

Smooth Sailing through the Waves of a Pressure Injury Prevalence Survey



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Background

Moffitt Cancer Center's Wound, Ostomy, Continence (WOC) nurses serve as internal experts to guide nursing standards and practice. In this role, they facilitate the quarterly National Database of Nursing Quality Indicators (NDNQI) prevalence pressure injury survey.

To address these opportunities to improve NDNQI prevalence survey process, the WOC nurses developed a recruitment and education plan for the staff. They also developed several tools to improve and streamline the process.



Purpose

The purpose of this improvement initiative was to design a more user-friendly and streamlined process for the quarterly NDNQl pressure injury prevalence survey data collection and reporting of results. We will describe the development and implementation of clinical nurse education and communication tools.

ALL ABOARD:



Method

To increase the involvement of the bedside clinical nurse in the quarterly NDNQI prevalence study, WOC nurses developed a plan for staff education and recruitment of nurses to participate in the survey. The education plan included how the survey is conducted, data collection, and clinical nurse role in the quarterly study.

To address the overall survey process, a communication tool was developed by WOC nurses which included skin assessment findings and follow-up interventions for RNs to use when skin integrity issues were identified during the survey. A streamlined reporting tool was developed to communicate expediently to nursing leaders the number of hospital-acquired pressure injuries (HAPI) noted during the survey.

Steps used by the WOC nurse included:

- · Set up the quarterly survey dates for the year.
- Educated clinical nurses on patient care policies, survey dates, role expectations for participation in the survey, and completion of NDNQI training.
- · Recruited Skin Champions and Clinical Leaders.
- Communicated to nurse managers and clinical nurse participants pre-survey.
- Developed schedule with timeframes for the unit to unit arrival of the study team. This supported the individual unit routines and assisted the nurse manager in planning for the day of the survey.
- During the survey, reviewed existing pressure injuries, bony prominences, and conducted chart audits considering important criteria such as medical devicerelated injuries; interventions such as foam dressings, specialty beds, incontinence barrier creams, offloading equipment, nutrition and restraints.
- During the survey, communicated to the clinical RN caring for the patient when their patient's skin condition warranted further follow-up. The newly developed Interventions Needed document was completed by WOC nurses as real time education and instructions on next steps for the RN to take using Moffitt Cancer Center's approved skin protocols.

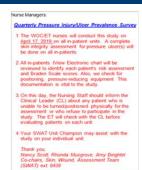
Intervention Tools



Interventions Needed



Patient Education tool



Nurse Manager Announcement of Upcoming Prevalence Survey



Day of Survey Schedule

Unit	2019 Qtr. 1	2019 Qtr. 2	2019 Qtr. 3	2019 Qtr. 4
	# Patients with HA/UA Ulcers: 1 Census=181 Surveyed=155 Date: 1/16/19	# Patients with HA Ulcers: Census=172 Surveyed=145 Date:04/17/19	#Patients with HA Ulcers: Census=170 Surveyed=142 Date=07/17/19	#Patients with HA Ulcers: Census= Surveyed= Date:10/16/19
5N	(1CA)	0	0	
5S	1	0	1	
4N	0	0	0	
4S	0	0	0	
4W	0	1	0	
3N	0	(3CA)	0	
3W	0	0	0	
3S	0	0	0	
ICU/PCU	0	0	1	1

Survey Results Reporting Tool for Nurse Leaders

Conclusion

Moffitt WOC nurses serving as internal experts developed and implemented a more streamlined process for conducting the NDNQI quarterly HAPI prevalence survey. Improvements made included recruitment of clinical nurse participation and education on expectations of their role, proactive steps for preparation for the survey, and timely reporting to nursing leadership of the survey results. The WOC nurses developed and implemented tools that supported improved communication about the survey and results. Timely interventions for patients identified with skin integrity issues, as well as peer-to-peer education was facilitated through these process improvement efforts. These steps taken improved the NDNQI process while enabling timely education of nursing staff on assessment skills and HAPI prevention.