Pressure Injuries: Prevention That Works

Joyce Pittman PhD, ANP-BC, FNP-BC, CWOCN
Indiana University Health
Indianapolis, IN
jpittma3@iuhealth.org

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• AACN grant recipient - Research Impact grant
Unavoidable pressure injuries in critical care
• Smith & Nephew - consultant
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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)

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, multidisciplinary
  - Bi-directional reporting/ accountability
  - Multidisciplinary: WOC, CNS, RN, RT, 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
**Pressure Ulcer Prevention**

_Do No Harm through Elimination of Hospital Acquired Pressure Ulcers_

**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

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**Hospital Acquired Pressure Injury Prevention**

**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.

**Save our SKIN!**

Commit to putting ALL of the pieces together to prevent HAPU'S!
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**
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.

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References