Robin McClanahan Kiser Small Cycle of Change Planning

## Template for Small Cycle of Change Planning

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| **Project Overview** Title, background, and aim. Provide a high level overview of your project to give context to the small cycle of change | **Improving Adherence to a Hospital-Acquired Pressure Injury (HAPI) Prevention Bundle in an Intermediate Care Unit**<br><br>**Background:** Hospital-acquired pressure injuries (HAPIs) are costly, preventable conditions that increase patient morbidity and length of stay. Despite implementing a HAPI prevention bundle at Penrose Hospital in January 2025, the Cardiovascular Intermediate Care Unit (CVU) recorded seven HAPIs between October 2024 and March 2025, signaling a gap in consistent adherence. Recognizing these injuries' clinical and financial burden, this project seeks to enhance bundle compliance through structured, ongoing quality improvement processes.<br><br>**Aim:** The primary aim of this quality improvement project is to achieve a 40% reduction in HAPI events from May to October 2025 in the CVU at Penrose Hospital. This will be accomplished by implementing bi-weekly audits, branded as “Tissue Tuesdays,” that evaluate adherence to evidence-based HAPI prevention protocols. These audits are the foundation for iterative Plan-Do-Study-Act (PDSA) cycles, enabling real-time feedback, education, and process improvement to enhance nursing practice and patient safety. |
| **Why** Connect your small cycle of change to a project outcome or process measure. What is the rational for the change? Is there an issue or problem that requires | **The small cycle of change**, bringing preliminary audit findings to the unit huddle and initiating a new communication expectation around end-of-shift admissions, addresses a specific process gap revealed during the first round of "Tissue Tuesday" audits. This change is directly connected to a key project process measure: the timeliness and completeness of the Braden Scale and skin assessments upon patient admission.<br><br>**Rationale for the Change**: Initial audits of 16 patient charts revealed that 25% (4/16) of skin assessments were late or missing. Notably, 75% (3/4) of those lapses occurred during nursing shift changes in patients admitted between 1730 and 1900 or 0530 and 0700. The prevailing unit practice during these times—informally known as “tuck and fluff”—prioritizes basic settling over complete admission protocols. This unspoken cultural norm contributes to delayed Braden scoring and skin assessments, increasing the risk of missed early interventions for pressure injury prevention. |

**Commented [JM1]:** Great information sharing. Very clear picture of project and focus and inclusive of title, background and aim.

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| corrective action with a small cycle of change? How will the small cycle of change help support the larger project? | **Identified Problem Requiring Corrective Action:** A clear procedural gap is tied to handoff time admissions, where critical assessments are being deferred or overlooked. Without prompt documentation, preventive actions such as turning schedules, skin protection, or specialty surfaces may not be initiated in a high-risk window, undermining the HAPI prevention bundle. This pattern demands corrective action at the process level, and the small cycle provides a structured opportunity to address it.<br><br>**Small Change Implementation:** Rather than addressing the issue individually, the DNP project lead and charge nurses are introducing the findings in the unit huddles, shifting the conversation from individual correction to team accountability and cultural awareness. The new small change implemented is:<br>• All nurses will now clearly communicate during huddle or handoff when a patient is admitted during end-of-shift windows (1730–1900 or 0530–0700).<br>• Nurses will verbally note if Braden and skin assessments were deferred and communicate the remaining timeframe to complete them within policy standards.<br>This minor workflow adjustment establishes transparent accountability while supporting the oncoming nurse's timely task completion.<br><br>**How This Small Change Supports the Larger Project:** This small change contributes to the larger project goal of a 40% reduction in HAPI incidence by:<br>• Improving the consistency and timeliness of critical assessments.<br>• Reinforcing a culture of transparent, safety-oriented communication.<br>• Encouraging team-based responsibility rather than isolated task completion.<br>In the context of the PDSA framework, this is a "Study" and "Act" step: the audit data helped to identify this specific issue, tested a small communication change, and embedded it into team practice. This iterative feedback loop supports continuous improvement and prepares the unit for further system-level changes. |
| **Who:** Who will be involved in this small cycle of change? Who will be | **Who Will Be Involved in This Small Cycle of Change:**<br>• DNP Project Lead (Robin McClanahan Kiser, MSN, CMSRN): This person coordinates the audits, identifies the issue from the collected data, introduces the small cycle change during the unit huddle, and monitors compliance and effectiveness.<br>• Unit Charge Nurses: They act as facilitators during shift huddles to reinforce the new communication expectation. They ensure that incoming staff verbally pass on information about admission times, pending skin/Braden assessments, and follow-up. |

**Commented [JM2]:** Love this small cycle of change identified during data collection and analysis. You have linked the gap in admission assessment completion during high-risk times just before shift change to your overall goal of reducing pressure injuries on this unit.

Who is accountable for completing required admission skin screenings and initiating Hapi protocols and interventions? Oncoming or offgoing nurse?

Perhaps the oncoming and offgoing nurses can complete the four eyes on admission together during bedside shift reporting and score the Braden assessment together?

Are you implementing two small cycles of change?
1. Unit huddle (project lead) communication regarding the *expectation* (small cycle of change) of shift change reporting to include the discussion of admission times and incomplete skin assessments (over 7-14 days)?
   - You could simplify and refocus your small cycle of change and say: xx% of nurses working on the unit verbally demonstrate understanding of *expectation* during 7-10 days of communication?

The actual communication between the oncoming and offgoing nurse related to admission times and incomplete skin assessments and then the documentation via the new audit log?

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| impacted by the change? | **Who Will Be Impacted by the Change:**<br>• Bedside Nurses in the Cardiovascular Intermediate Care Unit are directly impacted by the new workflow expectation to communicate when a patient is admitted during a shift change and to acknowledge any pending assessments. This change will affect their handoff and prioritization processes.<br>• Patients Admitted During Shift Change (1730–1900 or 0530–0700): Patients will benefit from more timely and complete skin integrity assessments, reducing the risk of delayed interventions and improving their overall safety and quality of care.<br>• Unit Leadership and Wound Care Team (Indirectly): The unit and hospital will see downstream improvements in documentation reliability, bundle adherence, and potentially fewer HAPI events, supporting their larger quality goals. |
| **Where:** Where will this small cycle of change be conducted? | This small change cycle will be conducted in the intermediate care unit called the CVU at CommonSpirit's Penrose Hospital in Colorado Springs, Colorado. Specifically, the intervention will occur during shift change huddles at the start and end of both day and night shifts, targeting the 0530–0700 and 1730–1900 timeframes when patients are most often admitted, and critical assessments are missed or delayed. These huddles provide the ideal setting for reinforcing communication expectations, promoting accountability, and ensuring that pending skin and Braden assessments are handed off appropriately. This focused, real-time intervention within the clinical environment ensures the immediate application of audit findings and supports sustainable workflow changes directly at the point of care. |
| **What A:** What is the specific outcome that you are looking for from this small cycle of change? | **Specific Outcome of This Small Cycle of Change:** The specific outcome of this small cycle of change is to achieve 100% verbal handoff communication during shift change when a patient is admitted between 1730–1900 or 0530–0700, specifically noting:<br>1. The time of admission<br>2. Whether the Braden Scale and skin assessment were completed or still need to be done. |
| **What B:** What do you predict will | **Predict that implementing this small cycle of change:** verbal handoff communication during shift huddles for patients admitted during the 1730–1900 and 0530–0700 timeframes will result in: |

**Commented [JM3]:** Comprehensive and inclusive of patients and care givers. Nursing leadership and the Quality Departments love reductions in HAPIs12.

Will you as the project lead be present at both daily shift change unit huddles?
Who will take your place on weekends or evening/morning huddles until all staff is informed of the small cycle of change?

Will you implement this immediately for the remainder of the project data collection timeframe?

If charge nurses oversee compliance of all nurses at shift change, will they submit the new audit log to you daily? Do they take a full assignment? Are they motivated as a group to decrease pressure injuries and increase compliance of Hapi interventions?

**Commented [JM4]:** Great. Very descriptive. Just for my own curiosity, but would you consider implementing your small cycle of change in other departments as well if outcomes support the intervention?

**Commented [JM5]:** Love this and complete. As you continue with data collection through patient chart audits do you anticipate finding gaps in incomplete admission/shift screenings in general (other times) as well?

Will you implement the small cycle of change to include missing assessments regardless of admission time?

Are you aggregating data for shifts with a very high census or high nurse:patient ratios due to sick calls? I am just wondering due to my own intrigue in your QI project 12.

Perhaps, the oncoming or charge nurse will audit all patient charts in real time at shift change to determine if completion is needed?

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| happen as the result of our test? | 1. Increased awareness and accountability among bedside nurses regarding timely Braden and skin assessments for new admissions during shift change.<br>2. Improved communication consistency between outgoing and incoming nurses ensured that pending assessments were explicitly identified and prioritized.<br>3. There will be a reduction in late or missed assessments, particularly during high-risk time windows, as staff adjust their workflow and expectations based on this new shared responsibility.<br>4. Improved process compliance supports the timely activation of pressure injury prevention interventions, moving the unit closer to the larger outcome goal of reducing HAPI incidence by 40%.<br>If successful, this change will demonstrate that minor, team driven adjustments to communication at shift change can significantly improve clinical reliability in bundle adherence. |
| **How:** How are you going to measure the impact of this small cycle of change? What data will be collected? Compare pre-state and post-state related to the change. This is not your project outcome data but what metric will be used to know | **Measuring the Impact of This Small Cycle of Change**: To evaluate the effectiveness of this small cycle of change, we will measure process-level metrics that focus on communication during shift handoff and the timeliness of Braden/skin assessments for patients admitted during the targeted time windows.<br>1. Data Collection Focus: We will collect data specifically on patients admitted to the Cardiovascular Intermediate Care Unit between:<br>• 1730–1900 (evening shift change)<br>• 0530–0700 (morning shift change)<br>For each qualifying patient admission, the following process metrics will be recorded: (see table below)<br>2. Pre-State (Before Change Implementation): From my baseline audit:<br>• 4 out of 16 patients (25%) had missing/late assessments.<br>• 3 of the 4 (75%) were admitted during shift change windows.<br>• 0% had documented or verbally confirmed handoff communication about the pending evaluations.<br>3. Post-State (After Change Implementation): Over the next 2–4 weeks of implementing the huddle-based verbal handoff:<br>• Track the same metrics for all admissions in the target windows. |

**Commented [JM6]:** This is very detailed and complete. Your overall goal is a reduction in pressure injuries from May to October of 40%.

How will your small cycle of change affect this goal? Will you see an xx% reduction in pressure injuries related to an xx% of compliance with skin assessments completed during these high-risk admission times?

Or, if the goal is 100% compliance with shift verbal communication on admission times and skin assessments, are you anticipating a greater reduction in pressure injuries or because this was an unexpected finding during chart audits, is your goal still attainable or too conservative?

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| if this change was helpful. | • Goal: ≥90% of shift change admissions are accompanied by documented/verbal communication and timely Braden/skin assessment completion.<br>4. Evaluation Method<br>• Record each qualifying admission (already apart of current biweekly audits) in Google sheets and note the communication about the assessment status using a simple tracking log.<br>• Compare pre- and post-intervention rates of:<br>○ Verbal handoff communication<br>○ On-time assessment completion<br>This will help determine if the small cycle of change (communication during huddles) leads to measurable improvement in clinical assessment timeliness during shift change. |

(Audit for the tracking log)

| *Metric* | **Description** |
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| ***Handoff Communication Occurred (New)*** | Was there verbal communication during huddle/handoff that a patient was admitted and a Braden/skin assessment was pending? (Yes/No) |
| ***Assessment Completed On Time (Part of Current Audit)*** | Was the Braden and full skin assessment documented within policy timeframe (e.g., within 4 hours of admission)? (Yes/No) |

**Commented [JM7]:** Love your comparison of pre- and post- state and collection of data metrics.

Your goal from the small cycle of change is:
**≥90% of shift change admissions are accompanied by documented/verbal communication and timely Braden/skin assessment completion.**

So your goal is not compliance **(xx%)** with the verbal handoff of admission times and incomplete skin assessments. Perhaps, this would be an alternative outcome goal and more easily measured? Are you also going to measure the percentage of nurses who complete the verbal shift change handoff?

I am very interested in the success of your QI project and Tissue Tuesdays. Good luck to you! Penrose is fortunate to have such a great advocate in reducing HAPIs at their hospital!

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Grading Rubric
Feedback provided by Jennifer Miller 6/22/2025

| Criteria | Total Points | Comments |
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| Project overview:<br>Title, background, and aim.<br>Provide a high level overview of your project to give context to the small cycle of change. | 4 points | Great information sharing. Very clear picture of project and focus and inclusive of title, background and aim. |
| Why:<br>Connect your small cycle of change to a project outcome or process measure. What is the rational for the change? Is there an issue or problem that requires corrective action with a small cycle of change? How will the small cycle of change help support the larger project? | 16 points | Love this small cycle of change identified during data collection and analysis. You have linked the gap in admission assessment completion during high-risk times just before shift change to your overall goal of reducing pressure injuries on this unit.<br><br>Who is accountable for completing required admission skin screenings and initiating Hapi protocols and interventions? Oncoming or offgoing nurse?<br><br>Perhaps the oncoming and offgoing nurses can complete the four eyes on admission together during bedside shift reporting and score the Braden assessment together?<br><br>Are you implementing two small cycles of change?<br>1. Unit huddle (project lead) communication regarding the *expectation* (small cycle of change) of shift change reporting to include the discussion of admission times and incomplete skin assessments (over 7-14 days)?<br>• You could simplify and refocus your small cycle of change and say: xx% of nurses working on the unit verbally demonstrate understanding of *expectation* during 7-10 days of communication?<br><br>2. The actual communication between the oncoming and offgoing nurse related to admission times and incomplete skin assessments and then the documentation via the new audit log? |

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| Who:<br>Who will be involved in this small cycle of change? Who will be impacted by the change? | 16 points | Comprehensive and inclusive of patients and care givers. Nursing leadership and the Quality Departments love reductions in HAPIs 😉.<br><br>Will you as the project lead be present at both daily shift change unit huddles? Who will take your place on weekends or evening/morning huddles until all staff is informed of the small cycle of change?<br><br>Will you implement this immediately for the remainder of the project data collection timeframe?<br><br>If charge nurses oversee compliance of all nurses at shift change, will they submit the new audit log to you daily? Do they take a full assignment? Are they motivated as a group to decrease pressure injuries and increase compliance of Hapi interventions? |
| Where:<br>Where will this small cycle of change be conducted? | 16 points | Great. Very descriptive. Just for my own curiosity, but would you consider implementing your small cycle of change in other departments as well if outcomes support the intervention? |
| What:<br>What is the specific outcome that you are looking for from this small cycle of change? | 16 points | Love this and complete. As you continue with data collection through patient chart audits do you anticipate finding gaps in incomplete admission/shift screenings in general (other times) as well?<br><br>Will you implement the small cycle of change to include missing assessments regardless of admission time?<br><br>Are you aggregating data for shifts with a very high census or high nurse:patient ratios due to sick calls? I am just wondering due to my own intrigue in your QI project 😊.<br><br>Perhaps, the oncoming or charge nurse will audit all patient charts in real time at shift change to determine if completion is needed? |

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| What:<br>What do you predict will happen as the result of our test? | 16 points | This is very detailed and complete. Your overall goal is a reduction in pressure injuries from May to October of 40%.<br><br>How will your small cycle of change affect this goal? Will you see an xx% reduction in pressure injuries related to an xx% of compliance with skin assessments completed during these high-risk admission times?<br><br>Or, if the goal is 100% compliance with shift verbal communication on admission times and skin assessments, are you anticipating a greater reduction in pressure injuries or because this was an unexpected finding during chart audits, is your goal still attainable or too conservative? |
| How:<br>How are you going to measure the impact of this small cycle of change? What data will be collected? Compare pre-state and post-state related to the change. This is not your project outcome data but what metric will be used to know if this change was helpful. | 16 points | Love your comparison of pre- and post- state and collection of data metrics.<br><br>Your goal from the small cycle of change is:<br>≥90% of shift change admissions are accompanied by documented/verbal communication and timely Braden/skin assessment completion.<br><br>So your goal is not compliance **(xx%)** with the verbal handoff of admission times and incomplete skin assessments. Perhaps, this would be an alternative outcome goal and more easily measured? Are you also going to measure the percentage of nurses who complete the verbal shift change handoff?<br><br>I am very interested in the success of your QI project and Tissue Tuesdays. Good luck to you! Penrose is fortunate to have such a great advocate in reducing HAPIs at their hospital! |