Background

Although pressure ulcers are preventable in almost every case, they are increasingly common in US hospitals. The estimated prevalence (percentage of patients with pressure ulcers at any given time) is 15% and the incidence (the rate at which new pressure ulcers are acquired over a specific period of time) in acute care hospitals is 7%. (WOCN, 2004) (Cuddigan, 2001)

Pressure ulcer incidence is a patient care quality indicator monitored closely by Elmhurst Memorial Healthcare (EMHC) and results are reported to the National Database of Nursing Quality Indicators (NDNQI).

Several initiatives have been implemented in the past few years including: Skin Care Standard of practice, pressure ulcer prevention education, utilization of pressure reducing surfaces and new continence products to reduce skin breakdown.

Patient care outcomes can be improved when evidence based practices are applied in a clinical setting. The communication tool RANT was implemented by nursing staff on 5 Medical in June 2012 to improve patient care outcomes related to skin care.

Best Practice

Evidence Based Practices show:

• Structured handoff improves patient outcomes (Potter, Deshields, & Kuhlkin, 2010)
• Knowledge of Braden scale and pressure ulcer prevention interventions improves patient care outcomes (Walker, Van Sell, & Kindred, 2010)
• Delegation/collaboration/setting priorities improves patient care outcomes (Howe, 2008)

PICO Statement

Population: Adult medical patient’s assessed at a Braden Score of 18 or less.

Intervention: Structured RN to PCT report on skin assessment and interventions, PCT education on Braden Scale.

Comparison: Pressure ulcer incidence on 5 Medical before and after interventions.

Outcomes: Decreased pressure ulcer incidence on 5 Medical.

The Evidence suggests that a structured RN to PCT report results in the following outcomes:

Improved Delegation:
• Early communication between RN and PCT
• RN establishes priorities for patient care
• Empowers PCTs to provide patient specific care
• PCTs report observations in a more timely manner

Increased Knowledge of Braden Scale and Pressure Ulcers prevention:
• Reinforced in structured handoff
• Opportunity for continuous learning

(Walker, et al., 2010)

Interventions

5 Medical was chosen as the pilot unit and the Unit Practice Council (UPC) would facilitate the education and implementation of RANT on their unit.

The communication tool RANT was developed by Tomiello.

Re: Risk assessment based on Braden
A: Activity plan for the day
N: Nutritional needs
T: Turning schedule

(Tomiello , December 2011.)

All RN’s and PCT’s completed the online NDNQI Pressure Ulcer Training program.

A pre-implementation survey was taken by all nursing staff to evaluate knowledge of the Braden scale and patient skin care interventions. The same survey was then taken by staff post-implementation.

A staff education packet was created that showcased the purpose and elements of RANT communication.

5 Medical UPC members were educated and then charged with sharing information and providing education to staff in their communication network.

All staff signed a commitment letter indicating understanding of education and commitment to implementing RANT on the nursing unit.

To measure compliance of RANT communication surveys were completed by RNs and PCT’s on all shifts for 3 weeks. Reinforcement was done through Team Leaders, Unit Educator and in shift huddles.

To measure and evaluate the effectiveness of RANT in decreasing incidence of pressure ulcers, quarterly prevalence and incidence survey results were monitored.

Outcomes

• Individualized plan of care and interventions.
• Skin care is a priority for staff each time they perform patient care.
• PCTs recognize patients at risk for skin breakdown and communicate with RN regarding specific interventions.
• RANT used during hand-off 98% of time.
• Zero incidence of hospital acquired pressure ulcers for 2 quarters post-implementation.
• PCT knowledge of Braden Scale increased from 80-99%.

Next Steps

• Developed a toolkit to standardize RANT implementation across inpatient units throughout Elmhurst Hospital.
• Check utilization of RANT during handoff by direct observation and staff interviewing.
• Deploy RANT across inpatient units.

References/Acknowledgements


Tomiello, Maureen, MSN RN. Patient Skin Everyone’s Priority. Presented to the EMHC Medical Unit staff, December 2011.


We acknowledge the assistance and guidance provided by Maureen Tomiello MSN RN, Elmhurst College graduate nursing student.