



WOCN[®] Wound, Ostomy, and
Contenance Nurses Society[®]

WOC NURSE UTILIZES SKIN CARE CHAMPION PROGRAM TO DECREASE PRESSURE ULCER



Chenel Trevellini, RN, MSN, CWOCN, is the Certified Wound, Ostomy and Continence Nurse (CWOCN) Specialist in Nursing Education at St. Francis Hospital in Roslyn, New York on Long Island. She oversees the Skin Champion Program, which consists of 160 champions who are located on all inpatient care units.

OUTCOME MEASUREMENT PROMPTS CHANGE

The Skin Champion Program at St. Francis stemmed from a pressure ulcer (PU) rate that indicated a quality problem throughout the hospital. St. Francis researched the skin champion program in 2007 and began implementing the program in 2008. Kerry London Chaffers, MSN, RN, CWOCN previously initiated the program and in 2009 Ms. Trevellini started overseeing the existing pressure ulcer prevention program.

DEVELOPING A PROCESS FOR SUCCESS

As the WOC nurse, Ms. Trevellini oversees a Monthly Prevalence Study (MPS), which includes ten teams of three team members (CNS leader, RN and ancillary comfort care provider or patient care associate) who conduct the study by gathering relevant information throughout the hospital on PU rates. Ms. Trevellini calculates the results, and if there is an increase, the team goes into root cause analysis: Did the hospital follow policy? Was a care activity not completed? What other influencing factors could have contributed to pressure ulcer development?

Some examples of the program's findings and implemented changes:

- The hospital switched from cotton under pads to moisture-wicking under pads to decrease moisture-associated skin issues. St. Francis still uses cotton pads if the patient does not have risk of moisture associated skin damage (MASD). Ms. Trevellini brought moisture-wicking under pads to St. Francis to help manage a specific patient's weeping edema from extremities and trunk. The ICU nurses then started to utilize them on other patients, noting that the disposable pads helped to keep the patient's skin dry, which helped prevent MASD as well as pressure ulcers.
- Nurses at St. Francis, a heart center, noticed a high level of pressure ulcers during three monthly prevalence studies among heart patients. All were surgical patients who had been identified as having MASD as the initial skin impairment, which progressed to unstageable pressure ulcers. They identified that the high level was caused by the warming of patients during their operations which led to diaphoresis.

As a result, a switch was made to moisture-wicking sheets in operations that lasted longer than two hours, therefore decreasing the risk of moisture- and pressure-related skin problems. There was also an identified clinical justification to begin utilizing the moisture-wicking under pads on units that had MASD and to bring the disposable moisture-wicking sheet for the operating room table.

- The hospital has streamlined their preventive skin care routine by using only one moisturizer, one pH cleanser and one barrier, which simplified the skin care routine as well as reduced costs. When Ms. Trevellini joined the team at St. Francis, there were four different moisture barriers; three with zinc and one petrolatum-based product. Confusion from staff led to many using all four products. Additionally, they were using a perineal cleanser that was ineffective in removing the zinc barriers. At this time, the hospital system (Catholic Health System Long Island) was actually accepting bids for new skin care contracts. Ms. Trevellini insisted on a simple, three-step skin care regime for St. Francis: foaming pH balanced cleanser, petrolatum-based barrier and 24-hour moisturizer. In addition, Chenel brought a barrier with antifungal in through the pharmacy committee for indications of fungal rash or denuded skin from MASD.
- New products were added to the product formulary, such as cyanoacrylate. This product was used as an adjunct product to treat severe MASD, such as intertriginous dermatitis, denuded peri-rectal skin or peristomal skin damage (it was not used as protective barrier).

Educational workshops are held frequently and are open to all nursing staff in Long Island. In an effort to remedy the misclassification of PUs, which frequently occurs, these workshops focus on educating nurses about the moisture- versus pressure-related causes to PUs. In addition, MASD is frequently the cause of skin integrity issues, as opposed to pressure or friction.

- In one instance of a PU increase, the team found that laundry service staffing led to a situation in which pads were not delivered to the ICU until after 11 am. Because these pads were not available to patients in the morning, this caused a higher rate of MASD. In another instance, the team found 80 therapeutic beds with a glue defect that caused the support surface to bottom out and lose therapeutic pressure redistribution. The beds were still under warranty and the hospital acquired 80 new beds for free from the

manufacturer. Now, the skin champion education program includes educating staff on ensuring support surfaces are not bottoming out.

- The concept of Skin Bundles was implemented for prevention of pressure ulcers.

Once the total program was implemented, pressure ulcer rates declined significantly from 9.99 percent to under one percent.

