



# Road Map to a Comprehensive Skin Safety Program



*Minnesota Hospital Association*

# Road Map to a Comprehensive Skin Safety Program



SAFE SKIN based on the ICSI Skin Safety Protocol, Adverse Health Event Learnings and WOCN Clinical Practice Guidelines.

INFRASTRUCTURE

	Skin Safety Component	Specific Action(s)	SAFE SKIN Audit Questions
SAFE SKIN	S SKIN SAFETY COORDINATION	1) Promote a team approach to skin safety with a designated coordinator(s)	1a) The facility promotes a team approach to skin safety (i.e. unit-based skin safety teams, interdisciplinary care team). 1b) The team has at least one team member with a background/education in wound care. 1c) The facility has a designated coordinator(s) for the facilities' skin safety program. 1d) The coordinator(s) has dedicated time to serve in this coordination function.
	A ACCURATE AND CONCURRENT REPORTING	DATA COLLECTION 1) Track all stages* of nosocomial pressure ulcers for early detection and causative factors  DATA ANALYSIS 2) Measure/evaluate effectiveness of skin safety efforts  <i>*Mandatory reporting of stage III and IV nosocomial pressure ulcers to MDH</i>	DATA COLLECTION 1a) The facility has a concurrent reporting process (such as occurrence reporting) in place to collect all stages of nosocomial pressure ulcers. 1b) There is a process in place to audit the reliability of the reporting process on a regular basis through incidence studies/surveys.  DATA ANALYSIS 2a) A process is in place to review and analyze reported pressure ulcers on a regular basis for learnings and improvement opportunities. 2b) Pressure ulcer data is shared within the unit and across units on a regular basis.
	F FACILITY EXPECTATIONS, STAFF EDUCATION AND ACCOUNTABILITY	1) Communicate expectations and provide related education for pressure ulcer prevention and hold staff accountable	1a) Clinical staff is informed of expectations regarding pressure ulcer risk assessment, skin inspection, early identification, and preventive interventions based on specific risk factors. 1b) Expectations and supporting education have been incorporated into new employee orientation and performance competencies for clinical staff, nurses and nursing assistants. 1c) Members of the skin care team(s) receive at least a baseline level of skin care education.
	E EDUCATION FOR PATIENTS AND FAMILIES	1) Educate patient and families so informed decisions can be made and mutual goals can be established	1a) Patient/family education tools are disseminated for skin safety as appropriate. 1b) The facility requires, AND has a designated place to document, skin safety patient education and patient response.

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PATIENT CARE BUNDLE

	Skin Safety Component	Specific Action(s)	SAFE SKIN Audit Questions
<b>S</b>	SKIN INSPECTION AND RISK ASSESSMENT	<ol style="list-style-type: none"> <li>1) Perform and document pressure ulcer risk assessment daily.</li> <li>2) Perform and document a skin inspection at least daily (remove devices such as stockings and splints for accurate skin inspection).</li> <li>3) Risk assessment findings are linked to specific interventions.</li> </ol>	<ol style="list-style-type: none"> <li>1a) The facility requires, AND has a designated place to document, the Braden/Braden Q (pediatric) pressure ulcer risk assessment upon admission and daily.</li> <li>2a) The facility requires, AND has a designated place to document, skin inspection every shift for high-risk patients and daily for all other patients - minimum.</li> <li>2b) There is a designated place in the chart where device removal is documented.</li> <li>3a) There is a process to develop and document a plan of care for patients at risk for pressure ulcers.</li> <li>3b) There is a system in place to alert other staff caring for the patient to the patient's at-risk status and care plan.</li> </ol>
<b>K</b>	KEEP PRESSURE OFF — MINIMIZE PRESSURE, FRICTION, SHEAR	<p>Patients with impaired sensory perception, mobility, and activity as defined by the Braden scale may require:</p> <ol style="list-style-type: none"> <li>1) Repositioning q 2hrs</li> <li>2) Heels off of bed</li> <li>3) Minimize friction/shear (e.g. limit HOB elevation, use transfer devices).</li> <li>4) Support surfaces (mattresses, chair cushions for pressure redistribution)</li> <li>5) Specialty equipment for bariatric population</li> </ol>	<ol style="list-style-type: none"> <li>1a) The facility requires, AND has a designated place to document, every 2 hour repositioning for patients with impaired sensory perception, mobility, and activity as defined by the Braden scale.</li> <li>2a) There is a designated place in the chart where pressure relief to the heels can be documented (e.g. pillow under the legs or specific devices designed for pressure relief to the heels).</li> <li>3a) The facility requires, AND has a designated place to document, interventions to minimize friction and shear risk as defined by the Braden scale (i.e. limited HOB elevation, use of transfer devices).*</li> <li>4a) The facility requires pressure redistribution surfaces for patients with Braden Score <math>\leq 18</math>.*</li> <li>4b) The facility has support surface/off-loading decision-making tools accessible to the staff.</li> <li>4c) Support surfaces are accessible.</li> <li>5a) Bariatric specialty equipment is accessible.</li> </ol>
<b>I</b>	INCONTINENCE/ MOISTURE SKIN PROTECTION	<ol style="list-style-type: none"> <li>1) Routine use of perineal cleansers and barriers</li> <li>2) Address underlying etiology of incontinence</li> <li>3) Develop strategies to manage moisture.</li> </ol>	<ol style="list-style-type: none"> <li>1a) The facility requires, AND has a place to document, the use of perineal cleansers and moisture barriers for patients with incontinence.</li> <li>1b) Perineal cleansers and barriers are accessible to staff and patients.</li> <li>1c) The formulary for perineal products is user friendly and standardized - staff knows what products to use and how to use them.</li> <li>1d) Fecal and urinary incontinence devices are FDA approved.</li> </ol>
<b>N</b>	NUTRITION IS OPTIMIZED	<ol style="list-style-type: none"> <li>1) Optimize nutrition that is compatible with individual preferences and patient condition.</li> </ol>	<ol style="list-style-type: none"> <li>1a) Dietary services are consulted for patients at-risk for pressure ulcers. (Trigger example Braden Score <math>\leq 18</math> AND a nutrition subscale of 2 or less)*</li> <li>1b) A process is in place to order nutritional supplements as needed.</li> <li>1c) There is a process in place to document that nutritional supplement was offered and consumed by patient.</li> </ol>

\*Specific interventions may vary for the pediatric population – see pediatric section of the toolkit.

