



EP8EO – Interprofessional Care

*EP8EO: Provide one example, with supporting evidence, of an improved patient outcome associated with an **interprofessional education** activity led or co-led by a nurse (exclusive of the CNO).*

- *Patient outcome data must be in the form of a graph and data table.*

Example: Medical Surgical Intensive Care Unit (MSICU) Clinical Nurses’ Involvement in Prevention of Hospital Acquired Medical Device Related Pressure Injury (MDRPI) Stage 2 & Above Via an Interprofessional MDRPI Taskforce

Problem

KFSHRC-J commenced the journey to Zero Harm initiative in 2019 to set a new standard of excellence in the Middle East region. A Zero Harm scorecard was initiated on the hospital electronic portal and is available for all clinical staff to access. Nursing Affairs are responsible for two key performance indicators on the Zero Harm scorecard: falls with injury and pressure injuries stage 2 and above. The data is gathered in real-time and accessed from incident reports, with unit-level data available.

The MSICU noted an increase in MDRPI to 13.4/1000 patient days for July 2020.

Goal Statement

Decrease the rate of MDRPI per 1000/patient days in MSICU at KFSHRC-J.

Participants

Table EP8EO.1 below lists the interprofessional team responsible for improving MDRPI in the MSICU.

Table EP8EO.1: Participants Involved on the Interprofessional Team

| Name & Credentials | Job Title | Department/Unit |
|-------------------------|---|-----------------|
| Shahinaz Ashrou, BSN RN | Head Nurse, Team Leader | MSICU |
| Ruth Kommu, BSN RN, MSc | Senior Clinical Specialist, Wound Care Specilaist | Nursing Affairs |

| | Co-Lead | |
|--|--|----------------------------------|
| Lama Alshowaiman, BSN RN | Nurse Clinician, Co-Lead | MSICU |
| Samer Al Thaqafi | Assistant Head | Respiratory Care Services |
| Ahmed Al-Zyoud, BSN RN | Assistant Head Nurse | MSICU |
| Mohammad Qabajah, BSN RN | Program Director, | Nursing Specialty Services |
| Chris Hombrebueno, BSN RN | Staff Nurse I (SN1), Clinical Nurse | MSICU |
| Mokgaetsi Moloto, Dip.N RN | SN1, Clinical Nurse | MSICU |
| Elisabeth Tadlock, BSN RN | SN1, Clinical Nurse | MSICU |
| Maria Edith Cuares, BSN RN | Nurse Clinician | MSICU |
| Haya Khalaf, MSN RN | Nursing Quality Improvement Coordinator | Nursing Practice and Research |
| Gillian Sedgewick, BSN RN, MSc | Program Director | Nursing Practice and Research |
| Gabrielle Hutchens, MAppMgmt(Nurs) RN, CPHIMS, CPHQ, CSSGB | Nursing Quality Improvement Coordinator | Nursing Practice and Research |
| Ahmad Alhusseini | Senior Respiratory Therapist | Respiratory Care Services |
| Bayan Alzahrani | Respiratory Therapist | Respiratory Care Services |
| Sumiah Baik | Respiratory Therapist | Respiratory Care Services |
| Hashim Alsharif | Senior Respiratory Therapist | Respiratory Care Services |
| Hassan Hawa, M.D. | Consultant/Intensivist | Critical Care Section |

Description of the Intervention

In response to the high number of MDRPI, the Head Nurse of MSICU initiated a interprofessional task force on August 02, 2020, to address this patient safety concern.

The task force was led by Shahinaz Ashrou, BSN RN, Head Nurse, MSICU; with co-leads: Ruth Kommu, BSN RN, MSc, Wound Specialist; and Lama Alshowaiman, BSN RN, Nurse Clinician, MSICU. The high number of MDRPI incidents occurred at the time

of the COVID-19 pandemic, when physicians ordered “proning” (where the patient was placed in prone position) as part of the care plan aimed at improving lung compliance. The results showed that patients’ proning position was a challenge in providing offloading of pressure areas, especially on the face.

Haya Khalaf, MSN RN, CPHQ, CPPS, Nursing Quality Improvement Coordinator, presented data to the MDRPI taskforce on the MDRPIs occurring in MSICU and identified themes, contributing factors, and areas of concern. Upon discussing the information presented, the MDRPI task force agreed on educational requirements and actions to be implemented as described below.

Interprofessional Education and Review of Practice Changes

Interprofessional training and educational sessions on the management of MDRPI were identified and were provided by Ruth, and supported by Lama.

The education was provided from August 17 to August 19, 2020, and included clinical nurses on the A and B Team scheduled nursing shifts, physicians, and respiratory therapists. The education conducted below in Table EP8EO.2 was completed in August 2020 and included educational topics as listed.

Table EP8EO.2: MDRPI Education

| Educator | Education Topic |
|-----------------------------|--|
| Lama, Nurse Clinician | Skin care and prevention of pressure injuries. |
| Ruth, Wound Care Specialist | Patients on bilevel positive airway pressure (BiPAP) therapy: Respiratory therapists to apply Mepilex prophylactic dressing under the mask, which must be checked Q4 hourly. Mask type to be changed every shift and clinical nurses to ensure compliance with this initiative. |
| Ruth, Wound Care Specialist | Patients with an endotracheal tube (ETT): Respiratory therapist to apply Cavilon barrier cream before securing the ETT holder and rotate the ETT Q4 hourly. This is a shared responsibility between respiratory therapists and clinical nurses to apply lip moisturizer at every ETT rotation and each time mouth care is completed. |
| Lama, Nurse Clinician | All nursing and respiratory therapist staff in MSICU: All staff to review the two clinical policies: <ul style="list-style-type: none"> • CIPP-4390 Non-Invasive Application of BiPAP, and • CIPP-3818 Pressure Injury Prevention & Skin Integrity Maintenance. |

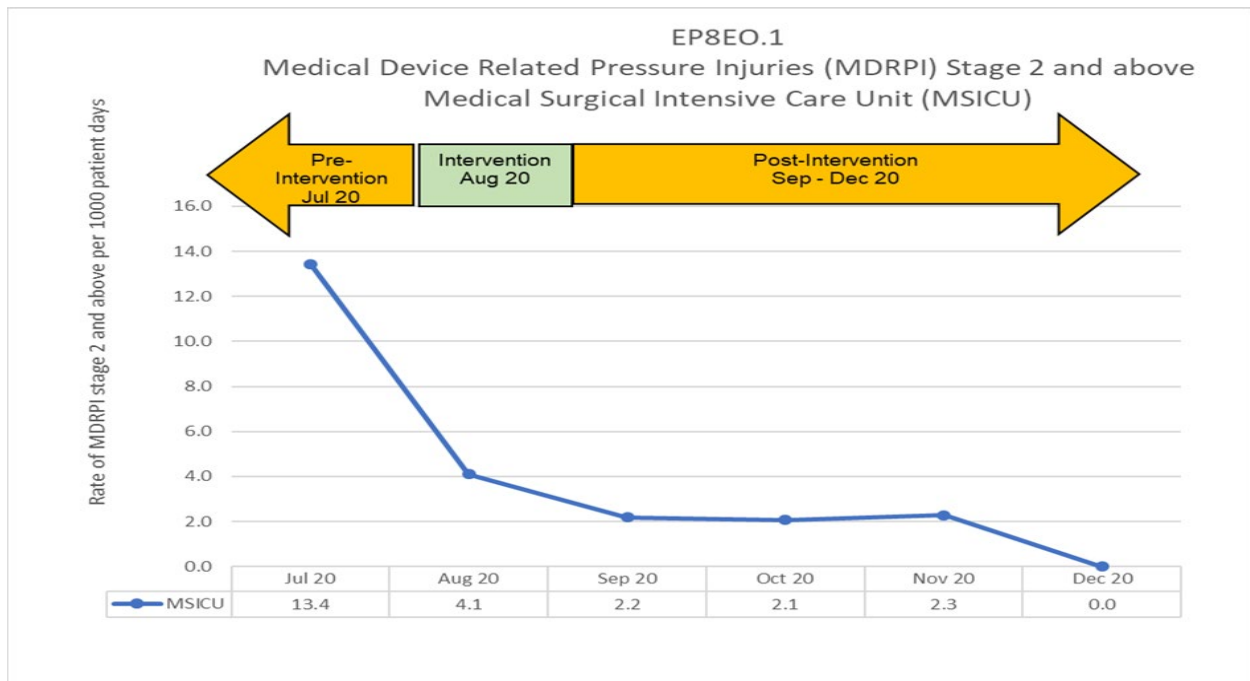
The team implemented the following practice measures as an action plan to reduce MDRPI and completed it in August 2020.

- Interprofessional daily rounds were commenced on August 23, 2020, with MSICU Nurse Clinician and Senior Respiratory Therapist to address appropriate pressure injury prevention actions.
- In August 2020, MDRPI prevention reminders were given by the Head Nurse and Nurse Clinician, and patients at high risk for skin breakdown were reviewed in the daily interprofessional rounds on the unit and daily unit safety huddles.
- Interprofessional staff members included physicians, staff nurses, case managers, pharmacists, and respiratory therapists.

Interventions were completed in August, 2020

Outcome

By implementing the interprofessional MDRPI task force and associated educational activities conducted by the task force nursing leader and co-leaders, MSICU was able to achieve the goal of decreasing MDRPI. Graph EP8EO.1 shows the improvements made to reduce hospital-acquired MDRPI, stage 2 and above, in MSICU.



Graph EP8EO.1: MSICU MDRPI stage 2 and above July to December 2020