

The CREAMM APPROach[©]: Developing a model to care for older peoples' skin

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Background

As we age, skin becomes thinner with increased risk of : dryness & itching; incontinence associated dermatitis (IAD); skin breakdown; decrease in sensation; reduced temperature control ; and pressure ulcers. Acute illness, being bedridden and certain medications can further increase the risk of these adverse events.

Rationale

In 2012, the Nursing and Pharmacy team audited the prescribing of topical preparations/emollients in patients admitted to wards 5 and 6 of the South West Acute Hospital (SWAH). All patients audited required an emollient in response to their skin assessment; however only 10% of these patients were being prescribed a suitable emollient.

A Tissue Viability Nurse (TVN) worked routinely on the wards to both introduce the SSKIN Bundle^{1,2} and to educate staff to prescribe topical preparations on the kardex when a skin assessment indicated the need for this. Prescribing increased to 95% with pressure ulcers not being reported by these wards for 18 months post-intervention.

Resources and capacity issues meant this approach could not be implemented throughout the trust. The team therefore developed an acronym mnemonic (The CREAMM APPROach[©]) to help staff to: remember to assess skin; prescribe topicals for skin dryness, fragility and IAD; refer to the TVN when necessary; and monitor/manage skin during a hospital stay.

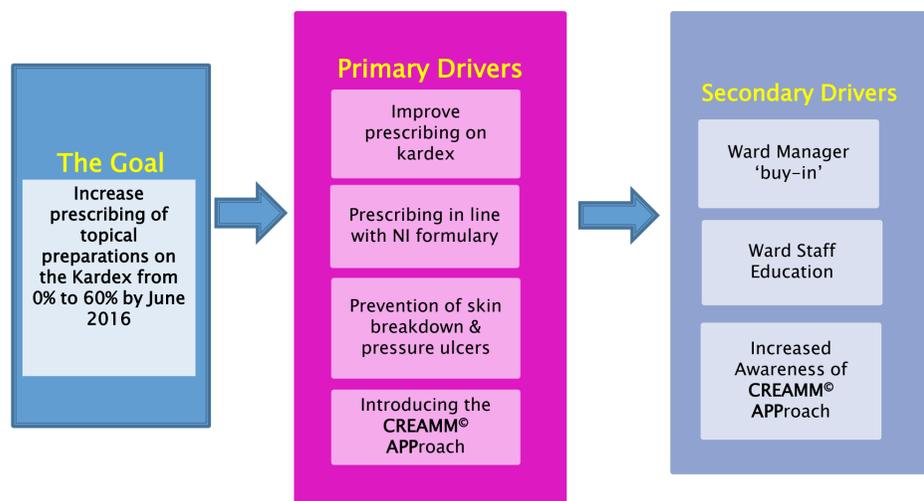


FIGURE 2: The Project Driver Diagram

Method

The CREAMM APPROach[©] is copyright protected and once agreed with the project team leads, was registered with HSC Innovations. The team identified a suitable care of older people ward within Altnagelvin Hospital to conduct an implementation pilot of The CREAMM APPROach[©]. A plan including four PDSA cycles over a period of 12 weeks was developed. The iterative changes to be measured were:

- Informative meeting with ward managers to obtain buy-in
- Education Sessions x2
- Poster Display
- Focus group & Stakeholder Feedback (See Figure 3).

Ten patient charts were reviewed weekly prior to and during the rollout pilot on Altnagelvin Ward 42. For each patient, the prescribing of an emollient/topical preparation the kardex in response to a skin assessment indicating the need for treatment was noted. Baseline was 0% and a realistic target of 60% set.

Future Plans

This Quality Improvement project on a pilot ward reached the prescribing target set and has informed the trust-wide method of rollout of The CREAMM APPROach[©] set to begin in October 2016. The project will be adapted for delivery into the primary care setting and, as the project name suggests, a supporting educational APP will be developed.

The project has been funded via a Joint Working Agreement between the WHSCT and Reckitt Benckiser

C Check if topical prescribed

R Review if topical is still needed

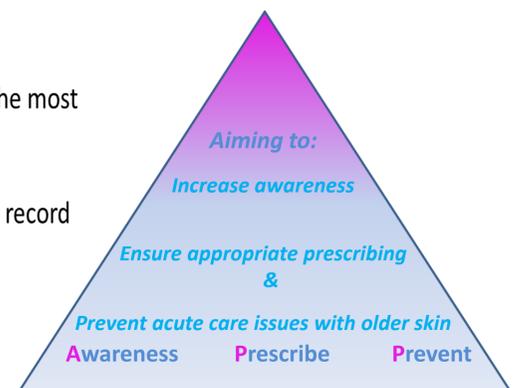
E Emollient – select the most appropriate

A Add to prescription record

M Monitor

M Management Plan

FIGURE 1: The CREAMM APPROach[©]



PDSA 1. Informative meeting with ward managers to obtain buy-in.
The CREAMM APPROach[©] was positively received and mentioned by ward managers at each staff handover meeting and safety brief



PDSA 2. Education Sessions x2
45 minute educational presentation delivered by the Lead TVN, Lead Research Pharmacist and Pre-reg. Pharmacist on appropriate prescribing of topicals. (including steroids) Attended by HCAs, Nursing Staff, Ward Managers and Doctors. Positive feedback from Ward Managers. Staff requested a flow chart on how to treat dry & fragile skin and IAD. IAD protocol laminated and placed on the ward. Flow chart added to poster



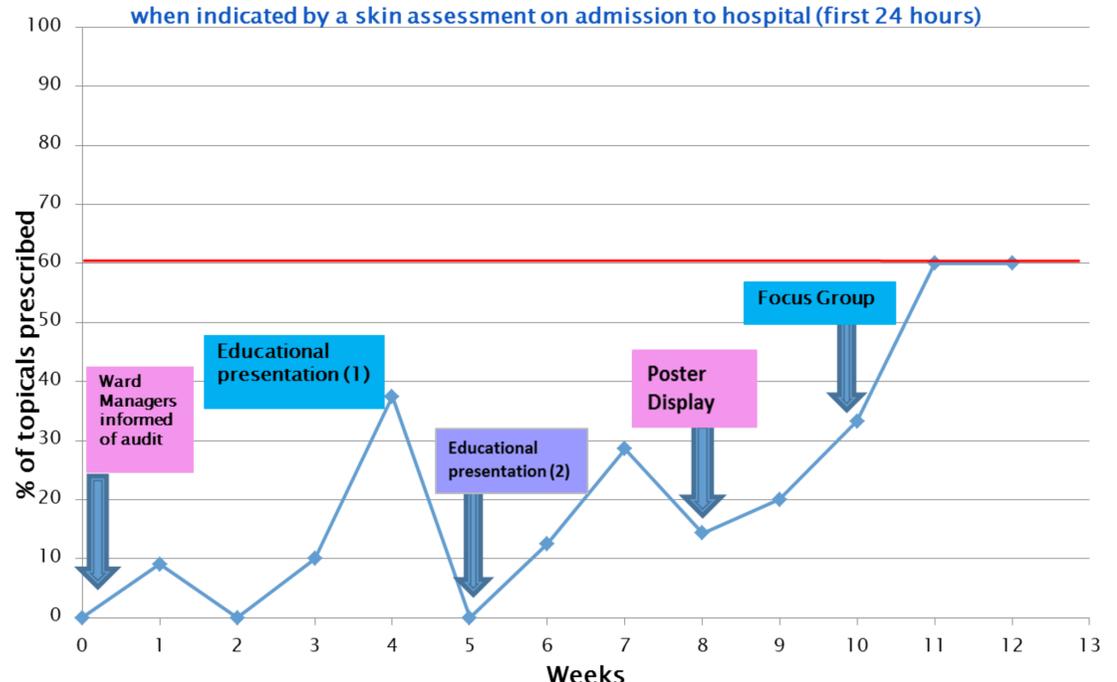
PDSA 3. Poster Display
Poster designed and displayed in communal staff areas showing correct treatment for dry & fragile skin, IAD and when to refer to the TVN



PDSA 4. Focus Group & Stakeholder Feedback
Emollient prescribing now at 30%. The main issue identified was that HCAs were applying the emollient whilst nurses needed to mark the kardex as having been administered. A chart has been designed for the HCAs to indicate they have applied the emollient to the affected area prompting the nursing staff to confirm administration and sign-off the kardex. This awaits approval (September 2016)

FIGURE 3: The PDSA cycles and changes required after each

FIGURE 4: Run Chart showing the % of topicals prescribed on a kardex when indicated by a skin assessment on admission to hospital (first 24 hours)



References

1. Guy H *et al.* Pressure ulcer prevention: making a difference across a health authority? *Brit J Nurs (Tissue Viability Supplement)*, 2013; 22(12): S4-S13
2. NHS England. Stop the Pressure. SSKIN Five Simple Steps. Available at: <http://nhs.stopthepressure.co.uk/> (last accessed 9th September 2016)