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Inpatient Rehabilitation Performance Improvement: Skin Care and Guidelines

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Inpatient Rehabilitation Performance Improvement: Skin Care and Guidelines

Golden Fisk, RN, BS

St. Cloud Hospital

April, 2016

1. Plan

To improve skin integrity care as well as use of hospital policies and guidelines within Inpatient Rehabilitation. The St. Cloud Hospital *Compass* expects bedside nurses to encompass exemplary professional practice in all that they do. Additionally, skin integrity issues can hinder a patient's healing and rehabilitation process.

The Wound, Ostomy and Continence Nurses Society (WOCN) recommends regular repositioning and use of pressure reduction surfaces on appropriate individuals, as well as the utilization of a "skin champion" and appropriate care plans (Sullivan, 2013).

4. Act

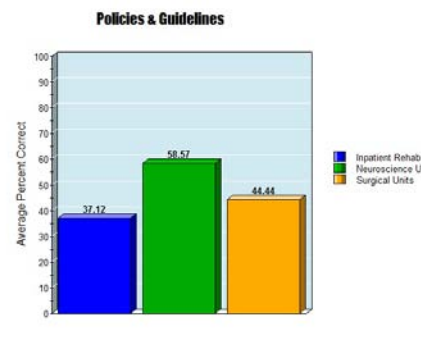
- Further short teaching sessions for PCAs regarding charting repositioning, new product use, and sliding patients up in bed. Further teaching on proper perineal care for incontinence or patients with current skin integrity issues added for May/June 2016
- Quarterly chart audits to ensure proper care planning, repositioning, and skin integrity guideline use
- RNs provided with guideline information included in previous quiz, Skin Champion available for questions.

2. Do

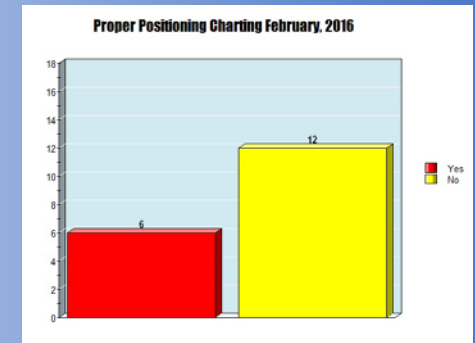
- Information was provided on the availability of the unit "skin champion" for questions on the unit.
- RNs and PCAs were provided information on new skin-related policies including the use of new products such as incontinent underpads and use of briefs

3. Study

- Hospital skin integrity guidelines in use on 1 of 7 patients in February, 2016, this increased to 4 of 9 in April, 2016
- Floor RNs quizzed on skin care and guidelines and compared to similar nursing units at St. Cloud Hospital, need for improvement here is evident (see graph 1)
- Patient chart audits completed, improper charting techniques present on most, this is defined as position not charted every 2-3 hours (see graph 2). Those with body position consistently charted did not have adequate shifting of weight (e.g. consistently supine)



Graph 1



Graph 2

Reference