

Four Eyes within Four Hours: A Quality Improvement Project to Decrease Hospital Acquired Pressure Ulcers

Amanda Salicki RN, BSN, Allyssa Dion RN, CB3 Nursing Team, Hartford Hospital, Hartford, CT

Purpose and Rationale: Pressure ulcers (PU) can delay a patient's recovery, cause pain and discomfort, and increase risk for infection. This can increase length of stay, cost of care, morbidity and mortality. Pressure ulcer prevention nursing interventions are well known² and have been firmly established at our institution. In 2015, our transplant unit found two unrecognized and undocumented unstageable pressure ulcers. These adverse events prompted a review of our practice and launched a quality improvement project to improve initial assessment of skin. The goal was to decrease hospital acquired pressure ulcers (HAPUs) by detecting existing pressure ulcers on admission.

Quality Improvement Question: Will "four eyes" skin assessment intervention upon admission result in lower rates of HAPUs, while increasing nursing satisfaction and higher rates of discovery of present on admission pressure ulcers (POA PU).

Synthesis of Literature Review: Pressure ulcers have a significant impact on patients overall health and recovery. Individuals who develop HAPUs have increased length of stay, higher mortality and readmission rates⁴. The average cost of stage III and stage IV HAPUs is \$4,779.53-\$6,446.43 per occurrence¹. Some institutions have implemented a two person, or "four eyes" intervention for initial nursing resulting in decreased HAPU rates³. Most of the available research has utilized a bundled approach and not solely on the "four eyes" intervention, which limits interpretation of benefits.

Methods/ Procedures: The project was conducted on a 26 bed medical/surgical transplant unit at an 800 bed tertiary care academic medical center. The four eyes replication intervention involves two registered nurses performing a head to toe focused skin assessment on each patient within four hours of being admitted or transferred to the unit. The authors, two unit based skin champions educated all staff nurses individually on the four eyes approach, including recruitment of another RN, and electronic documentation. Implementation was supported by nursing leadership and reviewed in shift huddles. If gaps were found, the skin champions provided peer feedback. Outcomes were measured by documentation audits, HAPU and POA PU rates and nurse satisfaction.

Results: Six month pre/post results showed an increase in number of POA PU (pre =7/month, post=18/month), and a decrease in HAPU (pre = 5/month, post=1/month) . Results of nurse satisfaction will be shared in poster presentation.

Discussion/Application to Practice: Prompt and thorough skin assessment on admission is crucial for PU prevention and treatment. The "four eyes" intervention has increased the number of PU's detected on admission to the floor. We project an overall decrease in HAPU's because of early detection and intervention. Thus far, staff compliance and feedback reflects the new initiative positively impacted our unit and has become a standard of care. It allows for more nursing discussion, and awareness through the comparison of assessments. Overall, it is anticipated that the "four eyes" intervention will improve patient safety and decrease costs for the hospital.

References

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