

## Introduction/Background

- In 2023 HonorHealth Shea Endoscopy cared for 3,381 patients ≥65y.
- Patients requiring endoscopic services frequently have one or more risk factors associated with skin tears; extreme age, fragile skin, impaired mobility, compromised nutrition, polypharmacy, poor mentation, and chronic illness.
- Skin tears are a traumatic injury and may result in pain, emotional distress, infection, body image disturbance and chronic complications.
- Healthcare costs related to skink tears include increased staff workload, wound care materials, patient satisfaction, and delayed discharge.
- An opportunity for increase skin tear prevention was identified in this high-risk population in the endoscopy setting.

## Aims

- Assess knowledge among endoscopy nurses about skin tear prevention with patients ≥ 65 years in the procedural endoscopy setting.
- Evaluate the effectiveness of an evidenced based skin tear prevention intervention in endoscopy over a three-month period.

## Methods

**Design:** Feasibility study with a pre/post timed series survey design.

**Setting:** Endoscopy at HonorHealth Shea, Scottsdale, Arizona.

**Sample:** 17 RN's working with endoscopy patients ≥ 65 years, BSN = 55%, average years nursing experience 14.7.

**Tools:** Skin Tear Risk Assessment Tool (STRAT) and Skin Tear Prevention Protocol (STPP). RN Opinion of Effectiveness of skin tear prevention intervention measuring effectiveness of the STRAT and STPP. Nursing knowledge pre/post survey.

## Intervention

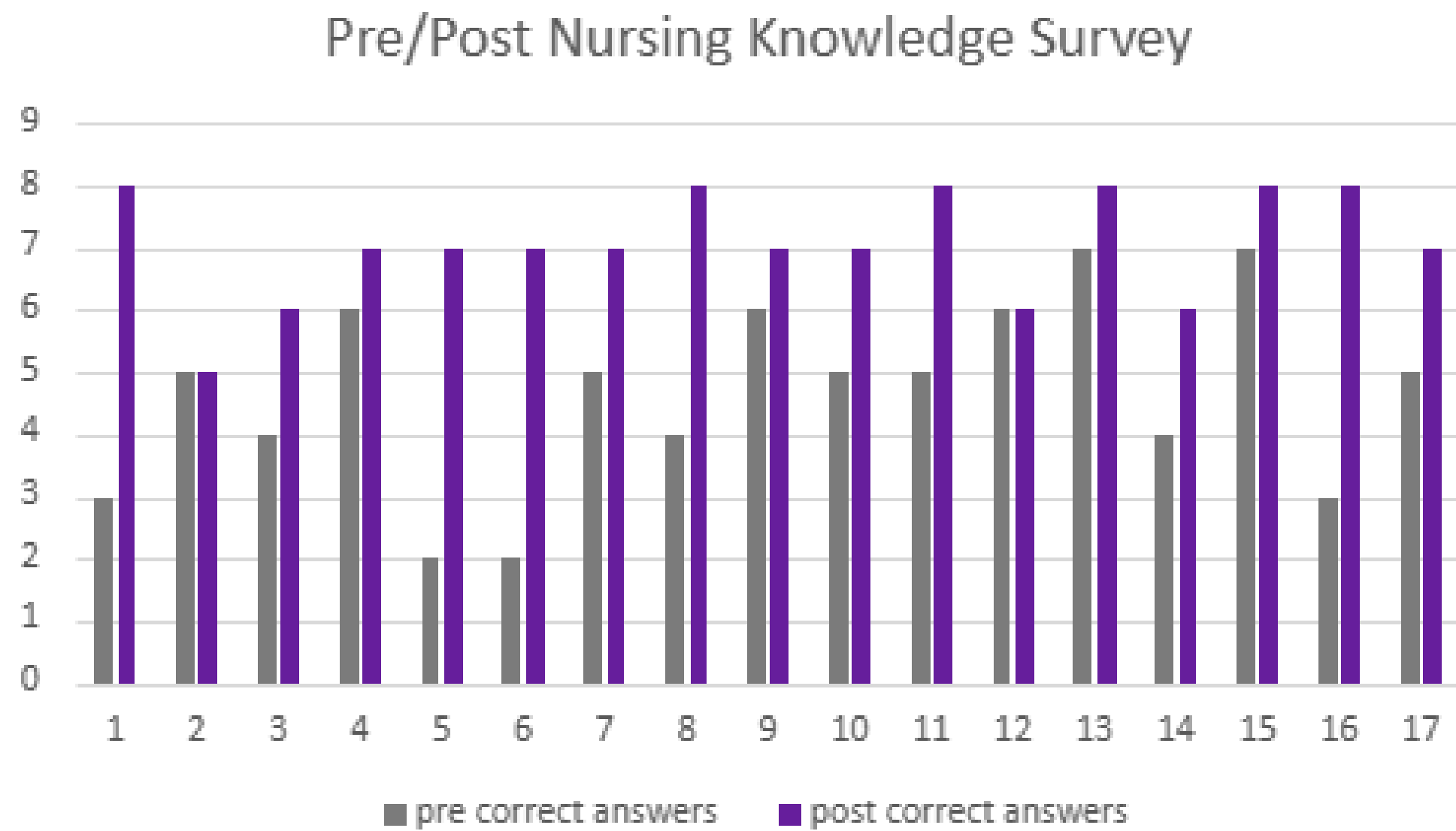
- Admitting RN to complete STRAT with patient ≥65y. If positive STRAT, RN to use skin prep wipes with IV start and communicate to procedural RN.
- Procedural RN to utilize safe patient handling techniques, including slide sheets and stockinette sleeves if proning patient. Communicate positive skin tear risk and any new skin tears to recovery RN.
- Recovery RN will use adhesive remover wipes for all adhesive removal, verify documentation is complete, and report any new skin tears.

## Intervention

Skin Tear Risk Assessment Pathway ≥65years old		Patient Label						
At risk = yes to 1 or more of the risk factors listed below								
Chronic/critical disease	Y/N	<b>Skin Tear Prevention Interventions</b> Indicate interventions used with a <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Skin prep for IV starts (prior to adhesives)</li> <li><input type="checkbox"/> Adhesive remover for all adhesives</li> <li><input type="checkbox"/> Stockinette sleeves if turning/proning patient</li> <li><input type="checkbox"/> Slide sheets if turning/proning patient (ERCP)</li> </ul>						
Polypharmacy	Y/N							
Impaired: cognitive, sensory, visual, auditory, nutrition	Y/N							
History of falls	Y/N							
Impaired mobility	Y/N							
Dependent on ADLs	Y/N							
Mechanical trauma	Y/N							
Fragile skin, senile purpura, bruising	Y/N							
Previous skin tears	Y/N							
Scheduled for ERCP	Y/N							
At Risk? If yes, implement skin tear prevention interventions <small>*Use and modification of risk assessment tool per ISTAP/skintears.org</small>	Y/N	<b>Discharge Assessment</b> <table border="1"> <tr> <td>Did skin tear occur?</td> <td>Y/N</td> </tr> <tr> <td>Midas report completed?</td> <td>Y/N</td> </tr> <tr> <td>Documented on flowsheet?</td> <td>Y/N</td> </tr> </table>	Did skin tear occur?	Y/N	Midas report completed?	Y/N	Documented on flowsheet?	Y/N
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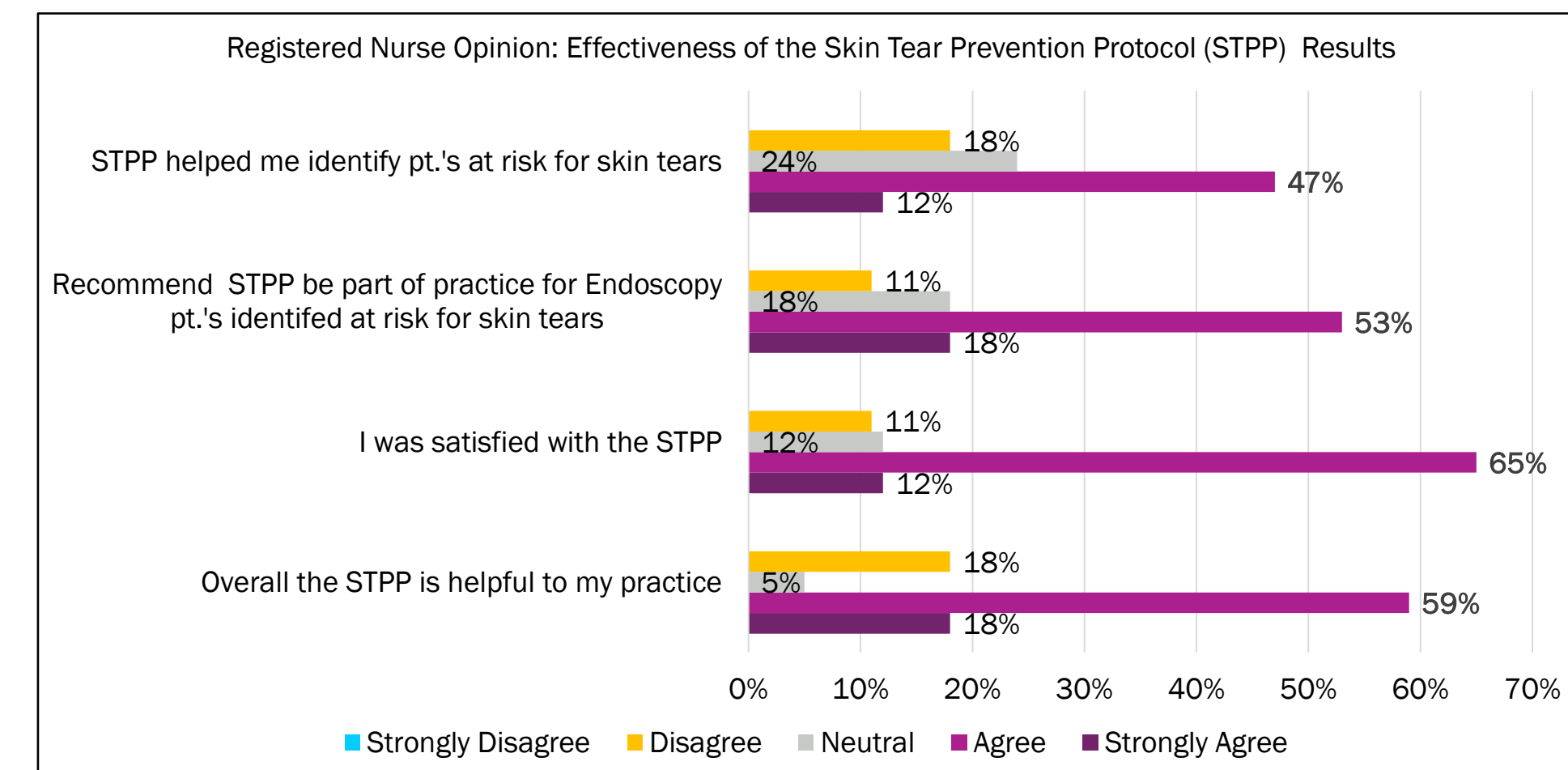
## Results

- Pre, one-month, and three-month survey results identified an 88% increase in nursing knowledge on skin tear prevention interventions in endoscopy.



## Results

- Overall, nurses agree the STPP is helpful to their practice and is useful in identifying at risk patients. They were satisfied using the STPP and would recommend that it become a regular part of their practice.
- Of 603 risk assessments completed, 537 at risk patients were identified.
- Endoscopy nurses implemented 911 nursing interventions
- 3 new skin tears documented during the study demonstrating a 66% decrease in skin tears.



## Discussion

- Cost of protocol implementation is minimal with all required supplies being currently available through the hospital's supply chain.
- Although the STPP may add to nurse's workload initially, it will dramatically decrease workload if a skin tear is prevented.
- This STPP was designed specifically for the endoscopy procedural area. It is unsure if findings can be generalized to other patient care settings.
- Adding the STRAT to the EMR will reduce paper usage, increase ease of nursing documentation and allow for better auditing.
- Inconsistent documentation and increased noncompliance over time was noted via prospective weekly auditing during the 3-month study.
- Sustainability and continued staff education may be helped by identifying a skin resource nurse for the endoscopy department.

## References

- Upon request – bbiardi@honorhealth.com