

Learn how one WOC nurse has made huge strides in her facility with the Support Surface Algorithm.

# Improving Practice: USING THE WOCN SUPPORT SURFACE ALGORITHM AS A QUALITY IMPROVEMENT TOOL

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**R**oy Bennett once said, “How much you can learn when you fail determines how far you will go into achieving your goals.” This simplistic view of the quality improvement process is undervalued. The Institute of Medicine in its classic publication, *Crossing the Quality Chasm: A New Health System for the 21st Century*<sup>1</sup>, has been credited for launching a culture change in healthcare focusing on patient safety. Inherent in improving care processes is analysis of failure. It is also the most difficult piece to perform.

The nursing profession values evidence-based practice over tradition. In alignment with the

goals of the American Nurses Credentialing Center Magnet Recognition Program<sup>® 2</sup>, the wound, ostomy and continence nursing specialty seeks practice methods to improve patient outcomes. The Wound, Ostomy and Continence Nurses Society (WOCN) has published a consensus- and evidence-based algorithm<sup>3</sup> to guide clinicians to implement best practices in selecting a support surface.

As an ANCC Magnet Recognition<sup>®</sup> organization since 2015, Bristol Hospital has had an active Skin Care Team (SCT) for over 16 years. This community non-profit facility, located in Bristol, Connecticut, is licensed for 134 beds. During the Journey to Magnet Excellence, the SCT



transitioned to a staff nurse led structure. An experienced wound, ostomy and continence (WOC) advanced practice nurse partnered with the SCT nursing chair to serve in a consultant role. The group determined that local ongoing quality improvement processes for pressure injury are a two-pronged process. These are:

- Real-time analysis of factors contributing to hospital acquired pressure injury (HAPI) identified during quarterly prevalence studies
- Analysis via chart review of hospital acquired pressure injuries occurring between prevalence studies

The hospital has had an impressive record of low pressure injury rates, having incorporated evidence-based guidelines for pressure injury prevention and treatment in 1994 into routine practice. Using support surfaces is inherent in nursing practice as is the use of a support surface algorithm. Despite this, the organization is committed to improvement opportunities in all aspects of care. Pressure injury prevention and management is no exception.

Translating evidence-based practice to bedside is often a challenge for smaller facilities who lack full time resources to examine the merits of the broad literature base for pressure injury prevention. Relying on a peer-reviewed

publication with sound methodology of a professional society makes sense. The SCT adopted the consensus and evidence-based algorithm with content validation made available by the WOCN Society and published in the *Journal of Wound, Ostomy and Continence Nursing*<sup>3</sup> as a quality improvement tool.

During prevalence studies, all patients are reviewed and compared to the algorithm to identify any discrepancies between what is seen and documented clinically. Immediate feedback in identified incongruences between the algorithm and observed practice is given to the staff nurse caring for the patient so immediate corrections are implemented. At the conclusion of the prevalence study, the participants gather to review aggregate results and identify opportunities for improvement. A similar process is in place for HAPIs discovered between prevalence studies utilizing staff nurse initiated review. Findings are discussed at SCT.

At the monthly SCT meeting, recommendations to improve practice and steps to initiate corrective processes are formulated. Many of these are rapid Plan-Do-Check-Act cycles. For example, an increase in heel pressure injuries revealed that the organization had a lack of pillows, due to loss of these items out of the



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institution during patient transfer to short-term rehab. The issue was brought to the Safety Huddle. With prompt purchase and resupply to the nursing units, these HAPI related events were avoided.

In following the algorithm, one common recurring opportunity for improvement was identified at the pressure injury risk assessment step. While on a very rare occasion, this step was not performed, data analysis pointed towards inaccurate subset assessment performance. No specific subsets were found to be under or over scored more frequently than others, suggesting a variety of both system process issues and nursing clinical assessment skill sets were involved.

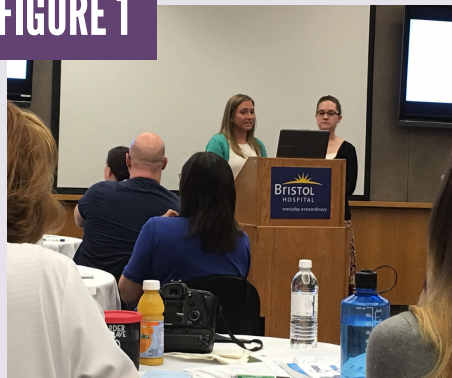
The SCT applied a root cause analysis approach and planned several interventions and system changes. Working with an interdisciplinary group, these included a web-based presentation on the issue coupled with a Nursing Grand Rounds (Figure 1), pairing non-SCT and SCT members during prevalence rounds for mentoring, collaborating with the Physical Therapy team, Staff Development, and the Electronic Medical Record team to improve system process issues and nursing knowledge.



So, is there perfection? No, but the subset scoring, and thus the overall accuracy of risk assessment have dramatically improved. The rate of HAPIs has been halved since the initiation of the quality improvement initiative. Ongoing efforts are continuing.

Most importantly, national benchmarks for pressure injury rates have decreased<sup>4</sup> and the organization is proud to remain under those targets. The use of an evidence-based, content-validated algorithm clearly helped focus and support these efforts.

**FIGURE 1**



Staff nurses Meagan Brown, BSN, RN, and Tanya Carter, BSN, RN-BC, present data at a Nursing Grand Rounds.

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## REFERENCES

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3. McNichol L, Watts C, Mackey D, Beitz J, Gray M. Identifying the right surface for the right patient and the right time: generation and content validation of an algorithm for support surface selection. *J Wound Ostomy Continence Nurs*. 2017;42(1):19-37.
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