

Supporting Dual Skin Assessment through Structured Iterative Improvements

Erik Wilson, RN, MSN, CNL

Background Significance: A new institutional strategy was introduced to standardize and fully implement the evidence based Four Eyes dual skin assessment at admission and upon transfer for all adult medical-surgical inpatients to promote pressure injury reduction. To facilitate adoption of new practice, the quality improvement framework of the Institute for Healthcare Improvements (IHI) Model for Improvement was utilized.

Clinical Question: On Baird 3 South, can iterative changes guided by the IHI Model for Improvement facilitate the adoption of the Four Eyes dual skin assessment to reach 90% compliance in documentation.

Evidence: The Four Eyes dual skin was introduced organization wide at The University of Vermont Medical Center as an evidence-based strategy to identify pressure injuries and pressure injury prevention strategies on admission to hospital. The Model for improvement is an integrated approach to process improvement, testing changes on a small scale utilizing Plan-Do-Study-Act (PDSA) cycles.

Intervention and Implementation: Initial education was provided by wound care nurses, unit based nurse educator and clinical nurse leader. Compliance monitored by frequent auditing of new admissions. Positive reinforcement, rationale for practice change, and sharing of initial successes were provided through secure chat messages in the electronic medical record to nurses with notes in compliance to the new initiative. PDSA cycles were completed on initial implementation and three and six weeks post implementation with changes in practice based on compliance trends.

Evaluation: Compliance was evaluated through frequent auditing of registered nurse documentation of Four Eyes dual skin assessment. Those in compliance completed the Four Eye Skin Assessment note within 24 hours of admission. Patients who refused skin assessment were included in the evaluation of compliance, however were not included in guiding PDSA cycles.

Results: Following initial education, an average of 54.5% of admissions had complete Four Eye Skin Assessment documentation in the first week. Three weeks post implementation compliance rate increased to an average 79%. As the compliance rate was less than the goal, another PDSA cycle was initiated. A trend was documented that night shift nurses who were less likely to receive in person initial education were less frequently completing documentation. In response, standardized secure chat messages were sent to communicate the process and rationale for completing the Four Eyes Skin Assessment note. Six weeks post implementation average compliance increased to 90% and a PDSA cycle was initiated to maintain and anchor change. Nine weeks post implementation compliance was maintained at 74%.

Significance and Conclusions: The quality improvement framework of the IHIs Model for Improvement provides structure to make iterative changes in response to quantitative and qualitative data promoting adoption and maintenance of new evidence-based practice techniques.