

## Commitment to Professional Development

### Source of Evidence 5 EO

Describe and demonstrate the effectiveness of two (2) educational programs provided in SE 5.

#### Appraiser Feedback:

**Course evaluations are not a measurement of the effectiveness of an educational program. Only one of the examples provided (Legibility and Timing of Patient Records) showed the effectiveness of an educational program.**

#### Background/Purpose

In 2009-2010, Vanderbilt Children's Hospital (VCH) participated in the CHCA "Pressure Ulcer Prevention Collaborative". The aim of the collaborative was to reduce pressure ulcer prevalence in the ICU by 25% and achieve 95% compliance for the following key processes by June 30, 2010.

- Admission skin assessment
- Admission risk assessment
- Risk assessment
- Preventive care
- Device-related pressure reduction.

At that time quarterly pressure ulcer prevalence in Vanderbilt Children's Hospital showed rates as high as 20% in the PICU and 7% house-wide in VCH. In addition to the collaborative goals, VCH had key organizational goals to reduce pressure ulcers in the ICU to 3% and house-wide to 2.25%.

#### Methods and Approach

The Wound Ostomy Continence Nurse (WOCN) was the co-leader of the collaborative work along with a Quality Improvement Analyst from Performance Management and Improvement (PM&I). An interdisciplinary team included representatives from nursing, respiratory care, physical therapy, risk management and PM&I.

During the time frame, in January 2010, the manager of Nursing Quality along with the director of Nursing and Clinical Support Services attended the 4<sup>th</sup> Annual NDNQI Data Use Conference. Several educational sessions and posters focused on pressure ulcer prevention measures that included the use of "skin champions" to improve patient skin care outcomes.

This information regarding skin champions was brought back and shared with the WOCN, the Pressure Ulcer Prevention Collaborative team, and nursing leadership.

One of the process improvement strategies was to train skin champions (Pressure Ulcer Prevention (PUP) super users) in the Pediatric Critical Care Unit (PCCU) because it is the highest risk unit for pressure ulcers in Childrens. The WOCN, Quality Improvement Analyst, Nursing Quality Manager, and Director of Nursing and Clinical Support Services planned the curriculum for the skin champions along with Nursing Education & Professional Development. An invitation was issued by leadership to RNs and Care Partners in the PCCU to ask for participants.

The 4-hour course was offered on 2 different days to participants in April 2010 and included in depth discussion of skin assessment, risk assessment (Braden Q), and selection of appropriate intervention products and techniques for patients at risk. Attendees completed exercises using patient care scenarios to practice scoring with the Braden Q risk assessment tool. Having the RNs and the care partners train together with the WOCN was helpful in forming that partnership for collaborative patient care.

A pre-training survey regarding knowledge of Pressure Ulcer Prevention measures, Risk Screening, and Skin Assessment was given to participants. Post-training surveys were given at 30 days and 90 days after the training class.

In addition to the training, the WOCN partnered with bedside nurses during daily rounds on high risk patients to ensure that each patient had the correct pressure reducing devices in place. We also evaluated unit par levels for PUP redistribution devices and supplies with central supply staff and created a system of checks and balances between nursing and care partners. The PCCU also created a care partner rounding tool to proactively provide turning and reposition assistance for each patient. Nurses and care partners were educated about the devices and supplies located on the unit and the care partner rounding tool.

We continued quarterly pressure ulcer prevalence studies and implemented monthly prevalence studies with the highest risk patients (PCCU). We also revised our Skin Care policy and clarified the expectations for every two (2) hour *repositioning*.

Pressure ulcer prevalence in the PCCU was monitored through a combination of monthly and quarterly prevalence studies. In addition, through the collaborative, monthly compliance audits were conducted to monitor:

- Admission skin assessment compliance
  - Completed within 8 hours of Admission
  - Completed within 24 hours of Admission
- Admission risk assessment compliance
  - Completed within 8 hours of Admission
  - Completed within 24 hours of Admission

- Risk reassessment compliance
  - Percent of Patients Affected- Q Shift Skin Assessment Missed
  - Percent of Patients Affected- Q Shift Risk Assessment Missed
  - Percent of Patients Affected - >24hrs without skin assessment
  - Percent of Patients Affected - >24hrs without risk assessment
- Preventive Care for High-risk Patients
  - Daily Skin Assessment
  - Proper Moisture Management
  - Optimization of Nutrition and Hydration
  - Repositioning
  - Use of Pressure Redistribution Surfaces

**Participants**

**Table SE 5 EO – 1: VCH Pressure Ulcer Prevention Collaborative 2009-2010**

Beth Chatham, MSN, RN, CPN	Nurse Educator
Lydia Colley, BSN, RN,	Nurse Educator
Amanda Dawson, BSN, RN 2 CC	Staff Nurse
Melanie Foster, BSN, RN,	Case Manager I
Melissa Lord, BSN, RN,	Nurse Educator
Chris Lynn, BA, RRT,	Respiratory Care Educator
Autumne Mayfield, MSN, RN, ENPC	Assistant Nurse Manager, Pediatric Emergency Services (2009) and Manager Nursing Quality (2010)
Christy Mullen, BSN, RN, CPN	Nurse Educator
Lauran Allan (Sevier)	Performance Management & Improvement Staff
Debbie Shinkle, MHA, BSN, RN,	Nurse Manager
Amber Yampolsky, PT	Assistant Manager Physical Therapy
Jenny Slayton, MSN, RN	Administrative Director PM&I

Structural Empowerment  
Commitment to Professional Development (5 EO)

Christie Todd, RN	Clinical Risk Coordinator
Kathy Moss, MSN, RN	Director Nursing & Clinical Support Services
Donna Williams, MSN, RN, NEA-BC (deceased)	Administrative Director Perioperative Services (Interim CNO)
Susan Hernandez, MBHA, RN	Associate Hospital Director, Nursing VCH

**Table SE 5 EO – 2: PCCU Skin Champions/PUP Super Users**

Maribeth Perkins, BSN, RN 2 CC, CCRN	Staff Nurse
Kerri Stewart, RN 2 CC	Staff Nurse, Float Pool
Katie Parker, BSN, RN 3 CC, CCRN	Staff Nurse, PCICU
Erin Hagar, MHM, BSN, RN	Assistant Manager, VCH
Cindy Grecu, BSN, RN	Nurse Educator, PCCU
Andy Lamoreaux, RN 3 CC	Nurse Educator, VCH
Jan Malone, BSN, RN, CPN	Charge Nurse, 8A, 8B VCH
Michelle Terrell, MSN, RN, NP-PPC	APN, VCH
Meri White	Care Partner
Diene Bowers	Care Partner
Deanna Baker	Care Partner
Ashley Allen, BSN, RN 2 CC	Staff Nurse, PCCU
Ashley Mann	Care Partner

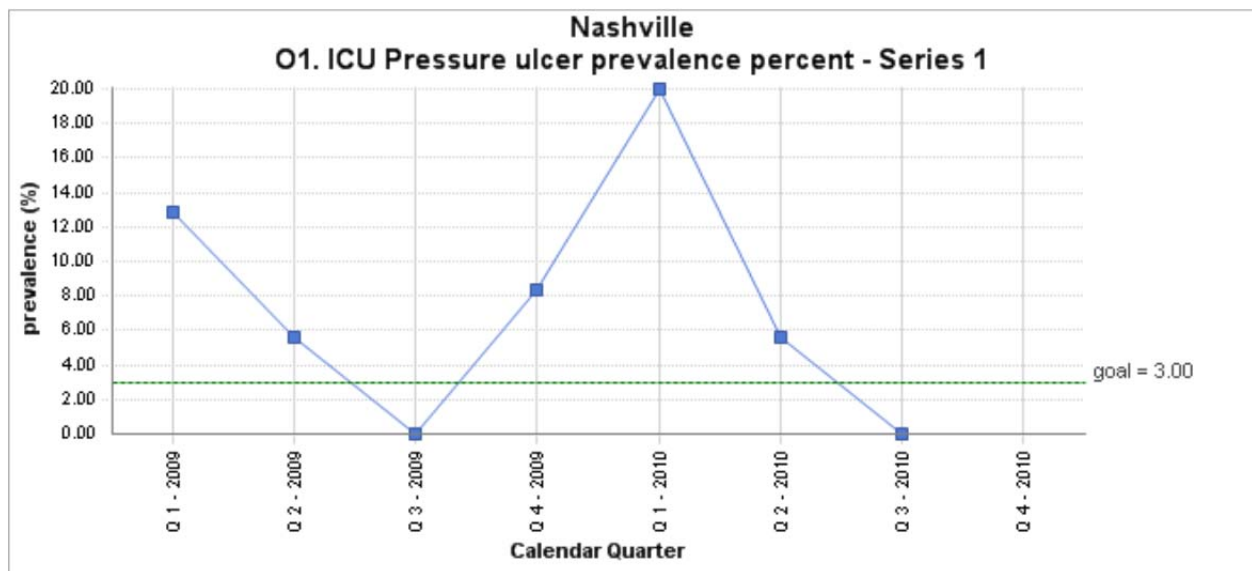
**Outcomes/Impact**

We had a significant reduction of overall pressure ulcers in children's hospital through education and increased knowledge base of nurses and care partners regarding skin assessment, use of the pressure ulcer risk assessment tool and prevention strategies as well as increased compliance with completing the risk assessment. We finished the collaborative with the following outcomes:

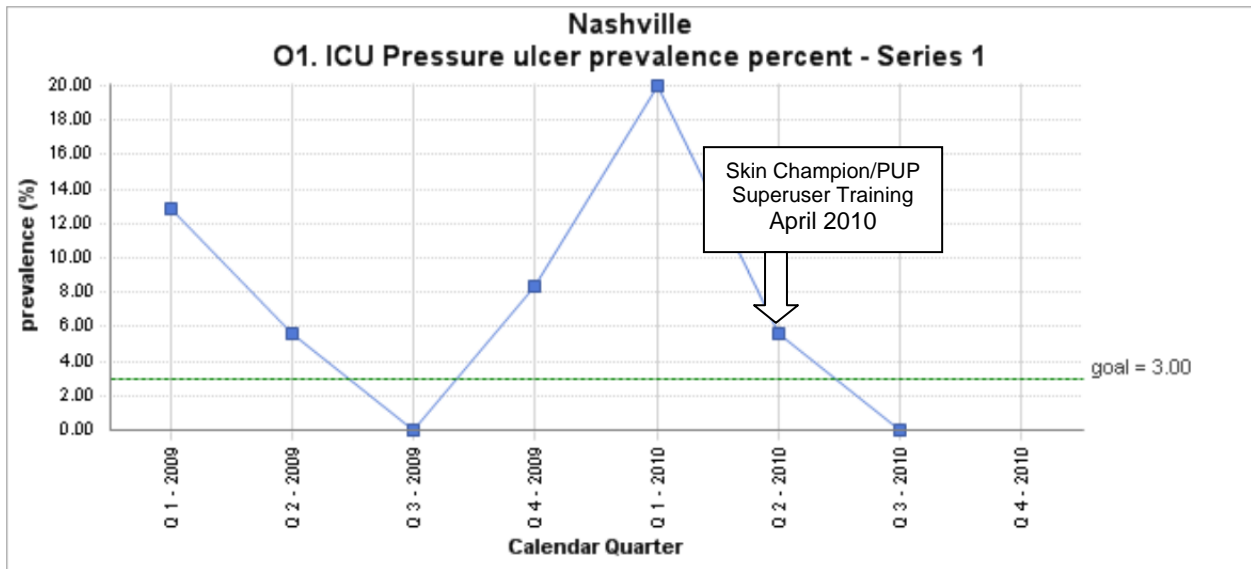
- Decreased our average prevalence rate in the PCCU to 3.16%
- Decreased our house-wide prevalence to 1.84%, well below the 2.25% goal
- Increased use of pressure redistribution surfaces from 17% to 100%
- Increased compliance to 100% for interventions on high risk patients (daily skin assessment, proper moisture management, optimization of nutrition and hydration, repositioning, and use of pressure redistribution devices.
- Maintained compliance at 100% for Skin and Risk Assessment completion within 24 hours of Admission

Skin champions were initially implemented in the PCCU (highest risk patients) and a plan is in place to roll out house-wide education during the fall of 2011. The education for the roll-out will include three learning modules that were developed through the PCCU work in the Collaborative education task force. A module is being created for the care partners as well.

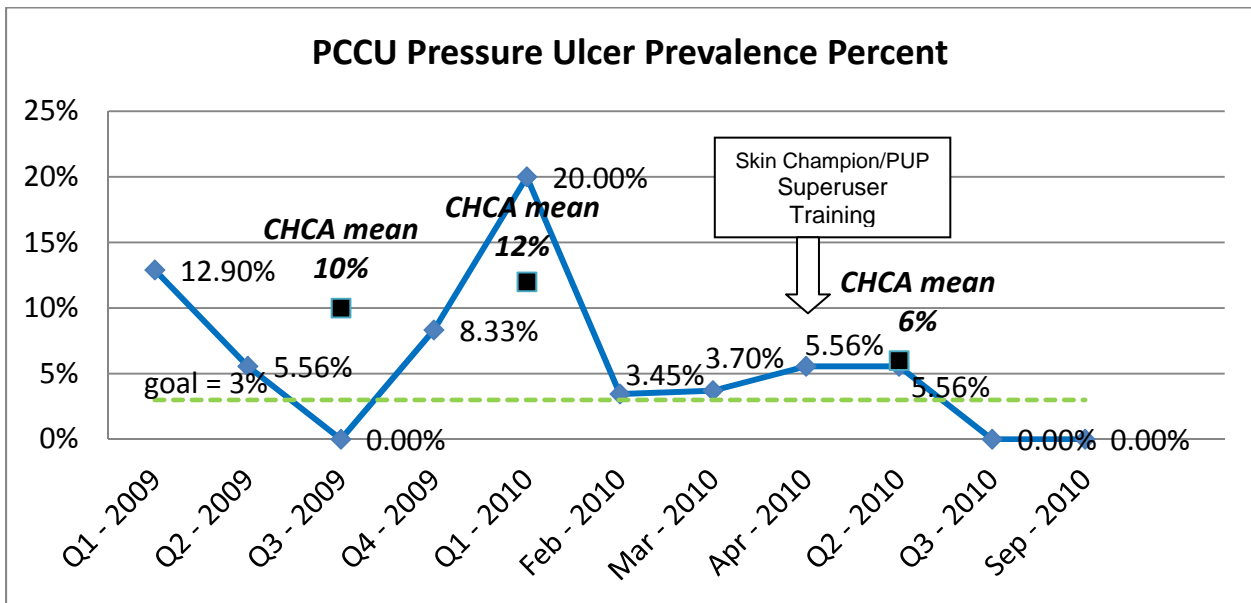
**Graph SE 5 EO – 1: Pre-Skin Champion/PUP Superuser Training: Pressure Ulcer Prevalence Quarterly – PCCU**



**Graph SE 5 EO – 2: Post Skin Champion/PUP Super User Training: Pressure Ulcer Prevalence Quarterly- PCCU (includes Q2 & Q3 2010)**



**Graph Se 5 EO – 3: Pressure Ulcer Prevalence Monthly & Quarterly – PCCU With CHCA Mean**



[SE 5 EO Exhibit A-1-Post Training 90 Day Survey Summary 2010 July, SE 5 EO Exhibit A-2-Pressure Ulcer Prev Super Users, SE 5 EO Exhibit A-3-Pre Training Results\_Final 2010 April, SE 5 EO Exhibit A-4-PUP Compliance Audit Graphs 2009-2010, SE 5 EO Exhibit A-5-PUPs Super User Training Outline & Attendees]