Reducing HAPI Rates in the ICU and DOU

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Intro

Hospital Acquired Pressure Injury (HAPI) prevalence is a nursing sensitive indicator that demonstrates the impact of nursing care on patients (Pallares Janiec, H. ,2016). HAPI's can increase a patient's length of stay in the hospital and increases the patient's risk of developing further health complications (Cooper, K. L., 2013). Current research states that 2.5 million Americans a year are affected by HAPI's. Research also shows that 60,000 deaths per year are contributed by HAPI's (Henry, M., & Foronda, C., 2017) . After studying current evidence based practice research our group formed a turn team the ICU and DOU units to improve HAPI rates in the month of December. To achieve this improvement, our turn team came in once a week for four hours to turn patients in our unit. We collaborated with our bedside RNs, PCTs, wound care staff, and management to achieve our goal of reduced HAPU rates.

Objectives

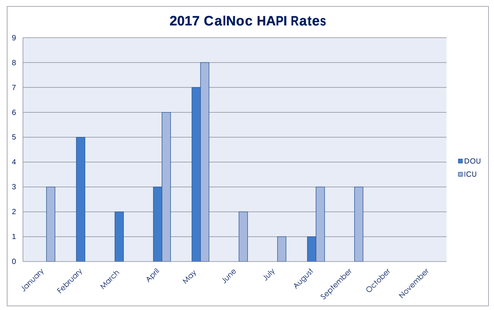
- Increase efficiency in ICU and DOU by hiring new staff members to the unit in October 2017
- Reduce HAPI rates in the ICU and DOU by utilizing a turn team during the month of December 2017
- Implement mandatory CalNoc participation and education with all RNs and pre-licensed RNs
- Provide new grad RNs orientation with Wound and Ostomy Nurse
- Enforce the use of proper dressings and placement in the prevention and treatment of pressure injuries
- Follow standardized policies and procedures in documenting skin assessment and using the Braden Scale
- Ensure staff compliance with turning and repositioning through hourly rounding
- Collaborate with Quality Resource in recognizing trends of monthly HAPI rates

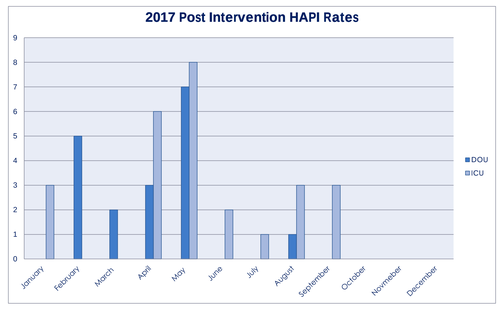
Methods

- As a turn team, we came in once a week for four hours to turn every patient in the ICU and DOU units for one month
- We assessed every patient from head to toe. We assessed every bony prominence, for device related HAPI's, and ensured the correct preventative measures were being enforced
- Skin barriers such as silicone borders and non-border foam dressings were being placed over the coccyx, heels, elbows, as well as any existing skin tears to maintain skin integrity
- We ensured that each patient had a moisture barrier cream available when needed, such as a zinc oxide barrier cream
- Devices such as nasogastric tubes, oxygen saturation probes, and oxygen delivery devices were being repositioned with appropriate skin barriers applied to prevent skin breakdown
- Patient's were being repositioned with foam wedges, heads offloaded with pillows or head cradles as needed, and heels and elbows offloaded with pillows and heel offloading devices.
- We collaborated with the RN's and PCT's on the importance of turning and offloading heels and elbows to prevent skin breakdown

Results

Our results showed that during the period of our intervention in December of 2017, we successfully prevented HAPI's in the ICU and DOU. Our data shows that in correlation with extra Patient Care Technicians (PCT's), the ICU and DOU was able to prevent HAPI's for the months of October, November and December of 2017. Our team alerted staff nurses and the specialized wound nurses of at risk patients and which patients showed early warning signs of skin breakdown.





Conclusions

Based on our research and the results of our evidence based practice project, we would recommend the use of a turn team in the ICU and DOU to help prevention HAPI's (Pallares Janiec, H. ,2016). Our satisfactory results provides evidence that a turn team is beneficial in prevention HAPI's and reducing overall HAPI rates. Recent research shows that specialized critical care wound teams reduce HAPI rates and contributes to increased healing for critical care patients (Pallares Janiec, H. ,2016). We would also recommend that the ICU and DOU continue the use of extra PCT's. The extra PCT's in the ICU and DOU provided the RN with ability to turn patients as needed, help with applying preventative devices, and gives the RN more time to focus on assessing the patient's skin.

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