

# Evidence-Based Skin Champion Program Reduces Pressure Ulcers in a Pediatric Hospital



Mary D. Gordon, PhD, RN, CNS-BC, Joseph Hagan, ScD, Barbara L. Richardson, BSN, RN, CPN, CWON

## Background

Pressure ulcers (PU) are painful, costly and often preventable. They are a quality indicator of nursing care and place a large financial burden on health care systems. Therefore prevention of pressure ulcers is an important nursing role and frequently used to benchmark quality of nursing care across health care organizations.

The pressure ulcer rate in September 2013 prior to a call to action by the chief nursing officer was 0.45/1000 patient days. The Skin Champion program was identified as a key driver to reduce the number of reportable PUs in the organization.

## **Project Aims**

The primary aim of the Hospital Acquired Pressure Ulcer (HAPU) Task Force was to decrease the number of reportable PUs by 20% in targeted areas by September 30, 2014.

The goals of the Skin Champion program are to empower front line staff to implement evidencedbased care bundles in the high-risk units, achieve consistency of practice, and provide resource availability at the point of care.



### Methods

Skin Champion Membership from 7 High Risk Units (65 members)

Nurses and Patient Care Assistants

Leadership and Clinical Nurse Specialists

WOC nurses

#### MD representative

Representatives from RT, OT, PT, Dietary when needed

The Skin Champion Faculty (CNS and Educators) manage the 4 primary program challenges and engage staff leaders for support.

# Challenge 1: Implement evidenced-based care bundles in the high-risk units

- House wide distribution of mandatory pressure ulcer prevention module to all nurses and patient care assistants
- Principles of Skin Care and Pressure Ulcer Prevention course (4 hours) mandatory for new Skin Champions
- All Skin Champions will be enrolled in the Wound Treatment Course from WOCN Society during next 2 years

#### Challenge 2: Achieve consistency in practice

- Round once/week with team of nurses on each high risk unit
- Assist with uncomplicated skin needs (diaper dermatitis, positioning devices, surface distribution)
- Audit charts for pressure ulcer prevention bundle compliance
- Attend monthly Skin Champion meetings

Review root cause analysis of pressure ulcers, pressure ulcer rate, and monthly % compliance with prevention bundle

Prevention educational topic included in every meeting

#### Challenge 3: Resource availability at the point of care

- Financial support for coming in extra to complete weekly Champion responsibilities
- CNS and leadership participate in rounding with Champions
- Assist bedside nurses with identifying available products for high risk patients
- Serve as a role model and resource for unit staff
- Provide skin care education through in-services
- Reinforce positive skin care behaviors and demonstrate to family members
- Attend monthly Unit Quality Practice Committee to share HAPU quality data
- Skin Champion polo shirts distributed to group

#### Challenge 4: Evaluate confidence in Skin Champion role

- Self-Efficacy survey done 6 months after program started
- Survey captured 6 domains of role responsibilities
- Responses were captured on a 6 point likert scale ranging from 'mostly agree to 'completely disagree'

#### Results

The Skin Champion program drives practice changes at the bedside and contributed to 58% decrease in overall HAPU rate by September 2014. After full implementation of the program there was "special cause" reduction in the PU rate manifested by 13 consecutive months below the average PU rate as of June 2015.



The number of reportable pressure ulcers/month markedly decreased.



#### Self-Efficacy Assessment of Skin Champions

- 23 staff nurses from high risk units participated
- 83% reported they completely agree/mostly agree with the statement, "I feel confident in my ability to function in the Skin Champion role"

### Discussion

The Skin Champion team continues to drive pressure ulcer prevention best practices at the point of care. Staff nurses and Patient Care Assistants are given the educational support to build confidence and the leadership support to enable them to expand their roles. In 2015, they won the Team of the Year Award.



Visscher, M. A Quality-Improvement Collaborative Project to Reduce Pressure Ulcers in PICU. Pediatrics 2013;131.

Taggart, E, McKenna, L, Stoelting, J. More than skin deep: Developing a hospital-wide wound ostomy continence unit champion program, Journal of Wound Ostomy Continence Nursing. 2012; 39(4):385-390.

AHRQ Agency for Healthcare Research and Quality. Interdisciplinary, comprehensive skin care program significantly reduces hospital-acquired pressure ulcers. https://www.innovations.ahrq.gov/content.aspx?id=2326. Accessed 3/7/2013.