

PRACTICUM SUMMARY REPORT

Name: Carol Bridge

Team Members: _____

Project Title: Staff compliance with the utilisation of SKIN bundle documentation

University/Organization Name: Cardiff University

Health System Sponsor Name: Cardiff and Vale University health board

Aim of project (1-2 sentences)

The aim of the project is to improve staff compliance with the utilization of SKIN bundle documentation. By implementing this project I hope staff compliance will be 95% or above.

Planned changes tested (2-3 sentences)

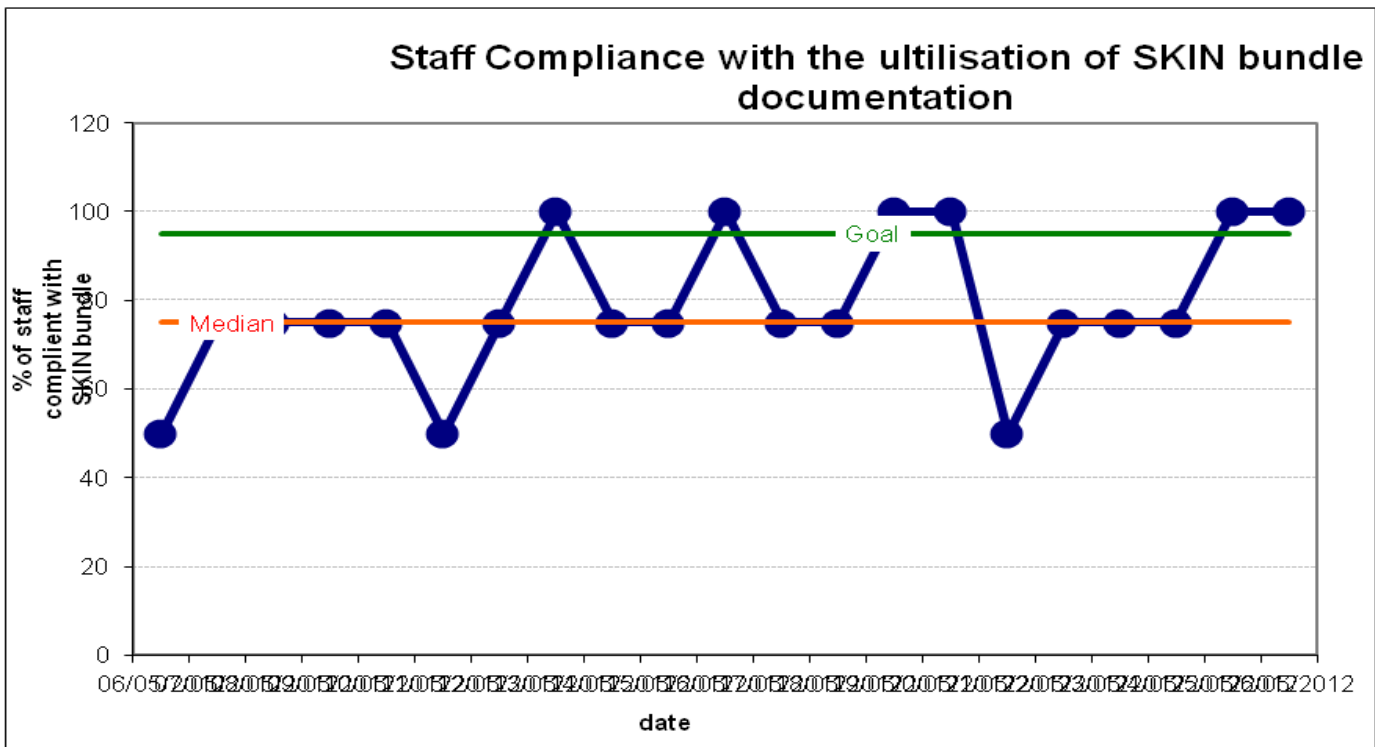
To gain baseline compliance data I will measure percentage of SKIN bundle charts that are completed for 4 patients over a seven day period. I will then implement patient education as an intervention aimed to improve staff compliance with SKIN bundle documentation. After a week I plan to implement a further intervention of highlighting patients receiving SKIN bundle care on the PSAG board, using the symbol SB.

Predictions (2-3 sentences)

I believe that by introducing patient education and highlighting patients on the PSAG board, by writing SB, there will be an improvement in staff compliance with the SKIN bundle documentation.

Results

Present your results with a graph(s).



Summary of results (3-4 sentences):

My baseline measurements showed that compliance was well below 95% at 64.3%. Following the intervention of patient education, staff compliance with SKIN bundle documentation was improved to 78.6%. The same percentage improvement occurred following the second intervention. Although both interventions had a positive effect on compliance, they failed to increase compliance to 95% or above..

Learning (4-5 sentences)

Comparison of questions, predictions, and analysis of data:

The first PDSA cycle confirmed the predication that Staff compliance with SKIN bundle documentation would be below 95%. Compliance was found to be only 64.3%. PDSA cycle 2 introduced patients to education about SKIN bundle and pressure ulcers. This was predicted to improve compliance to 95% or above, unfortunately, although there was some improvement in Staff compliance, it did not reach the target of 95%, falling short at 78.6%.

At the time of my measurements, SKIN bundle training was being rolled out to all staff throughout the month. Some staff had attended the session whilst others were still waiting to attend. This could have influenced my results. It is possible that the staff training was the factor that improved compliance rather than patient education.

The third PDSA cycle introduced the highlighting of Patients receiving SKIN bundle care on the PSGA board. This intervention yielded the same results as from PDSA cycle 2.

Impact on systems (3-4 sentences)

Discuss the project's significance on the local system and any findings that may be generalizable to other systems:

The patients have benefited from having a greater understanding of SKIN bundle and pressure ulcers, which is very important when delivering patient centered care. I think the patients appreciated being informed about the SKIN bundle, which might have increased their confidence in the treatment they were receiving. I believe that if the patient understands and feels confident about the care they are receiving they are more likely to be compliant, and therefore will be at less risk of developing a pressure ulcer.

Any healthcare professional to visit the ward will benefit from the easier identification of patients receiving SKIN bundle care. It will also be a benefit to students and agency nurses who are expected to deliver SKIN bundle care to patients. Hopefully this will make it easier for them, and reduce the chance of patients being forgot about.

Conclusions (3-5 sentences)

Summarize the outcome of the project. Is this project sustainable? What are the requirements for sustainability?

Highlighting patients on the PGSA board is an intervention that is sustainable without a great deal of effort. The ward already used a similar idea to identify if the patient was under the care of the medical team or the neurological team. The night staff were responsible for updating the board each day, giving a continuous handover of information on the PSGA board.

Patient education is more difficult to continue because it requires staff time to explain the SKIN bundle to patients. There are ways to overcome this problem, for example to incorporate a SKIN bundle explanation into the admissions process, or to give patients an information sheet rather than a verbal explanation of the SKIN bundle. However, to provide SKIN bundle education to patients, staff would also have to be trained in this area, this would take time and could cost money. For these reasons patient education is not so simple to introduce as the intervention in PDSA cycle 2. However, I strongly believe that it would be a great benefit to patients if this intervention was introduced.

Reflections/Discussions (5-7 sentences)

Discuss the factors that promoted the success of the project and that were barriers to success. What did you learn from doing this project? What are your reflections on the role of the team?

Educating patients about the SKIN bundle was successful, and was well received by patients, having a positive effect on compliance of Skin bundle documentation. However, it could be difficult to implement because it takes time and requires further staff training. I enjoyed talking to patients about the SKIN bundle because many of them were oblivious to the reasons for the regular turning etc of SKIN bundle care. They were very grateful that someone had explained it to them, because they did not appreciate the significance of the repositioning before.

By talking to the patients about SKIN bundle I discovered that many patients had a reason for refusing the SKIN bundle care. This gave me a better understanding of their needs, and helped me to think of alternative ways of providing SKIN bundle care.

A patient centered approach to care encourages the two way exchange of information and feelings between the patient and staff, this helps healthcare professionals to have a better understanding and be in a better position to address the patients needs.

Next time I would like to introduce the education to more patients, and also collect patient feedback about how they felt about the information they were given.

By signing this document (electronic signature is acceptable), I attest that the information provided by the learners in this project is accurate.

LEARNER(S):

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Printed Name: Carol Bridge

Area of Study: Nursing

Signature: _____

Printed Name: _____

Area of Study: _____

Signature: _____

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Area of Study: _____

Signature: _____

Printed Name: _____

Area of Study: _____

Signature: _____

Printed Name: _____

Area of Study: _____

FACULTY SPONSOR:

Signature: _____

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Institution: Cardiff University

HEALTH SYSTEM SPONSOR (if different from faculty sponsor):

Signature: _____

Printed Name: Joy Whitlock

Institution: Cardiff and Vale University Health Board

AUTHORIZATION

Do the learners, faculty sponsor, and health system sponsor authorize this project for publication at www.ihl.org?

* Yes