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The Impact of Using Education, Engagement and Nursing Teamwork to Reduce Hospital Acquired Pressure Injury

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Background

Hospital-acquired pressure injuries (HAPIs), while considered to be preventable in most cases, continue to affect many patients in acute care facilities. Hospital-acquired pressure injuries are responsible for significant patient harm in the form of pain, increased susceptibility to infection and delayed recovery. Any HAPI puts patients at risk. The rates of HAPI at one hospital were identified as putting patients at risk.

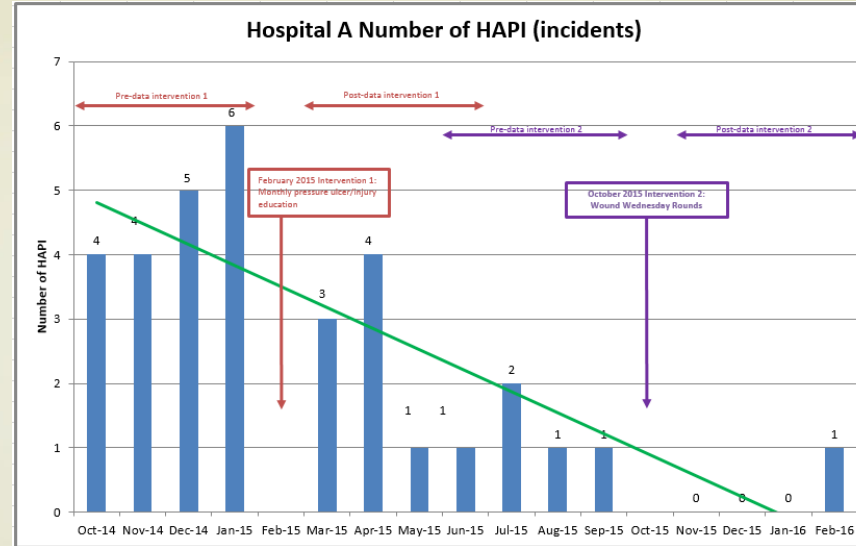
Purpose

To decrease and sustain the HAPI incidences below the NDNQI benchmark average 1.28%.

Methods

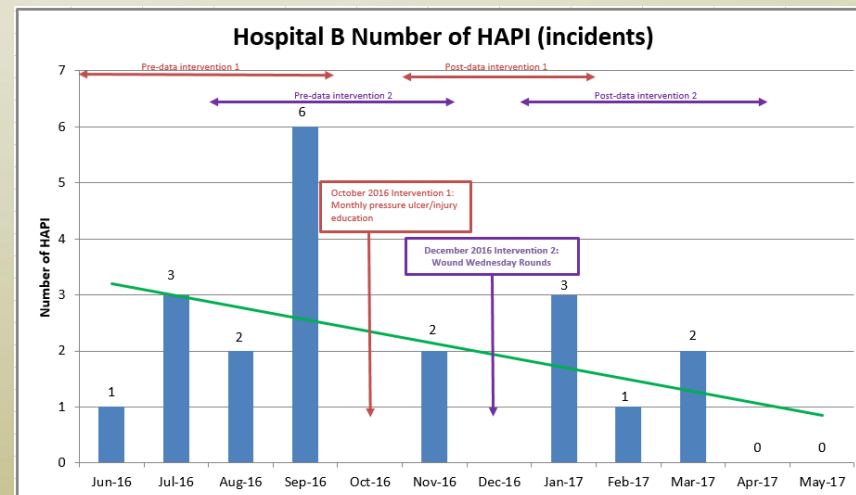
At Hospital A, chart reviews revealed clinical nurses' gaps in knowledge of basic pressure wound identification, care, and prevention. Resulting educational professional development activities on pressure ulcer/injury care and prevention to clinical nurses improved engagement in pressure ulcer/injury prevention. In addition, weekly targeted wound rounds were implemented looking at the Braden Scale score of every patient. A Braden Score of ≤ 18 indicates a prophylactic approach for patients without skin breakdown and an aggressive approach for those with skin breakdown. The Wound ARNP Specialist at Hospital A shared the results of the team approach to HAPI reduction through education, engagement and teamwork to Hospital B.

Graph 1: Hospital A



Analysis: Above graph 1, shows a sustained reduction in pressure ulcer/injury

Graph 2: Hospital B



Analysis: Above graph 1, shows a sustained reduction in pressure ulcer/injury

Findings

Hospital A launched "Wound Wednesday Rounds" in October 2015 to encourage engagement and team work which resulted in Hospital A maintaining the HAPI incident rate below NDNQI national average benchmark 1.28% up to February 2016 (Graph 1).

Hospital B, with the implementation of educational interventions, resulted in zero HAPI incidents. In December 2016, Hospital B launched "Wound Wednesday Rounds" and was able to sustain the HAPI incident rate below NDNQI national average benchmark of 1.28% as of March 2017 (Graph 2).

Implications for Practice

Education, staff engagement and teamwork are important for pressure injury prevention in which a prophylactic approach is required for those patients with and without skin breakdown. Added interventions, such as weekly rounding, facilitated early identification of at risk patients. The weekly rounds allow any deficiencies in prophylactic approach to be corrected in real time with consistent implementation of evidence based treatment.

References

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