



Today's Focus - Assessments



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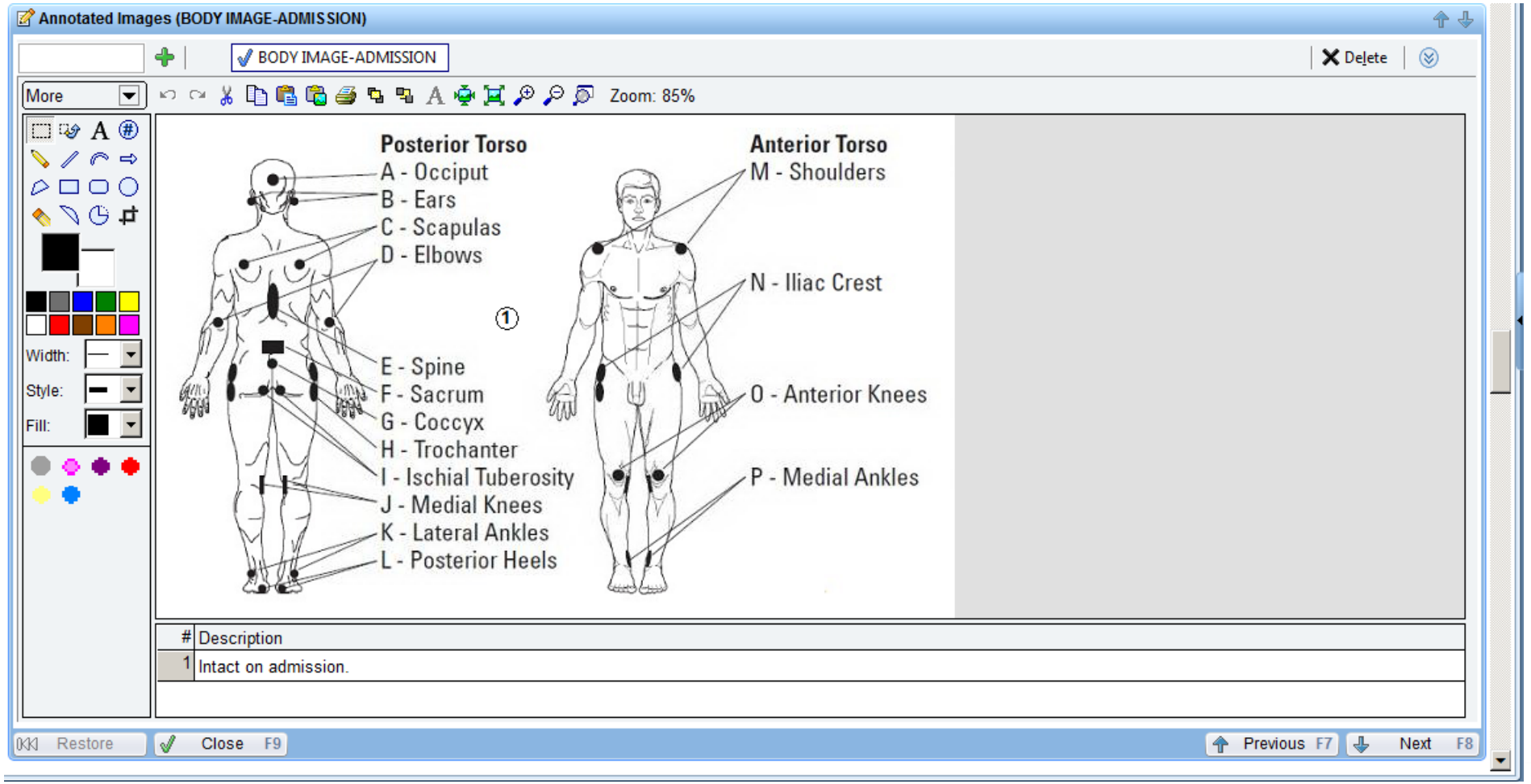
Bundle of Best Practices

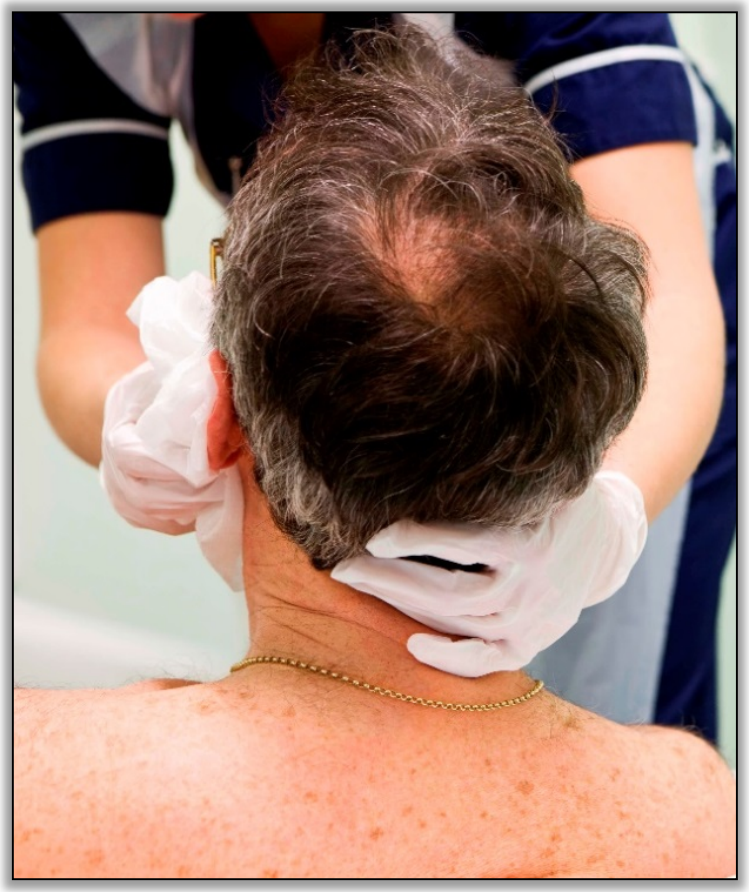
- Pressure injury prevention practices checklist:
  - ❑ Comprehensive skin assessment
  - ❑ Standardized pressure injury risk assessment
  - ❑ Care planning and implementation to address areas of risk

Practice Insight



Skin Assessment Frequency

- Not a one-time event
- Repeated on a regular basis
- Optimally done daily in a systematic manner by a single individual at a dedicated time
- May be integrated into routine care—any time the patient is cleaned or turned



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Elements of a Comprehensive Skin Assessment

- Skin Temperature
- Skin Color
- Skin Moisture
- Skin Turgor
- Skin Integrity

Skin Temperature

Most clinicians use the back rather than the palm of their hand to assess the temperature of a patient's skin.

Remember that increased skin temperature can be a sign of fever or impending skin problems such as a Stage I pressure ulcer or a diabetic foot about to ulcerate.

- Touch the skin to evaluate if it is warm or cool.
- Compare symmetrical body parts for differences in skin temperature.

Skin Color

- Ensure that there is adequate light.
- Use an additional light source, such as a penlight, to illuminate hard-to-see skin areas such as the heels or sacrum.
- Know the person's normal skin tone so that you can evaluate changes.
- Look for differences in color between comparable body parts, such as the left and right legs.
- Depress any discolored areas to see if they are blanchable or non-blanchable.
- Look for redness or darker skin tone, which indicate infection or increased pressure.
- Look for paleness, flushing or cyanosis.
- Remember that changes in coloration may be particularly difficult to see in darkly pigmented skin.

Skin Moisture

- Touch the skin to see if the skin is wet or dry or has the right moisture balance.
- Remember that dry skin, or xerosis, may appear scaly or lighter in color.
- Check if the skin is oily.
- Note that macerated skin from too much moisture may appear lighter or feel soft or boggy.
- Look for water droplets on the skin. Is the skin clammy?
- Determine if these changes are localized or generalized.

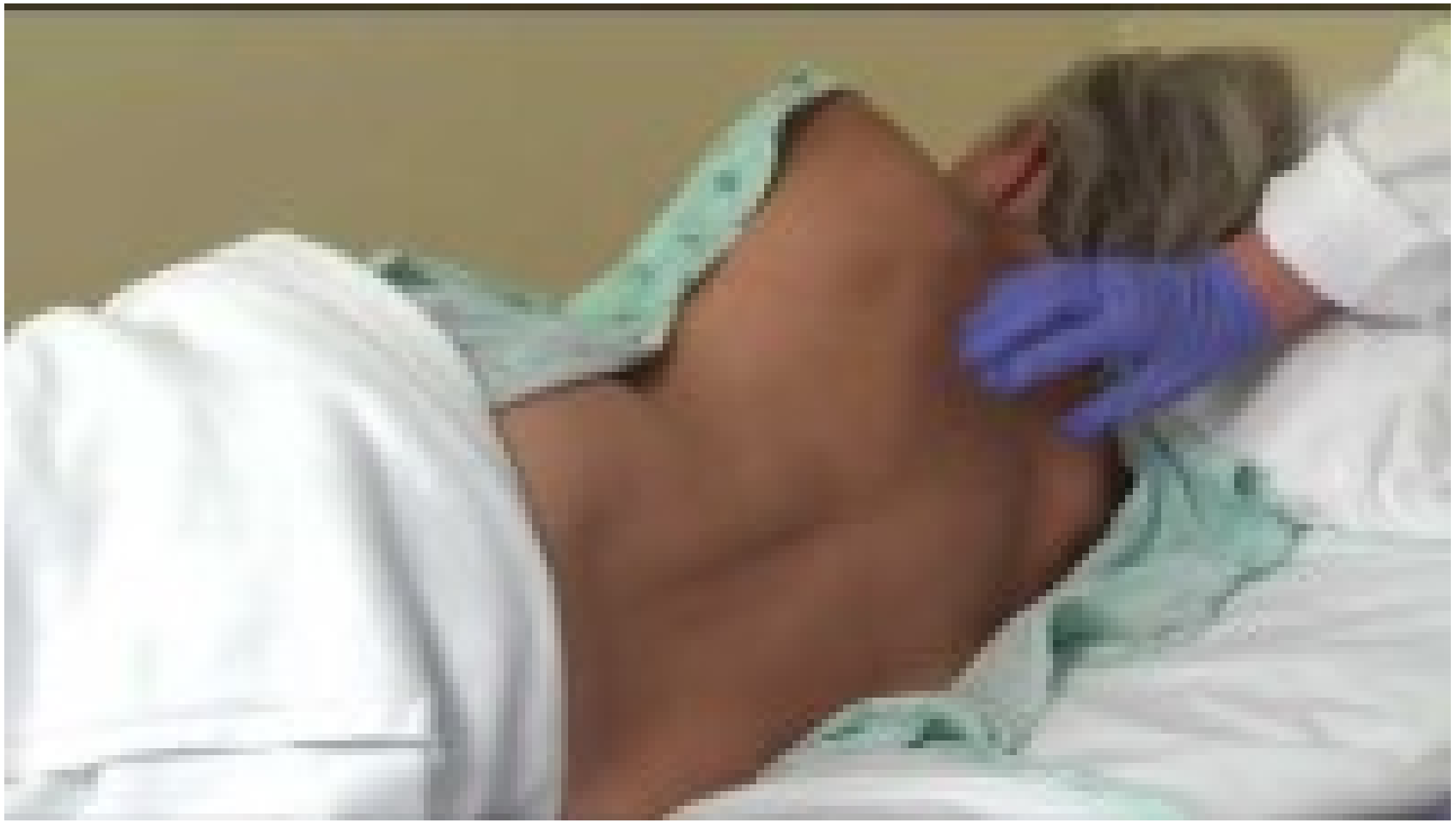
Skin Turgor

- To assess skin turgor, take your fingers and “pinch” the skin near the clavicle or forearm so that the skin lifts up from the underlying structure. Then let the skin go.
- If the skin quickly returns to place, this is a normal skin turgor finding.
- If the skin stays up, this is called “tenting” and is an abnormal skin turgor finding.
- Poor skin turgor is sometimes found in persons who are older, dehydrated, or edematous, or have connective tissue disease.

Skin Integrity

- Check to see if the skin is intact without cracks or openings.
- Determine if the skin is thick or thin.
- Identify signs of pruritis, such as excoriations from scratching.
- Determine if any lesions are raised or flat.
- Identify whether the skin is bruised.
- Note any disruptions in the skin.
- If a skin disruption is found, the type of skin injury will need to be identified. Since there are many different etiologies of skin wounds and ulcers, differential diagnosis of the skin problem will need to be determined. For example, is it a skin tear, a pressure ulcer or moisture-associated skin damage or injury?

Comprehensive Skin Assessment: AHRQ Preventing Pressure Ulcers in Hospitals Toolkit



Four Eyes Assessment – What Is It?

- A collaborative model utilizing two nurses (four eyes) to identify and document pressure injuries:
  - Within four hours of admission or transfer
  - When a patient has been off the floor for more than four hours
  - Both nurses should sign the assessment
  - When disagreement occurs, the skin champion or wound care nurse should be consulted early on

What Are the Benefits?

- Quick, simple and effective process for early identification of risk factors and pressure injuries
- When led by peers, provides the opportunity to educate and train nurses to create a more knowledgeable staff
- Increases ownership and responsibility for pressure injury prevention
- Ensures accuracy, reliability and drives a more cohesive approach to pressure injury prevention and treatment
- Assists in standardizing documentation of wounds and provides a baseline for treating injuries and improved monitoring
- Helps reduce hospital-acquired pressure injuries

Resources

Berlowitz, Dan. Preventing Pressure Ulcers in Hospitals. Website. October 2014 https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressureulcer/tool/index.html

Agency for Healthcare Research and Quality Contract No.: HHSA290201200017I Task Order No. 2. April 2016 https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressure-injury/guide.html

Comprehensive Skin Assessment: AHRQ Preventing Pressure Ulcers in Hospitals Toolkit. AHRQ YouTube Channel. https://youtu.be/L1OpaWDAv_A

Couch, Kara. Building a Pressure Injury Prevention Program that Works. Webinar. 2019. https://www.medline.com/pages/pressure-injury-prevention-webinar/

Salicki, Amanda, and Allyssa Dion. "Four Eyes within Four Hours: A Quality Improvement Project to Decrease Hospital Acquired Pressure Ulcers." Hartford Hospital, 2016, hartfordhospital.org. https://hartfordhospital.org/File%20Library/CNRA/2016-poster-Four-Eyes-PU-assessment-Salicki.pdf

Four Eyes in Four Hours: A Commitment to Patient Safety. https://www.muhealth.org/our-stories/four-eyes-four-hours-commitment-patient-safety

Key Takeaways

- Learn Today:
  - Understand the importance of initial and continuous skin assessments.
  - Identify problem areas where pressure injuries are more likely to start.
  - Understand the value of implementing the “Four Eyes” assessment process.
- Use Tomorrow:
  - Engage all staff to monitor skin integrity at all levels of the organization.
  - Develop an implementation plan for the “Four Eyes” assessment process.
  - Apply AHRQ Pressure Ulcer Toolkit for pressure ulcer reduction.

Getting Started

- Review the resource materials provided today.
- Establish a team to develop assessment policies and procedures—short-term and long-term.

How will this change what you do?

Questions?

Email us at HospitalQuality@allianthealth.org or call us at 678-527-3681.

HQIC Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings

Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

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Upcoming Events

January 26, 2022

12 p.m. ET | 11 a.m. CT | 10 a.m. MT

Using Pressure Injury Risk Assessment Tools in Care Planning

Event registration and information: **HERE**

quality.allianthealth.org

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Hospital Quality Improvement

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Thank you for joining us!
How did we do today?

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