

TL8EO – ADVOCACY AND INFLUENCE

Using the required empirical outcomes presentation format, provide one example of an improved patient outcome, associated with a Nurse AVP's/Director's OR Nurse Manager's membership in an organization-level, decision-making group.

Problem

During a surge of COVID-19 patients, the WOCNs-RN (606659) [WOCN] at NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia) noted a rise in medical device-related pressure injuries (MDRPIs).

Pre-Intervention

1Q 2021:

- The 1Q 2021 organization level percentage of patients with MDRPI was 1.22 percent.
- NYP/Columbia's WOCN nurses, including Brenda Richards, BSN, RN, CWOCN, CCRN; Lisa Cullinan, BSN, RN-BC, CWOCN; and Tjwana Dennis, MSN, RN, CWOCN shared medical device-related pressure injury (MDRPI) data with Vincent Silvestri, MSN, RN, CPHQ, Director of Nursing Quality (nurse director, at the time).
- Ms. Richards, Ms. Cullinan, Ms. Dennis, and Mr. Silvestri formed the organization's first MDRPI workgroup, an organization-level, decision-making group to improve patient outcomes associated with MDRPIs. Upon closer review of data, Ms. Richards, Ms. Cullinan and Ms. Dennis identified that patients across the organization with a tracheostomy were the most vulnerable to develop MDRPIs. Due to COVID-19, a high volume of patients with acute respiratory distress syndrome (ARDS) required mechanical ventilation and tracheostomy.
- Mr. Silvestri reached out to Emily Jackson, MBOE, BSN, RN, NEA-BC, then Director of Nursing, and Ellen Ramos-Mupo, MSN, RN, NEA-BC, CCRN-K, Patient Care Director, CTICU (5MB/HH-605150), to join the MDRPI workgroup due to their expertise in the clinical care of patients with tracheostomies.

- The workgroup nurses reviewed skin protection products currently in use throughout the organization, noting inconsistencies with the type of dressing placed under the Shiley™ tracheostomy flange, which was the tracheostomy tube utilized throughout the organization. The workgroup nurses cataloged the dressing types as Mepilex®, DuoDERM®, and Lyofoam® Max T. Ms. Richards, Ms. Cullinan, and Ms. Dennis also determined that standardized guidelines for nurses to follow when making dressing selection did not exist, resulting in variation in nursing practices.
- Ms. Richards, Ms. Cullinan, and Ms. Dennis reviewed the literature to evaluate the effectiveness of each dressing type related to improving patient outcomes specific to skin protection for tracheostomy flanges. The WOCN nurses discovered that Lyofoam Max T was found to be most effective in reducing MDRPIs among patients with tracheostomies.
- The WOCN nurses shared the evidence-based findings with all members of the MDRPI workgroup. Mr. Silvestri led the group to achieve consensus to standardize nursing practices for use of the evidence-based Lyofoam Max T dressing. The nurses decided that Lyofoam Max T would be stocked throughout the organization for nurses to apply to patients with tracheostomies.
- Ms. Jackson, Ms. Ramos-Mupo, and Mr. Silvestri developed and submitted a proposal to Alina Sapozhnikova, then Manager, Strategic Sourcing, NewYork-Presbyterian, to ensure this product would be purchased, stocked, and utilized throughout the organization.

Goal Statement

To decrease the organization level percentage of patients with medical device-related pressure injury (MDRPI) at NYP/Columbia

Participants

Name /Credentials	Discipline	Title/Role	Department/Unit
Vincent Silvestri, MSN, RN, CPHQ	Nursing	Director of Nursing, Quality (nurse director at the time)	Nursing Administration
Brenda Richards, BSN, RN, CWOCN, CCRN	Nursing	Certified Wound, Ostomy, Continence Nurse (clinical nurse)	WOCN

Lisa Cullinan, BSN, RN-BC, CWOCN,	Nursing	Certified Wound, Ostomy, Continence Nurse (clinical RN)	WOCN
Tjwana Dennis-Jenkins, MSN, RN, CWOCN	Nursing	Certified Wound, Ostomy, Continence Nurse (clinical nurse)	WOCN
Emily Jackson, BSN, MBOE, RN, NEA-BC	Nursing	Director of Nursing (nurse director at the time)	Nursing Administration
Ellen Ramos-Mupo, MSN, RN, NEA-BC, CCRN-K	Nursing	Patient Care Director (nurse manager)	CTICU
Alina Sapozhnikova	Operations	Manager (at the time)	NewYork-Presbyterian Strategic Sourcing

Intervention

2Q 2021:

- In May, Mr. Silvestri attended the NewYork-Presbyterian (NYP) enterprise-wide Strategic Sourcing Committee meeting as the lead for the MDRPI workgroup, along with Ms. Sapozhnikova, to advocate for the proposal to exclusively implement the evidence-based Lyofoam Max T dressing for patients with tracheostomies. The NYP Strategic Sourcing Committee is a decision-making group for product standardization and approval. He educated the group on the relevance of hospital-acquired pressure injury (HAPI) MDRPIs and data associated with the increase in use of tracheostomies.

Impact Statement: Mr. Silvestri advocated as lead for the MDRPI workgroup and shared his unique perspective about supply chain needs. Through his leadership with the MDRPI workgroup and the collaboration with the organization’s Strategic Sourcing Committee he utilized his influence to drive decisions for an evidence-

based standardized dressing for tracheostomies to prevent MDRPIs organization-wide.

- As a nurse leader and member of the workgroup, Mr. Silvestri advocated for implementation of evidence-based practices, including products found to be most effective to keep patients safe from MDRPIs. Since the Strategic Sourcing group included finance and other professionals, Mr. Silvestri used his influence to educate and provide data for decision-making. Based on the evidence and cost savings that would be gained by utilizing a single product, the NYP enterprise Strategic Sourcing team committed to sourcing the Lyofoam Max T dressings throughout the NYP enterprise, of which NYP/Columbia is a part of. Mr. Silvestri and Ms. Jackson worked with Ms. Sapozhnikova to increase PAR (periodic automatic replenishment) levels of the Lyofoam Max T dressing and to remove the other dressing types from the stocked supplies. Ms. Sapozhnikova informed Mr. Silvestri that the Lyofoam Max T dressing would be available throughout the organization by the end of May at which time the other dressings would be removed from stock.

Impact Statement: Standardized care using a singular type of dressing for tracheostomies reduced variations in nursing practice, thus resulting in predictable patient outcomes such as reduction in MDRPIs.

- While awaiting product re-allocation, the WOCN nurses provided education to the organization's nurses during unit-based huddles and rounds, with increased focus on the practice settings with concentrated use of tracheostomies. The content included the evidence for the Lyofoam Max T dressings and the standardized use for all patients with a tracheostomy. The WOCN nurses emphasized that implementation of a standardized process with the most effective foam dressing had been shown to reduce MDRPIs among patients with a tracheostomy.

Impact statement: Engaging the interprofessional team in the implementation of the practice change not only facilitated its adoption but also incorporated valuable peer feedback, contributing to its successful integration. This ultimately led to a reduction in the organization-wide MDRPIs.

- By June 30, 2021, the WOCN nurses verified that clinical nurses had implemented the Lyofoam Max T dressings for 100 percent of patients with tracheostomies throughout the organization.

Key References

Holder, H., & Gannon, B. R. (2022). Reducing Tracheostomy Medical Device-Related Pressure Injury: A Quality Improvement Project. *AACN Advanced Critical Care*, 33(4), 329-335.

O'Toole, T. R., Jacobs, N., Hondorp, B., Crawford, L., Boudreau, L. R., Jeffe, J., ... & LoSavio, P. (2017). Prevention of tracheostomy-related hospital-acquired pressure ulcers. *Otolaryngology–Head and Neck Surgery*, 156(4), 642-651.

Outcome

