

WOC Around Rounds in ICU

Gemba Rapid Fire Presentation

Kathy Borchert MS, RN, ACNS-BC, CWOCN, CFCN

Recognizing the Need

2015: .5FTE WOC position to lead initiative

- **Address low hanging fruit**
 - Support surface standard- revise bed algorithm, implement Right/Left positioning standard
 - Heel off-loading- revise heel algorithm
 - Respiratory equipment- Silicone lite dressing
- **Policy review and revision** (system WOC team reactivated)
- **Staff education**
 - 45 minute presentation during ICU competency (13)
 - House wide RN/NST heel off-loading
 - Regular Newsletter articles on prevention
 - Revamp New Employee PIP education (system)
- **RN Capstone Project:** Best Practices for PIP in the ICU

Implementation

The Position

- 1.0 FTE WOC position approved April, 2017
- Non-negotiable: WOC RN would be on the unit working with staff regarding PIP, NOT covering for WOC vacation time, completing initial or follow-up WOC visits
- Candidate: Current UMMC RN, current skin champion, recent graduate from webWOC program (UMMC precepted), no ICU experience

Staff Communication

WHY THE PRACTICE CHANGE?

1. In 2016, we partnered with nurses completing their Capstone project and asked them to explore ICU best practices related to pressure injury prevention. A significant gap identified was lack of WOC nurse involvement in patient care until AFTER a patient develops a pressure injury. According to the literature:

Pressure injury incidences decreased 21% to 0% with the use of education by WOCs and skin care champions along with the implementation of specialized mattresses (Dunzweiler, Gammons, & Hinson, 2011).

2. According to research published in March, 2017:

The researchers analyzed 2012-13 data from the National Database of Nursing Quality Indicators (NDNQI) RN Survey—a national survey collecting data on the relationships between nursing and patient outcomes. The analysis included data from 928 participating US hospitals.

About 37 percent of the hospitals employed nurses with at least one of five WOC specialty certifications provided by the [Wound, Ostomy, and Continence Nursing Certification Board](#). The numbers and types of WOC-certified nurses were analyzed for association with facility-acquired HAPI rates.

Hospitals employing nurses with three types of nurses with specialty certification in wound care (CWOCN, CWCN, or CWON) had lower rates of HAPIs. These hospitals had an overall HAPI rate of 2.81 percent, compared to 3.28 percent at hospitals without wound care-certified nurses. The risk of more severe (stage 3 and 4) pressure injuries was reduced by nearly half at hospitals with wound care-certified nurses: 0.27 versus 0.51 percent.

Developing the Role

1. Observational Audits

– **Device-related:**

- NG, Internal Fecal Management System, Foley
- Tension? Secured? Patient laying on tubing?

– **Non-device related:**

- Heels off-loaded?
- Positioning? (Anyone positioned supine in bed?)
- Appropriate support surface in use? Documenting right surface? Following recent revised bed algorithm? Documenting reassessment daily?

2. Staff Education

3. Data Interpretation

Staff Education/Communication

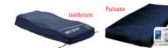
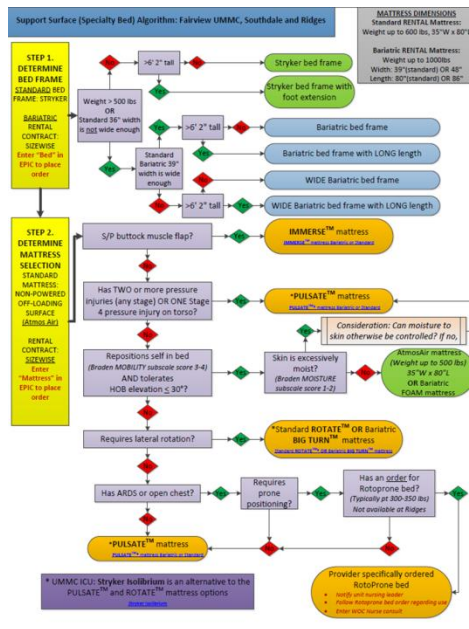
ENSURE EASY ACCESS – ASCOM PHONE

INFORMAL EDUCATION

- Walking the unit (WOC Around)
- Just in Time teaching (while auditing)
- Bed Algorithm instruction

FORMAL EDUCATION

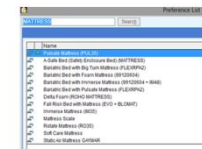
- Develop Interactive Poster (NM idea)
- Isolibrium Flip chart Resource



Check with charge RN re: if available Isolibrium before ordering a Pulsate

Every AM assessment & PRN (chg in condition)

Do you know your Mattresses?



Patient is high risk for pressure injury, cannot tolerate head of bed ≤30 and cannot reposition self in bed. No Isolibrium is available. Which Mattress would you choose?

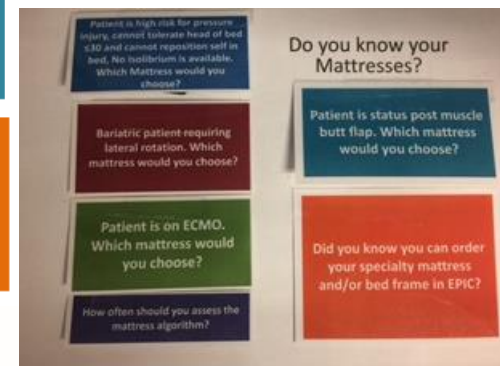
Bariatric patient requiring lateral rotation. Which mattress would you choose?

Patient is on ECMO. Which mattress would you choose?

How often should you assess the mattress algorithm?

Patient is status post muscle butt flap. Which mattress would you choose?

Did you know you can order your specialty mattress and/or bed frame in EPIC?



Staff Partnership/Data Interpretation

Staff Partnership

- Ad HOC member of ICU Nursing Practice Council
- Conduct weekly “Report Out” with 3 ICU Nurse Managers
- Presented at last ICU Staff Meeting (NM request)
- Continually evolving!

Data Driven

- Increased P&I surveys in ICU to monthly in June
- Reports out trends at weekly Report Out
- Conducted a Deep Dive into ICU sacral pressure injuries recently (support surface pre and post HAPI noted)

I am here as your pressure injury resource in the ICU

