

Reducing Incidences of Pressure Injuries in ICU

A GROUP EFFORT TO REDUCE PRESSURE INJURIES.

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Beaumont Hospital, Dublin.



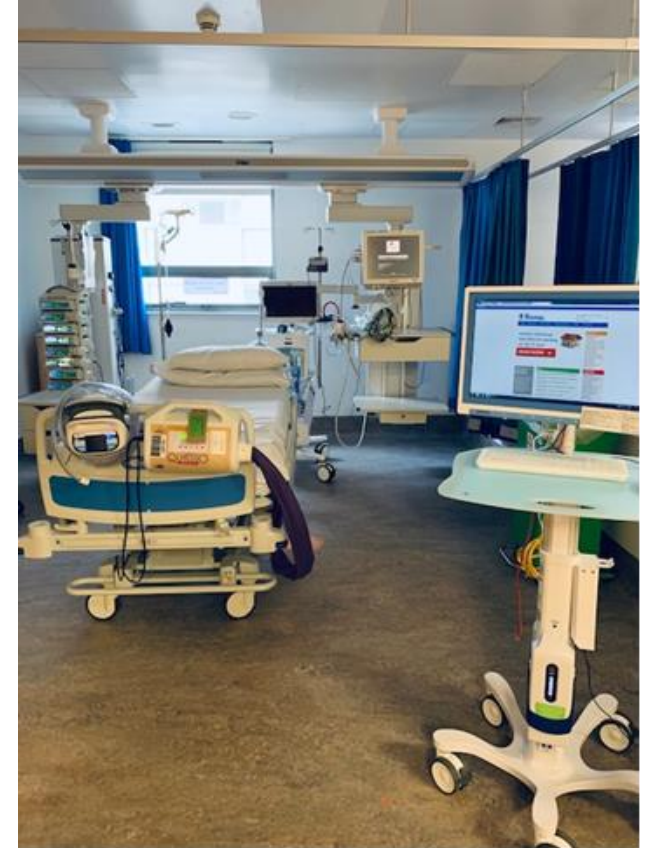
Who we are?

- *Large Public Teaching Hospital*
- *820 Beds hospital-wide*
- *Facilitates a large catchment area of North Dublin.*
- *Affiliated to Royal College of Surgeons Ireland (RCSI) and Dublin City University (DCU).*
- *Specialties – Neurosurgical, Neurology, Renal & Plastics, Designated Cancer Centre.*

Intensive Care Unit:

- 20 General ICU beds over two units.
- 930 admissions per year
- Occupancy 96%
- 22% of our admissions are neurosurgical patients.

- High Staff Turnover post covid
- Approximately 120 Nurses
- Increased number of new staff who need to be trained.



An increased amount of pressure injuries were recorded.

Aim

- To reduce the prevalence of pressure injuries occurring in patients in general ICU.
- To educate staff regarding Pressure Injury Reporting Pathway.
- To enhance nurses' knowledge.
- To implement pressure injury prevention strategies.
- Change culture to promote best practice.

Introduction

- September 2022 –Pressure Injury Prevention Team formulated
- Quality Improvement Project
- Team effort to reduce pressure injuries.



Pressure Injury:

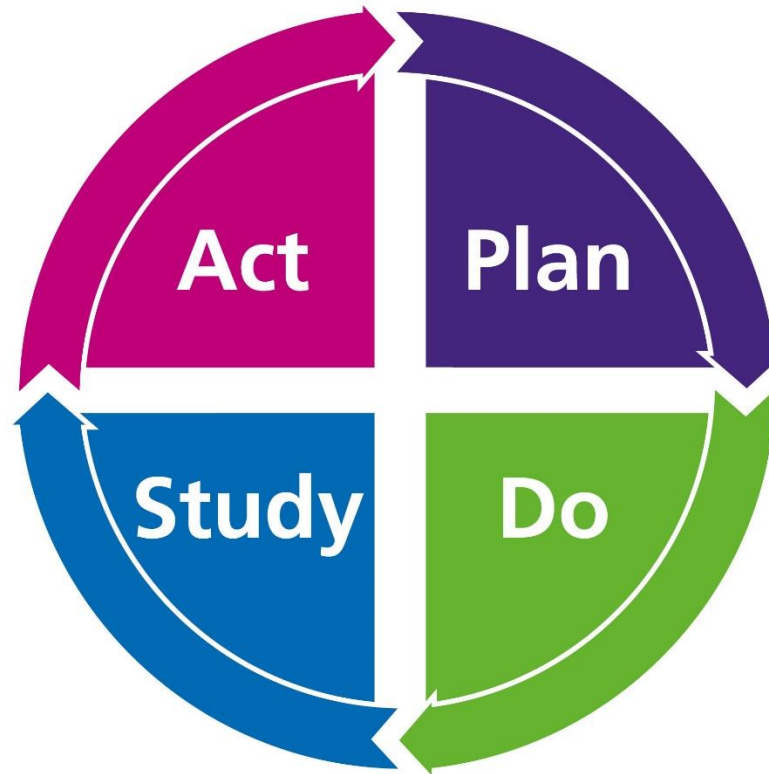
Localised injury to skin on/under a bony prominence.

Can be caused by pressure and/or repeated shearing.

ICU Patients at high risk of developing a pressure injury.

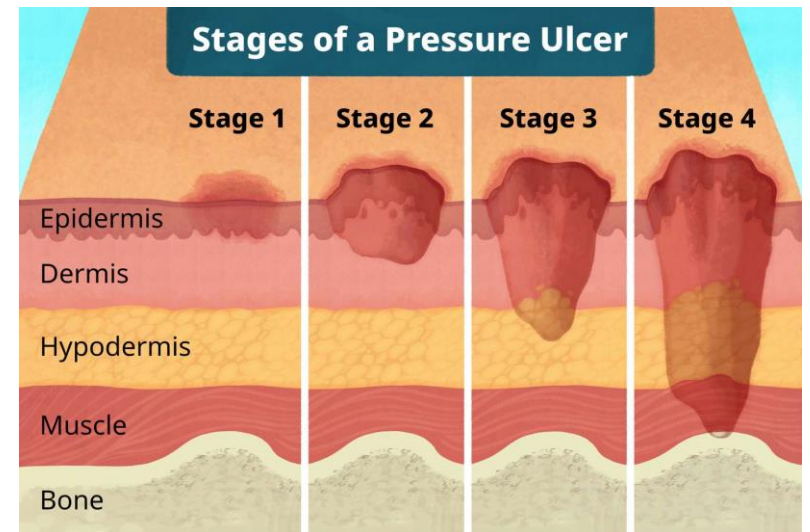
PRESSURE INJURIES CAN INCREASE LENGTH OF STAY IN HOSPITAL AND IN ICU.

Plan, Do, Study, Act



Pressure Injury Prevention Team

- Formulation of a small focus group interested in improving our current practice
- Led by Clinical Nurse Manager, CPSN, and includes Staff Nurses, HCAs and TVN link nurses.
- 18 members
- Regular meetings which happen on turnover of shift.
- Tissue Viability Nurse often attends meetings.





- Discussions through pressure injury prevention meetings.
- Taking advice from key stakeholders: CNM 2, TVN's , CNM3, Directorate Manager and ADON.
- Identifying recent pressure injuries and identifying how to prevent them in future.

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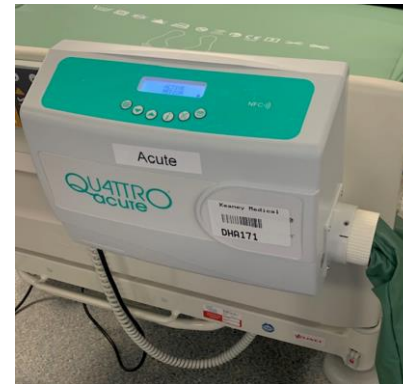
Peer to Peer Education

- Main Focus of Pressure Injury Prevention team
- Bedside informal education
- Kept up to date via emails on changes across unit
- Updated policies and resources in a folder and on ICIP.



Air Mattress Optimisation

- Introduction of Quatro Acute Air Mattress for every patient admitted to ICU.
- Spinal Precautions – foam mattress to be changed to acute immediately.



Repositioning Rounds

- Morning time was identified as the biggest gap between repositioning.
- Care Assistants encouraged to do repositioning rounds more regularly.
- Members of Pressure Injury team 'Repositioning Champions'.



Heel Protection



- All patients to have Maxx Care booties applied
- Education on when to escalate to Prevalon boots.
- Simple escalation pathway of 'How to deal with the Heel' Poster.
- Education on correct fitting of TED stockings.



HOW TO DEAL WITH THE HEEL

A PRESSURE ULCER PREVENTION AND TREATMENT INITIATIVE BY TISSUE VIABILITY AND PODIATRY SERVICE.

Does the patient have a pressure ulcer on their heel or foot?

NO

YES

Are they at risk of developing a foot or heel ulcer? OR Previously had a foot or heel ulcer?

NO

YES

Regular assessment

- Daily Foot checks (ensure to check under TEDS)
- Waterlow score
- Apply Cavilon barrier cream daily (avoiding the inter digital space)

Do they have any of the following?

- Immobility
- Diabetes
- Neuropathy
- Vascular disease
- CVA
- Chronic kidney disease
- Parkinsons

YES

- Assess and document findings in SSKIN bundle
- Offload with Maxx care heel pro evolution, if ankle circumference is greater than 43 cm - fit with Prevalon Heel protector
- Upgrade mattress to air alternating
- Apply Cavilon barrier cream x2 daily (avoiding the inter digital space)
- Refer to Pressure Ulcer Prevention Nurse Via TVN via NIS

Is it a stage 1 or 2?

NO

Is it a stage 3, 4 or suspected deep tissue injury?

YES

YES

- Assess and document findings in SSKIN bundle
- Off load using Maxx care heel pro evolution
- Upgrade mattress to air alternating
- Apply Cavilon barrier cream x2 daily (avoiding the inter digital space) OR commence wound care plan if required.
- Refer to TVN via NIS or to Podiatry via PIPE if patient has diabetes

- Assess and document findings in SSKIN bundle
- Off load with Prevalon Heel protector boots, depending on wound location wedge should be placed laterally or medially
- Upgrade mattress to air alternating
- Commence wound care plan.
- Refer to TVN via NIS or to Podiatry via PIPE if patient has diabetes

Maxx Care Heel Pro Evolution

Health Care 21
Cat Code:
2APP02926,



Prevalon Heel protector boot.

Iskus Health
Cat code:
2APP03407



Avoidance of Loss of Skin Integrity

- Say 'No to the Inco'
- 'No crease in the sheet'
- 'Peak and Peel'.

Peel & Peek
Pressure ulcer prevention inspection and re-application guide

Re-application is not applicable for the treatment of pressure ulcers.

For prevention
Mepilex® Border Sacrum has been demonstrated to help prevent pressure ulcers, redistribute shear and friction on tissues, and maintain optimal skin microclimate during wear time.^{4,5,6}

Sacral pressure ulcer prevention considerations:

- Assess patient for pressure ulcer risk
- If patient is at risk, apply Mepilex Border Sacrum
- Inspect skin under dressing daily or per trust protocol by carefully lifting the border edge and repositioning following inspection.
- Change dressing per local protocol (dressing should be changed if rolled, soiled, saturated, displaced or compromised)

1. Assess to confirm dressing is intact and applied correctly.

2. Gently pull handling tabs to begin to release dressing from skin.

3. Continue to release dressing from skin using handling tabs until skin exposed for skin check.

4. While maintaining dressing position at gluteal cleft, perform assessment of skin.

5. Reapply the foam and borders of the dressing.

6. Confirm dressing is replaced to its original position, making sure the border is intact and flat.

7. Press and smooth the dressing to ensure the entire dressing is in contact with the skin.

Fannin

Correct Use of Skin Care Products

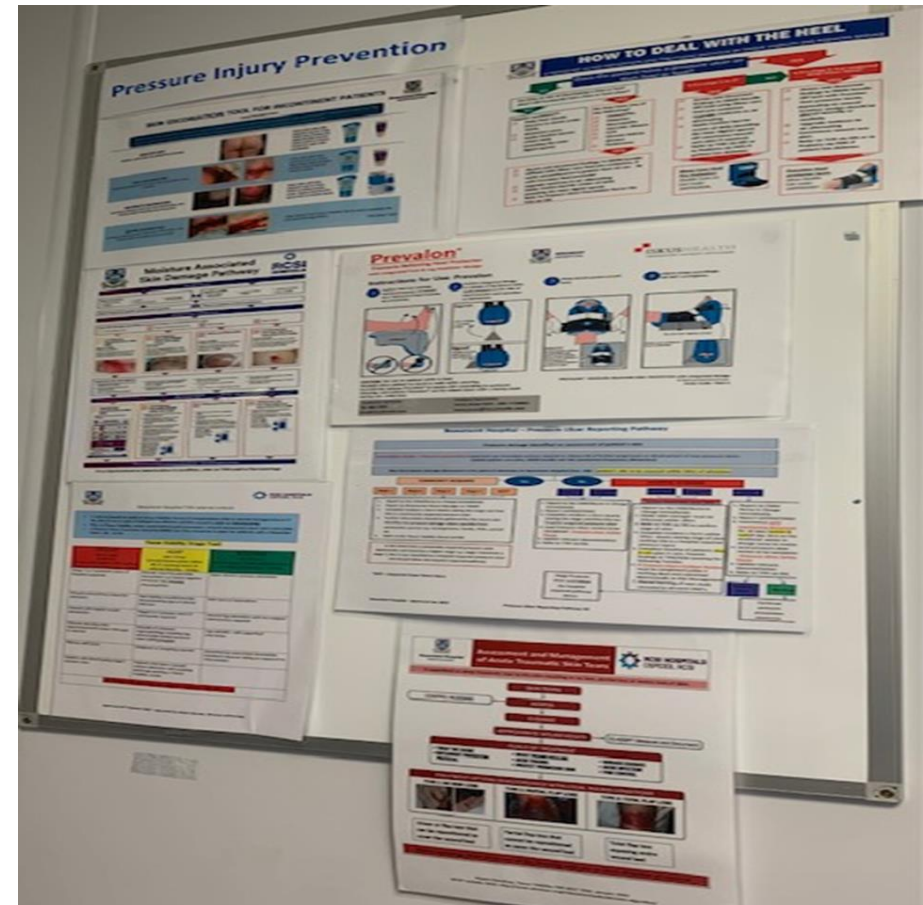
- Education on appropriate use of Cavilon products
- Use of correct wash for different skin types.
- Correct use of dressings to pressure injuries.

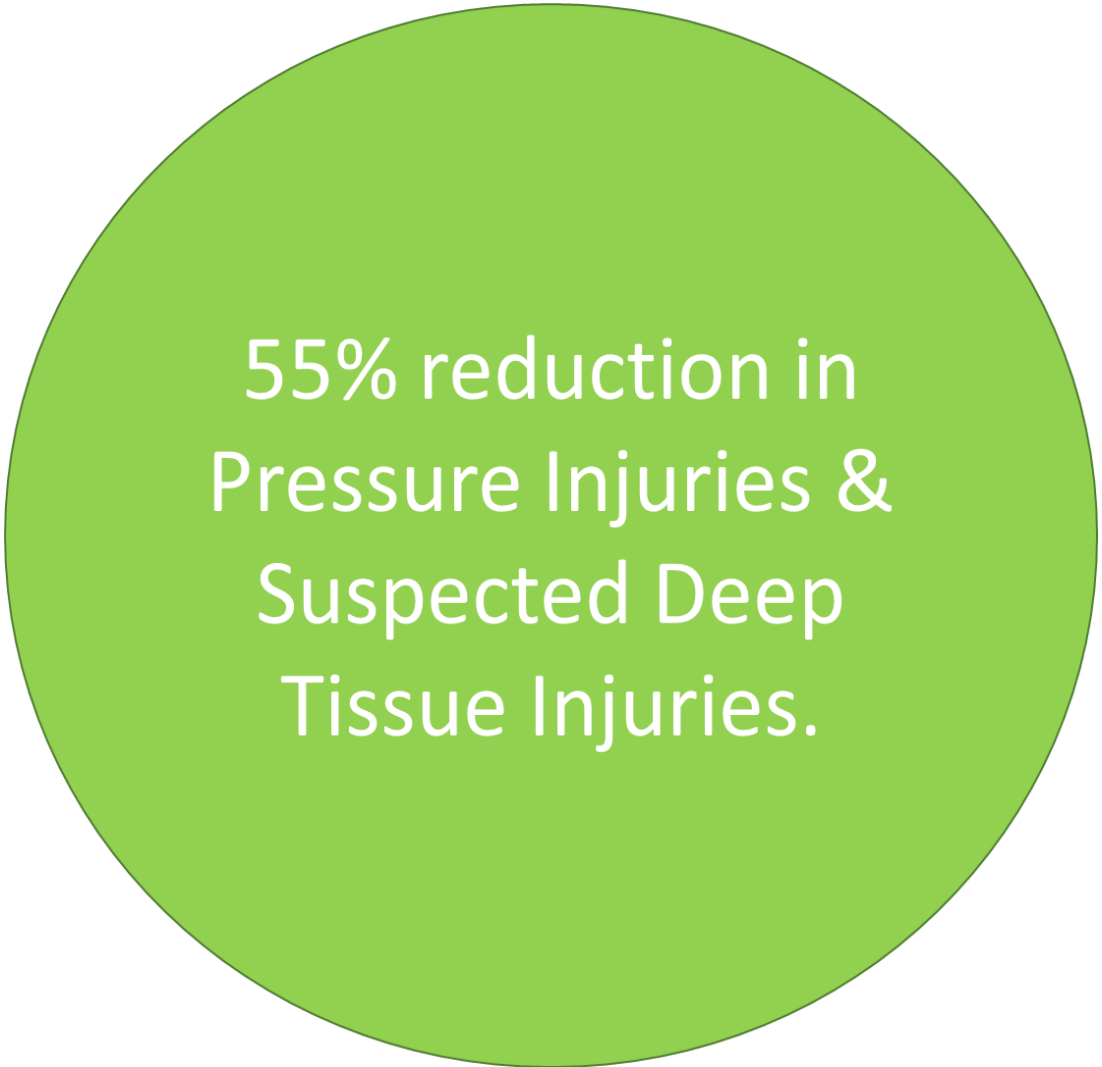
Purple Cavilon= Prevention
Blue Cavilon = Broken Skin.



Quality Board


- Daily safety Cross
- Pressure Injury Prevention Folder
- Pressure Injury Prevention Board.





55% reduction in
Pressure Injuries &
Suspected Deep
Tissue Injuries.

First quarter of
2023.

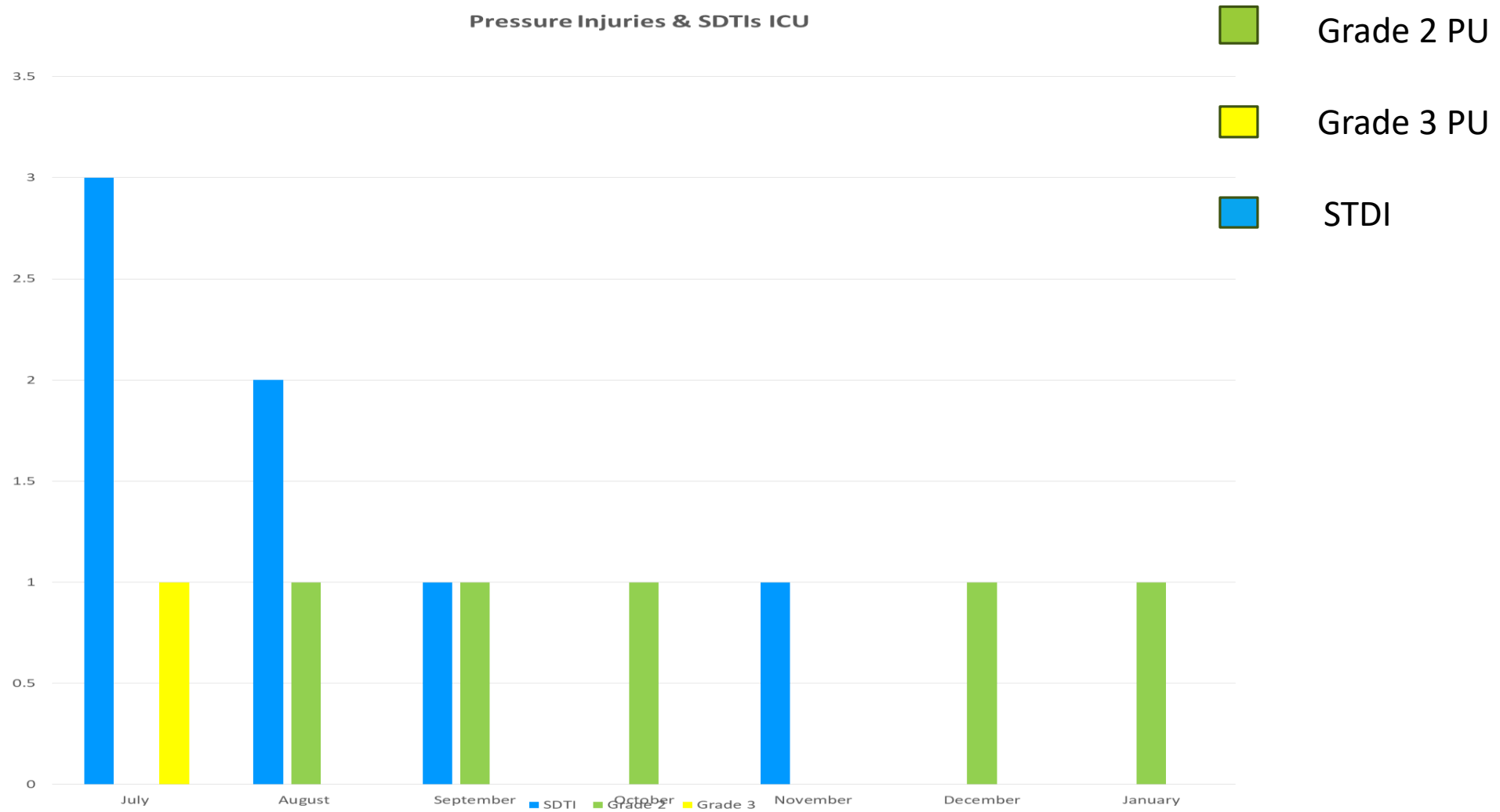


Decreased
incidence of unit
acquired pressure
injuries to patients'
heels.

A large green circle with a thin dark outline is centered on the page. Inside the circle, the text "Referrals to TVN increased." is written in white, sans-serif font, centered both horizontally and vertically. The background of the slide is white, and there is a solid green horizontal bar at the bottom.

Referrals to TVN
increased.

Pressure Injuries & SDTIs ICU



Focus Group -Hospital Wide

- TVN nurses have created a hospital wide pressure injury prevention team.
- Hospital wide meetings are regularly formulated.
- Recent audits show this has shown hospital wide compliance with documentation and referrals.
- Link Nurses – keep up to date with latest changes to Pressure injury prevention.

Recommendations:

- Continue monthly Pressure Injury Prevention Team Meetings including attendance of TVN.
- Larger groups of peer-to-peer education at 3pm quiet time via Powerpoint presentation.
- Serious Pressure Injury Report form review on each Pressure Injury Meeting.

Conclusion

- Reduction in the prevalence of pressure injuries in ICU.
- Small changes have yielded great results.
- Ongoing effort of peer-to-peer education.



Questions



Contact Details

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