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I Have the CNL Power – CNL Category

The Clinical Nurse Leader (CNL) role has given me the ability to collaborate with others to improve patient outcomes on a large scale. One of my early assignments was to develop an intervention plan to decrease hospital acquired pressure injuries (HAPIs) on a surgical unit. After assessing the microsystem, looking at the workflow patterns, and reviewing the current processes in place, I questioned if having two individuals assess each patient on admission would help ensure privative measures were initiated, and as a result improve our rates. In a meeting with the nurse manager, charge nurse, and unit educator, we exchanged ideas and I suggested the idea of a “buddy assessment”. Using the unfree, change, refreeze model, we were able to drastically improve our HAPI rates.

With the “buddy assessment” process, two nurses would perform a head-to- toe skin exam for each new patient and implement preventative measures to protect, and or treat the patient’s skin. The assisting nurse would then co-sign the documentation of the primary nurse in the Electronic Medical Record (EMR). After getting buy-in from the nurse manager, the unit educator and I collaborated to develop education which included how to apply the Braden Score correctly, photos of skin abnormalities that we often see in our patient population and ways to provide care, review of our available skin products, how to off load correctly, review of our skin care policy and available resources, how to perform a head to toe assessment, and how to cosign a skin assessment in the EMR.

During the unfreeze phase, we made staff aware of our current HAPI rates and our commitment to make changes and let them know that we would soon provide education specific to skin care.

The next phase began with disseminating education about skin care and the new “buddy assessment” process. The education was tailored to fit the scope of practice of both nursing assistants and RNs and was delivered in a small group setting during scheduled work hours. Many night shift staff commented that they appreciated us bringing the education to them.

The refreezing phase began with each staff member signing a pledge to commit to providing high quality skin care. Compliance and HAPI rates were tracked weekly and staff members were notified with flyers and through email about our progress.

Since beginning this process in April of 2019, our HAPI rate has decreased by 75% compared to 8 months prior to initiation. A post education survey assessed how staff felt about the education based on a 1 through 5 Likert Scale. The average score of the 5-question survey was 4.7, meaning that those who responded felt that the education was beneficial.

“Buddy assessments” on admission have become a part of the culture for this surgical unit. The results speak to the commitment of the unit leaders and the commitment of the employees to provide excellence in health. We continue to talk about the importance of skin care in staff meetings, and current HAPI rates are displayed on a breakroom quality board to provide transparency. This process is now being implemented on a sister unit in hopes that we can mirror this success.