

Implementing Four Eyes: A Two-Person Skin Assessment Done within the First 24 Hours of Admission

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Purpose

Quality improvement project at Cook Children's Medical Center aimed to implement "Four Eyes", a two-person skin assessment done within the first 24 hours of admission, to identify pressure injuries present on admission (POA), to reduce the number of reportable pressure injuries to the state (Stage 3, 4 and Unstageable), and to expedite treatment.

Background

Apparent Cause Analyses (ACA) of reportable pressure injuries from 2018-2020, revealed that four injuries were probably POA but had no supporting evidence to suggest otherwise.



PDCA

Plan

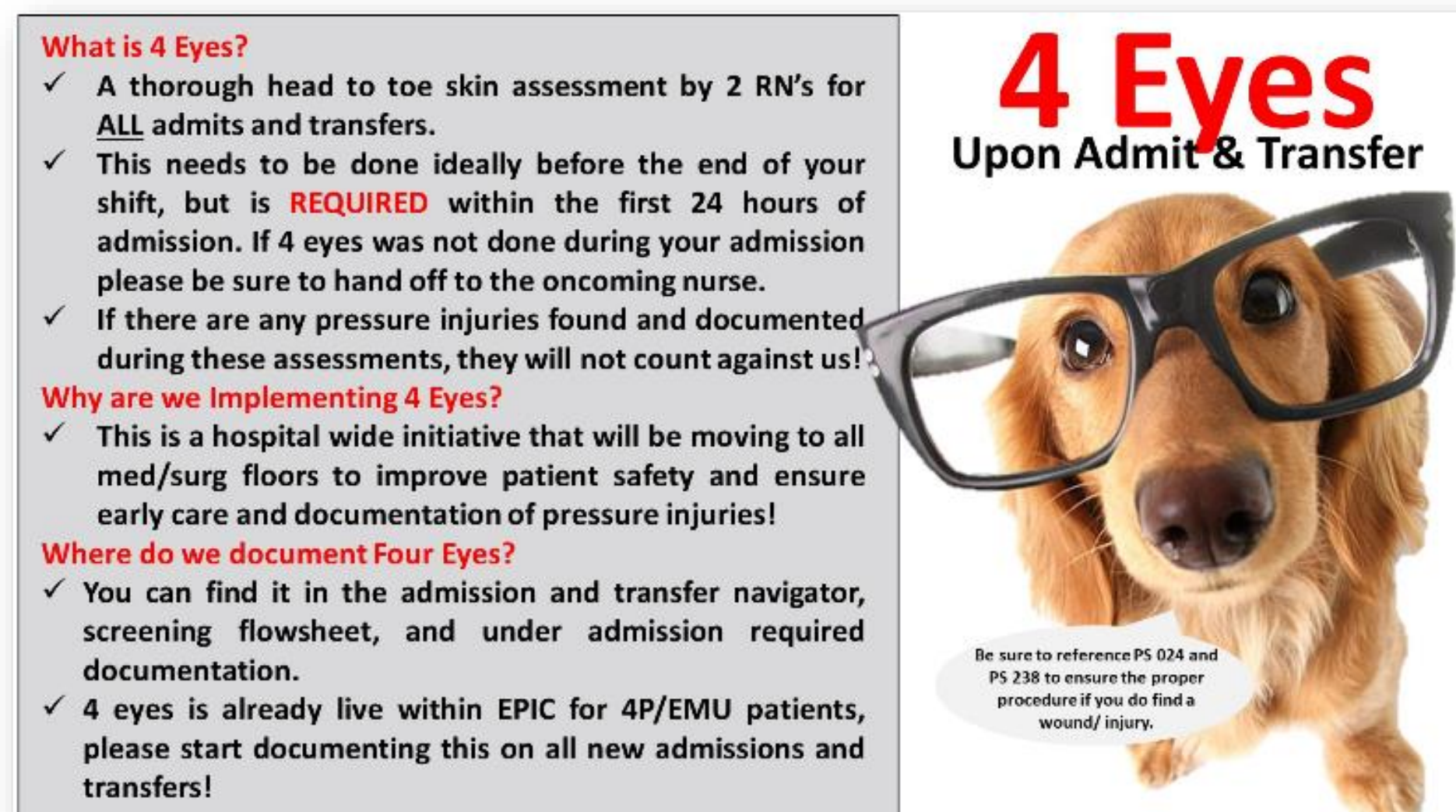
Following a site visit to a children's hospital that performed Four Eyes assessments on admission, the Wound Care Coordinator & Nursing Quality Improvement Coordinator led team to implement a similar program over three years from 2020-2023.

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Do

- Created learning module & "bathroom banners"



- Created documentation in the electronic medical record – required admission and transfer documentation
- PDSA in Pediatric Intensive Care Unit with decision to implement with subsequent roll out to other high risk for pressure injury units in 2020-2021



- NICU implemented following an ACA (2022) in which the injury was deemed to be POA but had no supporting documentation
- Media Services helped team to create a video (2023) on how to assess patients who were mobile vs. non-mobile

Study

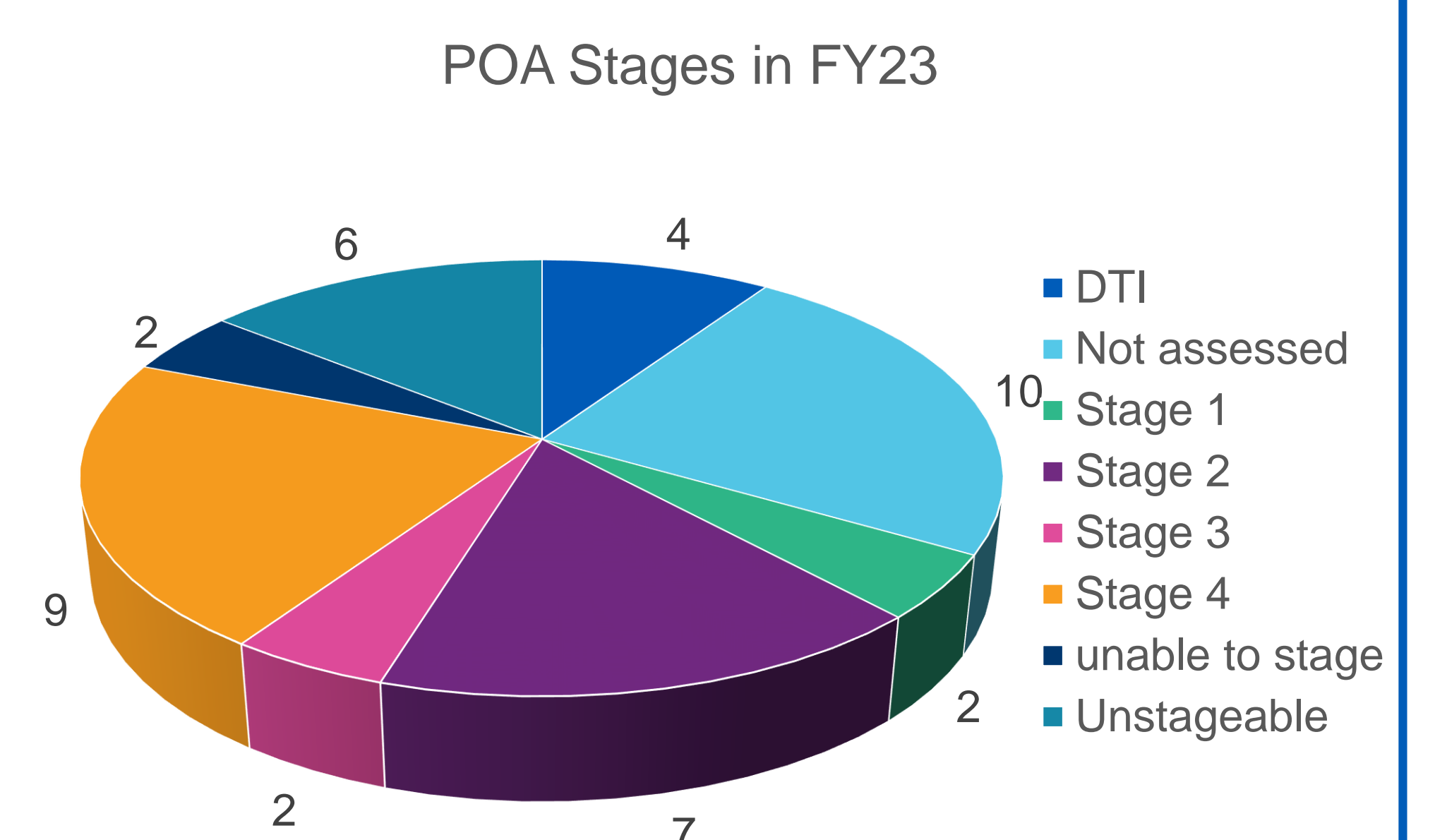
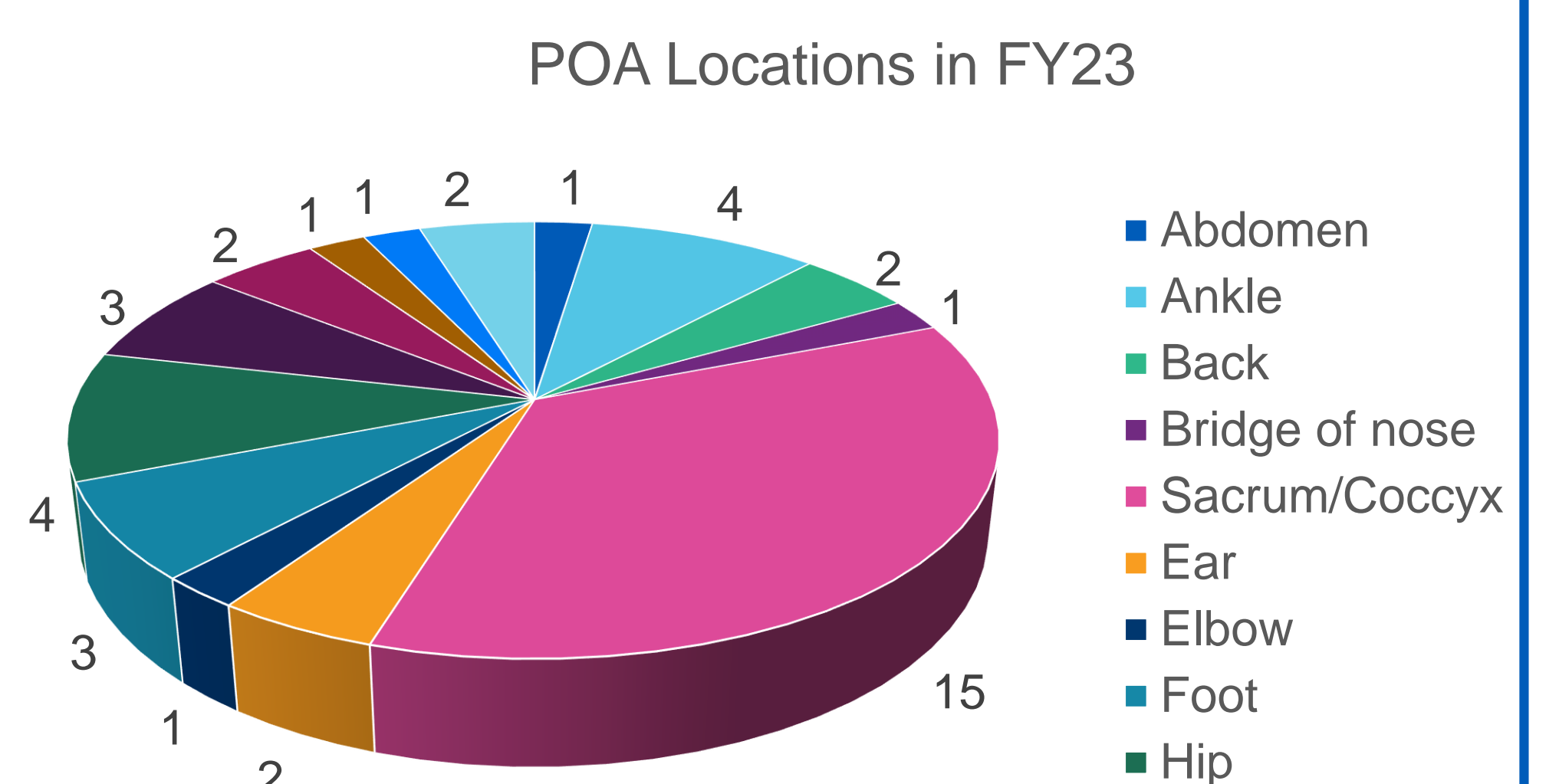
Number of pressure injuries POA were tracked.

Act

Roll-out to all inpatient units completed in August 2023. Four Eyes is now a standard of care and is done within 24 hours of admission, on all internal transfers, and after surgical cases lasting longer than four hours.

Outcomes

In 2023, 42 possible pressure injuries were identified on admission. Not all were staged by Wound Care. 17 pressure injuries were Stage 3 or 4 or Unstageable with the sacrum/coccyx the most prevalent location.



Lessons Learned

Staff in low risk for pressure injury units required more support on how to approach and assess patients who were low risk.

References available