

## Background/Significance

- Prevention of hospital acquired pressure injuries (HAPIs) is significant as each HAPI can increase patient acuity and costs a hospital approximately \$20,900 to \$151,700
- Identifying and documenting pressure injuries on admission to inpatient medical surgical units has been identified as effective strategies to prevent and manage HAPIs
- Women were identified as being more prone to developing pressure injuries than men.
- Other risk factors found to increase incidence of pressure injuries were old age and underlying diseases such as diabetes, heart failure, musculoskeletal disorders, and lower Braden Scores
- By educating employees on the importance of accurate and prompt documentation of pressure injuries on admission using 4-eyed skin assessments and identifying patients at higher risk for developing pressure injuries, patients with pressure injuries can be identified and the hospital will benefit financially from reduced HAPIs

## Practice Change

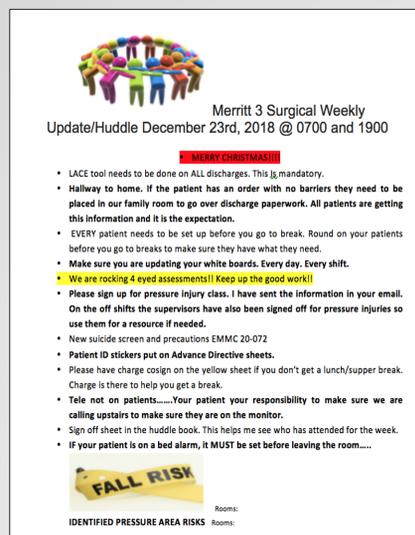
Increase completion of 4-eyed documentation by registered nurse's (RN's) at the time of admission in daily clinical practice to reduce undocumented pressure injuries and increase treatment and prevention of pressure injuries

## Methods

- Incompletion rates of 4-eyed assessments
  - October and November indicate pre-intervention
  - May and June indicate post-intervention
- Presented information to staff; informational/educational materials based on pressure injury identification and documentation upon admission to staff via posters and huddles
- Distribute flyers in staff mailboxes
- Reminded staff to refer to skin assessment policy
- Undocumented pressure injuries rates from October and November indicate incidence rates of pressure injuries pre-intervention; May and June incident rates indicate Post-intervention results

## Measures and Results

### Multimodal Education Tools



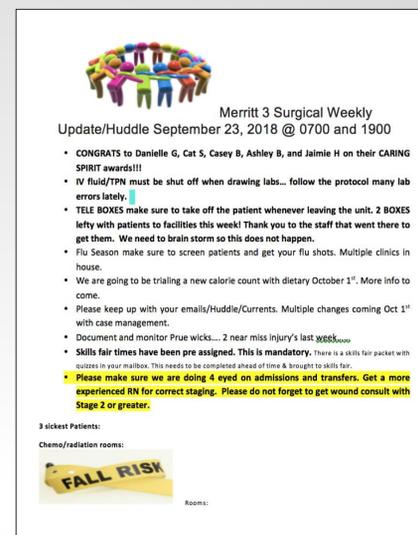
Merritt 3 Surgical Weekly Update/Huddle December 23rd, 2018 @ 0700 and 1900

**MERRY CHRISTMAS!!!**

- LACE tool needs to be done on ALL discharges. This is mandatory.
- Halfway to home. If the patient has an order with no barriers they need to be placed in our family room to go over discharge paperwork. All patients are getting this information and it is the expectation.
- EVERY patient needs to be set up before you go to break. Round on your patients before you go to breaks to make sure they have what they need.
- Make sure you are updating your white boards. Every day. Every shift.
- We are rocking 4 eyed assessments!! Keep up the good work!!**
- Please sign up for pressure injury class. I have sent the information in your email. On the off shifts the supervisors have also been signed off for pressure injuries so use them for a resource if needed.
- New suicide screen and precautions EMMC 20-072
- Patient ID stickers put on Advance Directive sheets.
- Please have charge cosign on the yellow sheet if you don't get a lunch/supper break. Charge is there to help you get a break.
- Tele not on patients.....Your patient your responsibility to make sure we are calling upstairs to make sure they are on the monitor.
- Sign off sheet in the huddle book. This helps me see who has attended for the week.
- If your patient is on a bed alarm, it MUST be set before leaving the room....

**FALL RISK**

IDENTIFIED PRESSURE AREA RISKS

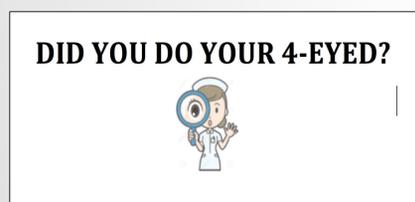


Merritt 3 Surgical Weekly Update/Huddle September 23, 2018 @ 0700 and 1900

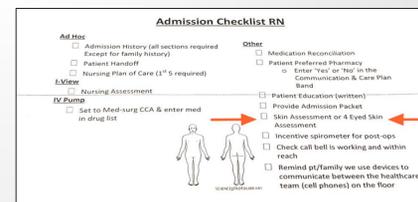
- CONGRATS to Danielle G, Cat S, Casey B, Ashley B, and Jaimie H on their CARING SPIRIT awards!!!
- IV fluid/TPN must be shut off when drawing labs. follow the protocol many lab errors lately.
- TELE BOXES make sure to take off the patient whenever leaving the unit. 2 BOXES lefty with patients to facilities this week! Thank you to the staff that went there to get them. We need to brain storm so this does not happen.
- Flu Season make sure to screen patients and get your flu shots. Multiple clinics in hours.
- We are going to be trialing a new calorie count with dietary October 1st. More info to come.
- Please keep up with your emails/Huddle/Currents. Multiple changes coming Oct 1st with case management.
- Document and monitor Prue wicks... 2 near miss injury's last week...
- Skills fair times have been pre assigned. This is mandatory. There is a skills fair packet with quizzes in your mailbox. This needs to be completed ahead of time & brought to skills fair.
- Please make sure we are doing 4 eyed on admissions and transfers. Get a more experienced RN for correct staging. Please do not forget to get wound consult with Stage 2 or greater.**

3 sickest Patients:  
Chemo/radiation rooms

**FALL RISK**



**DID YOU DO YOUR 4-EYED?**



**Admission Checklist RN**

Ad Hoc

- Admission History (all sections required except for family history)
- Patient Handoff
- Nursing Plan of Care (1st 5 required)

E-View

- Nursing Assessment
- IV Pump
  - Set to Med-surg CCA & enter med in drug list

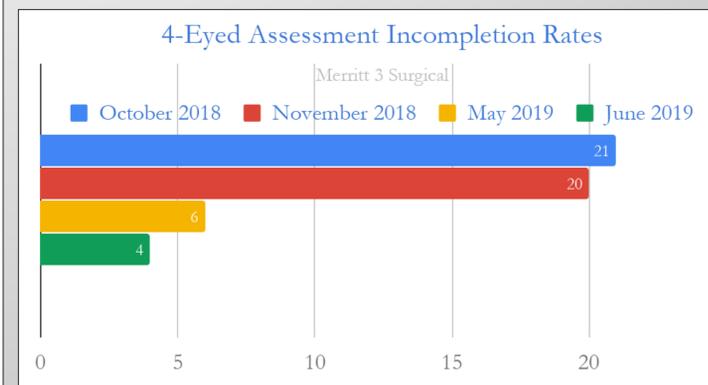
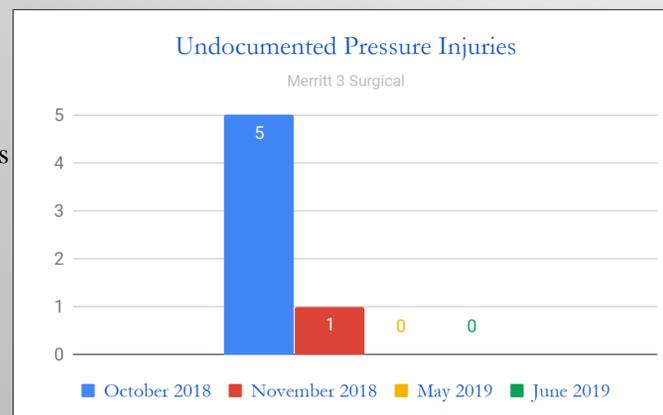
Other

- Medication Reconciliation
- Patient Preferred Pharmacy or "Yes" or "No" on the Communication & Care Plan
- Patient Education (written)
- Provide Admission Packet
- Skin Assessment or 4 Eyed Skin Assessment
- Incentive spirometer for post-ops
- Check call bell is working and within reach
- Handoff (Family we use devices to communicate between the healthcare team (cell phones) on the floor)

## Results

Pre-intervention: October & November

Post-intervention: May & June



## Summary/Discussion

- The purpose of this evidence-based practice (EBP) proposal was to identify the importance of accurately documenting pressure injuries on admission and identifying patients who were risk of developing hospital-acquired pressure injuries (HAPI)
- Educational tools such as posters, and staff huddles/meetings facilitated the increased documentation of pressure injuries on admission

## Conclusion

- Findings indicate that implementing multimodal reminder tools does increase compliance with documenting 4-eyed skin assessments on admission. Documenting 4-eyed skin assessments on admission decreases the rate of undocumented pressure injuries acquired to inpatient units.
- After implementing the multimodal reminder tools on Merritt 3 Surgical, the number of 4-eyed skin assessments documented increased from October/November to May/June.
- After implementing the multimodal reminder tools on Merritt 3 Surgical, the incidence of undocumented pressure injuries present on admission decreased from October/November to May/June.
  - Limitations to this project would include not having the number of total admissions to Merritt 3 Surgical for each month. Because this data was unable to be obtained, percentiles of the data were not compared.

### References

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