#### Lehigh Valley Health Network LVHN Scholarly Works

Patient Care Services / Nursing

# Taking the Pressure Off in the Emergency Department

Jicenda Contreras BSN, RN Lehigh Valley Health Network, Jicenda B.Contreras@lvhn.org

Joseph Digirolamo BSN, RN Lehigh Valley Health Network, Joseph\_B.Digirolamo@lvhn.org

Alicia Roses BSN, RN Lehigh Valley Health Network, Alicia\_D.Roses@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/patient-care-services-nursing Part of the <u>Nursing Commons</u>

#### Published In/Presented At

Contreras, J., DiGirolamo, J., Roses, A. (2015, July 8). *Taking the Pressure Off in the Emergency Department*. Poster presented at LVHN UHC/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

### TAKING THE PRESSURE OFF IN THE EMERGENCY DEPARTMENT



Jicenda Contreras BSN, RN Joseph Di Girolamo MBA, BSN, RN Alicia Roses BSN, RN

A PASSION FOR BETTER MEDICINE."



EMERGENCY

alle-li

610-402-CARE LVHN.org

### Purpose

### Project Purpose:

 To identify and prevent pressure ulcers in at risk patients being admitted into the hospital from the Emergency Department

# Let's take the pressure off!

## **PICO QUESTION**

- PICO Question In all adult patients presenting in the Emergency department, does the implementation of a prompt skin assessment (initial skin assessment and reassessment prior to inpatient admission) result in a increase in reportable skin breakdown compared to standard protocol?
  - P- All adult patients presenting to the Emergency Department
  - Initial skin assessment and reassessment prior to inpatient admission
  - C- Standard protocol(assess within two hours of hospital admission)
  - O- Increase in reportable skin breakdown incidents

### **EVIDENCE**

- Emergency Department duration of stay
- Populations at risk
- As per HBI, there is a total of 858 pressure ulcers reported in the past 24 months for CC and Muhlenberg
- As per RL solutions reporting system for the month of February 2015, 118 pressure ulcers were reported
  - 85/118 were reported present on admission(POA) or present when admitted from another facility
    - Of that 85, 49 were reported from the ED
      - 12-CC
      - 36-EDM
      - 1-ED 17<sup>TH</sup>



### **Current LVHN Policy**

 No specific policy for LVHN Emergency Department

What is currently being done in the ED

- Skin inspection within two hours of admit
- Submission ET/PT/Wound healing Team Consult
- PSR
- Noted inconsistency with skin inspection documentation



## **BARRIERS & STRATEGIES**

### Barrier:

- ED overcapacity
- Admission holds in the ED
- Lack of reassessment
- Lack of knowledge



Lack of time and resources for preventive measures

#### Strategy to Overcome:

- Prompt skin assessment
- Identify at risk patients
- Removal of pt clothing during ED visit
- Reassessment of admitting patients
- Proper hand off communication



### **Expected Outcomes**



\_Focused approach to pressure ulcer prevention
\_Increase reportable skin breakdown
\_Alleviate hospital financial cost



### **PROJECT PLANS**

- Prompt skin assessment in EMR
- Formulating a more precise and feasible skin assessment protocol for Muhlenberg Emergency Department
- Communication tool to the Inpatient Units





# Implementation

- Employee in-service
- Skin Champion recognition
- Pre-Intervention Survey
- Skin Assessment hand off sheet



### **Pre-Intervention Assessment**

take our **SURVEY** 

Questionnaire for Skin Assessment Communication from the ED to the Admitting Unit

Are you aware that a skin assessment was completed on your patient admitted via the ED?

 $\bigcirc$  Always

Sometimes

○ Never

Are you aware that a skin patient safety report was submitted if necessary on your patient admitted via the ED?

O Always O Sometimes O Never Are you aware if protective skin barrier products have been utilized on your patient admitted via the ED?

Always

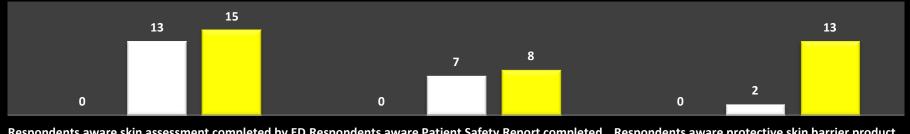
**Sometimes** 

○ Never

# **Results/Outcome**

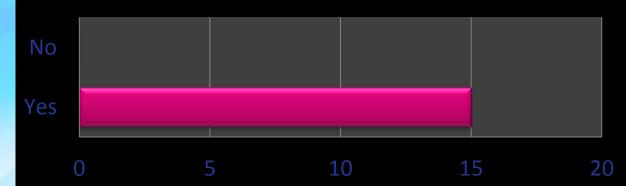
#### Pre-Survey Results: Skin Assessment Hand-Off Communication Form

Always Sometimes Never



Respondents aware skin assessment completed by ED Respondents aware Patient Safety Report completed Respondents aware protective skin barrier product by ED utilized

### Respondents in favor of a skin assessment hand-off communication form

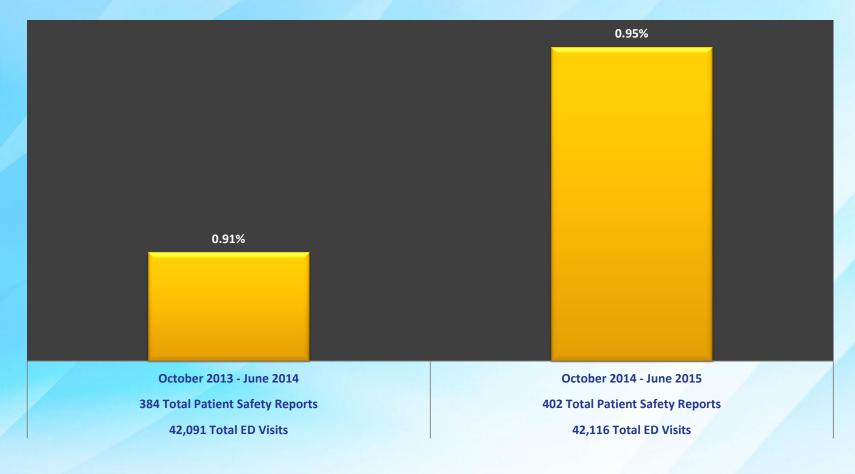


Respondents in favor of a skin assessment hand-off communication form

### **Results/Outcomes**

#### **Percentage of Patient Safety Reports**

Percentage of Patient Safety Reports



### **Results/Outcomes**

Missed Pressure Ulcers on Admission from Emergency Department Muhlenberg:

April – ZERO
May – ZERO
June - ZERO



# **Change in Practice**

- Prompt skin assessment and reassessment
- Effective communication tool to inpatient unit
- Reposition every two hours and/or as needed
- Protective skin barrier products



### References

 Bergquist-Berringer et al. Pressure ulcers and prevention among acute care hospitals in the United States. Jt Comm j Qual Patient Safety. 2013; 39(9); 404-414

- Denby A, Rowlands A. Stop them at the door. Should a pressure ulcer prevention protocol be implemented in the emergency department? J Wound, Ostomy, Continence Nurs. 2010;37(1):35-38.
- Rogers, C et al. Improving process to capture on admission pressure ulcers. Advances in Skin and Wound Care. 2013;26(12):566-572

### **Questions or Comments?**



### **Make It Happen**

### Lets Save Some Skin!





Cedar Crest

17th Street

Muhlenberg

**Health Centers**