

Feeling the Pressure of Pressure Injuries in the Emergency Department

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INTRODUCTION

A crisis of overcrowding in the Emergency Department (ED) is a common issue that many hospitals face, leading to a plethora of challenges including an increased prevalence of pressure injuries. The ED Registered Nurses (RN) have to balance many competing clinical priorities in the care of critical patients, leaving patients at risk for developing pressure injuries, as well as lack of early identification of existing pressure injuries. The prevention of hospital-acquired pressure injuries have received significant focus internationally over many years because of the additional burden that these injuries place on the patient, the additional costs and impact to the efficiency of the hospital, and the potential for litigation (Santamaria, et. al., 2019).

PURPOSE

The primary goal of this initiative is early identification of pressure injuries, validating skin assessment, and prevention of pressure injuries within 12 hours of arrival to the ED.

DESIGN SETTING

A convenience sample utilized in a single-site Level- 1 Trauma Center who sees an estimate of 90,000 patients annually. The abstracted data was on all patients who presented to the Emergency Department within 12 hours and analyzed for the compliance with documentation of a Braden Scale Score, Skin Validation, and identification of prior to arrival skin impairments. This data was collected before the implementation of our initiative and after to compare the results.

MATERIALS & METHODS

Our initiative was the development of a dedicated Skin Team to identify present on arrival pressure injuries, early detection of pressure injuries, prevent pressure injury, and increase compliance with documentation of a Braden Scale Score and Skin Validation. The Skin Team is comprised of a RN and two Nursing Assistants. This team was educated on proper documentation, staging of pressure injuries, and Tissue Analytics. “Badge Buddies”, an education resource created to assist with compliance was implemented. Chart audits and real-time education occurred daily to monitor and improve documentation.

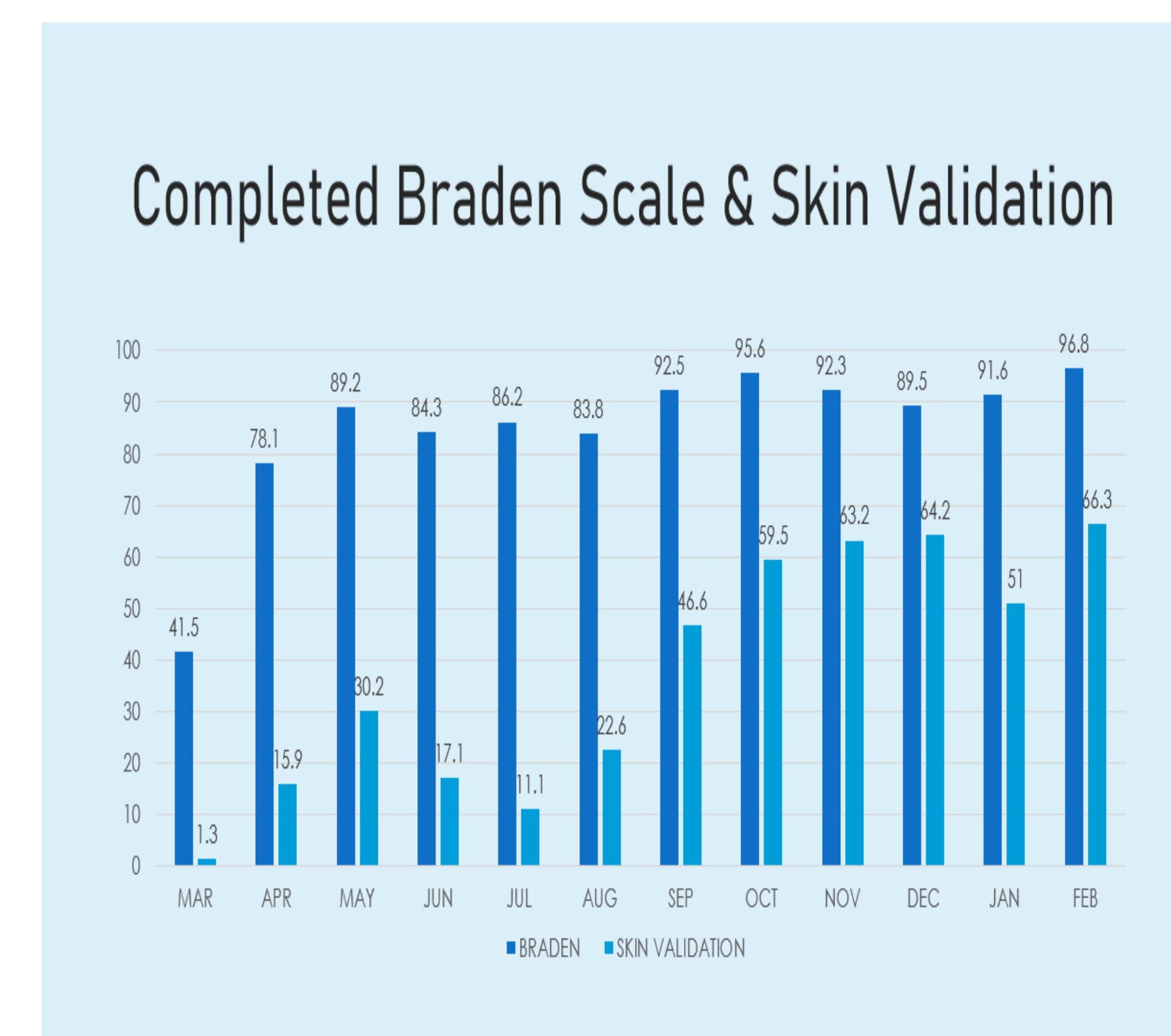
The Skin Team is present in the Emergency Department at all times. The Team assesses each patient’s skin to identify skin impairments on arrival and will document in the EMR. They will document a Braden Scale Score, validate the skin with a second RN, and initiate preventative interventions/wound care consults.



RESULTS

Prior to the implementation of the Skin Team, the compliance with documenting a Braden Scale Score within 12 hours was 41.5%. The compliance with Skin Validation within 12 hours was 1.3%.

After implementing the Skin Team, our compliance with documenting a Braden Scale Score within 12 hours increased to 96.8% and Skin Validation increased to 66.3%. Skin impairments that identified on arrival increased by 29.9% and the facility-acquired incidence decreased by 59.1%.



CONCLUSION

Creating the Skin Team in a Level-1 Trauma Center has increased the ED nurse’s knowledge on preventing and managing pressure injuries. This initiative has improved patient outcomes by focusing on prevention and proactive management of pressure injuries. The Skin Team has reduced the incidence and severity of pressure injuries, increased the documentation of arrival pressure injuries, which has decreased the facility-acquired incidence. The creation of the Skin Team has reduced costs for the facility. The estimated cost of treating pressure ulcers is 2.5 times the cost of preventing them (Lyder, C.H., Ayello, E.A. (2008). Overall, this initiative has prioritized patient safety and ensuring that pressure injuries addressed promptly and effectively, leading to positive patient outcomes.

REFERENCES

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Santamaria N., Creehan S., Fletcher J., Alves P., Gefen A. (2019). Preventing pressure injuries in the emergency department: Current evidence and practice considerations. *International Wound Journal*. 16(3):746-752. doi: 10.1111/iwj.13092.

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