Pressure Injuries: Prevention That Works

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Disclosures:
Joyce Pittman
• AACN grant recipient- Research Impact grant Unavoidable pressure injuries in critical care
• Smith & Nephew- consultant
• JWOCN Deputy Editor

Ann Tescher
None
Objectives

- Describe components of a sustainable pressure injury program.
- Name 2 exemplars of successful Pressure Injury prevention programs.
- Describe innovative methods to incorporate into your PIP program.

Essentials Components of Pressure Injury (PI) Prevention

1. Pressure injury admission assessment
2. Daily pressure injury risk assessment
3. Daily (routine) skin assessment
4. Moisture management
5. Maximize nutrition
6. Minimize pressure

Educate staff, provider, patient, family
Essential Components of PI Prevention

1. Evaluate the individual’s clinical condition and pressure ulcer risk factors

2. Define and implement interventions that are consistent with individual needs, goals and recognized standards of practice

3. Monitor and evaluate the impact of the interventions

4. Revise the approaches as appropriate

(NPUAP, 2010; CMS)

SWOT Model

- Strengths
- Weaknesses
- Opportunities
- Threats
Structure- Process- Outcomes

To achieve and sustain the lowest possible HAPI rates, you should ask:

1. What structure needs to be in place

2. What process should be implemented and monitored

3. How should outcomes be measured and reports

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STRUCTURE- PROCESS- OUTCOMES

4 Magnet Model Domains:

1. Transformational leadership

2. Structural empowerment

3. Exemplary professional practice

4. New knowledge; innovation and improvement.

Successful implementation of these elements yields measurable positive outcomes (W. V. Padula, Mishra MK, Makic MB, Valuck RJ, 2014 Apr).
Transformational Leadership

- Key leader stakeholder (VP) appointed to facilitate/support PIP initiatives
- PIP clinical program facilitator appointed/designated
- Sets clear expectations for benchmarking, outcomes, and accountability.
- Removes barriers

Transformational Leadership

- Clear reporting structure and bidirectional communication for the PIP program in the nursing organizational framework identified.
  - Board level (Safety and Risk Board) ↔ Nurse Executive Council ↔ PPS committee ↔ WOC/PIP committee ↔ Facility PPC ↔ Facility PIP ↔ Unit
  - Time and resources for group meetings and projects is supported
  - Supports use of FTE to do the work - system ↔ facility ↔ unit, and communicates those expectations to all levels.
  - Supports interdisciplinary team development.
Structural empowerment

• PIP Team established: system, facility, unit level, multi-disciplinary
  - Bi-directional reporting/ accountability
  - Multidisciplinary: WOC, CNS, RN, RT, PT, RD, Risk, Social Work, Educator (staff/patient), Ethics, Supply Chain, IT
  - Continuum of care: Acute care, Home Care, Long term care, LTAC
  - Recognition of excellence: system, facility, unit, individual
  - PIP Member role/responsibilities/expectations was established and approved by NEC

• PIP Education expectations/opportunities-
  - Embedded annual/orientation staff education/competencies,
  - WTA program
  - CAP

• Conference presentations/attendance

Exemplary professional Practice

• Evidence-based PIP protocol, plan of care, order sets developed and embedded into EMR.

• PIP is hard-wired into care at the bedside but also ancillary areas- OR, ED, transportation- safe handoff, order sets, triggers, etc..

• HAPI prevalence/processes benchmarking Monthly rather than quarterly. Transparent at unit level.

• PI integration into IT- quality data reports, triggers, e-measures
  - EMR design triggers specific nursing interventions based on risk assessment
  - EMR generates daily/real time PU occurrences

• Moving toward meaningful data- incidence rather than prevalence
• Culture of Safety through standardized Root Cause Analysis process
  - NPUAP RCA template
  - Avoidable versus unavoidable HAPI
Process Measures:
1. 100% skin assessment completed and documented POA within 24 hours
2. 100% accuracy with wound order set completion based on risk

Standard Work Requirement (discussed in huddles/bedside report, etc)
1. Skin wound order set included in admission packet and placed on every chart
2. Assess risk with Braden and anytime change in status
3. Complete skin wound order set based on risk
Did you know?
• HAPU care can cost up to $70,000
• Patients with a HAPI have a 2-6 times greater mortality risk
• 70% of Pressure Ulcers occur in patients over 70 years of age

• BUNDLE these pieces together... When completed TOGETHER, they are more effective!
• Document your skin assessment on admission and every shift.
• Assess your patient’s Pressure Injury Risk by documenting their BRADEN SCORE within 4 hours of admission and every shift.

Commit to putting ALL of the pieces together to prevent HAPU’S!

HAPI Data - Communicating Results

Hospital Acquired Pressure Injury (Stage 2 and greater)

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Save our SKIN!
New knowledge; innovation and improvement

- **Research activities**
  - WOCN grant recipient x 3 - BMS RCT, BMS translation into practice, PIPI
  - Device-related HAPI - AACN grant recipient/webinar Nov 2014
  - Soft silicone dsg as prevention - cost savings of $271,000- $1,972,100
  - WOC Team redesign - IUH Quality award

- **Supports EBP projects to improve PIP - WTA program EBP projects**
  - PIP and linen use
  - PIP and progressive mobility
  - PIP and Braden risk assessment
  - PIP and support surface

- **Supports publication of clinical work - journal articles, abstract submissions, poster presentations, podium presentations.**

- **Recognizes innovation - standing agenda item (tests of change)**

- **Promotes PIP beyond organization, into the community - WTA Community Program**

Greetings from Mayo Clinic Rochester
One Size Does NOT Fit All

Structure Elements

• Stability of Clinical Staff
• Experts near the Front Lines
• Presence and Sophistication of Electronic Health Record
• Materials Management and Purchasing Department
• Administrative Support
• Legal Department liaison
Process Elements

• Assessment
  – CWOCN/CWCN/CNS
  – Wound Therapy Technicians
  – Expert Staff Nurses
    • Skin Savers Teams on the Units
    • Availability of Educational Offerings
  – Physical Therapy Wound Specialists (CWS)
  – Staging (Are we all speaking the same language?)

Process Elements

• Communication
  – Electronic Notifications through the EHR
  – Types of Notifications
    • Braden Scores for high risk patients
    • Certain types of skin alterations
  – Clinical Cameras
    • Data security
    • Technical expertise
    • Accessibility
  – Multidisciplinary Team Notification
Process Elements

- **Materials Management and Purchasing**
  - Contracts
  - Nursing Supply Value Analysis Committee
    - Multi-disciplinary

- **Administrative Support**
  - Resource Commitment (It Takes a Village)
    - Pressure Ulcer Prevention Work Group
    - Event Analysis
    - Personnel
    - Support for Education

Process Elements

- **Interventions**
  - Skin Care Bundles for Prevention
    - Risk and skin assessments
    - Progressive mobility
    - Moisture management
    - Nutrition
  - Treatment Algorithms
  - Process Measures Monitoring
    - Standardized but customizable care plans
    - Follow up compliance reports
Process Elements

• Interventions
  – Evidence Based Practice (the never-ending story)
    • Dressings
      – Silicone border
    • Bed Surfaces
      – Support Surface Standards Initiative (S3I)
  • Building the Body of Evidence
    – Non-Contact Ultrasonic Mist Therapy
    – Turning schedules and reminders

Process Elements

• Event Data Analysis
  – Medical Device Related Pressure Injuries
    • Compression Wraps
    • Continuous Positive Airway Pressure (CPAP) masks
    • Cervical Collars
  – Translational Research

THOSE WHO DO NOT LEARN FROM HISTORY ARE DOOMED TO REPEAT IT.
Research and QI: Pay it Forward

- **Cervical Collars**

- **Braden Scale Scores**

- **Anti-Shear Technology**
  - CPAP Masks
  - Pre-hospital Transport

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**Anti-Shear Technology – CPAP Masks**
Anti-Shear Technology – Pre-Hospital Transport

There's got to be a pony in here somewhere…
Conclusion

An effective and sustainable PIP program can be developed using the four Magnet Model domains of:

- Transformational leadership
- Structural empowerment
- Exemplary professional practice
- New knowledge; innovation and improvement.

Successful implementation of these elements yields measurable positive outcomes. (W. V. Padula, Mishra MK, Makic MB, Valuck RJ, 2014 Apr)

References

- National Database of Nursing Quality Indicators; Pressure Injury Training Modules, version 5; Retrieved February 9, 2017. https://members.nursingquality.org/ndnqipressureulcertraining/
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References

References


Prevention That Works

thank you!