

Journey to Zero HAPI, Leaders Enhancing Sustainable Outcomes in the Prevention of Hospital Acquired Pressure Injury

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Background

An innovative program for wound care champions aimed at improving the management of operational failures was conducted. The program focused on developing and enhancing the leadership skills of staff, by improving their ability to manage operational failures, and in this case, hospital-acquired pressure injuries (HAPI). The Journey to Zero HAPI prevention project was developed with an overall goal to reduce the rate of Stage 3 and stage 4 HAPI's by 50%.

Assessment of the Problem

2016 data was used as a pre-intervention data. The A-3 method was completed to identify the challenges the nursing staff face in preventing and managing pressure injury. PDSA methodology was utilized in determining pre-data, interventions, and post-data evaluation. The assessment of the issue concerning increased HAPI rate, identified numerous challenges in the assessment, treatment and management of pressure injury. These included a knowledge gap in skin assessment, staging skills, inaccurate documentation, and treatment protocols. The skin care products and dressings varied without protocol assistance. There was a lack of attention to skin integrity and incomplete documentation at all stages.

Goals

- Decrease of HAPI and aim to zero
- Consistent prevention practices
- Sustained results
- Ownership by the direct care giver
- Direct communication by providers

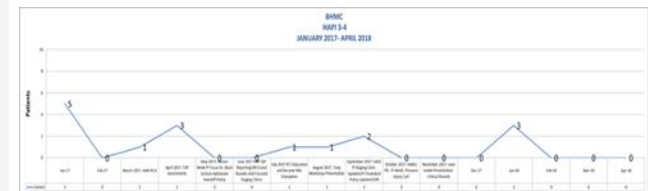
Interventions

- Developed an education plan with focus on prevention, including turning & positioning, heel boots, risk areas for pressure injury and Braden scale.
- New policy for prevention and treatment protocols.
- New Skin/Pressure Injury (PI) prevention carts to all units.
- New skin care protocols including skin cleanser, moisturizer and protectants.*
- Use of a silicone adhesive hydrocellular foam dressing* applied on high risk areas for pressure injury prevention.
- Each shift: staffs turn & assess patient, followed with a skin condition status report.
- Inclusion of ancillary nursing staff to support the unit's skin champions.
- Weekly leadership skin rounds.
- Ongoing bedside staging re-education.
- Improved admission and on-going assessment and documentation methods including nutrition, Braden scale, head-to-toe skin assessment.
- Collaborative pressure injury meeting bi-monthly & in-service quarterly based on needs.
- Quarterly skin rounds with wound experts to reinforce importance of prevention of pressure injuries.
- Patient skin assessments on transfer/admit to floor, with direct communication by providers.
- Utilized our EHR to ensure compliance with nursing/physician documentation to reflect accurate assessment, treatment protocol, uploading of PI picture, & generating reports.
- Daily HAPI reports are reviewed and may include a mini RCA that is submitted to CNO.
- Educational references via on-line/literature and CE offerings.

Results and Progress 2017

- 2017 showed a decreased HAPI rate by 50% from 1st quarter to 4th quarter all of hospital and 40% to 60%
- Overall incidence trending downward.
- More unavoidable HAPI identified at stage 1 and 2.
- Enhanced communication with weekly feedback given by unit leader to minimize gaps in prevention and documentation for patients with low Braden score.
- A significant reduction of HAPI for 4th quarter 2017 to zero!

Data, Interventions and Outcome



Note: 3 PI in Feb 17 Critically Ill pts with Kennedy Ulcers not documented.

Conclusion

Operational failures and their corresponding impact measures are costly to organizations. In this setting, the operational failure is hospital acquired pressure injuries (HAPI). There are three main impacts that support our organizations strategic priorities:

1. Patient Safety
2. Sustainable Positive Outcomes
3. Cost Efficiencies

There are many benefits to the patients we serve, to the organization's financial bottom line and obtaining reimbursement, which makes Aim to Zero HAPI necessary.