Recommended (Optional) for Level III or IV Engagement Scores
Required for Level V Engagement Score

Please check the following boxes:
I agree that this success story could be posted on the NYSPFP Web site.
I agree that this success story will be sent to CMS; and in turn CMS may post it on their Web site and/or contact you to potentially become a hospital mentor, or present on a national webinar, etc.
I agree that the document will be edited and made 508 compliant by NYSPFP’s communication team.

Signature: **Denise Howell**  BA RN  CRRN  CWOCN  
Date: April 16, 2013

Note: Take as much space as needed

<table>
<thead>
<tr>
<th>FACILITY:</th>
<th>St. Charles Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT INFORMATION (email and telephone):</td>
<td><a href="mailto:denise.howell@chsl.org">denise.howell@chsl.org</a>  631-476-5688</td>
</tr>
</tbody>
</table>

| INITIATIVE NAME: | Hospital-Acquired Pressure Ulcer Reduction, “The Skin Is In” educational program for the nursing staff (CNAs & nurses) on Pressure Ulcer prevention, identification, staging and treatment. |

| QUALITY IMPROVEMENT AIM or GOAL(S): | To reduce and/or maintain Pressure Ulcer Incidence (hospital acquired) below the national benchmarks as established by the Hill Rom International Pressure Ulcer Prevalence Survey. |

| INTERVENTIONS/INNOVATIONS SELECTED / ACTION TAKENS: | We created unit based “Skin Champions” on each unit, rather than relying on one person as the “Skin Care Expert” for the entire hospital. To do this we created our “Skin Is In” program April 2010, an educational program for the nursing staff that included 1 nurse and 1 CNA from each of the med-surg units and ICU. The Physical Rehabilitation unit was included the next year. On the day of the monthly NDNQI Pressure Ulcer survey the teams from these units attended an all-day program that included evidence-based educational lectures in the morning, then the teams would go back to their units to collect the NDNQI Pressure Ulcer data and complete the survey, returning in the afternoon for discussion and another lecture. The same teams were kept for an entire quarter and had a different lecture series on each survey day. At the last lecture they became a Skin Champion and received a “Skin Champion” badge to designate them as the skin resource person for their unit. This process was repeated each quarter during the day shift for the day and night staff, but due to the difficulties in bringing in the night people at that time when they were normally sleeping, “Skin Is In” moved to nights in January 2012. The program ran for 2 quarters but due to the constraints on the night shift staffing, attendance was inconsistent. As part of our ongoing commitment to creating a system of skin experts, the “Skin Is In” program was further refined into 6, ½ hour PowerPoint modules that were presented to the night staff on each of the units each month as unit-based education. If they couldn’t come to the class, the class would come to them. |

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FACILITY: St. Charles Hospital

The first module was titled, “Introduction to the Skin Is In Program” and covered the rationale for the program as well as two other patient care initiatives, reducing restraint usage and reducing urinary catheter usage.

The next module, “Identifying Pressure Ulcers and Wounds”, did just that, encompassing how to correctly identify and stage Pressure Ulcers as well as being able to identify common skin impairments such as arterial ulcers, stasis ulcers, neuropathic ulcers and moisture associated skin damage. This module stressed that by understanding the definition of a Pressure Ulcer in relation to the mechanism of injury, it would be possible to determine if any lesion could be identified as a Pressure Ulcer or something else. Treatment would then be provided that would address the mechanism of injury correctly, for example, pressure would be off loaded if it were pressure, incontinence would be managed if it was a dermatitis from the skin being exposed to urine and/or stool. For any skin lesion providing the proper treatment is imperative if healing is to occur.

The third module was “Pressure Ulcers: Prevention and Treatment” which had a review of staging, identification of potential areas of pressure, an in-depth study of the Braden Pressure Ulcer Risk Assessment and the targeted interventions driven by scoring each subscale to identify risk in that area, turning and repositioning, types of available support surfaces available for beds and chairs, skin care and documentation.

Module number four, “Incontinence Management” provided instruction on managing urinary and fecal incontinence by providing a brief overview of normal anatomy and function, risk factors for incontinence, identification of the various types of urinary incontinence with treatments and behavioral strategies to manage each type, fecal incontinence management devices and how to provide good perineal skin care. We also focused on how our hourly rounding with its “Pain, Potty, Positioning” mantra was a reminder to the staff that also promoted Pressure Ulcer prevention.

The fifth module “Wound Healing” started with the biomechanics of the physiology of the phases of wound healing, how to physically assess and document a wound, how to determine the appropriate treatment, the wound care products and dressings available here at St. Charles (which included the use of a printed MD ordering form that listed treatment options, and the length of time expected between dressing changes). This gave the staff a greater familiarity with the advanced wound care products that they were not normally conversant with.

We wrapped up the program with “Legal Issues” which provided an eye opening look at the litigation involved with hospital-acquired Pressure Ulcers. Most of the staff had only the briefest understanding of the relationship of the whys and wherefores of documentation and the process of litigation. After learning of the tremendous awards made by juries and learning the processes involved in a jury trial, they had a greater awareness of the need for proper documentation.

Almost the entire nursing night shift, 80 nurses and CNAs, have taken at least 2 modules individually with the units having a mixture of staff that encompasses the entire program. This year we plan to continue with this unit based education on the day shift so that every nursing staff member will have this education. We currently have 158 staff members that have participated in this program.

RESULTS: (Note: Within the following space, please embed or attach a run/control chart(s) that demonstrate the outcome achieved).
LESSONS LEARNED: The lessons learned from this is that developing a “system” rather than relying on one “person” for this all important focus of Pressure Ulcer prevention, along with other interventions such as targeted risk assessments via the Braden Pressure Ulcer Risk Assessment, the purchase of new beds and pressure redistributive support surfaces and a skin and wound care formulary that provides evidence-based treatments and preventative care, makes it possible to maintain a consistent downward trend in our hospital-acquired pressure ulcer rates. Without administrative buy-in and the foresight to see how by dedicating financial resources to this program, we would have never achieved such a significant decrease in hospital acquired Pressure Ulcers. In 2010 our total hospital acquired rate (rehab units + acute units), was 1.9%, in 2011 it was 1.1% and in 2012 it was 0.5%, this amounts to decreasing our HAPU rate over 50% each year we’ve had our “Skin Is In” program.

Using a statistical analysis of the patients surveyed, it is also possible to obtain a rough estimate of the patients expected to develop a hospital acquired Pressure Ulcer by using the benchmark percentage of the patients surveyed to get the number expected to develop a Pressure Ulcer, and then subtracting the number of actual hospital-acquired Pressure Ulcers. (For St. Charles the benchmarks are different in Acute Care from that of Inpatient Rehabilitation and they change every year based upon that year’s Hill Rom International Pressure Ulcer Prevalence Survey.) For our three year period of 2010, 2011 and 2012, we can get a rough estimate of how well our prevention program works. Using this method, we would have expected to have a total number, (Acute Care + Inpatient Rehabilitation), of 203 hospital acquired Pressure Ulcers. We had 44, so we prevented 159 patients from developing a Pressure Ulcer!

To illustrate the cost avoidance benefit to our hospital, multiply that figure by the CMS estimate of care for one Pressure Ulcer at $40,000 and you arrive at 6.36 million dollars saved, not to mention the pain and
FACILITY: St. Charles Hospital

suffering that those 159 those patients avoided. This program benefits our patients and our hospital, a real “win/win” for everyone involved!
We plan to continue this program and maintain our success in preventing HAPUs.

ADDITIONAL INFORMATION: The following section should be completed by hospitals that wish to be designated a level 5 status (Criteria below)

DESCRIBE INNOVATIONS AND INTERVENTIONS THAT SPREAD IMPROVEMENTS BEYOND THE TRADITIONAL EVIDENCE-BASED PRACTICES: (Refer to endnotes below for examples.) I wish this section did not have the statement "beyond the traditional evidenced based practices" as everything that nursing does must be evidence-based and not just a “tradition”. It is tradition that causes problems, evidence based practice gets us out! (Remember when pressure ulcers were treated by heat lamps? Evidence based practice is moist wound healing to promote granulation and re-epithelialization.) Recognizing that our nursing staff is our first line of defense in preventing hospital acquired conditions, we wanted to maximize their effectiveness by providing them with the “tools” to do so. We provided in-depth evidence-based instruction on Pressure Ulcer prevention, assessment and treatment to both nurses and nursing assistants so that they would be able to function as a team with the same knowledge base. Instruction in the Braden Pressure Ulcer Risk Assessment which is completed on every shift, gives further awareness into the need for Physical Therapy consults to improve mobility, to reduce the usage of restraints that limit mobility, to manage the patient’s pain better so they will feel comfortable enough to move and change position, for Dietary consults to improve a sub-optimal nutritional score. Focusing on incontinence management prevents dermatitis that can lead to the development of Pressure Ulcers and maintains our patient’s independence by encouraging them to “go to the bathroom” in as normal a fashion as they can manage. This also has the benefit of reducing the inappropriate use of urinary catheters and the risk of CAUTIs as the staff has become aware of the techniques to maintain urinary continence. This is the rationale behind our hourly rounding mantra, “Pain Potty Positioning” and they, (the staff), understand it! Our nursing staff, working from their improved knowledge base, now are more comfortable in addressing their concerns with our physicians for ordering consults and treatments. This empowerment of the nursing staff makes them more confident in providing education on the prevention and treatment of Pressure Ulcers to our patients and families, especially the ones that spend the most time with our patients, the nursing assistants. It is not at all uncommon to hear a nursing assistant tell a patient that, “You have to move in the bed so that you won’t get a Pressure Ulcer” or even “you have to eat to get better”. We continue with our focus on maintaining healthy skin with targeted education provided in our annual mandatory skills fair for nurses and nursing assistants, held monthly, with topics, “Managing Urinary Catheters For CNAs 2010”, “Skin Care Products Available In St. Charles 2011” and this year’s offering “Incontinence Management”. Every new nurse and nursing assistant during their orientation receives instruction in skin care and Pressure Ulcers. The nurses also complete the NDNQI Pressure Ulcer online web based learning modules and our Skin Is In module “Identifying Pressure Ulcers And Wounds”. The nursing assistants begin the Medline “Pressure Ulcer Prevention” program and receive their own book which they keep as a reference. Keeping our focus on the skin and Pressure Ulcer prevention has better equipped our staff to provide the high quality care our patients expect and are entitled to.
FACILITY: St. Charles Hospital

Please embed or attach a run/control chart(s) that demonstrate the outcome achieved:

St. Charles HAPUs

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Surveyed</th>
<th># of HAPUs</th>
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<td>25</td>
</tr>
<tr>
<td>2011</td>
<td>1217</td>
<td>13</td>
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<tr>
<td>2012</td>
<td>1282</td>
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