

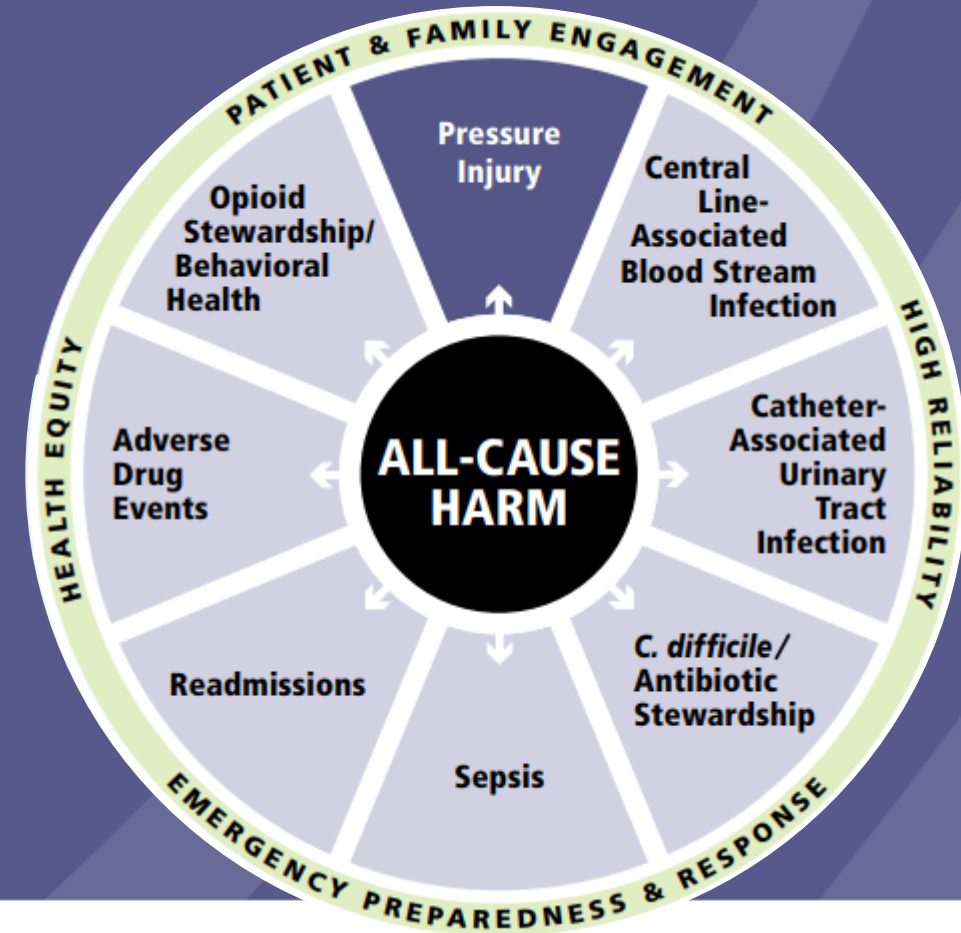
Hospital Quality Improvement Contract (HQIC)

IPRO & Telligen HQIC (Joint Event)

Learning & Action Network (LAN)

Pressure Injury: All-Cause Harm Reduction

May 24th, 2021
11am -12pm ET

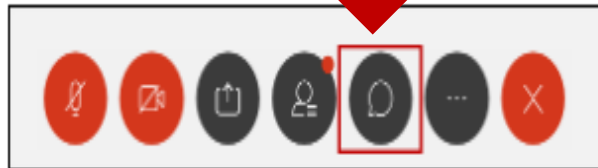


This Session is Being Recorded

Chat Feature Highly Encouraged

To send a chat message:

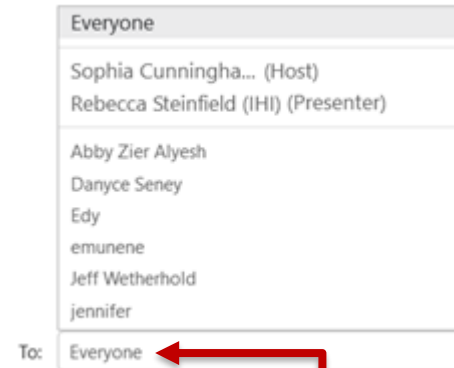
1 Open the Chat panel:



2 In the Send to or To drop-down list, select the recipient of the message.

3 Enter your message in the chat text box, then press Enter on your keyboard.

- **Scroll Down**
- **Select “Everyone”**
- **Do not select “All Attendees”**



- Enter in Chat:
 - ✓ Your Name
 - ✓ Your Role
 - ✓ Your Hospital
 - ✓ Your State

Welcome: IPRO & Telligen HQIC

Today's *Patient Safety & Performance Improvement Team Moderators*



Becky VanVorst, MSPH, CPHQ
(IPRO)
IPRO HQIC



Meg Nugent, MHA, RN, Director Federal Solutions (Telligen)
Telligen HQIC



Lee Thompson, BA, M.S. (American Institutes for Research)
IPRO HQIC



Deborah R. Campbell, RN-BC, MSN, CPHQ, IP, T-CHEST, CCRN alumna, Vice President, Quality (Kentucky Hospital Association)
IPRO HQIC



Janette Bisbee, MSN, RN-BC, CPXP, NHA (Hospital & Healthsystem Association of Pennsylvania)
IPRO HQIC



Susan Brittman, MPH (Qsource)
IPRO HQIC



Suzy Quick, MSN, BSN, RN, CPHQ, CPPS, CLSSGB (Qlarant)
IPRO HQIC

Welcome: IPRO & Telligen HQIC

Today's Pressure Injury -- Guests



Janet Cuddigan, PhD, RN, CWCN, FAAN

- Professor of Nursing, College of Nursing, University of Nebraska Medical Center
- Past President of the National Pressure Injury Advisory Panel (NPIAP)
- Chair of the International Pressure Ulcer/Injury Guideline Governance Group



Christine LaRocca, MD

- Fellowship-trained, board-certified geriatrician (Vanderbilt University School of Medicine)
- Medical Director, Telligen (Telligen HQIC)



Lori Lynn, RN, BSN, WCC, CWON Meadville Medical Center, PA



Lisa McGee, RN, BSN, WCC, CWON Punxsutawney Hospital, PA

Agenda: Pressure Injury

- Welcome IPRO & Telligen HQIC Enrolled Hospitals
- HQIC Hospital Baseline Assessments (Pressure Injury Assessments)
- Pressure Injury Resources
- Interactive Discussion with Subject Matter Experts
- Leaving in Action
- Upcoming Learning & Action Networks (LANs) and Events

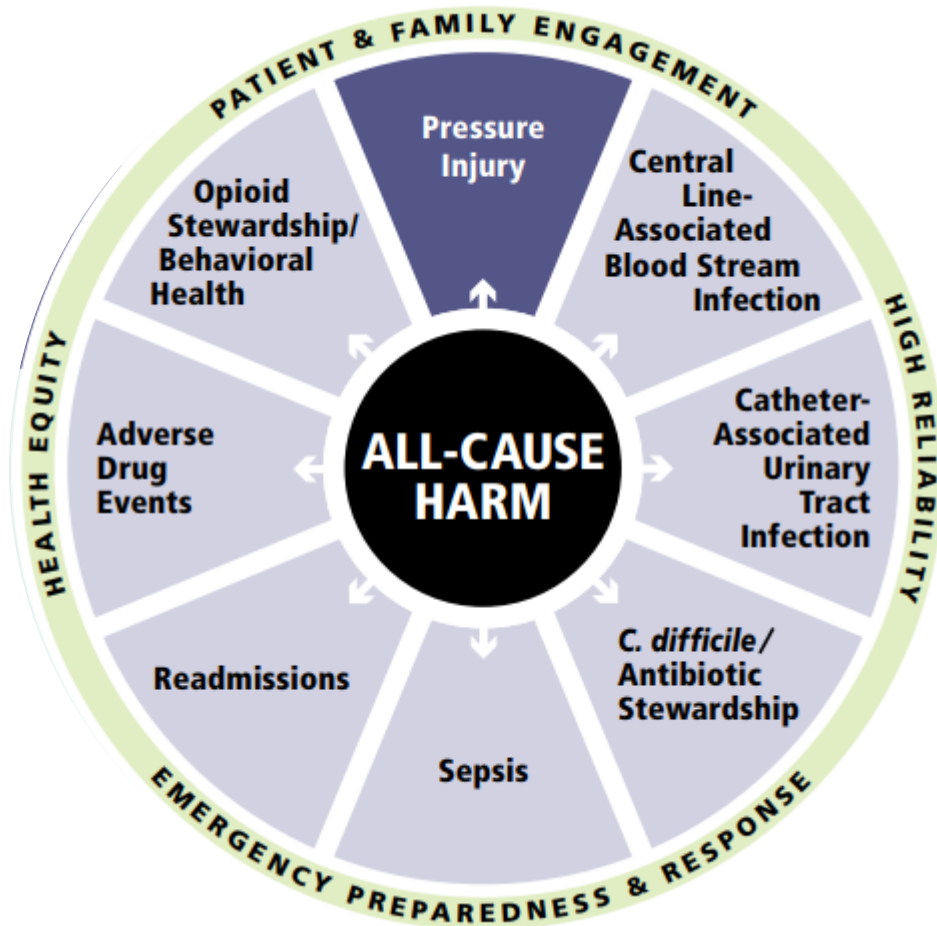
All-Cause Harm

What?

Why?



 HQIC, Priority Focus Areas 2020-2024



- Causes Patients Undue **Harm**
- Increases **Length of Stay**
- Can Lead to **Mortality**
- Causes Healthcare **Financial Burden**

IPRO HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **250** HQIC Enrolled Hospitals



Our hospital has a **multidisciplinary skin care team**.

- Yes, successfully implemented [19.6%]
 - Yes, but a work in progress [29.2%]
 - Will be implemented in the future [14.4%]
 - **No plans** to implement [30.4%]
 - Don't know/not sure [6.4%]
-
- A red callout box with the text "Enter Thoughts in Chat" has three arrows pointing to the "No plans to implement" item, the "Will be implemented in the future" item, and the "Yes, but a work in progress" item.

- Would you like education or assistance in this area?

- Yes [48.6%]
- No [51.4%]

I PRO HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **250** HQIC Enrolled Hospitals



Our hospital has a program of **unit-based skin care champions**.

- Yes, successfully implemented [18.1%]
 - Yes, but a work in progress [26.9%]
 - Will be implemented in the future [19.3%]
 - **No plans** to implement [30.1%]
 - Don't know/not sure [6.6%]
-
- Enter Thoughts in Chat

- Would you like education or assistance in this area?
 - Yes 51.4%
 - No 48.6%

I PRO HQIC Hospital Baseline Assessment

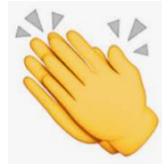
Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **250** HQIC Enrolled Hospitals



A clinically **validated, evidence-based risk assessment tool** (such as the Braden or Norton Pressure Ulcer Risk Assessment Tool) is completed per hospital policy.

- Yes, successfully implemented [88.4%]



- Yes, but a work in progress [10.4%]



Enter
Thoughts
in Chat

- Will be implemented in the future [0.4%]

- No plans to implement [0.4%]

- Don't know/not sure [0.4%]

- Would you like education or assistance in this area?

- Yes [21.1%]
- No [78.9%]

IPRO HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **250** HQIC Enrolled Hospitals



To what extent does the **score** of the **risk assessment** tool **inform the interventions** used to avoid pressure injuries?

- Every time [49.2%]
- Often [36.7%]
- Rarely [7.3%]
- Never [1.2%]
- Don't know/not sure [5.6%]

Enter
Thoughts
in Chat

- Would you like education or assistance in this area?
 - Yes [33.9%]
 - No [66.1%]

IPRO HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **250** HQIC Enrolled Hospitals



There is a **designated clinical 'expert' available** in the organization, such as a Certified Wound Ostomy Continence Nurse (CWOCN) to answer questions from staff and guide pressure injury prevention.

- Yes, successfully implemented [46.8%]
- Yes, but a work in progress [17.9%]
- Will be implemented in the future [8.7%]
- **No plans** to implement [17.5%]
- Don't know/not sure [9.1%]

Enter
Thoughts in
Chat

- Would you like education or assistance in this area?
 - Yes [34.3%]
 - No [65.7%]

Telligen HQIC Hospital Baseline Assessment

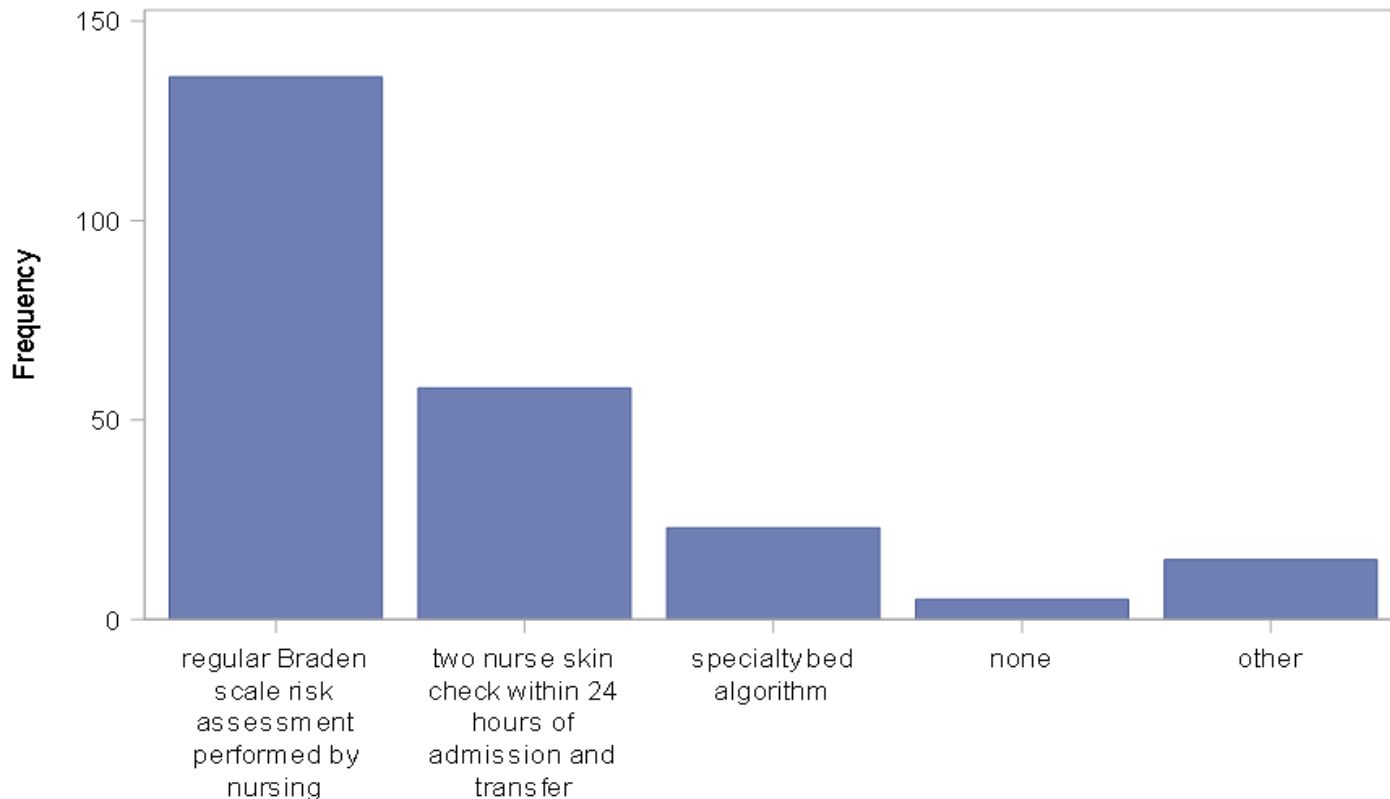
Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **149** HQIC Enrolled Hospitals



Which elements of a **HAPI reduction protocol** does your hospital utilize?

Select all that apply



| | Count | Percent |
|--|-------|---------|
| regular Braden scale risk assessment performed by nursing | 136 | 91.2 % |
| two nurse skin check within 24 hours of admission and transfer | 58 | 38.9 % |
| specialty bed algorithm | 23 | 15.4 % |
| none | 5 | 3.3 % |
| other | 15 | 10.0 % |

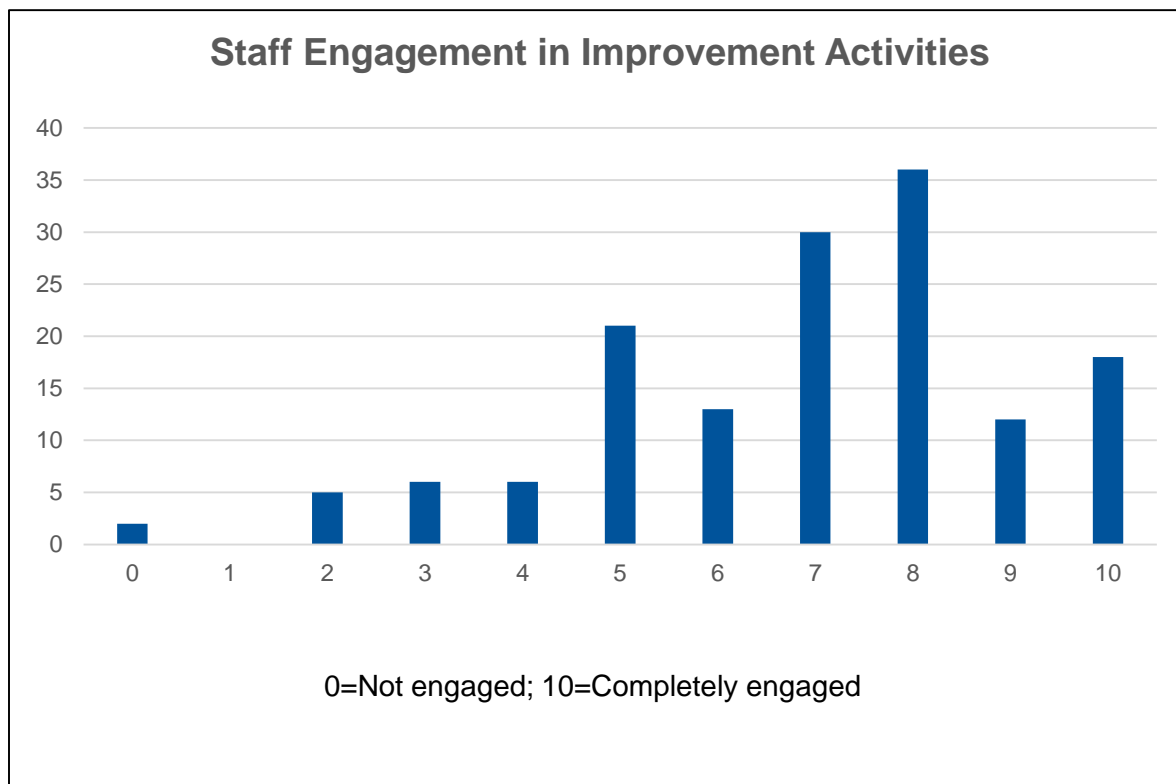
Telligen HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **149** HQIC Enrolled Hospitals



Indicate how engaged your hospital's frontline staff are with the organization's improvement efforts in this area (0=not engaged; 10=completely engaged)



What are strategies you could attempt to gain staff buy-in related to pressure injury quality improvement activities?

Enter your thoughts in the chat!

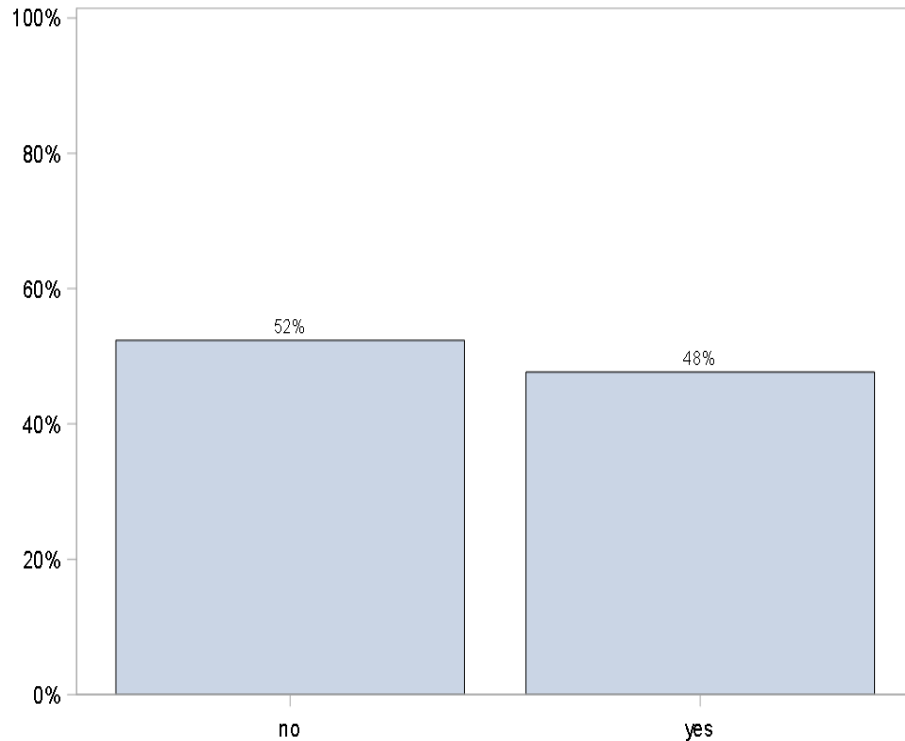
Telligen HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from **149** HQIC Enrolled Hospitals



Are there barriers affecting your hospital's ability to make progress?
If yes, please select the barriers that apply



| | Count | Percent |
|--|-------|---------|
| Competing priorities for time/resources | 50 | 33.5 % |
| Insufficient staff engagement/support | 30 | 20.1 % |
| No identified hospital or unit based champion | 36 | 24.1 % |
| Insufficient middle management engagement/support | 7 | 4.6 % |
| Insufficient senior leadership engagement/support | 4 | 2.6 % |
| Insufficient improvement process knowledge | 12 | 8.0 % |
| Lack of team consensus regarding goals | 15 | 10.0 % |
| Inability to collect data to assess progress | 10 | 6.7 % |
| Inability to analyze collected data to assess progress | 8 | 5.3 % |
| Other | 12 | 8.0 % |

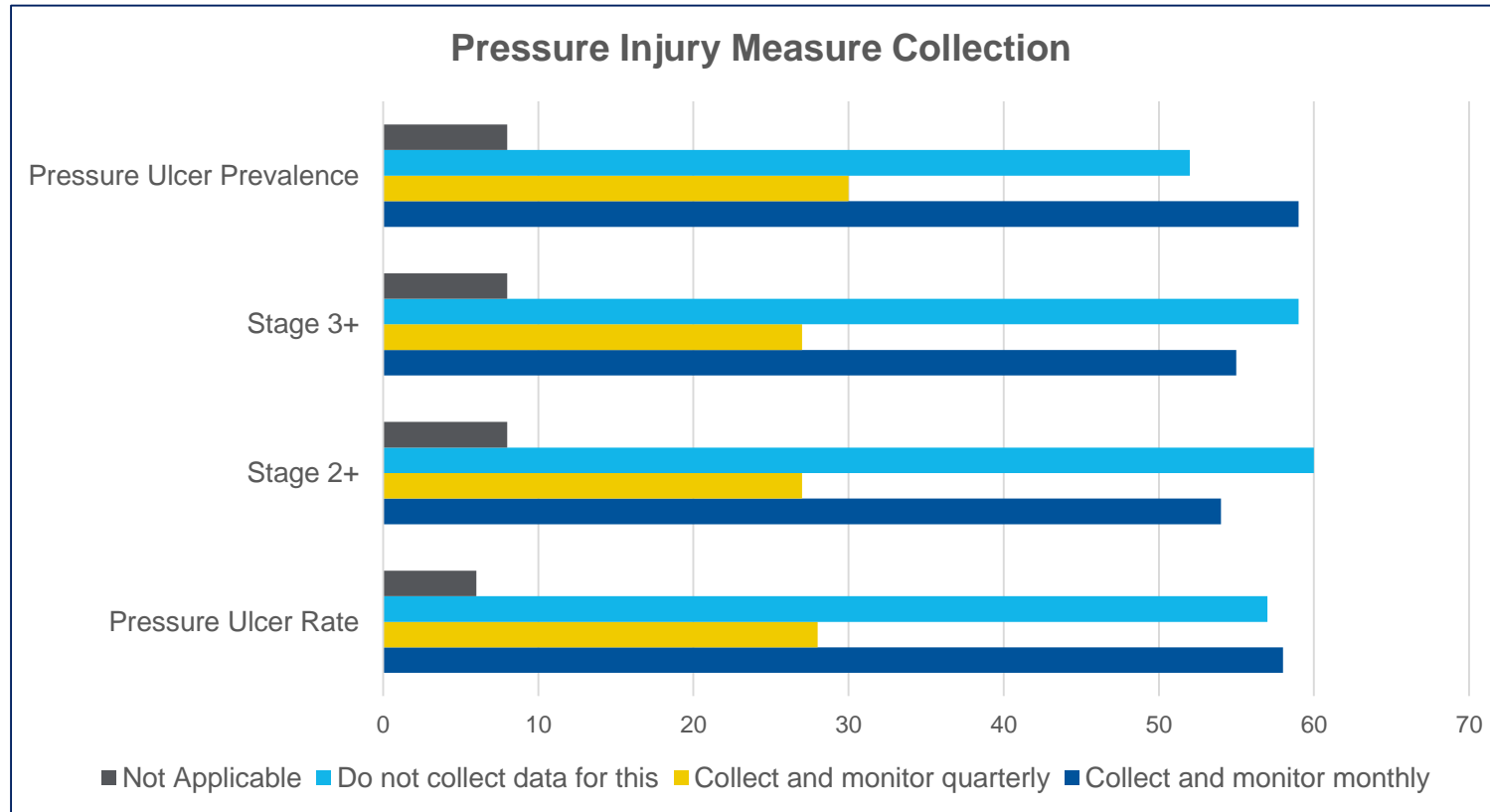
Telligen HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from 149 HQIC Enrolled Hospitals



For the measures listed indicate which statements apply to your facility (select all that apply)



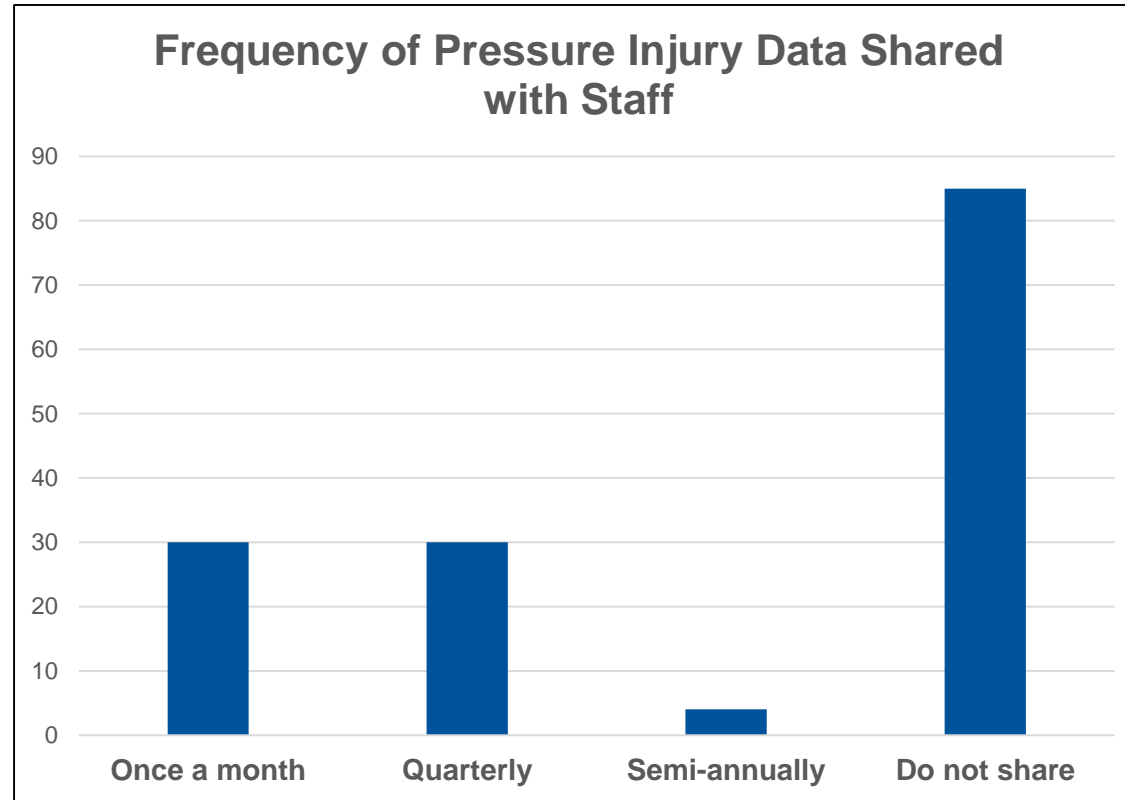
Telligen HQIC Hospital Baseline Assessment

Overview of Pressure Injury Assessment (HQIC Hospitals)

Data from 149 HQIC Enrolled Hospitals



How does your hospital share HAPI rates with your front line staff members?



Pressure Injury Resources

All-Cause Harm Resource: IPRO HQIC

Pressure Injury Process Flyers



■ Healthcentric Advisors ■ Kentucky Hospital Association ■ Qlarant
 ■ Q3 Innovation Health Partners ■ Superior Health Quality Alliance

Pressure Injury

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

RISK IDENTIFICATION

- Perform total body skin and risk assessment within 4 hours of admission and at least daily
- Risk assessment score should be tied to prompt prevention interventions
- Examine the skin under and surrounding medical devices (tubing, trach, orthotics, etc.) at least once a shift. Readjust as able, and discontinue as soon as possible
- Complete a perioperative skin assessment for surgical patients

BEST PRACTICES

- Create a multidisciplinary skin care team, led by a certified wound care nurse
- Appoint unit-based skin care champions
- Utilize appropriate support surfaces for bed and chair
- Encourage mobility, as able
- Provide easy access to specialty beds, positioning devices, and barrier creams
- Keep head of bed less than 30 degrees to avoid skin shear
- Provide a balanced diet with adequate protein; consult dietician for high risk patients
- Encourage adequate hydration
- Adhere to turning and positioning schedules
- Keep skin free from moisture (urine, feces, sweat)
- Utilize positioning devices in the OR to avoid skin breakdown during surgery
- Educate the patient and family, and involve them in prevention efforts
- Provide routine skin care education to direct care staff and nurses (upon hiring, annual competencies)
- Prompt reporting of any areas of concern to wound care nurse

continued on next page

<https://hqic-library.ipro.org/2021/03/29/all-cause-harm-resource/>

Pressure Injury (continued)

REGULARLY MONITOR COMPLIANCE (strategies include)

- Development of policies, procedures, and practices of pressure injury prevention which are hardwired into the hospital-wide culture
- Compliance to pressure injury prevention processes
- Creation of care plans and appropriate documentation
- Monthly outcome measurement with routine reporting to staff

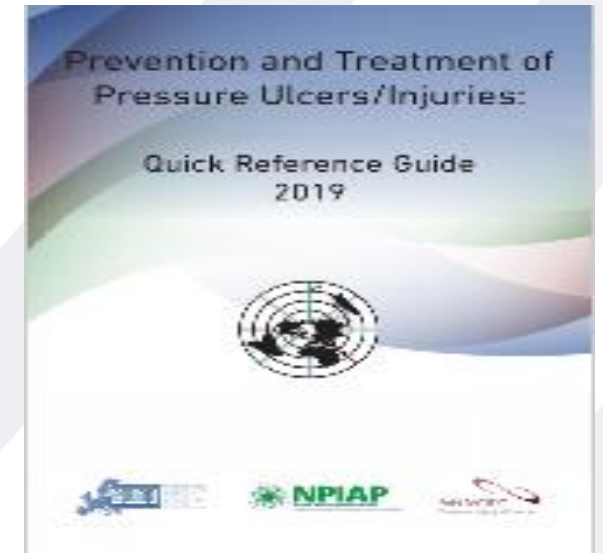
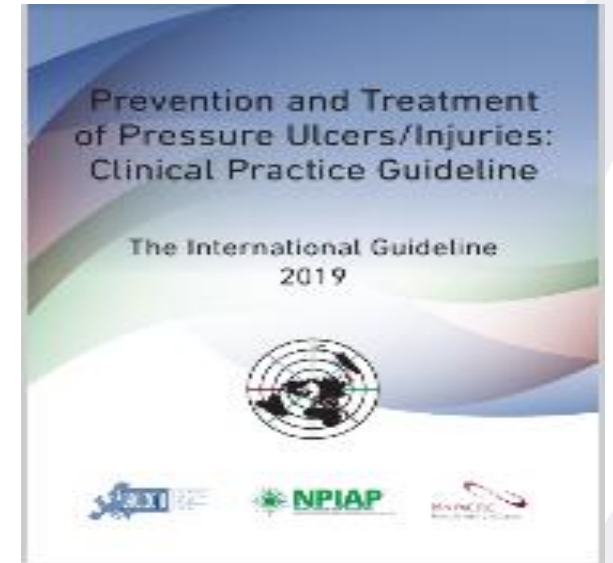
CITATIONS AND LINKED RESOURCES

- [Preventing Pressure Ulcers in Hospitals. Content last reviewed October 2014. Agency for Healthcare Research and Quality, Rockville, MD.](https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressureulcer/tool/index.html)
- [Hospital Acquired Pressure Ulcers \(HAPU\) Change Package PREVENTING HOSPITAL ACQUIRED PRESSURE ULCERS, HRET, Updated 2016.](https://www.wha.org/Quality-Patient-Safety/Partners-for-Patients/Shared-Resources/Pressure-Injuries/PU_Change-Package_2016-HRET)
- [National Pressure Injury Advisory Panel \(NPIAP\): Numerous Pressure Injury Resources](https://npiap.com/page/Resources)
- [PRESSURE INJURY PREVENTION PIP Tips for Prone Positioning \(NPIAP\)](https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/posters/npiap_pip_tips_-_proning_202.pdf)
- [Skin Manifestations with COVID-19 \(NPIAP\)](https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/COVID_Skin_Manifestations_An.pdf)
- [Unavoidable Pressure Injury during COVID-19 Pandemic \(NPIAP\)](https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/Unavoidable_in_COVID_Pandemi.pdf)
- [NPIAP Nutrition and Immunity Podcast series: A review of the SCCM/Aspen COVID-19 Recommendations](https://anhi.org/resources/podcasts-and-videos/nutrition-and-immunity-podcast-series)
- [Leadership Support in Highly Reliable Pressure Injury Prevention \(Patient Safety Movement\)](https://www.youtube.com/watch?v=7jlofK8LY-g&list=PL1t1eQbvK0QdiM3GAzRJzj3KzvD9Pq0H&index=1&mc_cid=c4971ebbcf&mc_eid=c4ccccff92)

This material was developed by the IPRO Hospital Quality Improvement Contractor, a collaboration of Healthcentric Advisors, Qlarant, Superior Health Quality Alliance, Kentucky Hospital Association, Q3 Health Innovation Partners and IPRO, serving as the CMS Hospital Quality Improvement Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.

Pressure Injury Resources:

- In 2019, a full set of [Clinical Practice Guidelines](#) were developed, by the European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. **Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guidelines.** The International Guideline and can be purchased for a fee.
- In addition, a [Quick Reference Guide](#) (QRG), which provides a summary of the recommended guidelines can be downloaded for no charge. **Prevention and Treatment of Pressure Ulcers/Injuries (2019): Quick Reference Guide (Free)**
- [Guideline App](#) on iOS and Android smart phone platforms
<https://interpip.app/>

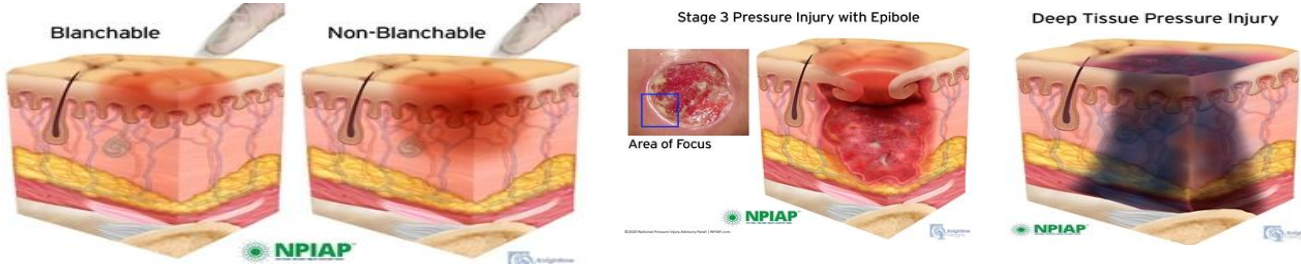


Pressure Injury Resources

Staging and Positioning

Staging Illustrations (NPIAP)

<https://npiap.com/store/ViewProduct.aspx?id=14358675>



Stages Definitions (NPIAP)

https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf

Proper Supine Positioning (NPIAP)

<https://npiap.com/store/ViewProduct.aspx?id=16489440>

BEFORE TYPICAL POSITIONING: Turn patient to a supine position.

STEP-BY-STEP INTERVENTIONS: Place pillows between knees & ankles and ensure heels are offloaded from the support surface.

AFTER CBPM® - GUIDED POSITIONING: Use microshifts (small shifts) by lifting sheets/underpad slightly (reducing friction/shear on the patient) to adjust patient. Microshifts help to reduce pressure to the hips & other body areas (e.g., shoulders, etc.) & allow further immersion into a support surface.

RESULTS: HEEL PRESSURE REDUCED BY OFFLOADING HEELS. SACRUM PRESSURE REDUCED THROUGH MICROSHIFTS.

Proper Side Lying Positioning (NPIAP)

<https://npiap.com/store/ViewProduct.aspx?id=16489482>

BEFORE TYPICAL POSITIONING: Turn patient to a 30° side lying position.

STEP-BY-STEP INTERVENTIONS: Place pillows between knees & ankles and ensure heels are offloaded from the support surface.

AFTER CBPM® - GUIDED POSITIONING: Use microshifts (small shifts) underpad slightly (reducing friction/shear on the patient) to adjust patient. Microshifts help to reduce pressure to the hips & other body areas (e.g., shoulders, etc.) & allow further immersion into a support surface.

RESULTS: HEEL PRESSURE REDUCED BY OFFLOADING HEELS. HIP PRESSURE REDUCED WITH MICROSHIFTS.

Offloading Heels Effectively (NPIAP)

<https://npiap.com/store/ViewProduct.aspx?id=16489419>

BEFORE TYPICAL POSITIONING: Shows heel on support surface.

INTERVENTIONS: Place a pillow vertically under each lower leg between the knees and ankles so that the heels are offloaded in such a way as to distribute the weight of the leg along the calf without pressure to the popliteal space or Achilles tendon. Place pillow horizontally on top of vertical pillows.

AFTER CBPM® - GUIDED POSITIONING: HEEL PRESSURE REDUCED WITH FLOATING.

RESULTS: HEEL PRESSURE REDUCED BY OFFLOADING HEELS. HIP PRESSURE REDUCED WITH MICROSHIFTS.

Pressure Injury Resources

NDNQI/Press Ganey

NDNQI Pressure Injury Training v 8.0



Module 1
Pressure Injury Staging



Module 2
Other Wound Types and Skin Injuries



Module 3
Pressure Injury Survey Guide



Module 4
Community vs Hospital/Unit-Acquired
Pressure Injuries

- Free to Access
- Includes Tests
- No CE credits are available for the public modules

http://learning2.pressganey.com/pressureinjurytraining8/37648235/Hw/pressure_injury.html

https://hqic-library.ipro.org/?_sfm_applicable_to=Pressure%20Injury

Pressure Injury Resources: COVID and Pressure Injuries

Unavoidable Pressure Injury during COVID-19 Pandemic (NPIAP)

Unavoidable Pressure Injury during COVID-19 Pandemic:

A Position Paper from the National Pressure Injury Advisory Panel


The purposes of this National Pressure Injury Advisory Panel (NPIAP) Position Paper are to:

1. Summarize the current NPIAP position regarding unavoidable pressure injuries.
2. Examine the effects of the COVID-19 crisis on the scope of what is considered an unavoidable pressure injury.
3. State the position of the NPIAP regarding determinations of unavoidable pressure injuries during the COVID-19 crisis.
4. Renew the NPIAP call to collaborate on the development of criteria for the determination of unavoidable pressure injuries in acute care.

https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/Unavoidable_in_COVID_Pandemi.pdf

<https://npiap.com/page/COVID-19Resources>

PRESSURE INJURY PREVENTION: Tips for Prone Positioning COVID (NPIAP)

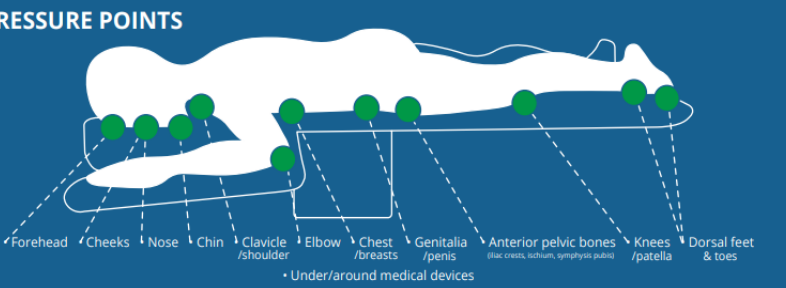


PRESSURE INJURY PREVENTION PIP Tips for Prone Positioning

GENERAL TIPS

- Use a **pressure redistribution surface** (for those not on a bed specifically designed for prone)
- Follow manufacturer instructions when using beds, positioning devices, prophylactic dressings and other products.
- **Positioning devices**/pillows are needed to offload pressure points.
- Involve enough trained staff to avoid friction-shear when repositioning. May reposition into swimmer position.
- Microshifts and small position changes should be performed while prone, especially in non-rotating beds.
- Assess all **pressure points** :
 - Prior to proning (anterior surfaces). Prior to returning to supine position (posterior surfaces).
 - When alternating arm position in swimming arm position, assess integrity of skin of arm/head/face.
 - Document all skin assessments and preventive measures.

PRESSURE POINTS



https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/posters/npiap_pip_tips_-_proning_202.pdf

Skin Manifestations with COVID-19 (NPIAP)

Skin Manifestations with COVID-19: The Purple Skin and Toes that you are seeing may not be

Deep Tissue Pressure Injury.

An NPIAP White Paper

Many reports are occurring concerning areas of purpuric/purple skin and purple toe lesions in patients diagnosed with COVID-19 (SARS-CoV-2) (Figure 1). Wound care providers are being asked if these skin lesions are forms of Deep Tissue Pressure Injury and/or "skin failure". Early reports of COVID-19 related skin changes included rashes, acral areas of erythema with vesicles or pustules (pseudo-chilblain), other vesicular eruptions, urticarial lesions, maculopapular eruptions, and livedo or necrosis.¹⁻⁴ The pattern and presentation of skin manifestations with COVID-19 is more than rashes. The purpose of this paper is to guide the wound care clinician in determining if the "purple skin" being seen is a deep tissue pressure injury or a cutaneous manifestation of COVID-19.

Figure 1.



https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/COVID_Skin_Manifestations_A_n.pdf

https://hqic-library.ipro.org/?_sfm_applicable_to=Pressure%20Injury

Pressure Injury Resources

Medical Device-Related



- ✓ **Choose** the correct size of medical device(s) to fit the individual.
- ✓ **Cushion** and protect the skin with dressings in high risk areas (e.g., nasal bridge).
- ✓ **Inspect** the skin under and around the device at least daily (if not medically contraindicated).
- ✓ **Rotate** sites of oximetry probes.
- ✓ **Rotate** between O2 mask(s) and prongs (if feasible).
- ✓ **Reposition** devices (if feasible).
- ✓ **Avoid** placement of device(s) over sites of prior or existing pressure injury OR directly under an individual.
- ✓ **Educate** staff on correct use of devices and prevention of skin breakdown.
- ✓ **Be aware** of edema under device(s) and potential for skin breakdown.



<https://npiap.com/page/MDRPI-Posters>

Student Nurse Training

Recorded Lecture and Narrated PowerPoint “**Pressure Injury Prevention for Student Nurses**” By Joyce Black, PhD, RN, FAAN

The image shows the NPIAP logo at the top left. To its right is the text "NPIAP SM NATIONAL PRESSURE INJURY ADVISORY PANEL Improving Patient Outcomes Through Education, Research and Public Policy". Below this is a green banner with the text "Pressure Injury Prevention" and "Joyce Black, PhD, RN, FAAN". Underneath is another green banner with the word "OBJECTIVES". At the bottom, there is a white box containing three bullet points.

- Identify common risk factors for the development of pressure injury/ulcers
- Describe how the Braden Scale score can be used to identify risk factors and guide nursing interventions to reduce risk
- Discuss nursing interventions to reduce risk of pressure injury using the Braden subscales

<https://npiap.com/page/ResourcesforFaculty>

Pressure Injury Resources

Nutrition and Pressure Injuries

The Role of Nutrition for Pressure Injury Prevention and Healing (White Paper)

1. Distinguish nutrition and malnutrition, especially as they relate to the development and healing of pressure injuries.
2. Differentiate the tools and techniques that help clinicians assess nutrition status as well as the causes of pressure injuries in specific populations.
3. Identify interventions for improving nutrition status and promoting pressure injury healing.

https://cdn.ymaws.com/npiap.com/resource/resmgr/The_Role_of_Nutrition_for_Pr.pdf

“Quality Nutrition” Poster (NPIAP/AHNI)

Quality Nutrition supports strong muscles and healthy skin, which can promote the healing of a pressure injury

- Calories
- Protein
- Amino Acids
- Water
- Vitamins & Minerals

<https://npiap.com/store/ViewProduct.aspx?id=16088193>

NUTRITION & IMMUNITY PODCAST SERIES: Pressure Injury (ANHI)

NATIONAL BLUEPRINT: ACHIEVING QUALITY MALNUTRITION CARE FOR OLDER ADULTS, 2020 UPDATE

In this 28-minute podcast, Kristi Mitchell, MPH, and Meredith Whitmire, JD, discuss some of the Blueprint's strategies to improve health outcomes for older adults across....

[LISTEN TO PODCAST](#)

ONCOLOGY NUTRITION IN 2020

In this 18:55-minute podcast, Jyoti Benjamin, MS, RD, CSO, CD, FAND, and Annette Quinn, MSN, RN, discuss the roles each member of the multidisciplinary team can play in....

[LISTEN TO PODCAST](#)

THE ROLE OF MUSCLE & HMB IN CLINICAL PRACTICE TO IMPROVE OUTCOMES

In this 33-minute podcast, Laura Matarese (PHD, RDN, LDN, CNSC, FADA, FASPEN, FAND), Gerry Mullin (MD, MS), and Refaat Hegazi (MD, PhD, MS, MPH, MBA), discuss the central....

[LISTEN TO PODCAST](#)

NUTRITION CARE FOR PRESSURE INJURIES: GUIDELINES TO OPTIMIZE OUTCOMES

In this 37:57-minute podcast, Mary Litchford, PhD, RDN, LDN, and Joyce Pittman, PhD, ANP-BC, FNP-BC, CWOCN, FAAN, discuss the 2019 care guidelines and how to apply them....

[LISTEN TO PODCAST](#)

<https://anhi.org/resources/podcasts-and-videos/nutrition-and-immunity-podcast-series>

Pressure Injury Resources

Pressure Injury Prevention and Treatment in the Acute Care Setting (6 Modules)

Hospital and Healthsystem Association of Pennsylvania (HAP)

1. **Overview:** Pressure Injury Prevention and Treatment in the Acute Care Setting
2. Overview: Pressure Injury Prevention and Treatment in the Acute Care Setting: [It Takes a Village](#)
3. Overview: Pressure Injury Prevention and Treatment in the Acute Care Setting: [Prevention of Pressure Injuries](#)
4. Overview: Pressure Injury Prevention and Treatment in the Acute Care Setting: [Treatment of Pressure Injuries](#)
5. Overview: Pressure Injury Prevention and Treatment in the Acute Care Setting: [Measuring Performance](#)
6. Overview: Pressure Injury Prevention and Treatment in the Acute Care Setting: [Process Improvement](#)



- Healthcentric Advisors
- Kentucky Hospital Association
- Qlarant
- Q3 Innovation Health Partners
- Superior Health Quality Alliance

HQIC Resource Library

RESOURCE PICKER

Focus Area

- Adverse Drug Events (32)
- Airway Safety (2)
- C. difficile / Antimicrobial Stewardship / MDRO (18)
- CAUTI (11)
- CLABSI (12)
- Diagnostic Error (2)
- Falls (3)
- GENERAL Infection Control (11)
- Health Equity (29)
- High Reliability / All-Cause Harm / Culture of Safety (13)
- Opioid Stewardship / Behavioral Health (25)
- Pandemic / COVID / Public Health Emergency (30)
- Patient & Family Engagement (33)
- Pressure Injury (19)
- Readmissions / Care Transitions (16)
- Sepsis (8)
- Surgical Site Infections (9)
- Venous thromboembolism (VTE) (7)
- Ventilator Associated Events (7)

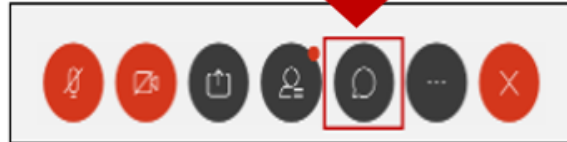
Interactive Discussion

Subject Matter Experts and Hospitals

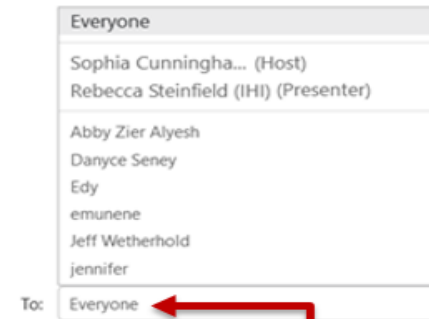
Chat Feature Highly Encouraged

To send a chat message:

1 Open the Chat panel:



2 In the Send to or To drop-down list, select the recipient of the message.



3 Enter your message in the chat text box, then press **Enter** on your keyboard.

- **Scroll Down**
- **Select “Everyone”**
- **Do not select “All Attendees”**

Interactive Discussion

Chat Box Feature: Select “Everyone”—not “All Attendees”



1. What are the **challenges** and some **strategies to overcome** the challenges with pressure injury prevention and management in Small Rural and CAHs -- in general and with COVID?
2. What **special adaptations** are needed for rural and CAHs (resources, tools, processes, infrastructure)?
3. How can HQICs and NPIAP **best support** rural and CAHs going forward?
4. How can hospitals **partner with patient and families** to support pressure injury prevention/management?
5. How do we best identify and **close any disparity/gaps in care** (Health Equity) in pressure injury prevention/management?
6. How will you **leave “in action”** after today’s event?

Isolation vs non-isolated patients: Higher Incidence of Adverse Events in Isolated Patients

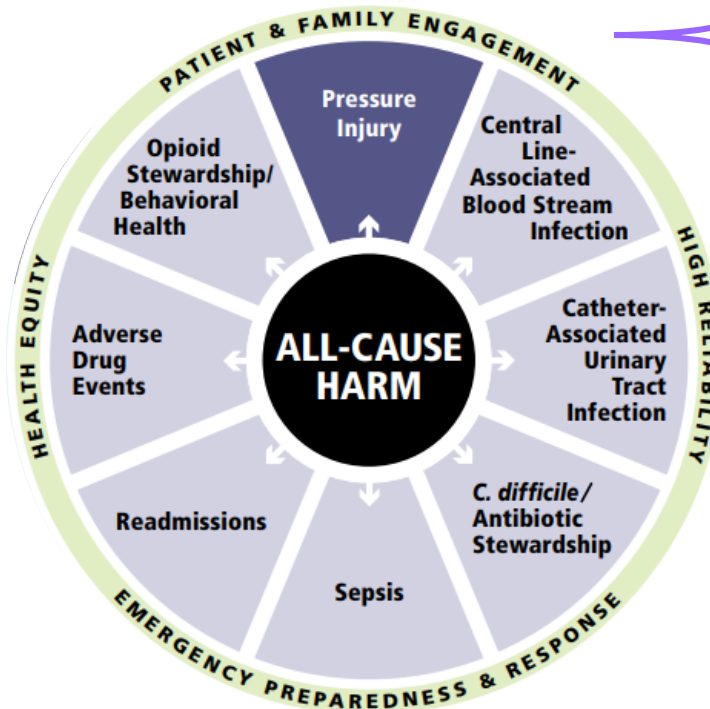
- COVID, MDROs & Antimicrobial Resistance **increase the need for isolation** precautions.
- **Higher incidence of adverse events in isolated patients** compared with non-isolated patients, of which **67.6% were preventable** in isolated patients
 - medication errors
 - nosocomial pneumonia
 - falls and/or
 - **pressure ulcers**
- Lack of surveillance linked to the **extra work required** by the isolation precautions.
- Need **appropriate training** of health workers –isolation patients can be **complex** and at **higher risk** for pressure injury.
- BMJ Journal Dec 2020 <https://bmjopen.bmj.com/content/10/10/e035238.full>

All-Cause Harm

Health Equity

Patient & Family Engagement (PFE)

- **Collect** Race, Ethnicity and Language (REAL) Data (socioeconomic data)
- **Stratify** quality and safety outcomes data, by REAL (socioeconomic data)
- **Identify** disparity/gaps in care
- **Take action** to close those gaps with targeted solutions



- Planning Checklists (**Admission**)
- Planning Checklists (**Discharge**)
- Shift Change **Huddles**
- Accountable **PFE leader**
- Active **PFE Committee**

Partnering with Patients and Families to Reduce All-Cause Harms in Direct Care

Invite

- Explain the risk
- Explain the hospital's work to reduce the harm
- Invite patient and family to be active partners to avoid the harm

Prepare

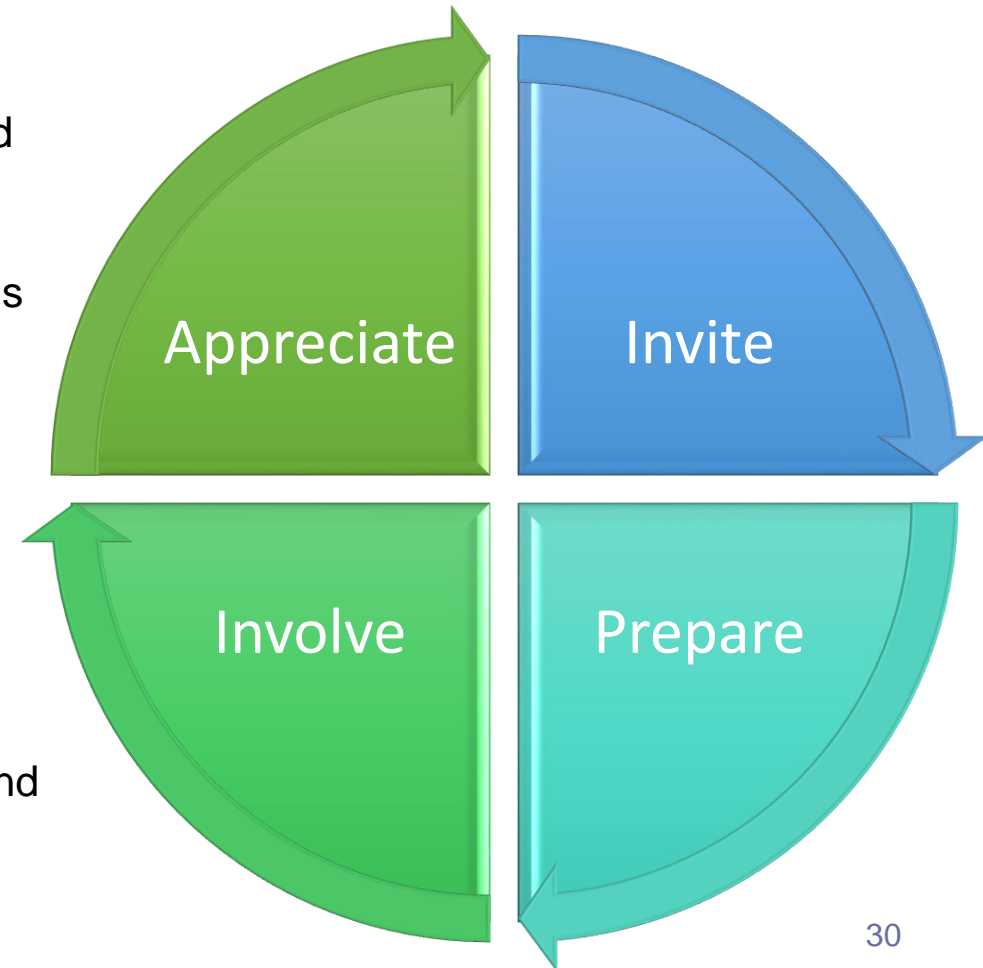
- Educate patient and family about signs and symptoms
- Demonstrate desired responses and actions
- Identify and solve barriers together

Involve

- Include patient and family in all conversations – about safety, care, and treatment – by their preferred name
- Ask for questions, comments, and concerns

Appreciate

- Thank patient and family for questions, comments, and corrections
- Express gratitude for partnership
- Include patient and family in celebrating success



Partnering with Patients and Families to Reduce All-Cause Harms in Pressure Injury Direct Care



PFE 1: Admissions Checklist

- **Explain** risks and **invite** patient and family to be partners in identifying, preventing, and managing pressure injuries
- **Educate** patient and family on their role as partners at the hospital and after discharge, including the role of nutrition

PFE 2: Discharge Checklist

PFE 3: Shift Change Huddles and Bedside Reporting

- **Include** patient and family in conversations about identifying, preventing, and managing pressure injuries
- **Invite** them to ask questions, share concerns, and correct information
- **Thank** them for being partners

PFE 4: PFE Leader

- **Share** patient and family perspectives about pressure injuries with hospital staff and clinicians including barriers to engagement (e.g., lack of confidence to move, hesitant to ask for help)

PFE 5: PFAC or Representative on Committee

- **Discuss** pressure injuries as a council or committee
- **Partner** on Quality Improvement (QI) initiatives
- **Create** materials that support patient and family partnership

Partnering with Patients and Families to Reduce All-Cause Harms in Direct Care

Patients want to partner in their care to reduce and manage pressure injuries – and they have ideas about how to do so.

A survey of patients, with an average age of 65 years, from a neurology or orthopaedic unit found that:

- 80% agreed that they have a role in pressure injury prevention
- Patients felt that they could do the following:
 - **Keep skin healthy** (e.g., skin assessment, skin care, hygiene)
 - **Listen to their body** (e.g., moving and repositioning)
 - **Look after the inside** (e.g., eat well, stay hydrated)

McInnes, E., Chaboyer, W., Murray, E. *et al.* The role of patients in pressure injury prevention: a survey of acute care patients. *BMC Nurs* **13**, 41 (2014).

Hospitals with a PFAC, compared to those without a PFAC, have lower pressure injury rates.

Source: Institute for Patient- and Family-Centered Care (2018). Strategically Advancing Patient and Family Advisory Councils in New York State Hospitals.

<https://nyshealthfoundation.org/wp-content/uploads/2018/06/strategically-advancing-patient-and-family-advisory-councils.pdf>

- Erythema has traditionally been the main factor in recognizing pressure damage, but nurses need to **assess darkly pigmented skin in additional ways** to carry out a true assessment

➤ <https://www.wounds-uk.com/download/resource/1299>

- Temperature (cooler with tissue death)
- Texture (hard or soft and boggy)
- Presence of edema
- Pain/discomfort



NPIAP Staging for Lightly and Darkly Pigmented Skin

<https://npiap.com/store/ViewProduct.aspx?id=16084539>

- Are you assessing blanching?
 - Darkly pigmented skin may not have visible blanching.
 - Are you assessing color variations?
- Darkly pigmented skin may have **color differences from surrounding areas (purple/blue hues)**

Proactive Rounding

Pressure Injury Alignment



- Reduce level of Falls, **Pressure Injury**, IV Infiltration & Increase Patient Satisfaction
- The “**P**s”
 - **Personal Hygiene** (**Potty/toileting, moisture to skin**)
 - **Positioning** (Patient’s **physical position** and comfort)
 - **Possessions** (In Reach: Prevent falls)
 - **Pain** (include **sacral, coccyx, device-related** pain—in your assessment)
 - **Peripheral IV** (check)

Age-Friendly Health Systems (IHI)

Pressure Injury Alignment

Mobility:

- Ensure older adults are moving to prevent **pressure injury**

Mentation:

- Delirium/confusion can lead to falls, which increase risk for being immobile and increases risk for **pressure injury**

4Ms Framework of an Age-Friendly Health System



What Matters:

- Understand the aging patient's outcome goals and teach them about how to prevent a **pressure injury**.

Medication:

- Some medications can increase risk of falling, which increases risk of being immobile and increases risk of **pressure injury**

Upcoming Learning & Action Networks (LANs) & Resources

Please complete the brief **post-event questionnaire** (in your inbox)



- Telligen HQIC Website <https://www.telligenqingio.com/hospital-quality-improvement-program/>
- Telligen HQIC Portal <https://portal.telligenqingio.com/rdc/>



- National Pressure Injury Advisory Panel (NPIAP) Website <https://npiap.com/>



- IPRO HQIC Resource Library <https://hqic-library.ipro.org/>
- IPRO HQIC Website <https://qi.ipro.org/about-us/hqic/>
- **SAVE THE DATE:** June 28th 11 am ET IPRO HQIC Patient & Family Engagement (PFE) LAN
- Join the IPRO HQIC On-Line Community to engage with other quality leaders in the IPRO HQIC region. Reach out to your IPRO HQIC state representative.
- Asian American & Pacific Islander Heritage Month (HHS, OMH) [HERE](#)

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