

Can a Wound C.N.A. Make a Difference with Preventing Pressure Injuries?

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BACKGROUND

The Skin Care Council received a request education to the Certified Nurse Assistants (C.N.A.s) on the inpatient units who did not feel they had enough education to help prevent pressure injuries.

The C.N.A.s requested to receive further education on the proper use of skin care supplies, linen and boots.

PURPOSE

The Purpose of this quality improvement (QI) project, supported by the Skin Care Council, was to help with education for the C.N.A. staff in regards to prevention of pressure injuries.

AIM

The Skin Council will review the 1st and 2nd quarter Prevalence Study data and set a goal to decrease Pressure Injuries (Pis) by 5% on seven (7) units following educational intervention.

Units included in the QI project include: Med/Surg. – 1400, 1500, 4 North, 4 South, 2 West, 2 South and BCU.

METHODS

The Wound, Ostomy, Continence Nurse (WOCN) team, Nurse Manager, and the Burn Care Team (BCT) C.N.A met and developed a guideline for the education for the C.N.A. staff of the seven (7) units.

- How to identify a patient at risk with a Braden Scale Score < 18.
- Questions the floor C.N.A should ask themselves for each of their patients.
- What were they looking for and where?
- Photo documentation, documentation in the E.H.R., and who to notify their findings.
- Checklist of items needed for patients at risk and when and where to utilizes the skin care items, i.e.: skin cleanser, lotions, protectants, mouth care, heel boots, wedges/pillows for position and linen usage.
- Discussion of a newly admitted patient and ongoing patient and their different needs.

The BCT C.N.A. worked side by side the floor C.N.A.s with the care and guidelines, how to apply the appropriate skin care items, heel boots, and importance of repositioning and turning.

RESULTS

Following educational intervention of the C.N.A.s on the pilot units, the Skin Council was able to met the goal of decreasing pressure injuries by 5%.

Further evaluation will need to be completed for continued monitoring of the QI project

CONCLUSIONS

The feedback reported to skin council from the floor C.N.A.s was positive.

The BCT C.N.A. felt this was truly worth the work, working side by side to help increase the knowledge of the proper products.

There was a reduction of PI on the floors that took part of the education. We plan on continuing the education in the IMC's next.

REFERENCES

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UMC Wound Care Protocol

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