



Taking the Pressure Off: The Do No Harm Skin Safety Bundle

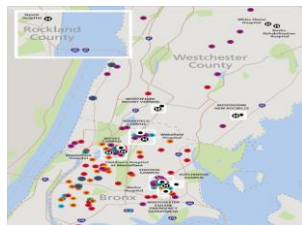
Montefiore Medical Center
Bronx, New York

APRIL 21, 2017

Panel Moderators:
Mary Tesoro, DNS, RN-BC
Diane Pappas, MS, RN, NEA-BC, NICHE Coordinator



Montefiore Health System



- 11 hospitals including a rehabilitation hospital
- Total Beds: 3,236
- Associates : 28,669
- Annual Statistics
 - Discharges: 140,890
 - ED Visits: 556,520
- The state's first freestanding ER

Montefiore Fact Sheet February 2016



Montefiore Medical Center Bronx, New York

- Three Campuses:
 - Moses
 - Weiler
 - Wakefield
- Beds- 1,393
- Associates- 16,709
- Discharges- 76,370
- ED Visits- 261,060
- NICHE designated since 2013
- Senior Friendly Status in 2016



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Background

In June 2013, there were **2,627** HAPUs (stages II and above) across all three campuses.

Prevalence data submitted to NDNQI was above the national benchmark.

Organizational implications:

- Pain and suffering
- Cost (potential for decreased reimbursement)
- Patient Experience
- Staff Satisfaction
- Reputation in the community





Initial Actions in 2013

- Outcomes communication initiated with the distribution of a unit based Scorecard
- Formed an interdisciplinary skin committee
- Consultant from Joint Commission Resources
- 78 nurses educated and certified in wound care





Our Exemplar Unit





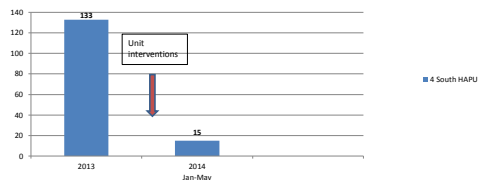
What Was Happening on This Unit ?

- Culture change
 - One HAPU is too many
- Quality review of all HAPUs
- The Ambassador role was created
 - Unlicensed nursing personnel; assures that all patients at risk for HAPU are positioned at regular intervals.
- Patients with PU were positioned q1h while awake.
- Patients at risk for HAPU were positioned q2h while awake.
- The Ambassador did not have any other assignment or reduced assignment.
- Skin cart was created.



HAPU (stage I, II, III, IV)

4 South HAPU





Development of the Do No Harm(DNH): Skin Safety Bundle

- Subcommittee was convened:
 - nurse managers
 - clinical nurses
 - nursing attendants
 - unit secretaries
 - nurse educators
 - nursing quality
- A bundle was designed based on a review of **best practices** in the literature and processes employed on a high performing unit.



Do No Harm: Skin Safety QI Initiative

Project Goal: To spread the successful approach implemented by nursing at Wakefield across Montefiore.

Project Team: Cross campus representation of nurse managers, registered nurses, nursing attendants, unit secretaries, nurse educators, and members of the nursing quality department.

Intervention: The Do No Harm: Skin Safety Bundle was developed, based on the success at Wakefield.

Pilot Study: Piloted the new bundle from June to December 2014 (6 months) on 23 units across Montefiore Medical Center.





DNH: Skin Safety Bundle

- Bundle consists of 17 elements

- Highlights:

- Patients at risk discussed at change of shift huddle
- Ambassador- unlicensed nursing personnel assigned shift
- Ambassador button
- Ambassador log
- Blue Dot outside of patient room for at-risk patient (Braden Score<19)
- Unit Secretary announce "Turning Time" q2h between 8 AM and 10 PM
- Tortoise pressure redistribution and turning device





Pilot Evaluation – November 2014

- Staff survey
- Meeting with nursing representatives from all three campuses
- Comments
 - staffing concerns
- Recommendations
 - To improve communication
 - o 2 blue dots=turn q2h
 - o 1 dot = turn q1h
- Group unanimously accepted changes to the DNH : Skin Safety Bundle and agreed to roll-out across all adult units (40) at all three campuses



NICHE CONFERENCE **Montefiore**

Do No Harm: Skin Safety Bundle



Tortoise Product



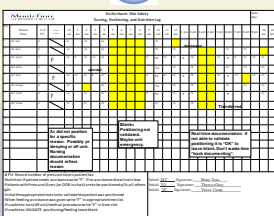
Skin Ambassador Button

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Nursing at Montefiore: Quality Improvement **Do No Harm: Skin Safety Initiative** **Montefiore THE UNIVERSITY HOSPITAL**

Background **Patient and Family Centered Care** **Goals/Outcomes**

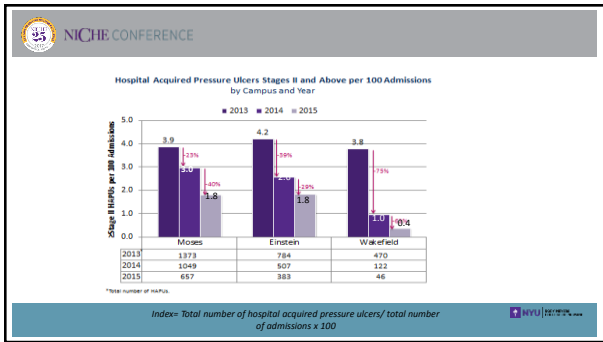
Montefiore Nursing identified Best Practices in pressure ulcer prevention and developed a bundle to hardwire these practices into daily patient care. *"Putting the patient and the family at the heart of every decision and empowering them to be genuine partners in their care."* All team members are responsible to implement bundle elements to drive quality care & eliminate HAPUs. [BHL.org](#)



NICHE CONFERENCE **Monitoring and Promoting Adherence to the Bundle**

- Each unit manager receives unit specific monthly HAPU data
- Unit visits by Nursing Quality (1st 6 months post-rollout)
- Monthly HAPU data reports sent to nursing leadership with changes in HAPU numbers by campus and estimated cost avoidance (2nd 6 months post-rollout)
- RNs present HAPU data at the monthly Quality and Patient Safety Council
- Process monitoring of compliance of key elements of the DNH: Skin Safety Bundle
- HAPU incidence and bundle adherence discussed at all leadership and staff meetings

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- ### How Are We Doing Now?
- Challenges:
 - Epic rollout 2016
 - Accurate documentation of CAPU versus HAPU
 - Completion of ambassador logs
 - Staffing

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- ### Implications for Nursing Practice
- Standardizing nursing practices through the use of evidence-based bundles
 - improved patient outcomes
 - Outcomes:
 - 2013
 - ✓ 2,627 HAPUs
 - 2015
 - ✓ 1,086
 - 1,541 Fewer HAPUs within 18 months!



Sustainability

- On-going process monitoring
- Monthly prevalence study
- Monthly incidence data





**“The very first requirement
in a hospital is that it
should do the sick
no harm.”**



Florence Nightingale
(1859) Notes on Nursing





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