



# KNH-MEDICINE – REDUCTION OF PRESSURE ULCER PROJECT

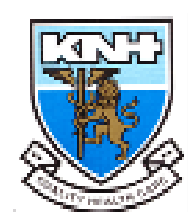


TEAM F – OCTOBER 2021



**Stanford**  
MEDICINE

Performance  
Improvement



# Team Members



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1. AGNETA CHELIMO - Coordinator
2. LILIAN OKOTH - Team Leader
3. PETER SAKWA
4. JOHN NDUNG'U
5. ANNETE KINGWA
6. AYUB ALEMBI
7. FLORENCE MIRITI
8. CHARITY KIANJI



Mentor: DR. LYDIA OKUTOYI

Sponsors: Dr. Sigilai, Mrs. Githire



# Problem statement



- Pressure ulcers has been a major problem in KNH as **30%** of inpatients develop pressure ulcers during hospitalization.
- This contributes to **increased length of stay, cost of care, high morbidity and mortality rate** in these patients.





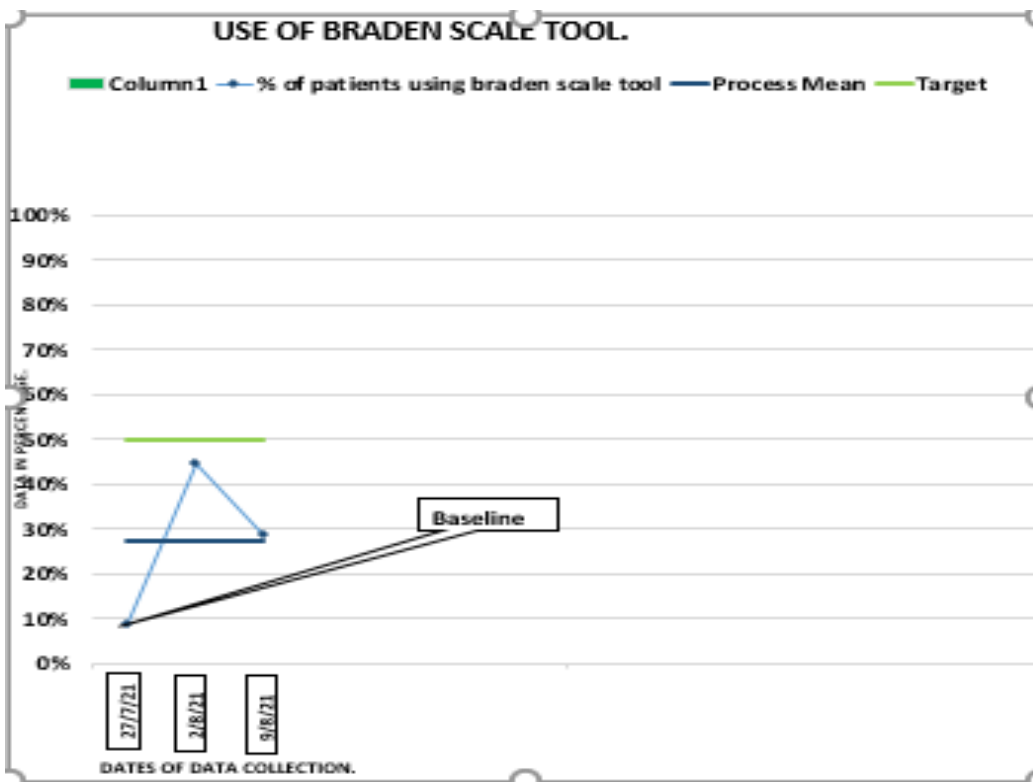
# THE TARGET (SMART GOAL)

- Increase utilization of pressure ulcer care bundle from 9% to 50% in medical wards, KNH by end of October, 2021



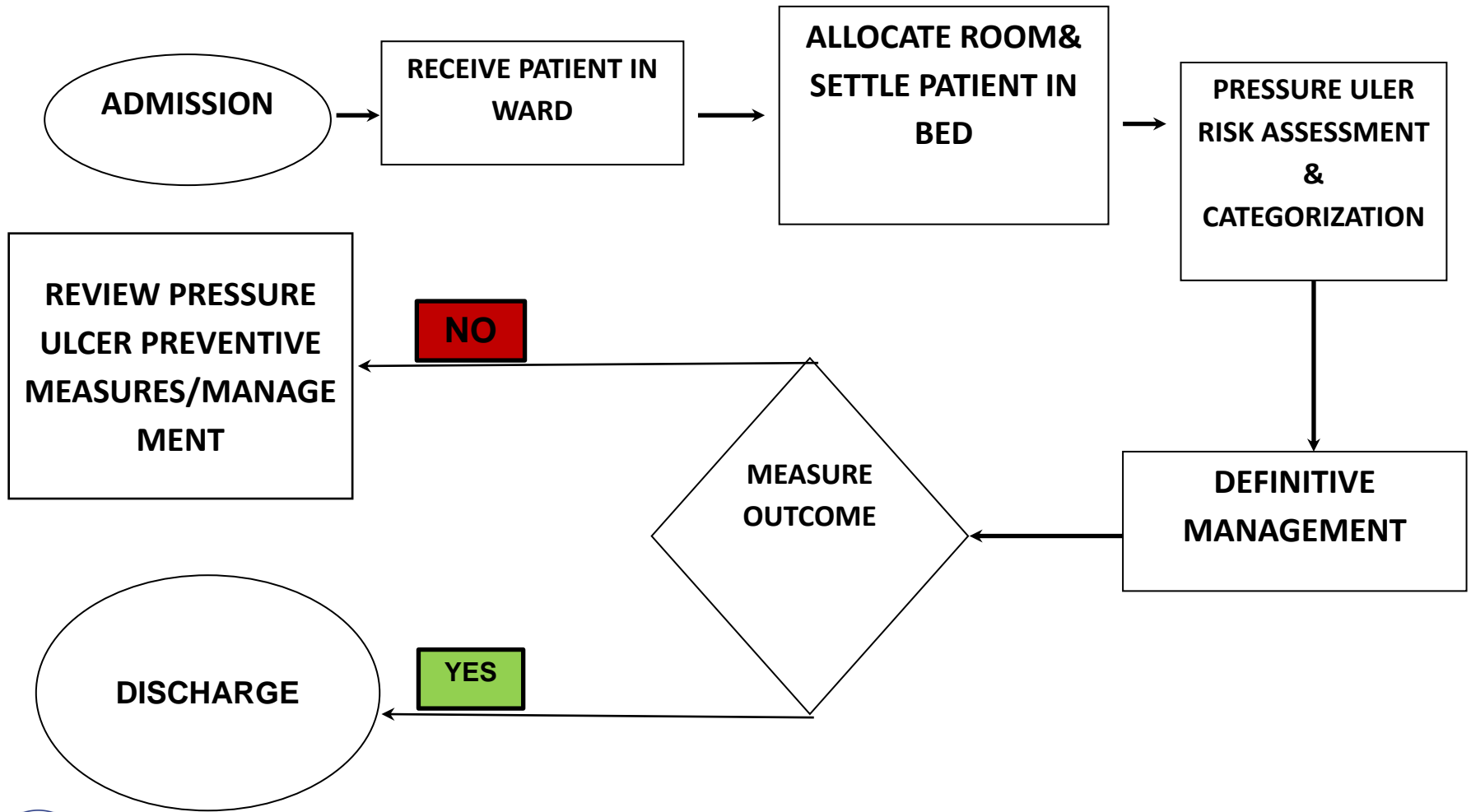
# Baseline data

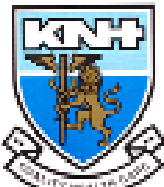
Our Baseline at before the beginning of the project was 9%  
Our target was set at 50% by October 2021



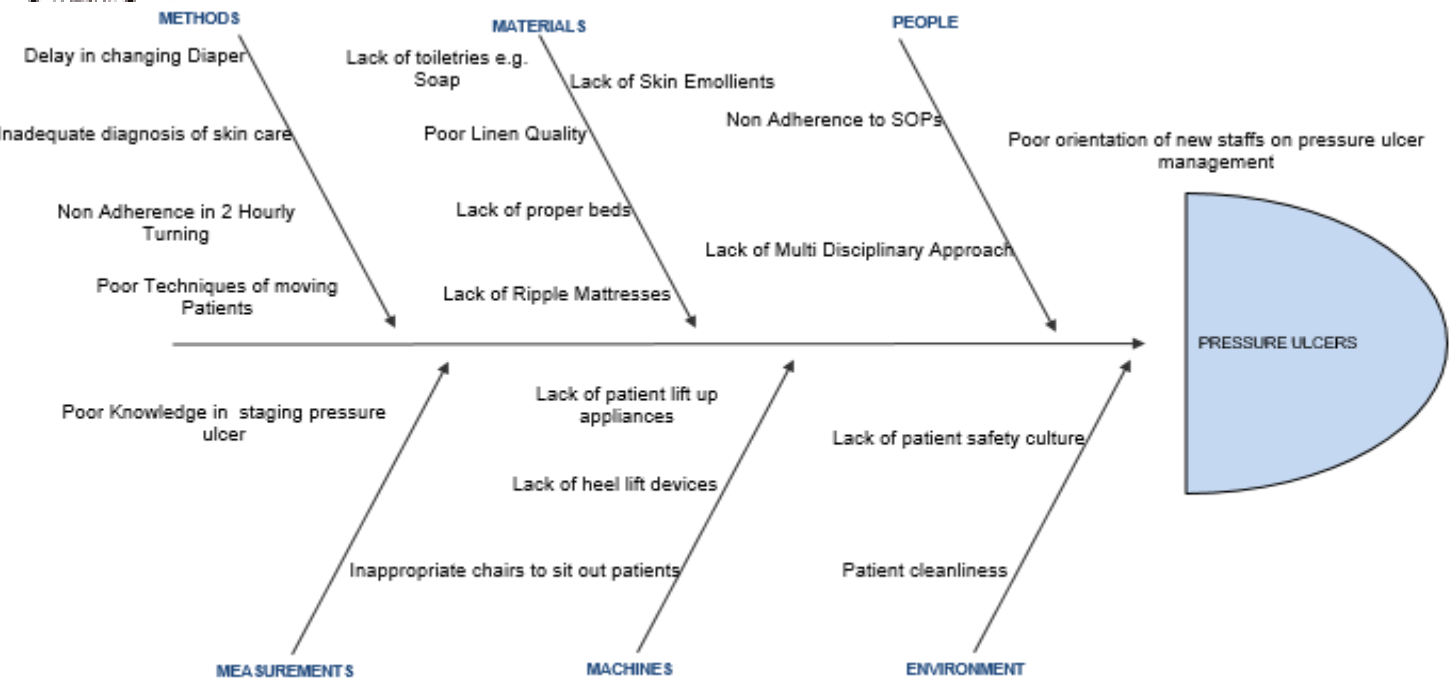


# intervention Flow map

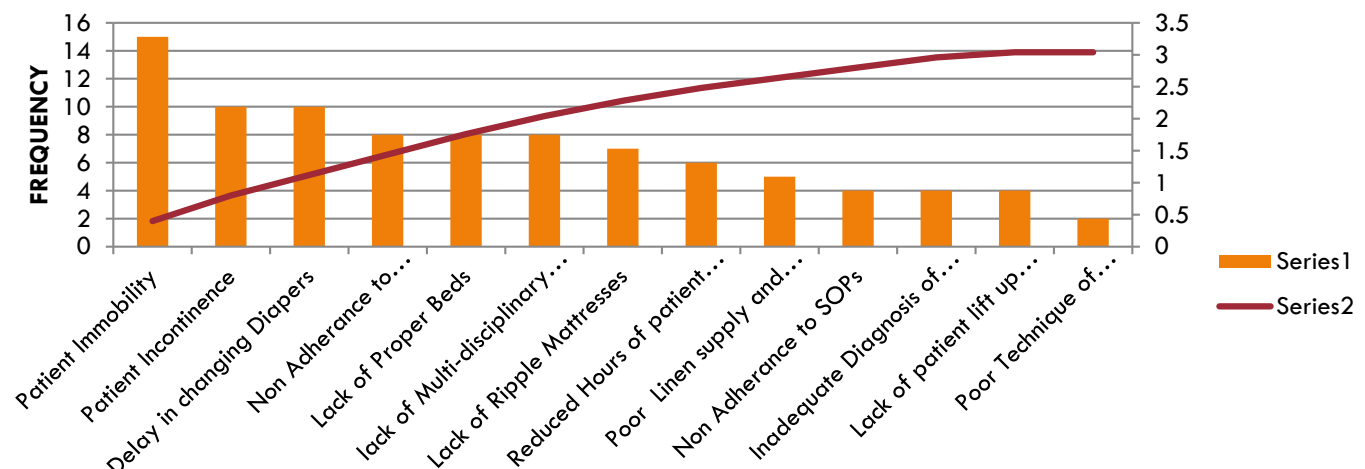




# CAUSE AND EFFECT DIAGRAM (FISHBONE), PARETO



## CAUSES OF PRESSURE ULCERS





# From fish bone to Key drivers

## □ key drivers

**DEVELOPMENT OF KNH PRESSURE ULCER CARE BUNDLE**

**RISK FACTORS AND SKIN ASSESSMENT**

**STAFF SENSITIZATION**

**ASSIST PATIENT WITH BED MOBILITY**

## □ interventions

Weekly CME on the three components of pressure ulcer care bundle

Printing and displaying of care bundle in pilot wards

Assisting patient meet elimination needs in the most suitable way

Comprehensive skin assessment upon admission

Appropriate use of modified BRADEN scale

CME on skin assessment, Braden scale and pressure ulcer management

Daily reminders to nurses through poster

Two hourly scheduled turning

Assisting patient meet elimination needs in the most suitable way



## KEY DRIVERS

- RISK FACTORS AND SKIN ASSESSMENT
- STAFF SENSITIZATION
- **DEVELOPMENT OF KNH PRESSURE ULCER CARE BUNDLE**
- ASSIST PATIENT WITH BED MOBILITY

## INTERVENTIONS

- Printing and displaying large A4 posters at A&E and medical wards on the pressure ulcer care bundle.
- Conducting CME's on the care bundles in pilot wards.
- Ensure availability of Braden scale tool KNH 507.



# Interventions

## Key Drivers

- ❑ **RISK FACTORS AND SKIN ASSESSMENT**
- ❑ **STAFF SENSITIZATION**



## Interventions

- ❑ Staff sensitization on pressure ulcer care bundle.
- ❑ Comprehensive skin assessment upon admission to include, moisture, color, temperature, consistency and integrity documented in the nursing cardex (notes) and admission notes within 8 hours of admission
- ❑ Use of modified BRADEN scale filled within the first 24 hours of admission.







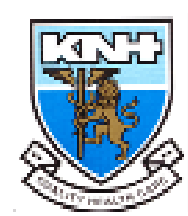
# Modified Braden Scale – KNH 507

KNH 507

<b>CONTINENCE</b>																					
COMPLETE CONTINENCE/CATHETER INTACT	0																				
OCCASSIONAL INCONTINENCE(0-2 TIMES IN 24HRS.	1						2	2	2			2	2	2						2	
USUALLY INCONTINENCE(MORE THAN 2 TIMES IN 24HRS.	2	2	2	2	2						2								2	2	
INCONTINENCE OF FAECES.	3																				
DOUBLE INCONTINENCE(URINE&FAECES.	4																				
<b>MOBILITY</b>																					
FULLY MOBILE	0																				
RESTRICTED MOVEMENT/RESTRAINED.	3																				
MOVES ONLY WITH ASSISTANCE e.g. (WEAKNESS ON ONE SIDE)	4										4	4	4	4							
IMMOBILE(PARA/QUADRIPLÉGIA)	6	6	6	6	6	6													6	6	6
<b>LEVEL OF CONSCIOUSNESS</b>																					
ALERT(RESPONDS READILY)	0																				
LETHARGIC(SLOW TO RESPOND)	1																				
SEMI CONSCIOUS	2																				
COMA(NO RESPONSE TO STIMULI)	3																				
<b>MEDICATION</b>																					
HIGH DOSE ANTI-INFLAMMATORY DRUGS.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
STEROID,CYTOTOXIC, ANTICAGULANTS, RADIOTHERAPY.	4																				
<b>TOTAL SCORE</b>		25	25	25	25	25	25	25	20	24	25	20	18	20	25	2					
<b>ASSESSED BY</b>																					

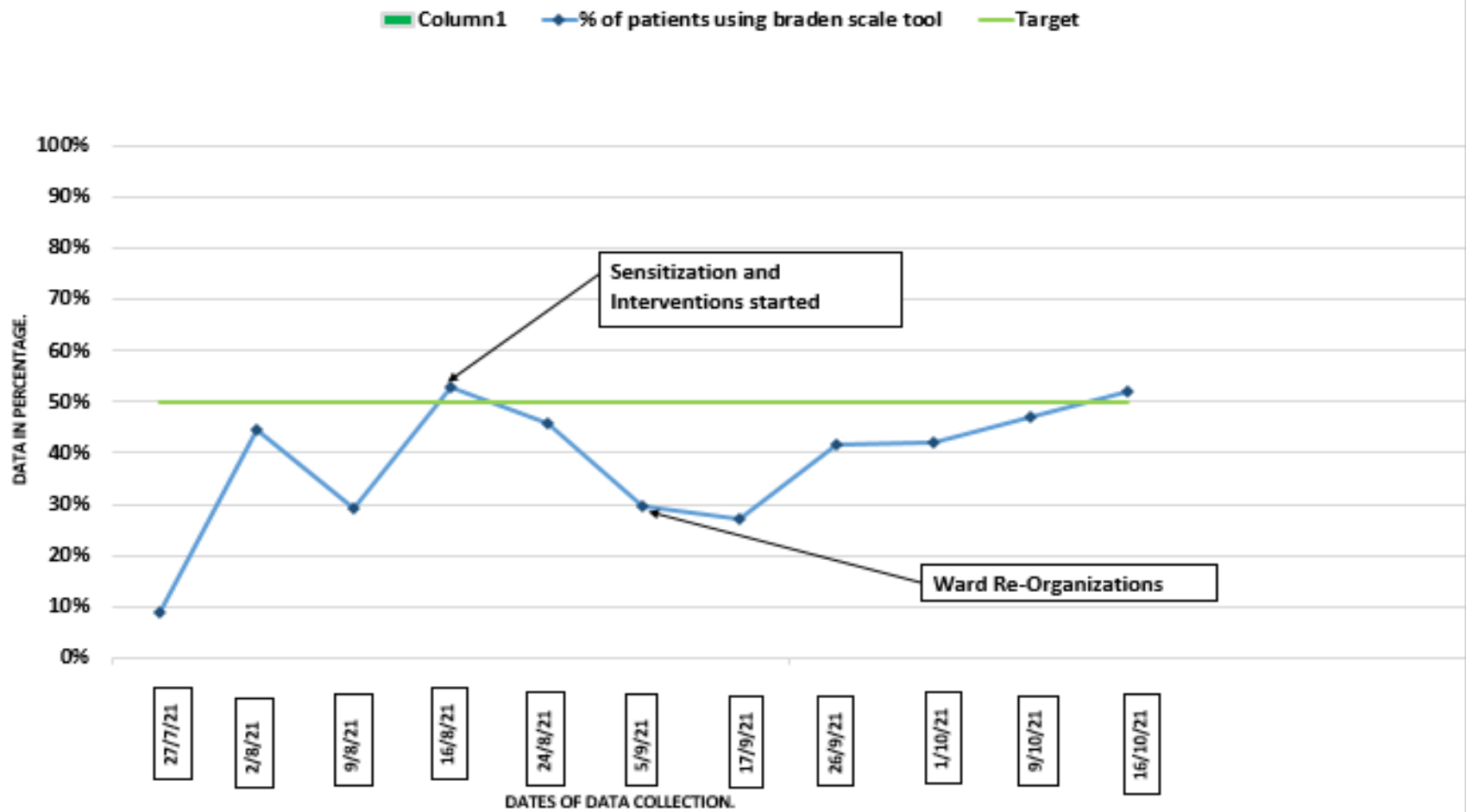
**SCORING**

- 10-14.....AT RISK
- 15-19.....HIGH RISK
- 20 & ABOVE.....VERY HIGH RISK



# Results

USE OF BRADEN SCALE TOOL.





# Discussion

## Impact on outcomes

Measures to prevent pressure sores on at-risk patients will reduce development of pressure ulcers therefore

- reduce the length of stay of patients,
- Decrease cost of care for both the hospital and the patient
- decrease the length of time taken in nursing care.



# Sustenance



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<b>Activity to sustain</b>	<b>Owner</b>	<b>Sustain method and frequency</b>	<b>Report to</b>
Champion identification	Ward in charge	<ul style="list-style-type: none"><li>-Weekly sensitization of staff on ulcer prevention and emphasis on use of care ulcer bundles</li><li>-Mentorship</li></ul>	Department nursing manager
Leadership buy in and interest to support	DNS office, Ward manager	<ul style="list-style-type: none"><li>- Offer leadership regarding the adaption ulcer care implementation</li><li>- Include Pressure ulcer prevention as part of performance target in performance contract.</li></ul>	Director Nursing services
Share and spread the improvement achievement to other related medical units.	Ward manager QI team	<ul style="list-style-type: none"><li>- Roll out the project to other wards</li></ul>	Manager QI Team
Full adaption of Braden scale assessment tool / implementation	Primary nurse	<ul style="list-style-type: none"><li>-Standardise pressure ulcer assessment.</li><li>- Daily assessment of all admitted patient for risk of ulcer development and plan care based on the need identified .</li></ul>	Ward in-charge





# Key learning points

- Team work
- Initiative and Individual commitment to the process