

Adopting SKIN Care Bundle to Standardize Skin Care Management –and Reduce Pressure Injury

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Introduction/Background

Most patients admitted to YCH are elderly, with an average age of 74years old and have multiple co-morbidities with functional decline resulting in impaired skin integrity, leading to potential risk of Pressure Injuries (PI). The skin care plan, therefore, includes assessing the patient's skin, identifying the problem(s), applying evidence-based intervention and evaluating outcomes. The Specialist Wound nurse had observed variation of skin care practices in the ward. There was no standardize care process for the ward team to apply in their daily patient's skin care plan.

Goal/Objective

To adopt and apply SSKIN Care Bundle to standardise SKIN Care management and reduce PI in YCH by 30%.

Problem Analysis

There were current scare interventions as according to PI Braden Scale score. A survey was conducted and shown **above 60% of the nurses were unsure** of the skin management for Moisture-Associated Skin damage (MASD) and prevention of skin tear with potential risk of PI incidents. Literature reviews on the latest best evidence-base practices were done (references 1,2,3).
 References

1. Ousey K, Connor L, Doughty D, Hill R, Woo K. Incontinence-associated dermatitis Made easy. London: Wound international 2017; 8(2)
2. EPUAP, NPIAP & PAN PACIFIC (2019). Prevention and Treatment of Pressure Ulcers/Injuries Clinical Practice Guideline (3rd ed.). The International Guideline. Emily Haesler (Ed.).
3. Skin Tear Audit Research (STAR). Retrieved from <https://www.fifeadtc.scot.nhs.uk/media/12252/woundcare-formulary-sept-2018.pdf>

The **gaps identified** were no standardized identification, prevention and management of common impaired skin integrity problems.

Training–Medical Team

- YCH Wound Care Team organized **training** on the SKIN Care Bundle to engage the medical team and Nursing Champions.
- Champions will conduct **roadshows** to the ward nurses before implementing SKIN Care Bundle to two pilot wards.
- The project team reviewed ward staff **feedback** on challenges and suggestions to improve workflow before spreading to all YCH wards.



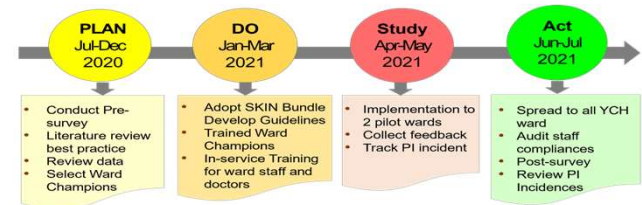
- S** Skin inspection
- K** Keep Moving
- I** Incontinence
- N** Nutrition & hydration

The **patients gave feedback to improve** on the 1st 'flip chart' as it caused distraction from the trainer frequent charts 'flipping'. The team has improved to the file with pictures in one full page.



Implementation Plan

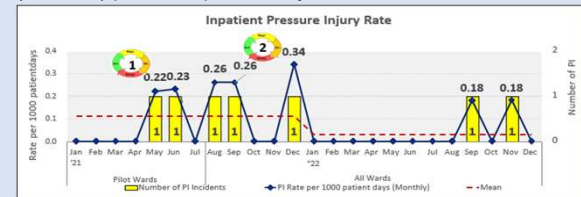
PDSA methodology was adopted, and a Gantt chart applied for this project journey to change the ward practices. A SKIN Care Bundle Flow



Benefits/Results

1. Clinical Quality

PI incidences reduction of **72.7%** from **0.11** (CY 2021) to **0.03** (CY2022) per 1000 patient days



2. Staff Satisfaction

The nurses reported an increase in their confidence level. **93%** of the nurses **achieved 100%** in post training quiz and with verbal appreciation from their trainees.



3. Cost Saving

Cost Avoidance : Estimated PI management per patient Dressing procedure = \$25and Wound products = \$10.90 (Total 35.90cts) Wound Dressings change 3 times a week = \$107.70cts x 2weeks = **\$215.40cts** Average Daily Ward Bill = \$161 Estimated LOS x 2 weeks = \$2254
 Total Cost per patient = \$2469.40cts (\$2254+\$215.40cts)
Total Cost saved for 3 patients = \$7,408.20cts per year
Time Saved – Nursing Time
 Time spend per wound dressing = 30mins x 4 sessions per week = 2hrs Time spend for 8 sessions (2 week) per patient =4hrs (240mins)
Time Saved to manage 3 PIs = 12hrs (720mins)

Sustainability & Reflections

- To sustain, the team will continue to collaborate with the ward multidisciplinary team, ward PI Champions and Patient / family to enhance team learning and to review and revise workflows as necessary. The PI Review Workgroup members will review PI incidences to work with the ward team on preventable causes.
- Our team has learned that to be successful, we could use each day as an opportunity to improve, to be better and get closer to our goals. The importance of **continuously building trust** among the project team, ward team and stakeholders are vital elements to achieve this project goal. In healthcare arena, there is **NON-STOP limits** in learning and improving.