

Build It and They Will Come (Quality Outcomes)

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Objective

- The purpose of this activity is to enable the learner to utilize the EMR (Electronic Medical Record) as a resource within their hospital system and to develop preventive strategies to reduce the risk for device related pressure injuries in the pediatric population

Significance

- Critically ill children are especially vulnerable to skin injury due to acuity of illness, immobility, impaired perfusion, altered nutritional status, hemodynamic instability, immunosuppression and medications
- Medical device related pressure injuries are the most common pressure injuries in the pediatric population. An array of invasive and non-invasive devices is used in this population.
- Standardized pressure injury risk assessment do not consider medical devices as placing the patient at high risk.



Method

- Executive leadership positioned the CNS's to base units and strategically assigned the CWOCN CNS to assist in reducing pressure injuries throughout the hospital.
- Pressure injury incidence rates were measured.

Incidence Reporting

- We noticed an increase number of pressure injuries related to our neurotelemetry leads when we began to monitor our patients for longer periods of time.
- We identified several trach related injuries
- We grouped our devices together seeing that majority of our device related pressure injuries were from respiratory devices.
- PICU and CVICU (high risk units) attributed to greater than 50% of our Pressure Injuries



Strategies used to Reduce Pressure Injuries

- We used the Electronic Medical Record (EMR) system to send email alerts to the respective CNS team member to receive notification of patients with potential skin injuries from EEG leads, respiratory devices, low Braden Q scores and Pressure Injuries.
- We implemented interdisciplinary skin rounds on high risk units to better identify patients at high risk for developing pressure injuries including medical devices and to identify appropriate intervention strategies.
- We also implemented an interdisciplinary trach rounding team to identify potential pressure injuries and intervene with the appropriate intervention strategies.



Interdisciplinary Skin Rounding on High Risk Units

- The following disciplines are requested to attend:
 - ❖ Provider team,
 - ❖ Nursing leadership,
 - ❖ Unit CNS,
 - ❖ Bedside RN,
 - ❖ Wound Treatment Associate,
 - ❖ Respiratory,
 - ❖ Dietitian
 - ❖ Wound, Ostomy, Contenance Nurse/ CNS



PICU and CVICU Weekly Skin Rounds

- Rounds are weekly on a specific day and time
- 1-2 patients are seen during the rounding time.
- Unit based CNS determines the at-risk patient(s) to discuss
- Providers give an overview of the child's history
- Bedside RN reviews Braden Q scale and risk factors
- Rounding team assess the child looking at all the potential risks and discusses &/or intervenes on mitigating the risk factors.
- Discuss what was learned at the conclusion of the rounds.



Interdisciplinary Trach Rounding

- Team consists of:
 - ❖ Bedside RN
 - ❖ Otolaryngology PA
 - ❖ Pulmonary PNP
 - ❖ CWOCN, CNS
- Round weekly on all trach patients who have received a trach during the current admission.
 - Evaluate skin at trach stoma site and under trach ties
 - Evaluate moisture management and positioning
 - Evaluate trach size and style

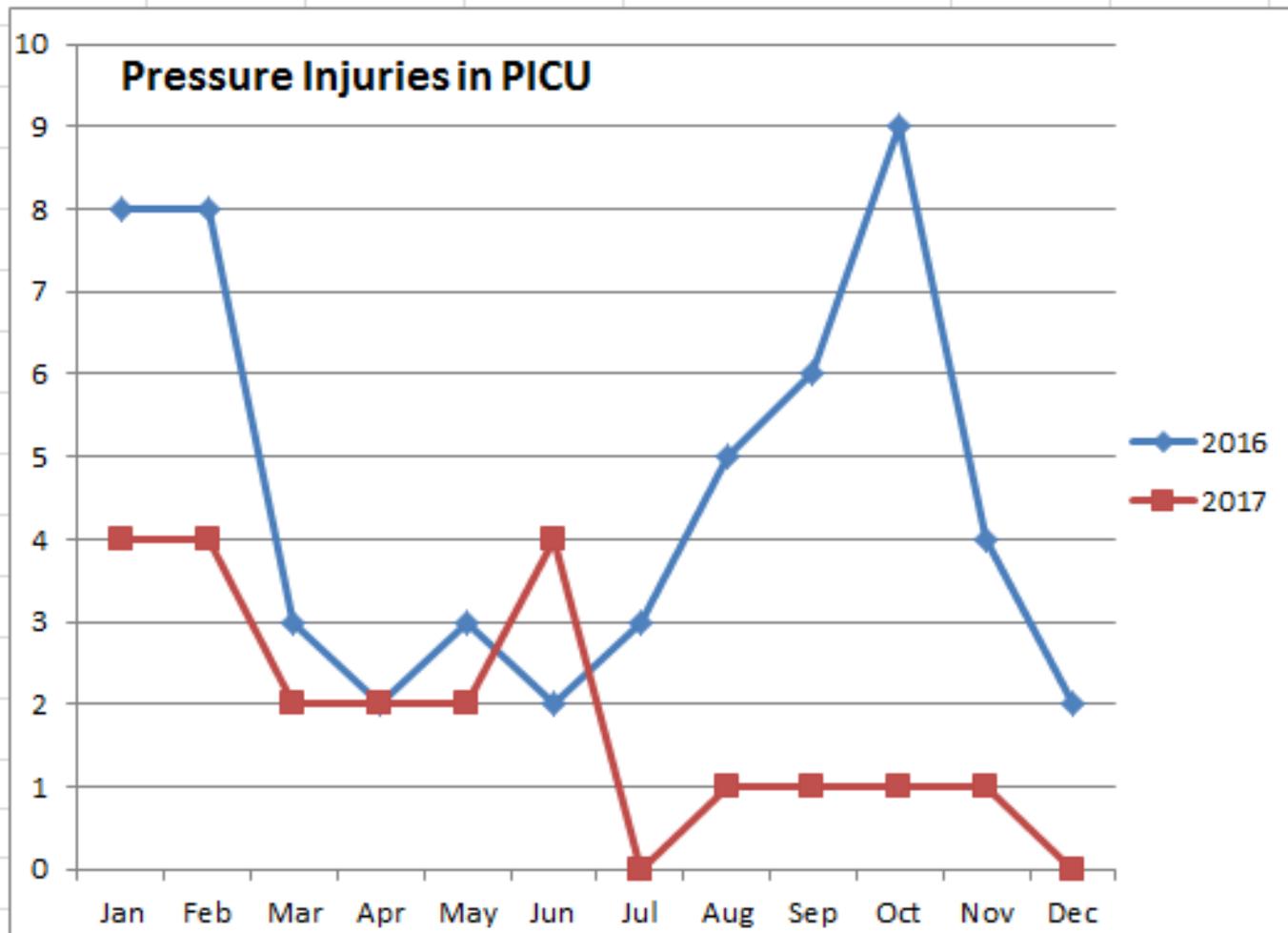


EMR Alerts

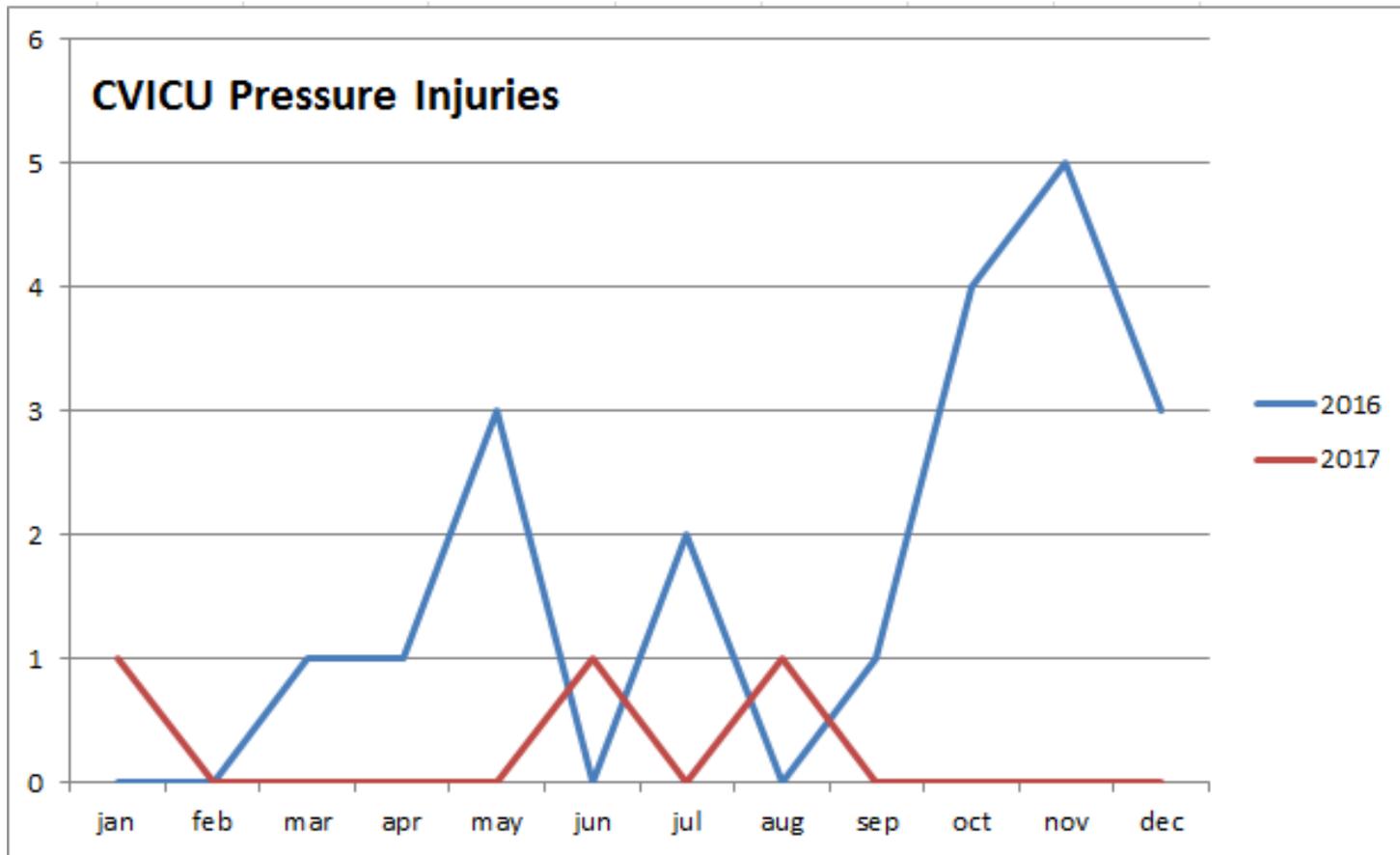
- Email alerts are sent to the respective Unit based CNS when specific documentation is entered into the EMR.
- These alerts include the patient's name, medical record number and the unit of the event.
- The alerts include:
 - Low Braden Q scores triggered when the total number is equal or less than 18.
 - CPAP/BiPap trigger is sent when the patient is on this device
 - EEG Not Normal is sent when the neurotelemetry technician identifies red or any skin injury when placing or removing leads.
 - Pressure Injury alert is sent when a nurse stages a pressure injury. The email has the stage of the pressure injury that was documented. This alert will refire every seven days as long as the nurse continues to chart on the pressure injury.



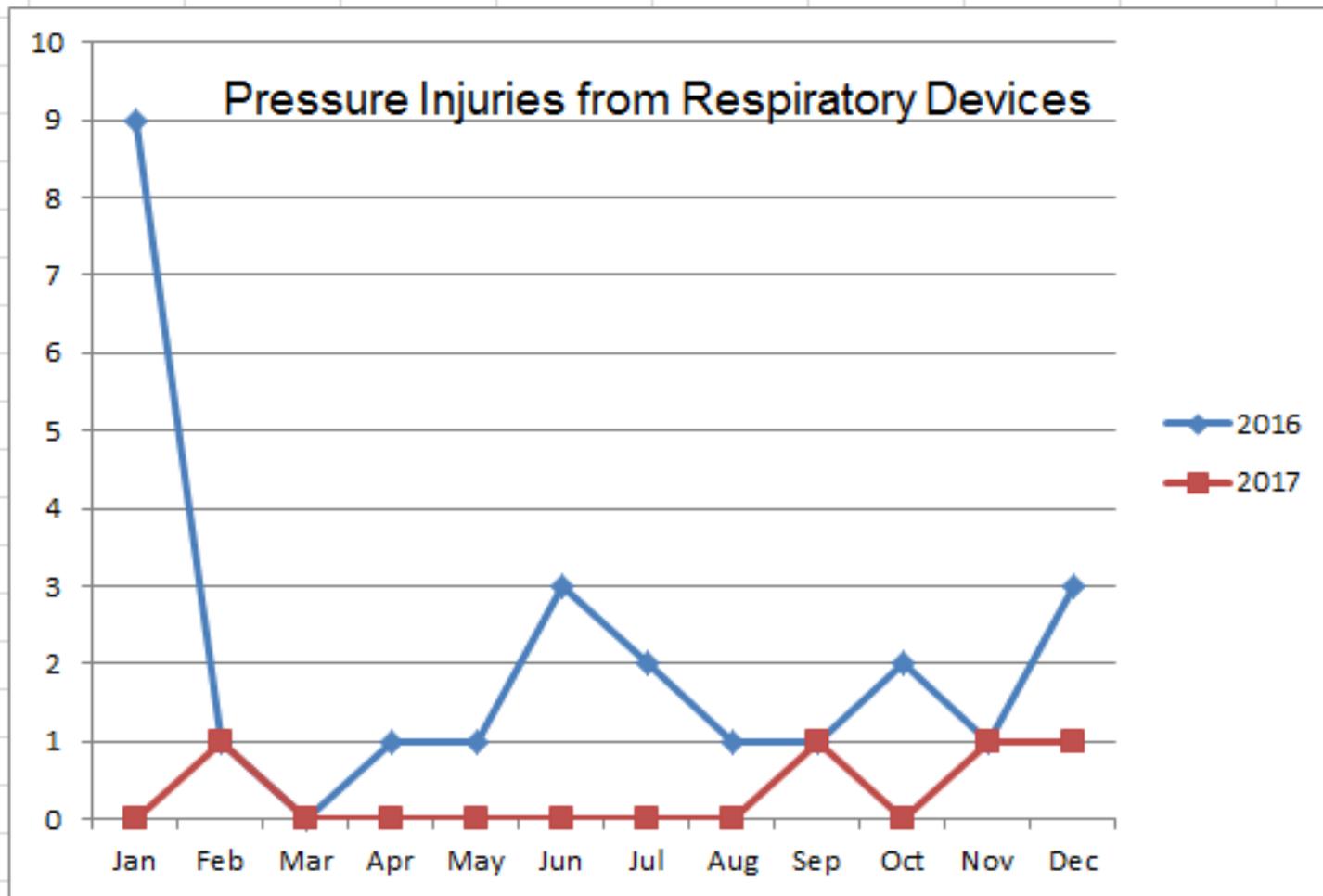
Results (60% Reduction in Pressure Injuries)



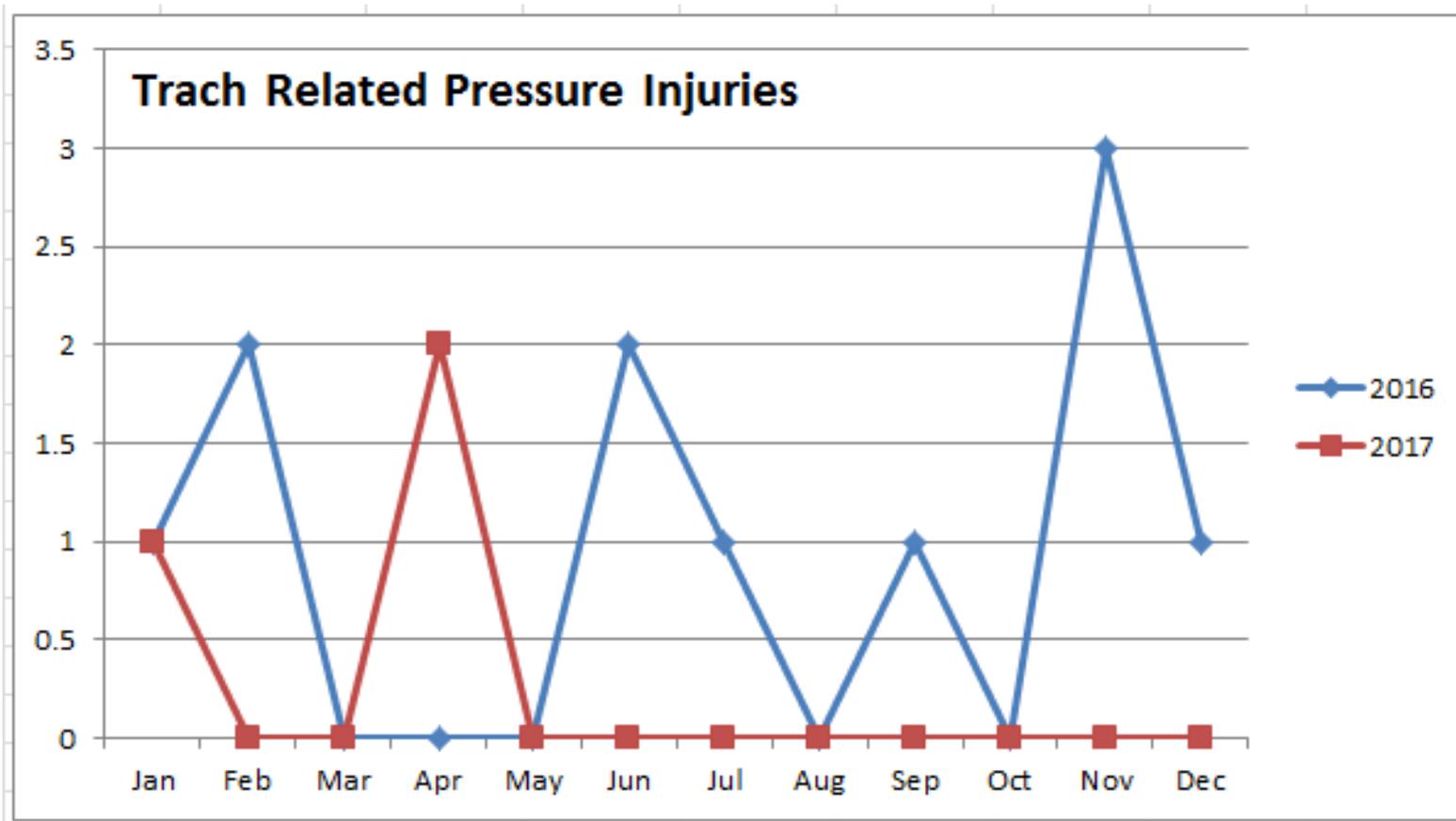
Results (85% Reduction in Pressure Injuries)



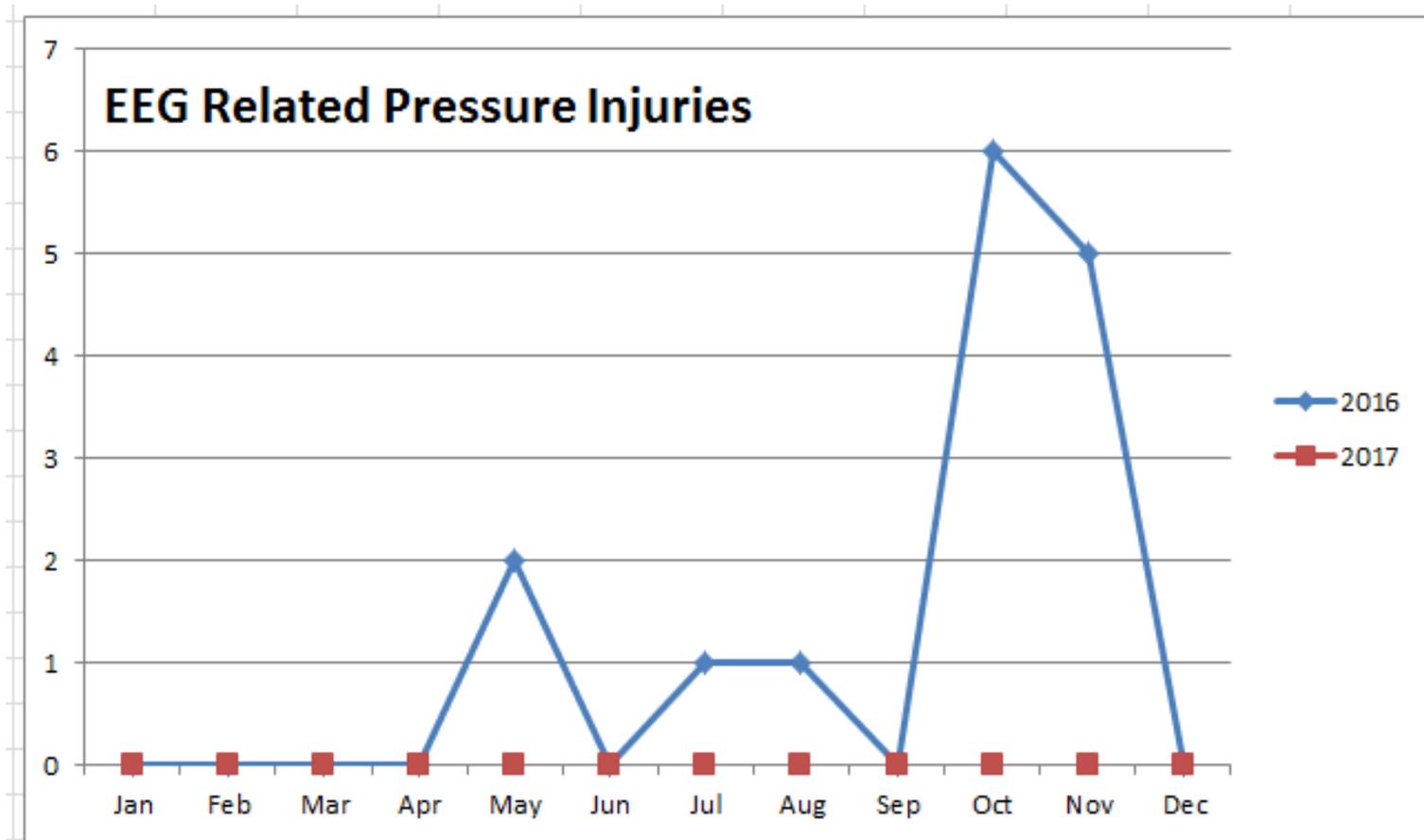
Results (84.8% Reduction in Pressure Injuries)



Results (72.3% Reduction in Pressure Injuries)



Results (100% Reduction in Pressure Injuries)



Results (52.3% Reduction in Pressure Injuries)

