

Change Paper Pressure Ulcers

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**Identification of problem or opportunity**

With this project, our goal is to influence a positive change. During our past 4 semesters of nursing school through many facilities, our group noticed how many pressure ulcers happen as complications to their hospital stay. For this change paper, the problem identified is ulcers, and skin breakdown during in-patient hospital stays. We believe that reeducating hospital staff on the importance of proper skin care, turns and other preventive measures could decrease future pressure ulcers from happening.

**Literature review on the change topic**

Pressure ulcers are a significant problem for healthcare. This literature review aims to understand the education of skin breakdowns that lead to ulceration with multiple nursing occupations. Nurses receive education within the school and on the job training. Nurses in long term care hospitals deal with a lot of high-risk skin breakdown patients. Further education can be done through online classes, modules, hands-on, and lecture-based learning. Lecture-based learning improved knowledge of pressure ulcer prevention among 407 long-term care nurses. Intensive care and emergency room unit nurses who participated in a program comprising lectures and discussions also showed knowledge improvement finding that a two-day workshop helped significantly improve nurses' knowledge (Seo & Roh, 2020). Studies of in-class education with nursing students showed a 50% increase in care with pressure ulcers. The instruction consisted of a 4-week class.

Week one was wound and wound healing. Week two is wound care and wound care products. Week three is pressure ulcers and the staging of pressure ulcers. Week four is evidence-based practices for preventing and treating pressure ulcers, all followed with multiple-choice questions based on existing evidence addressing various aspects of preventing and detecting pressure ulcers (Ursavaş & İşeri, 2020). Nurses in acute care have shown more of an issue among ulcers due to the patient's condition's responsibilities. The nurses' compliance with the guidelines of pressure ulcer prevention has been reported to be weak. Nurses' compliance with pressure care is affected by several factors, one of which can be a lack of knowledge in this area. In practice, they assign a low priority to pressure ulcer prevention and ignore its importance. Nurses' knowledge about pressure ulcers is essential for evaluation, risk factor management, and implementation approaches. Given the fact that nurses' attitude and learning about pressure ulcer prevention are related to their caring quality, research on nurse knowledge and attitude towards the prevention of pressure ulcers may help increase preventive strategies and their attention to this vital indicator of nursing care quality (Khojastehfar et al., 2020). With the help of in-class, online, and hands-on learning, the attitude and care towards pressure ulcers can change. Pressure ulcers are a common and debilitating problem occurring in all healthcare settings; with better education, attitude, and training, skin breakdown can be prevented, as seen in these studies.

### **Selection and application of change theory**

The change theory that was chosen was Lewin's change model, which involves three steps: unfreezing, changing, and refreezing. This model was chosen because it works well in healthcare because focusing on practice effects alone does not bridge the science to practice gap (Manchester et al., 2014). In the unfreezing step to Lewin's model, a need for change is

determined. During the change step, people get involved in the process, and there is an empowerment action for change. During the last phase, refreeze support and training are provided to sustain the change.

### **Data collection and analysis**

Data collection was collected within the staff and the nursing school participates. Every study had education participants, along with control participants. Data collection and analysis consisted of the nurses' age, gender, sex, and education level.

### **Planning the change strategy**

The evidence suggests that protocols should be evaluated to reduce pressure ulcers in hospital settings. Things we can do to make a change in this facility could be identifying which patients are Q2 turns on the doors of the patient's rooms. This signage could include a staff member's initials on the hours that turns are required. This will let the certified nursing assistant or nurse know if the turn has been complete without finding each other or checking the chart. The department could also establish turn buddies at the beginning of each shift, so there is no delay in turns, and staff is accountable for getting it done. Turn buddies are when two or more staff members are assigned to do turns and give a schedule. These buddies would know what the nurse has a turn and what time each room has their turn to meet at that room at the assigned time for a turn. This way, the staff doesn't have to spend time looking for the extra hands on a busy day to help with a turn, and the turn is not delayed. Q2 turns can be discussed in a morning charge meeting so all staff is aware that others may need help with turns. And the last intervention could be yearly education with all staff members about the importance of preventing pressure ulcers and the complications resulting from not doing them.

## **Implementation**

Change is not always an easy thing for people, so the best way to implement the changes necessary is through good communication with leadership and staff. First, it starts with educating the team like “each year, pressure ulcers are reported to affect as many as 205 million US patients and cost an estimated 9-11 billion, with 60,000 deaths occurring as a direct consequence of hospital-acquired pressure ulcer (Smith et al., 2018).” This can be done through meetings, online educational modules, or email. But by bringing to light how important this issue is will help staff be invested. Next, there needs to be a way staff can give feedback on the process, so they feel they are included in the change. Lastly, make sure there is positive reinforcement from leadership, so staff feels appreciated for the extra hard work, which can be viewed as a positive change.

## **Stabilizing the change**

Stabilizing the change is done by changing policies, procedures, and educating staff regularly to help our patients have the best outcomes possible and prevent harm.

## **Evaluation of the change experience**

This change process needs to be evaluated to see its effectiveness. There are many ways to assess, such as doing audits to ensure signage is being hung outside of patient rooms and ensuring staff is initialing for every turn. Audits can also be done through the chart by making sure turns are being charted every two hours. Evaluation of the staff to see how turn buddies are working or not working and any changes that can be made to the process. Simply just keeping staff accountable for their charting and turns.

## References

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## Appendices

Wound care weekly 4-week training for nursing students (Ursavaş & İşeri, 2020)

Education	Teaching and learning activity	Content of Education
<p><b>Week 1,</b> <b>2 h</b></p>	<p><b>Wound and wound healing</b> (Offering theoretical knowledge through a PowerPoint presentation and conducting brainstorming and group work)</p>	<ul style="list-style-type: none"> <li>- What is wound and types of wound,</li> <li>- Wound healing process,</li> <li>- Types of wound healing,</li> <li>- Complications of wound,</li> <li>- Wound assessment</li> </ul>
<p><b>Week 2,</b> <b>2 h</b></p>	<p><b>Wound care and wound care products</b> (Wound care products were brought to class and the students were allowed to examine them. How wound products are used was shown through a video.)</p>	<p>Wound care products (Calcium alginate, hydrocolloids, foam bandages)</p>

		<ul style="list-style-type: none"> <li>- Negative pressure wound treatment</li> <li>- Assessment of exudate</li> </ul>
<b>Week 3,</b> <b>2 h</b>	<p><b>PU's and staging PU's</b></p> <p>(Offering theoretical knowledge through a PowerPoint presentation, conducting brainstorming and group work and asking questions about staging of PU's in different cases)</p>	<ul style="list-style-type: none"> <li>- Incidence and prevalence of PU's</li> <li>- Importance of PU's</li> <li>- Risk factors</li> <li>- Scales used in PU assessment</li> <li>- Staging of PU's</li> </ul>
<b>Week 4,</b> <b>2 h</b>	<p><b>Evidence-based practices for prevention and treatment of PU's</b></p> <p>(Knowledge obtained by reviewing the literature and results of the relevant studies were presented to the students by using a PowerPoint Presentation.)</p>	<ul style="list-style-type: none"> <li>- Evidence-based practices for prevention of PU's,</li> <li>- Evidence-based practices for treatment of PU's</li> </ul>