aSSKINg together to #stopthepressure

a collaborative approach to the assessment and prevention of pressure ulcers and the management and evaluation of pressure ulcer care in adult critically ill patients

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Quality improvement project to prevent pressure ulcers in critically ill adults, empowering patients to improve and, whenever possible, manage their own skin health.

Started at an East of England university teaching hospital in response to a couple of unstageable medical device related (MDR) pressure ulcers (PU) from nasogastric tubes across adult critical care.

Rather rare incidents in the Trust, these triggered not only the due root cause analysis but also a collaborative between senior clinical nurses and the practice development and education team. The aim was to review current practice and support innovation at the clinical practice level to develop an educational poster to promote patient safety initiatives.

We suggest 'aSSKIN together' as a model for the assessment of skin and prevention of PUs and, whenever necessary, management and evaluation of PU care.

Method

Literature review (Embase). Research strategy utilised key words around pressure ulcers, medical devices and intensive care.

Results

Articles were assessed for methodological validity prior to inclusion in the review using a standardised critical-appraisal tool. The themes identified were merged into one acronym – aSSKIN – and the model evolved from available evidence. Inspired by the SSKIN bundle and informed by the broad evidence base supporting the NPUAP/PEPUAP guidelines and the literature reviewed, we have added 'a' for the fundamental risk assessment and 'g' for information sharing. This explicitly prompts healthcare practitioners to enhance communication among the multidisciplinary team and between clinicians, patients and community based healthcare providers. The practice development team continues to develop educational resources to promote on-going teaching and training on prevention and treatment of medical device-related pressure ulcers. It will be interesting to evaluate the uptake of the model with nursing students and tissue viability link nurses.

Conclusion

Focused on providing person-centred care, working in partnership with individuals, families, carers and others important to them, evidence based high value care, to deliver education, training and best practice, using technology and informatics to improve practice, address unwarranted variations and enhance outcomes, enhancing staff skills, knowledge and understanding of the complex processes behind PUs, aSSKINg together to stop the pressure will ensure the patient receives the right care in the right place at the right time.

Innovation and excellence in health and care