

Implementation of Pressure Injury Protocol on Admission: A Quality Improvement Project

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PROBLEM STATEMENT

- 2.5 million patients annually develop a pressure injury,
 - 60,000 patients dying annually as a direct result of a pressure injury
 - Costs over 11 billion dollars annually in the United States
- Patients that develop a hospital acquired pressure injury (HAPI) that aren't properly treated have a:
 - decrease in quality of life
 - increased risk of infection and amputation
 - higher hospital readmission rate
 - increased pain levels and risk of death.

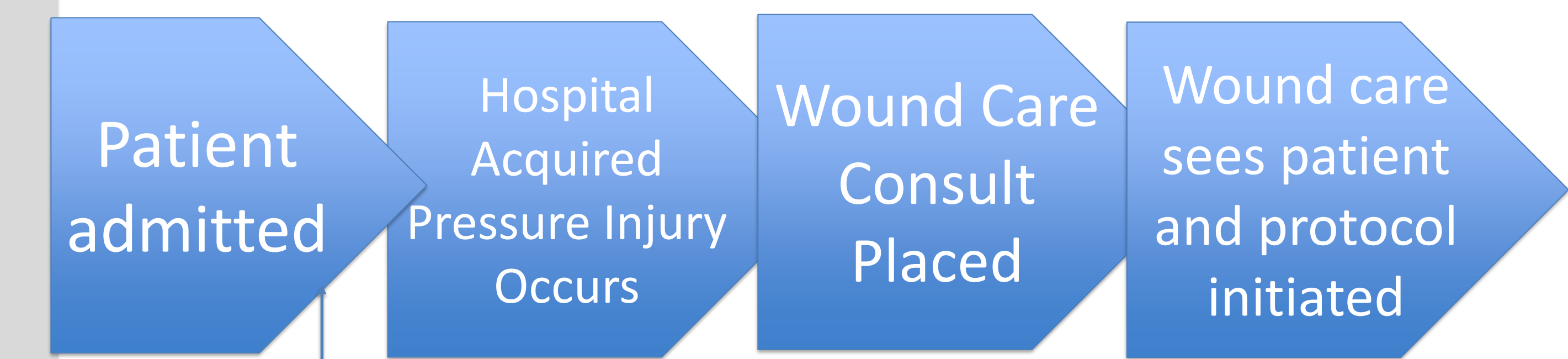
Methods:

- All patients admitted to a pulmonary progressive care unit in a long-term acute care hospital (LTACH) were included
- Instruments/Tools: Hospital acquired pressure injuries were monitored and compared to pre implementation rates

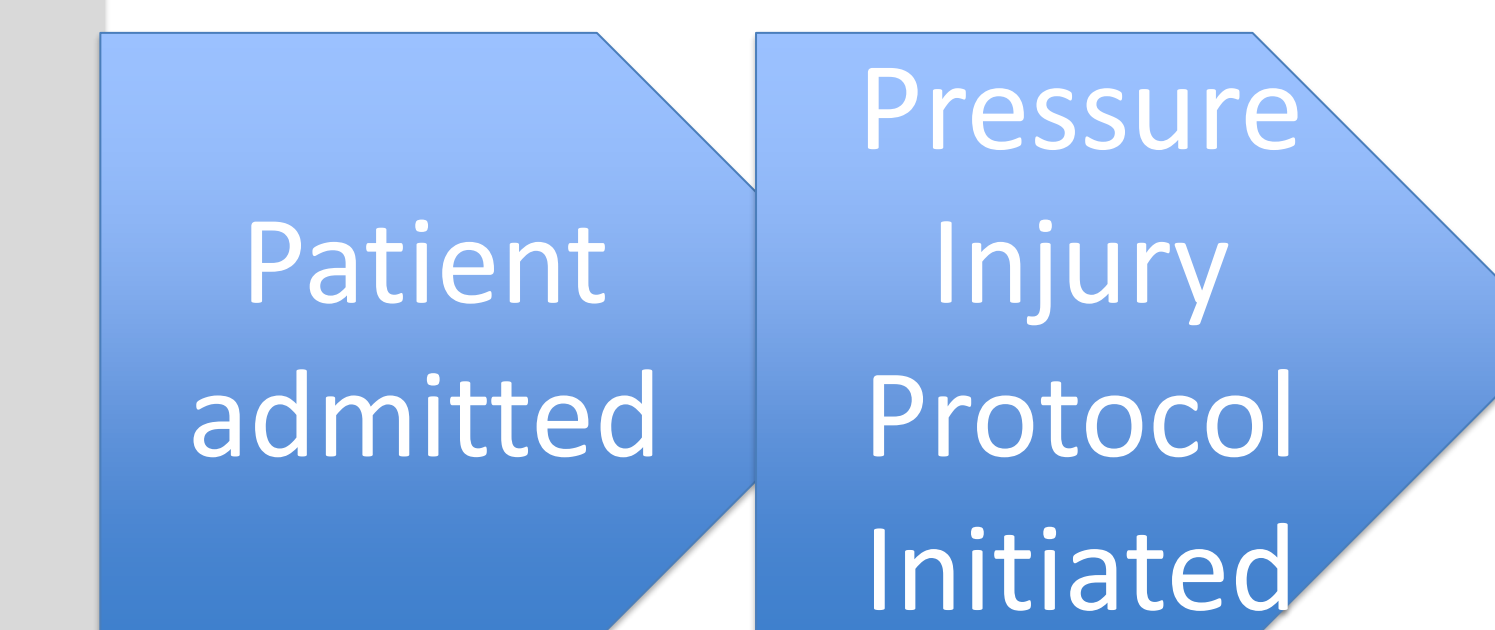
Intervention & Data Collection:

- Data was collected over a 12-week timespan. April to June 2023.
- Week one:** Educational in-service on protocol components and process change of changing protocol initiation to on admission for every patient rather than only patients with existing wounds. Wound care team made "super-users" to continue protocol component education throughout project. Retrospective chart review and data collection done, pressure injury prevention protocol implemented for all current and newly admitted patients.
- Week two to twelve:** Project implementation continued, checked new admission patients for pressure injury prevention protocol implementation. Wounds monitored and documented in data collection chart weekly. Data collected.

Old process:



New process:



PROJECT PURPOSE

- Project aims to initiate preventative pressure injury protocol on admission for every patient, to decrease the rate of hospital acquire pressure injuries
- PICOT: In an adult pulmonary progressive care unit how does implementing a pressure injury prevention protocol bundle on admission compared to standard care in reducing overall pressure injuries over the course of three months?

NURSING THEORY & MODEL

- Orem's theory of self-care guided this project through identifying a patients self-care deficit requiring the patient to rely on a nursing agency for health promotion and care

Variable	Prechange	Postchange	Pvalue
No. (%) of patients			
Gender:			
Male	113(59)	71(46)	0.0164
Female	79(41)	82(54)	0.0164
Ethnicity:			
White	62(32)	44(29)	0.5489
Hispanic	34(18)	38(25)	0.114
Black	5(2)	8(5)	0.1234
Other	91(47)	63(41)	0.2658
Age:			
<40	4(2)	3(2)	1
40-60	23(12)	9(6)	0.0574
60-80	125(65)	118(77)	0.0155
80+	46(24)	23(15)	0.0382
Braden score:			
No risk (19-23)	2(1)	1(1)	1
Mild risk (15-18)	36(19)	27(18)	0.8126
Moderate risk (10-14)	86(45)	86(56)	0.0426
Severe risk (<9)	68(35)	39(25)	0.0455
Total HAPIs:	9(4)	2(1)	0.0864

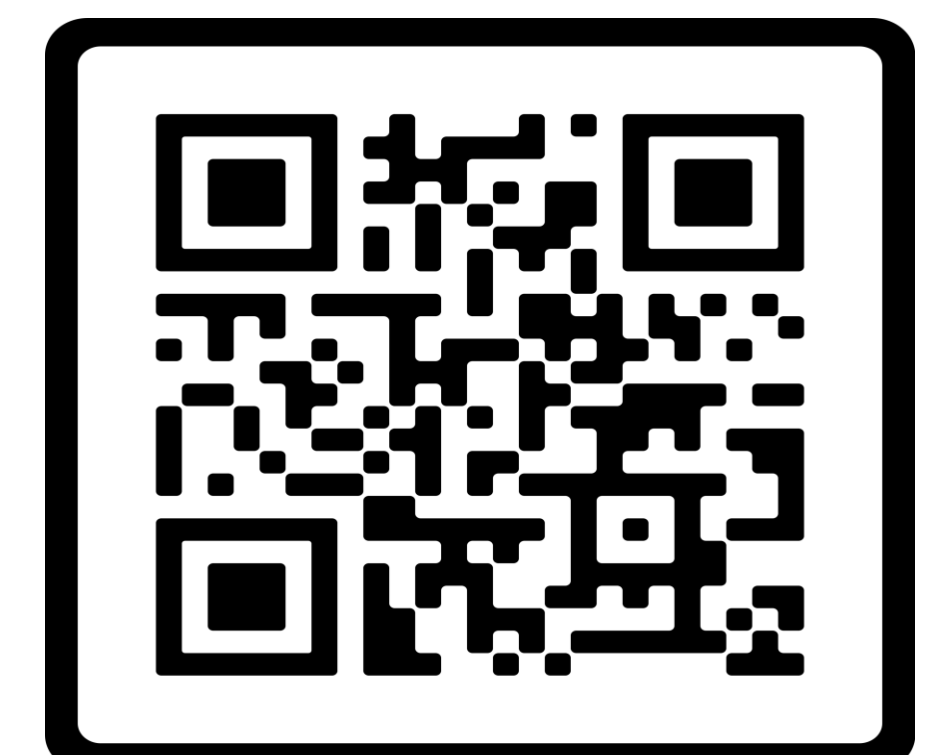
DISCUSSION

Findings:

- Utilizing the pressure injury bundle on admission decreased the rate of HAPIs.
- The reduction in HAPIs was clinically significant, but not statistically significant due to the small sample size.
- The results show a gap in the literature on timing of pressure injury prevention initiation to best negate pressure injuries and identifies a need for further study

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- This change in implementation timing is easily sustainable as the wound care team and floor nurses do skin assessments and it is now included in all physician's admission care set.



References

Implementation of Pressure Injury Protocol on Admission did decrease Hospital Acquired Pressure Injuries.