



Quality Improvement Initiative Results in a Decrease of Hospital-Acquired Truncal Pressure Injuries

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INTRODUCTION

Truncal hospital-acquired pressure injuries (HAPIs) develop as a result of immobility, physiologic events, and other external factors.¹ To prevent HAPIs, individual risk factors must be addressed, and appropriate offloading and repositioning is essential.¹ Evidence-based best practices for HAPI prevention have been published and require a multifaceted and interdisciplinary approach.²

Health care expenditures associated with HAPIs are substantial, as is the biomedical burden; therefore, HAPI prevention efforts remain a major focus in hospital systems.³

Support surfaces have long been considered part of HAPI prevention bundles, with evidence-based guidelines suggesting a selection of support surfaces that “meet an individual’s needs for pressure redistribution based on the level of immobility and inactivity and the need for microclimate control and shear reduction.”² As technology has advanced, pressure-redistributing surfaces have also improved. The following outcomes story describes the evidence-based efforts of a hospital to prevent HAPIs in the medical-surgical setting using a quality improvement (QI) initiative and standardized support surfaces.

METHODS

Clinical Setting: This QI initiative took place in the adult medical-surgical and medical and surgical intermediate care settings.

- 7 PSCI
- 6AC
- 5AC
- 4AC
- 3AC/SA
- MIMCU
- SIMCU
- HVPCU

Team Collaboration: A root cause analysis identified the need to standardize support surfaces for pressure offloading and to update hospital policy to incorporate updated technology. The QI initiative required the interprofessional collaboration of a team consisting of leadership, wound care and skin resource nurses, and staff nurses. The results of the QI efforts were disseminated via email and regular memorandums.

Interventions/Education: The interventions were developed by the interprofessional team and consisted of the following:

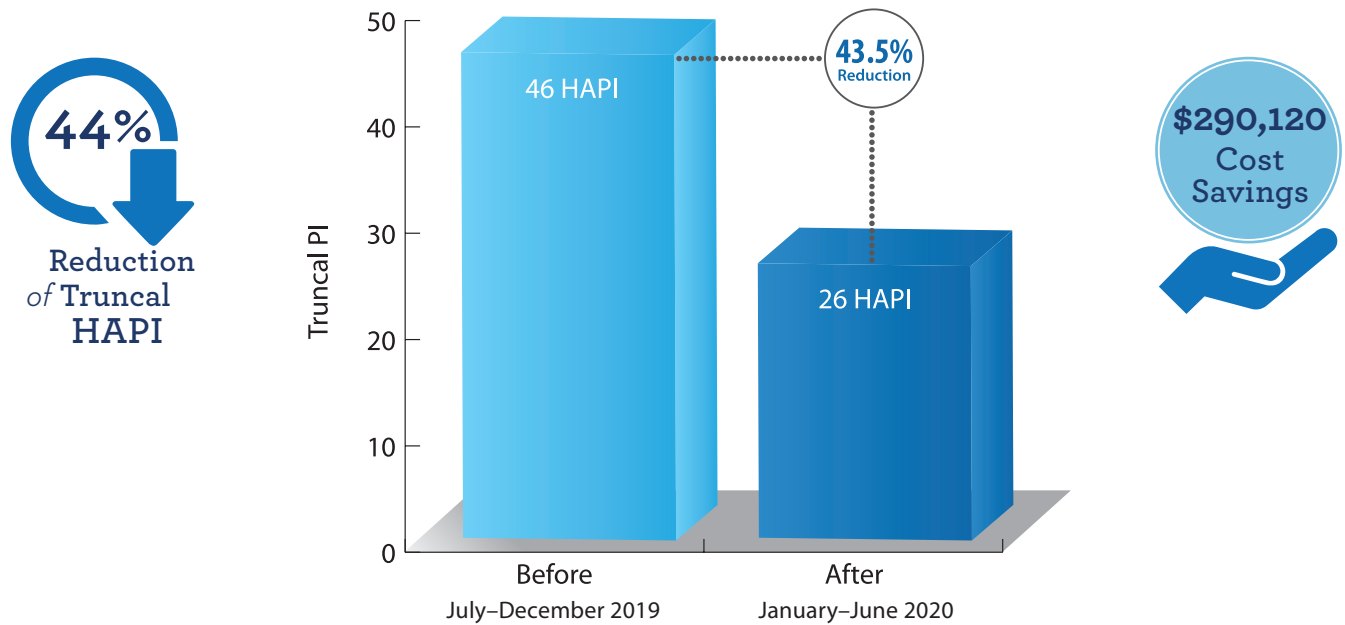
- Standardization of support surfaces* and delivery in late December 2019, with concomitant in-servicing at the time of delivery
- Delivery and education on pumps* at the beginning of January 2020
- Updating of Pressure Injury, Incontinence, and Skin Care Policy
 - Pumps incorporated as needed for moisture management
 - Consultation with wound care nurse incorporated, with automatic referral for pump use
- Delivery of internal staff memorandums to emphasize appropriate use of new support surfaces and pumps on delivery
- Emphasis of appropriate use of support surfaces and pumps at Skin Resource Nursing Meeting, February 26, 2020
- Designation of Skin Resource Nurses as super users, provided real-time and ongoing education on their designated units

Metrics: The success of the QI initiative was assessed by benchmarking 6 months after the intervention (January–June 2020) against 6 months before the intervention (July–December 2019).

* IsoTour™ Support Surface (Stryker Corporation, Kalamazoo, MI)

RESULTS

The QI initiative was successful, with a 44% decrease in truncal HAPIs and an estimated cost savings of (US) \$290,120.⁴



CLINICAL IMPLICATIONS

The following clinical implications of the QI initiative were realized:

- Leadership support was a key factor for the success of the QI initiative.
- Ongoing continuing education and standardization of support surfaces led to a major decrease in truncal HAPIs.
- No other products were added or changed during the QI initiative, suggesting that the positive outcomes were directly related to the support surface standardization and reinforcement of HAPI bundle interventions.

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