Staff compliance with the utilisation of SKIN bundle documentation

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Reason for the project

Witnessing the damage and debilitation caused from a pressure ulcer whilst caring for a patient on clinical placement.

Appreciate the need for a robust systematic approach towards pressure ulcer prevention.

The IHI Practicum project was used to develop a quality improvement project based around SKIN bundle compliance.

Working in collaboration with Cardiff and Vale University health board to implement the project.
Aim of the QI project

Outcome aim:
To have no incidences of newly acquired pressure ulcers in selected patients, within six weeks of SKIN bundle implementation.

Process aim:
To achieve 95% staff compliance with the utilisation of the SKIN bundle, within six weeks of implementation.
Measures

• **Who:** Three patients who are at high risk of pressure ulcer development.

• **When:** SKIN bundle documentation for these patients will be monitored and recorded on three days each week.

• **All or None rule:** Unless all prevention strategies on the SKIN bundle have been addressed, non-compliance will be recorded.

• **Compliance:** Percentage compliance will be analysed on week three. If it has increased over this period, the number of patients being monitored will be doubled to six.
SKIN bundle background

- SKIN is an acronym for the risk factors that contribute to pressure ulcer development.
- S- Surface type. Pressure reducing surfaces, repose mattress, repose booties.
- K- Keep turning and moving. Helps to relieve pressure, preventing ischemia of soft tissue.
- I- Incontinence care. Maintaining skin integrity, by providing increased moisture management.
- N- Nutritional management. Adequate nutritional intake, helping to maintain skin integrity and promote wound healing if damage occurs.
SKIN bundle background continued

• Developed at the St Vincent’s medical centre to assist staff to implement key checks and tasks that have been proven to reduce a patient’s risk of developing pressure ulcers.

• SKIN bundle is evidence based and has proven to be a success where it has been implemented in practice.

Morriston hospital, Anglesey ward- 604 days without a pressure ulcer incident.
Interventions

• **Education.** Patient and staff will be more compliant if they understand the reason and evidence behind the interventions.

• **Visual cues.** Simple reminders could help staff to comply with the SKIN bundle checks.

• **Motivation.** High morale amongst the team will help maintain the momentum and focus of the project.

• **Patient driven care.** It is important to acknowledge patients concerns about the SKIN bundle interventions. By listening to patients we can provide a better service.

• **Combination of tasks.** Combine SKIN bundle tasks into existing hospital routines, reducing the number of disruptions to patients and improving staff efficiency.
Education

• Target the education towards patients, relatives and staff.

• All staff to attend a workshop on pressure ulcer risk and SKIN bundle implementation.

• Pressure ulcer and SKIN bundle information packs for relatives and patients.

• A verbal explanation of the SKIN bundle to be incorporated into the admissions process.
Visual Cues

• The use of green paper to print SKIN bundle charts Improving the visibility in patient notes and reducing the chance of it being overlooked by staff.

• Highlight patients receiving SKIN bundle care on the PSAG (patient status at a glance) board.

• Display a SKIN bundle clock above the patient’s bed. The time should be amended after each SKIN bundle check and reset to the next due check time.
Motivation

• Hold regular update meetings. Inclusion of all staff so that concerns and problems can be addressed.
• Amendments made to the original plan will be a collaborative effort from all staff, helping to maintain interest and motivation in the project.
• Post results on the UHB intranet.
• Celebrate success. Hold ‘pat on the back’ days, where a celebratory cake is shared amongst staff. This will help to build team cohesion, and demonstrate to staff that their efforts and hard work have been acknowledged and appreciated.
Promote patient driven care

- Encourage open communication between staff and patients.

- Use patient satisfaction surveys to monitor how patients feel about the interventions.

- Ensure patients and relatives understand the reasons behind the interventions.
Combination of tasks

• Combine SKIN bundle tasks into existing hospital routines.

• Example:

  1) Implement a SKIN bundle check at the same time as undertaking the hand washing round before mealtimes.

  2) When providing incontinence care, staff could incorporate the repositioning of patients.
Potential barriers

• Staff resistant to change, fear of greater workload, more responsibility, increased work pressure.

• Patients might oppose the turn schedule because it will disrupt their sleep.

• Relatives might have concerns over the potential loss of dignity to the patient. Patients being manually turned in their bed by several staff could appear undignified and unnecessary to relatives.
Balancing measures

• To help monitor if these barriers to care are having an affect, I propose to implement three balancing measures.

1) Percentage compliance with the food chart documentation. This will help to establish if staff are able to time manage the extra workload.

2) Interview staff midway through the project to establish how they feel about the new workload. i.e. pressure, stress, responsibility.

3) Percentage of patients satisfied with the care they received post interventions compared to pre intervention.