International Pressure Injury Prevalence Study

For the second year in a row, MercyOne Siouxland participated in an international study on patient positioning and its role in pressure injury prevention. Nicknamed the IPUP, a team from quality, wound care and education spearheaded the day-long study.

Every inpatient from ICU, 6SE, 6SW, 8SE and 8SW was given a full skin assessment as well as an inventory of the mattress type, number of layers and interventions used to prevent skin breakdown on April 6.

The study has been sponsored since 1989 by HillRom, the largest global running pressure ulcer database. More than 1,000 facilities participated over a three-day period surveying more than 100,000 patients each year. Each Trinity Health facility participated in the study this year.

Acute care, long term care, long term acute care, rehabilitation, and home care organizations around the world volunteer to participate in the data collection process. In May, MercyOne will receive its data along with information about how we compare to other facilities in our region and across the country.

Our goal is that zero patients develop a pressure injury per 1,000 patient nights. Reducing layers, limited use of briefs and frequent repositioning are low cost ways to prevent injury. Consistent, daily personal

Vaccinations

MercyOne Siouxland continues to Improve Daily by offering the COVID-19 vaccine to colleagues monthly. These monthly clinics will cover our new team members and current staff that have been unable to get their vaccine for various reasons. The dates for the ongoing clinics can be found through your manager or HR.

The Pfizer BioNTech, Moderna, and Johnson & Johnson vaccines offered in the state of Iowa are shown to be effective for the new COVID-19 variants circulating. While these new variants seem to spread more easily, they can be slowed by increasing the number of vaccinated community members.
Abbreviations

In a world where texting has become the number one means of communication, it has become common practice to abbreviate or shorten personal communication.

In professional communication, unapproved abbreviations or initials in any narrative charting, including progress notes, handoffs and discharge instructions, creates risk. Numerous studies have focused on health care practitioners’ understanding and interpretation of abbreviations in medical documents, such as medical records, discharge summaries and medication orders.

Findings indicate it is not uncommon for practitioners to have difficulty understanding the abbreviations used in their hospitals. (The Joint Commission, 2021)

The following is an incomplete list of what ‘DD’ could be an abbreviation for: dear daughter, darling daughter, designated driver, due date, direct download, dual diagnosis, dependent drainage, demand draft, delivered, differential diagnosis, developmental delay, developmental disabilities, dare devil, disc drive, digital data…

Abbreviations create misunderstandings, which has lead to sentinel events in other facilities. (The Joint Commission, 2019) Medical abbreviations are inappropriate for discharge instructions and patient education. When in doubt, write it out.

Bariatric mattresses — preventing patient injury

On March 31, Hillrom held an in-service for the Central Processing staff on bariatric bed features. The Central Processing lead tech is going to in-service designated super users on inpatient units. Super users were selected by unit managers. There will be designated training time for all super users with hands on training. It will also give these staff members opportunities to ask questions.

Along with this training, there will be "cheat sheets" attached to the hospital owned bariatric air beds and in a designated folder on each unit. The inpatient staff can reference this when they have questions or if they are encountering issues with the beds. Call Central Processing to help resolve bariatric bed issues. To prevent patient injury the mattress seat needs to be deflated prior to the patient transferring to the edge of the bed.

Documenting for home oxygen approval

Often nursing and nursing assistants prove the need for home oxygen before a patient is discharged. For a patient to qualify, charting has to support with documented drops to 88% oxygenation or below during activities like walking or bathing.

1 – O2% on room air while resting
2 – O2% on room air while ambulating
3 – O2% on 2L while ambulating to show improvement with treatment

The process is very specific for what will qualify the patient for insurance coverage of oxygen in the patient's home and for the patient to have it available for portable travel oxygen supplies. Initially, the provider must write the order for home oxygen. Patients with no insurance need to know the oxygen bill will be cash price paid on delivery.