

Quality Improvement Efforts Result in Pressure Injury Prevention on Adult Critical Care Unit

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INTRODUCTION

Hospital acquired pressure injury (HAPI) prevention requires multiple evidence-based interventions.¹⁻³ Hospital-based HAPI prevention programs are increasingly focused on implementing bundles of care, which must be updated on

an ongoing basis.⁴ The following case history describes a continuous quality improvement (QI) intervention designed to enhance existing HAPI prevention efforts in the critical care unit (CCU).

METHODS

Clinical setting: This QI initiative took place on a 32-bed adult CCU.

Interventions:

- **2015:** A program was implemented which empowered certified nursing assistants (CNAs) to appropriately reposition patients. This program utilized evidence-based education to describe repositioning best practices and methods for safe patient handling.
- **2015:** The facility had a turn clock system that was re-launched on the unit to ensure CNAs worked collaboratively with bedside nurses. This tool enabled CNAs to assist in recognition of issues with patient skin over bony prominences and bringing those areas of concern to the licensed nurses.

- **2016:** The nursing team began applying an all-in-one foam sacral dressing to the sacral area of high-risk patients.
- **2016:** In conjunction with wound care nurses and the Wound Healing Center, unit staff conducted an assessment of the support surfaces to ensure the technology was updated. A successful 60-day pilot was implemented on the unit to assess a new support surface.
- **2017:** All 32 beds received the new support surfaces* in July. This new product purchase included in-servicing on appropriate use of support surfaces and evidence-based HAPI prevention education.

Metrics: HAPI incidence and prevalence has been measured on an ongoing basis.

*Isolibrium® Support Surface (Stryker Corporation, Kalamazoo, MI)

RESULTS

This QI initiative was considered to be successful with a HAPI rate of 0 per 1,000 patient days from September 2017 through end-December 2017.

DISCUSSION

Due to the complexity of HAPI prevention, continuous QI efforts must be implemented to ensure evidence-based interventions are continually updated. The success of our QI intervention was due to multiple interventions being

utilized, enhanced team collaboration, and updating support surface technology. Ongoing continuous QI efforts continue to prevent HAPIs and ensure evidence-based best practices are practiced at the patient's bedside.

REFERENCES

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