The Introduction of the SSKIN Bundle in a Rehabilitation Setting

Edel O'Grady, Catherine McDonnell, Helena Reffell, Rachel Murphy, Littymol Mani, Marie Louise Roden, Breeda Mangan, Mary Coogan, Bernadette Connolly

Clontarf Hospital

Background

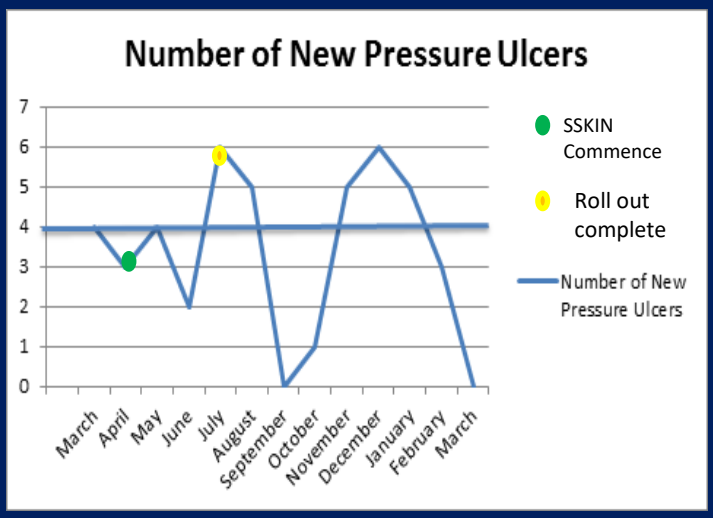
"A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear" (NPUAP/EPUAP/PPPIA, 2014). Pressure Ulcers are debilitating, life threatening and painful with a significant human cost and the financial implications for the treatment and management of one Grade IV Pressure Ulcer in Ireland was estimated at a cost of €119,000 to the Irish health service (Gethin et al, 2005). The aim of the HSE Pressure Ulcer to Zero (PUTZ) collaborative, 2017, was 'To reduce the number of hospital acquired pressure ulcers across participating hospitals by 50% within a six month timeframe and to be sustained by 12 months'. The SSKIN Bundle provides an evidence-based specific process for safely preventing pressure ulcer development and is used in the PUTZ collaborative.

Method

An interdisciplinary steering group committee was formed in February 2019 to roll out the PUTZ campaign. The SSKIN bundle is a care bundle which focuses on 5 key areas: skin inspection, surface, keep moving, incontinence and nutrition. The inclusion criteria for SSKIN bundle were: Waterlow score > 10 and reduced mobility (physical/cognitive), existing/previous pressure ulcers and use of orthotic devices or braces in conjunction with clinical judgement. The PUTZ safety cross was a visual audit tool measuring baseline and ongoing pressure ulcer incidence on all wards. Nursing staff reported new/existing pressure ulcers, their grade and location daily and data was collected on a monthly basis. This data was analysed using Run Charts monitoring frequency and a median of incidence was established. The SSKIN bundle was launched in a phased basis and completed in July 2019.

Results continued

- Education was facilitated within the steering committee and on the wards to introduce SSKIN bundle and grading of pressure ulcers appropriately.
- There was a high incidence of heel ulcers in July, November to January. Through use of run charts, heel ulcer prevention education was tailored to reduce pressure ulcer incidence.
- A formalised skin inspection pathway for reporting acquired pressure ulcer from acute hospital admissions was established.
- A Tissue Viability Nurse was appointed in February 2020.



Results

- The incidence of newly developing pressure ulcers in hospital inpatients was 4% at baseline and reduced to 0% at 6 months and 12 months which is in line with the objective of the PUTZ campaign.
- Analysis of the run charts showed a notable increase in pressure ulcer incidence in July. This may be attributed to increased recognition of pressure ulcers during skin inspections as the SSKIN bundle was fully implemented on all wards by July 2019.
- During November, December 2019 and January 2020, an increase was noted in the incidence of heel related pressure ulcers. This was addressed through focused education and in March 2020, the incidence was recorded at 0%.

Conclusions

- Within a 6 month time frame, and following the introduction of the SSKIN Bundle in a Rehabilitation Hospital, we achieved our aims and objectives of reducing the incidence percentage of newly acquired pressure ulcers by 50%.
- The interdisciplinary team have identified gaps in practice that are addressed through the introduction of the SSKIN Bundle as an evidence-based approach to skin inspection and pressure ulcer prevention. The safety cross data provided the information required to tailor education appropriately.
- In addition to the introduction of the SSKIN bundle, a new TVN service commenced in February 2020.