2018

Reducing Serious Harm Pressure Injuries: Cause Analysis Through Bedside Huddles

Cathy Bandelier Laverick
Children's Mercy Hospital

Brian Haney
Children's Mercy Hospital

Kimberly Palmer
Children's Mercy Hospital

Pat Clay
Children's Mercy Hospital

Kate Gibbs
Children's Mercy Hospital

Reducing Serious Harm Pressure Injuries: Cause Analysis Through Bedside Huddles

Cathy Laverick, RN, MSN, CPN, CNL; Brian Haney, BSN, RN, WTA-C, CWCN; Kim Palmer, BSN; Pat Clay, BSN, RN, MSN, CPN, CWCN; Kate Gibbs, MHA, CCLS

Children's Mercy Kansas City, Kansas City, MO

Background

- Pressure injury (PI) prevention poses a unique challenge in pediatrics. Medical devices, perfusion issues, fragile skin, moisture, and other factors put pediatric patients at risk for PIs.
- These injuries increase the patients' risk for subsequent infections, procedures, extended hospitalizations and increased cost.
- For one hospital-wide skin care team, focusing on failures proved beneficial to improving collaboration, increasing staff engagement, and creating heightened awareness of PI risk factors and prevention strategies.

Objective

- To reduce serious harm PIs through increased interdisciplinary collaboration, communication, and awareness.

Methods

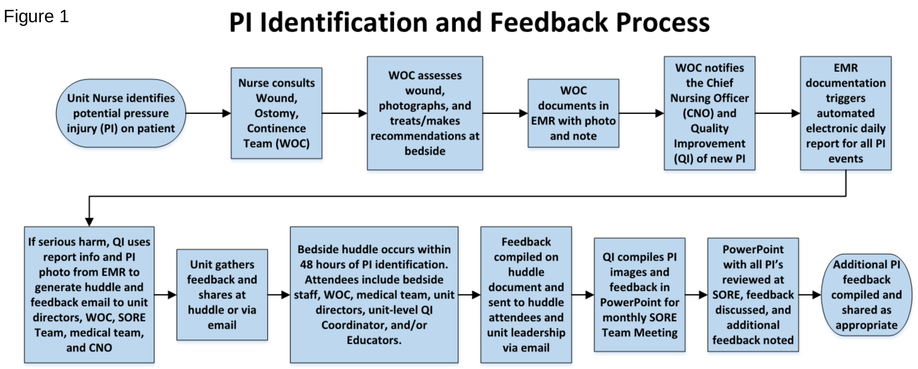
- Beginning in March 2017, the interdisciplinary skin care team implemented a cause analysis process for Serious Harm Pressure Injuries (SHPI). Upon identification of the SHPI, a bedside huddle is scheduled and performed (See Figure 1).
- Huddles occur at the bedside and involve nurses, physicians, wound care, quality improvement, and allied health providers. Family participation and input is encouraged.
- Huddles provide an opportunity for high-quality discussion, giving all parties an increased awareness of PI risk factors, prevention techniques, and treatment options.
- The cause analysis huddle has been trialed and fine-tuned through multiple PDSA cycles.
- Each SPHI is also discussed at the monthly skin care team meeting. This discussion allows for sharing of data between units, sharing of best practices, and collaboration on future prevention efforts.

Tools

Patient:	Acct #:	
Reason for Admit:	Admit Date:	Patient Location:
Unit attributed to injury:	Injury Date:	Stage of injury:
Cause of Injury:	Location of Injury:	
Weight:	Age:	
Primary Team:	Surgical Patient:	Huddle Date:
Event Review		
Huddle Attendees:		
What units were involved in the care of this patient?		
What unique factors put this patient at higher risk for developing a pressure injury?		
What is being done to prevent the current injury from progressing?		
Are there additional concerns with this patient?		
Pressure Injury Prevention Bundle Element Discussion:		
Skin Assessment		
Device Rotation		
Patient Positioning		

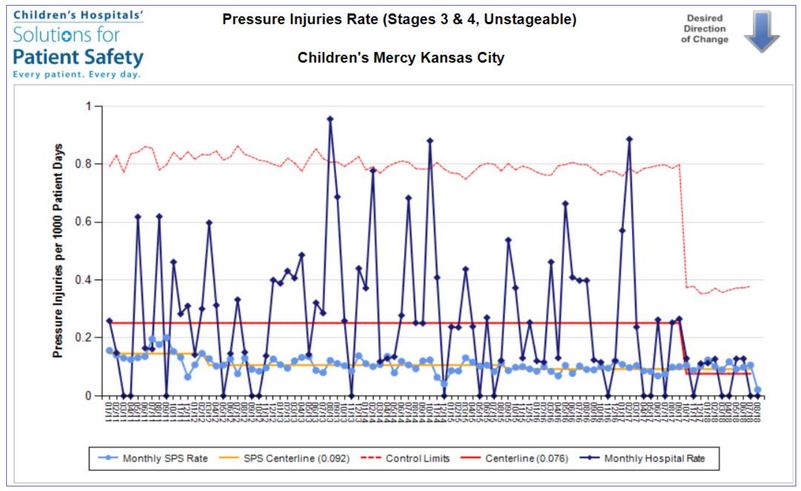
Patient:	Acct #:	
Date of Injury:	Cause of Injury:	Stage of Injury:
What unique factors put this patient at higher risk for developing a pressure injury?	Comments:	
Are there barriers to completing a head-to-toe skin assessments?	Y/N Comments:	
What devices have been used with this patient (i.e. g-tube, SCDs, brace, cast, nasal cannula, pulse ox, leads, etc.)?	List devices:	
If devices were used, were there barriers to rotating devices appropriately?	Y/N Comments:	
What patient positioners have been used with this patient?	List positioners: Comments:	
What bed surfaces have been used with this patient?	List surfaces: Comments:	
Is moisture management a concern with this patient?	Y/N Comments:	
Were there problems with resources or administrative support (i.e. inadequate staffing or assistance, lack of oversight)?	Y/N Comments:	
Were there any problems with teamwork or communication within or between disciplines?	Y/N Comments:	

Figure 1



Results

- From fiscal year 2017 to 2018, the hospital achieved a 66% reduction in SHPI rate (0.11 by 1000 pt. days) and a 65% reduction in the number of SHPIs (11 SHPIs)
- Reinforcing the impact of early intervention, the raw number and rate of Stage 2+ PIs, stayed consistent between FY 2017 and 2018, at 90/0.94 and 92/0.95, respectively.



Conclusions

- Bedside huddles increase awareness of PI risk factors and may help prevent future injuries from occurring or progressing to serious harm.
- Involving multiple disciplines in PI prevention and empowering frontline staff increases collaboration and improves patient-centered care and outcomes.

Acknowledgments

We acknowledge the Skin Outreach Resource and Education (SORE) Team and the Wound, Ostomy, and Continence Team for their commitment to reducing harm and improving processes.

Contact Information

Cathy Laverick: celaverick@cmh.edu
Kate Gibbs: kagibbs@cmh.edu
Brian Haney: bchaney@cmh.edu

Children's Mercy KANSAS CITY

UMKC School of Medicine